AGENDA

NHS North West Ambulance Service NHS Trust

Board of Directors
Wednesday, 27th May 2026
9.45am – 13:10pm
In the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Item No	Agenda Item	Time	Purpose	Lead
PATIENT STORY				
BOD/2627/012	Staff Story	09:45	Information	Chief Executive
INTRODUCTION				
BOD/2627/013	Apologies for Absence	10:00	Information	Chair
BOD/2627/014	Declarations of Interest	10:00	Decision	Chair
BOD/2627/015	Minutes of the previous meetings held on 25th March 2026 and 29th April 2026	10:00	Decision	Chair
BOD/2627/016	Board Action Log	10:05	Assurance	Chair
BOD/2627/017	Committee Attendance	10:05	Information	Chair
BOD/2627/018	Register of Interest	10:05	Assurance	Chair
STRATEGY				
BOD/2627/019	Chair & Non-Executive Directors' Update	10:10	Information	Chair
BOD/2627/020	Chief Executive's Report	10:20	Assurance	Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2627/021	Common Seal Bi-annual Report	10:35	Assurance	Director of Corporate Affairs
BOD/2627/022	Continuity of Services 7 (CoS7): Availability of Resources Declaration	10:40	Decision	Director of Corporate Affairs
BOD/2627/023	Board of Directors – Terms of Reference	10:50	Decision	Director of Corporate Affairs
BOD/2627/024	Speaking Up Annual Report 2025/26	11:00	Assurance	Medical Director

BOD/2627/025	Fit & Proper Persons Requirements Annual Declaration	11:10	Assurance	Director of People
BOD/2627/026	Audit Committee 3A report from the meetings held on 24th April 2026 and 22nd May 2026	11:20	Assurance	Mr N Gower, Non-Executive Director
BOD/2627/027	Charitable Funds Committee 3A report from the meeting held on 20th May 2026	11:25	Assurance	Mr N Gower, Non-Executive Director
BOD/2627/028	Resources Committee 3A report from the meeting held on 21st May 2026	11:30	Assurance	Mr G Chapman, Non-Executive Director
BOD/2627/029	Trust Management Committee 3A reports from the meetings held on 22nd April 2026 & 20th May 2026	11:35	Assurance	Chief Executive
BREAK 11:45-11:55				
PEOPLE				
BOD/2627/030	Equality, Diversity, and Inclusion Annual Report 2025/26	11:55	Decision	Director of People
QUALITY AND PERFORMANCE				
BOD/2627/031	Integrated Performance Report	12:05	Assurance	Director of Quality and Improvement
BOD/2627/032	Learning from Deaths Q3 2025/26	12:20	Decision	Medical Director
BOD/2627/033	Quality and Performance Committee 3A report from the meeting held on 27th April 2026	12:30	Assurance	Ms C Todd, Non-Executive Director
STRATEGY AND PLANNING				
BOD/2627/034	Trust Strategy 2025-26 year-end report	12:35	Assurance	Director of Strategy and Partnerships
BOD/2627/035	Communications and Engagement Q4 2025/26 Report	12:45	Assurance	Director of Strategy and Partnerships
BOD/2627/036	Bi Annual Assurance Report – Partnerships & Integration	12:55	Assurance	Director of Strategy and Partnerships
CLOSING				

BOD/2627/037	Any other business notified prior to the meeting	13:05	Decision	Chair
BOD/2627/038	Risks Identified	13:05	Decision	Chair

RISK APPETITE CONSIDERATION (Refer to the Risk Appetite Statement)

Quality:	People:	Finance:	Regulatory:	Reputation:	Digital Innovation:
Cautious	Open	Open	Open	Open	Eager

DATE AND TIME OF NEXT MEETING

29th July 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.

NHS
North West
Ambulance Service
NHS Trust

Minutes
Board of Directors

Details: 9.45 am Wednesday, 25th March 2026
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
Mr G Chapman	Non-Executive Director
Ms A Cooper	Non-Executive Director
Mr N Gower	Non-Executive Director
Dr C Grant	Medical Director
Mr M Gibbs	Director of Strategy and Partnerships
Dr E Strachan-Hall	Director of Quality and Improvement
Ms C Todd	Non-Executive Director
Ms A Wetton	Director of Corporate Affairs
Ms L Ward	Director of People

In attendance:

Ms M Brooks	Deputy Director of Finance
Ms A Cunliffe	Corporate Governance Manager (Minutes)

Observers:

Mr T Hodges	NWAS Finance Manager, via MS Teams
Ms K Pearson	member of public, via MS Teams
Ms J Walkinshaw	member of public, via MS Teams

Minute Ref:
BOD/2526/141 Staff Story

The Chief Executive introduced a film, which referred to the staff story.

Oliver's story describes his first experience being called to give evidence at coroner's court. The case related to an incident in December 2024, when he and his crewmate attended a 60-year-old woman with a low GCS score but a high motor response. They transported her to hospital, but due to long delays she remained outside the emergency department for around five hours. During this time her condition worsened, and she died two days later from an inoperable bleed on the brain.

In January 2025, Oliver was asked by the trust's legal team to provide a statement, and a year and a half later he was informed that he would need to attend court in person. As this was the first time he had ever been questioned about his paramedic practice, he found the prospect extremely daunting.

The coroner concluded that the patient's bleed on the brain was not survivable, even with immediate ambulance attendance and rapid hospital admission. After the case, Oliver undertook further clinical learning on recognising bleed-on-the-brain presentations and shared this knowledge with his local clinical team.

He now hopes that sharing his experience will reassure other staff that support is available and encourage them to seek help when needed. He also emphasises the importance of writing detailed patient notes and completing statements while events are still fresh, as this becomes crucial when recounting incidents much later in court.

The Board noted the learning points from the story.

- Strong legal support matters.

Oliver found the trust's legal team invaluable. They helped him structure his initial statement, highlighted what the coroner would focus on, and later coached him through practice questions before he gave evidence.

- Managerial and team support eased the pressure.

His line manager and wider team gave him protected time away from frontline duties so he could produce a thorough, accurate statement.

- Timely, detailed documentation strengthened his evidence.

Writing his statement within a month—and keeping detailed patient notes at the time of the incident—gave his account credibility. The coroner noted this, especially when compared with the hospital's less detailed records written months later.

- Facing the family was the hardest part.

Oliver found answering questions from the patient's family emotionally challenging. He focused on explaining clinical terms (like GCS scores) in plain language to ensure everyone understood his assessment.

- Clear communication helped rebuild trust.

After the hearing, the patient's brother wrote to the trust expressing reassurance that the ambulance service was not at fault—a complete shift from the family's initial concerns.

Ms C Butterworth enquired about the dissemination of the learning points as well as the video itself to staff.
The Director of Corporate Affairs advised of a training programme for staff who engage with coroner's court and added the video was used as well.
The Chief Executive confirmed that all staff and patient stories videos were now uploaded on the intranet and available to all staff.

Ms C Todd noted that due to the vast geographical spread of the organisation the Trust engaged with multiple coroners.
The Director of Corporate Affair advised the Trust strives to build positive relationships with all coroners within the area.

Ms A Chambers encouraged that the video should also be used as a prompt to clinical teams highlighting the significance of good record keeping.
The Medical Director concurred and observed this referred to a wider cultural change in NHS from defensive position to a learning opportunity, and a clear view on the role of coroner.
Mr G Chapman added that the new ambient technology being tested in the services could be a significant development for the record keeping process.

The Chair enquired about the scale of the training offered to staff in terms of preparation to engage with Coroners.
The Director of Corporate Affairs explained the training is targeted to the staff groups most likely to be called by a Coroner.
The Chief Executive officer added the training was tailored to the expert witnesses to support them, however the record keeping training completion was essential to all frontline staff.

The Board:

- Noted the content of the story.

BOD/2526/142 Apologies for Absence

Apologies were received from: Prof Aneez Esmail, Non-Executive Director and Ms Carolyn Wood, Director of Finance.

The Chair welcomed the attendees to the meeting.

BOD/2526/143 Declarations of Interest

There were no declarations of interest to note. All standing declarations were recorded in the Register.

BOD/2526/144 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 28th January 2026 were agreed as a true and accurate record of the meeting.

The Board:

- Approved the minutes of the meeting held on 28th January 2026.

BOD/2526/145 Board Action Log

The Board Action Log was reviewed. One item was marked as green, complete and for removal, as per updates provided within the action log.

BOD/2526/146 Committee Attendance

The Board noted the Committee attendance.

BOD/2526/147 Register of Interest

The Board noted the Register of Interests presented for information.

BOD/2526/148 Chair & Non-Executives' Update

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

She advised of her attendance at Ambulance Leadership Forum (ALF) conference, which was very interesting with useful content reassuring for NWAS.

The Board also noted the Chair's engagement with Kate Green, Deputy Mayor of Greater Manchester and the Chairs of ICBs within the Trust's areas.

The Chair informed the Board of an email received from Claudette Elliott, Chair of Pennine Care NHS Foundation Trust, regarding a recent tragic family event. Ms Elliott expressed her gratitude to the paramedics who attended, noting the compassion and professionalism demonstrated by the team during a highly distressing situation.

The Board:

- Noted the Chair's update.

BOD/2526/149 Chief Executive's Report

The Chief Executive presented a comprehensive report, which covered activity undertaken for the period 22nd January to 19th March 2026, 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 organisational affairs, finance, people and culture, operations, strategy and quality.

The Chief Executive commenced the report with People & Culture updates. He advised the Deputy Chief Executive attended a Holocaust Remembrance event hosted by Manchester City Council and reiterated that as an organisation, the Trust continues to reflect on how we raise awareness of antisemitism and other forms of racism and strengthen our commitment to being actively anti-racist.

The Board noted that after the government accepted the Pay Review Body's recommendation for a 3.3% pay award to be applied to NHS staff on Agenda for Change contracts, the Trust is fully prepared to implement this from 1 April 2026.

The Chief Executive then referred to the ongoing work of the Staff Networks, and highlighted they continue to provide great support for staff and to bring appropriate challenge to the organisation to help us to improve. Various events linked to Staff Networks were reported.

The Board then received highlights from the Operations section of the report. Those included information on approved plans to relocate the Paediatric Emergency Department from Ormskirk to Southport over the next three years. The Chief Executive also reported on the opening of the Medical Assessment Centre (MAC) at Blackpool Teaching Hospital, which has already delivered positive operational outcomes.

In terms of Quality, the Board noted the Improvement Academy took place on 19 March, with a session focused on adopting the 'habits of an improver'.. A celebration and graduation event was due to take place on 24 April, which would mark the end of this cohort.

The Board then noted national updates, which included information on: NHS Leadership Event attended by the Chief Executive; NHSE Corridor Care Definition new national requirements to eliminate corridor care, introducing a single definition; the NHS Alliance - new merged membership organisation from previous NHS Confederation and NHS Providers.

The Chief Executive expanded on the Neighbourhood Health Framework, published on 18 March 2026, which set out a national shift toward delivering more integrated, preventative care within local communities rather than relying on hospital-based models. There was no reference to ambulance service within the framework, and the Association of Ambulance Chief Executives (AACE) was following up on this.

In terms of sector updates, the Chief Executive highlighted the 2026 Ambulance Leadership Forum (ALF) Conference, which took place in March, with NWAS strongly represented throughout the programme.

As for system updates, the Board noted Non-Emergency Patient Transport Service (NEPTS) tender process closed to submissions on 13 March 2026, with the ICB scheduled to confirm the outcome in May 2026.

Organisational updates followed, including information on Segmentation and Ranking under NHS Oversight Framework. NWAS has retained its Segment 1 position under the NHS Oversight Framework for Quarter 3 of 2025/26, with no change from Q2.

The Chief Executive highlighted he was honoured on behalf of the Trust to accept the title of Honorary Freeman of the Borough of St Helens in recognition of the outstanding service provided by the Trust and the high esteem in which we are held by both the Council and the local community for our dedication and contribution to the local community.

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

Dr A Chambers queried the absence of the ambulance sector within the newly issued Neighbourhood Health Framework and asked whether this had generated any concern or, alternatively, a sense of relief within the sector.

The Chief Executive advised that it was too early to determine the sector's response, as the framework had only recently been published and organisations were still working to understand and navigate it. He noted that there remained clear opportunities for ambulance service contribution, given the nature of the service's work in people's homes and the availability of data that could inform the framework.

Ms C Todd reported that the matter had been discussed at the Mental Health & Quality Network Chairs Forum, where the potential of the neighbourhood framework and associated pathways had been considered. She expressed strong support for ambulance sector involvement, while acknowledging that the framework was still in its early stages.

The Chair highlighted the significance of the Neighbourhood Health Framework as a policy development and noted that understanding its implications would take time. She asked when the work to assess its impact would be completed.

The Chief Executive responded that it was difficult to provide a definitive timeframe. However, he emphasised that elements already included within the Trust's strategy, particularly the focus on care closer to home, were well aligned with the direction of the framework.

Ms C Butterworth referred to the successful service model of the Medical Assessment Centre recently opened at Blackpool Teaching Hospital and enquired whether there were plans for a wider rollout to other hospitals.

The Director of Operations advised that decisions regarding adoption of the model rested with individual acute trusts. However, areas of improvement and examples of good practice were routinely escalated through the UEC Board for system consideration.

Ms C Butterworth suggested that the Chief Executive may also wish to raise the matter in discussions at system level.

The Chief Executive noted that the Medical Assessment Centre had demonstrated promising early results, but further time was required to determine whether these outcomes were sustainable.

The Medical Director agreed that implementation decisions lay with the acute hospitals. He confirmed that conversations encouraging shared learning and dissemination of positive outcomes were taking place across the system.

The Board:

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

BOD/2526/150 Risk Appetite Statement 2026-27

The Director of Corporate Affairs presented the proposed Risk Appetite Statement (RAS) as included in Appendix 1.

She advised the 2026/27 RAS has been developed using the Good Governance Institute (GGI) framework as a foundation, adapted to reflect the Trust's organisational needs and sector context. The updated appetite categories are more clearly defined and significantly more granular than previous models, enabling richer discussions and deeper understanding.

The Board noted development of the RAS for 2026/27 included engagement with both Executive Directors and Non-Executive Directors. Feedback from both groups has informed the final version of the RAS.

The Director of Corporate Affairs highlighted key changes for 2026/27. The 2026/27 RAS has been updated to:

- Reflect organisational priorities and the current operating environment.
- Provide refined definitions based on the Government Orange Book – Risk Appetite Guidance Note, 2020.
- Maintain alignment with the Trust's strategic aims.

The Director of Corporate Affairs reminded the Board that the RAS sets out appetite levels across key domains including, quality, people, finance, regulatory, digital innovation, and reputation, using the agreed scale from averse to eager/ seek.

The Board noted the risk appetite, with rationale as detailed in the report, in the following categories:

- Quality - cautious risk appetite
- People – open risk appetite
- Finance – open risk appetite
- Regulatory – open risk appetite
- Digital Innovation – eager/seek risk appetite
- Reputation – open risk appetite

It was proposed the review of the risk appetite statement would be undertaken in 6 months' time to confirm it remains reflective of actual decision making.

Ms C Todd welcomed the report and noted that Non-Executive Directors' comments had been incorporated into the updated document. She expressed concern that a six-month review period felt lengthy, noting that in her experience risk appetite was reviewed as a standing item at each committee. As a Committee Chair, she would feel obliged to report to the Board should any material change arise, for example an increase in risks.

The Director of Corporate Affairs advised that the RAS served as a decision-making tool, while Committees provided assurance and recommendations to the Board. She did not anticipate that routine committee business would materially impact the Trust's overall risk appetite.

Ms C Todd clarified that she envisaged a brief, routine check at the end of each Committee meeting rather than an extended discussion. The Director of Corporate Affairs agreed this could be incorporated with an agenda prompt.

The Trust Chair agreed that any relevant updates could be reported to the Board through the 3A Chair's Report.

Mr G Chapman and Mr N Todd asked how the RAS would be embedded across the organisation. A discussion followed regarding decision-making protocols and their alignment with the RAS.

The Director of Corporate Affairs explained that significant decisions were governed by Standing Orders, Reservation of Powers and Scheme of Delegation meaning such decisions were taken at TMC and Board level. Once approved, the RAS would be disseminated to Senior Managers for awareness, although its primary application related to Board-level decision making. She noted that staff making operational decisions would continue to apply dynamic risk assessment within their remit and also use other tools to assist decision-making in role e.g. JRCalc etc.

The Trust Chair concluded that the six-month review should also consider how the RAS was being used in practice across the organisation.

The Chief Executive agreed, noting that six months would provide sufficient time to test the RAS and recalibrate it if required.

The Board agreed that the Risk Appetite Statement would be added as a standing item on Committee agendas for consistency and a formal review would be undertaken at Board level in six months' time.

The Board:

- Approved the Risk Appetite Statement for 2026/27.

BOD/2526/151 Proposed Strategic Risks 2026-27

The Director of Corporate Affairs presented the Board Assurance Framework (BAF) as included in Appendix 1.

She highlighted that for 2026/27, the strategic risks have been refreshed to align with the new strategic aims and advised of engagement with both Executive Directors and Non-Executive Directors, which has informed the development of the proposed strategic risks.

The Board:

- Approved the strategic risks for 2026/27.

BOD/2526/152 Non-Executive Terms of Office; Committee Membership 2026-27 and Non-Executive Champion roles

The Director of Corporate Affairs presented the report for information.

The Board noted the compliance with the NHS Code of Governance provision 4.3 with respect to Non-Executive Directors Terms of Office and compliance with Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended).

The Director of Corporate Affairs advised of Non-Executive Director Committee membership for 2026/27 as detailed in section 3 and non-executive director champion roles as described in section 4.

It was confirmed that Ms C Butterworth would become Senior Independent Director from April 2026.

The Trust Chair reported that Non-Executive Directors had expressed interest in undertaking visits across Trust services and teams. Options for structuring this programme were being explored, including the potential alignment of each NED to a specific geographical area.

The Chief Executive welcomed the NED engagement, noting that such visibility would further strengthen Board presence across the organisation and support participation in staff and community events throughout the year.

The Board noted:

- That it remains compliant with Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended), and the NHS Code of Governance in respect to Non-Executive Directors Terms of Office.
- The Non-Executive Directors Committee membership for 2026/27.
- The Non-Executive Director Champion Roles.

BOD/2526/153 Board Development Programme 2026-27

The Director of Corporate Affairs presented the Board Development Programme 2026-27.

The Board noted section 2 of the report detailed the sessions prioritised and agreed by the Chair and CEO for 2026-27. It was noted there was space within the programme for emerging matters to be included and the programme will be reviewed by the Chair and CEO on a regular basis to ensure it continues to meet the Board's needs for the coming year.

The Director of Corporate Affairs added that to complement this programme, and in consideration of the early stage of this Board in its current composition, there were also three additional sessions held in diaries across the year for a separate focused piece of work across two main themes: team effectiveness and board effectiveness.

The Trust Chair highlighted the forthcoming AI-focused session and emphasised the importance of ensuring it was not solely educational but also demonstrated the broader organisational impact of AI developments.

Mr N Gower sought clarification on whether the proposed plan for the session retained sufficient flexibility.

The Trust Chair confirmed that the plan allowed for adaptation, enabling the inclusion of any significant issues requiring Board oversight as well as topics of particular relevance to Non-Executive Directors.

The Board:

- Noted the Board Development Programme for 2026/27

BOD/2526/154 Audit Committee 3A Report from the meeting held on 17th February 2026

Mr N Gower, Non-Executive Director, presented the report. There were no alerts and two advisements, and several points of assurance as recorded in the report as recorded in the report.

The Board:

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

BOD/2526/155 Charitable Funds Committee 3A Report from the meeting held on 18th February 2026

Mr N Gower, Non-Executive Director, presented the report. There were no alerts, one advisement and several points of assurance as recorded in the report.

The Board:

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

BOD/2526/156 Trust Management Committee 3A Report from the meetings held on 18th February 2026 and 18th March 2026

The Chief Executive presented the Trust Management Committee (TMC) 3A report from the meeting held on 18th February 2026 and advised there were two alerts and several advisements, approvals and assurance reports, as listed within the report. The alerts related to the anticipated national audit of job evaluation and adoption of the IHRA definition of antisemitism as requested by NHSE

Referring to the meeting held on 18th March 2026, the Chief Executive reported two alerts and a number of advisements, approvals and assurance reports, as listed within the report. The alerts were related to Staff Survey and Friends and Family Test (FFT).

The Chief Executive noted that several key items from the TMC agendas were also included in today's Board agenda.

The Director of Strategy and Partnership noted his name was omitted from the attendance list and asked for correction.

The Board:

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

BOD/2526/157 Resources Committee 3A Report from the meeting held on 19th March 2026.

Mr G Chapman presented the Resources Committee 3A Report from the meeting held on 19th March. He observed the first meeting he chaired was positive with a lot of content, discussions and high quality of reports and summary presentations.

The Board noted there were no alerts and the Committee received several reports for advisement and assurance, as listed in the 3A report.

A number of items would be discussed on today's Board agenda and brought in for final approval at the latter part of the Board.

Mr G Chapman noted a correction to the 3A report which should read that the Resources Committee 'progressed the Trust Strategy to the Board for consideration and decision', rather than 'supported the recommendation that the Trust Strategy is approved at Board'.

The Board:

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

BOD/2526/158 Estates and Fleet Strategic Plan Roadmap – Annual Review

The Deputy Director of Finance presented the highlights from the report, which had been previously discussed in detail at the Resources Committee.

She provided background by advising that 12 months ago the Board of Directors approved the Estates and Fleet Strategic Plan Roadmap, which was the final element of the Estates and Fleet Strategic Plan 2024-30. She explained the roadmap captures the larger programmes of work which will support delivery of the strategic plan. The current report provided an overview of the annual refresh of the Estates and Fleet Strategic Roadmap including an update on the progress made during 2025/26.

The Board noted the key priorities and progress update in relation to the fleet, which included: update on annual fleet replacement scheme completed for 2025/26, progress towards fleet decarbonisation, EV charging infrastructure expansion and forward-planned replacement programmes of battery electric vehicles (BEV).
Moving on the update on estates, the Deputy Director of Finance reported on projects that have advanced through planning, option appraisal and design stages across multiple sites including Preston, St Helens, Greater Manchester

workshop and Integrated Contact Centre locations. She pointed to section 4.3 of the report listing completed estates projects and to section 4.4 listing live projects included in the roadmap.

The Chair asked whether the planning and delivery process for estates projects included analysis of the benefits and outcomes achieved.

The Deputy Director of Finance confirmed that all projects were taken through the Corporate Programme Board, which incorporates detailed benefits realisation as part of its governance process.

The Chair requested that future reports include explicit benefits realisation information to support understanding of the success and impact of schemes, particularly given the significant investment involved.

Mr G Chapman welcomed the Chair's comments and advised that the Resources Committee would consider how best to assess and measure the success of these projects.

The Board:

- Noted the contents of the report.

BOD/2526/159 NHS Staff Survey 2025: People Promise and Benchmarking

The Director of People presented the report. The detailed deep dive presentation had been previously taken to the Resources Committee, and a dedicated Board Development Session was scheduled for a more in-depth presentation.

The Director of People reported that the Trust had achieved the strongest level response rate equating to 53% for the first time, representing a 5% increase driven primarily by improved frontline participation providing a more accurate, albeit sometimes more critical, picture of staff experience.

The Board noted that NWAS scores were at or above average across most People Promise themes, with strong performance in 'We are Safe and Healthy' and morale. Statistically significant improvements were seen in 'We Work Flexibly' and 'We Are Always Learning', reflecting targeted work on flexible working frameworks, CPD, career pathways and leadership development.

The Director of People reported that operational areas showed encouraging signs of progress, with both PES and PTS evidencing steady improvements across multiple aspects of staff experience, narrowing the gap between frontline services and Trust-wide averages. There were notable improvements in relationships with managers within PES and PTS, linked to leadership restructuring and investment in development.

The Board noted the main highlights in terms of key indicators linked to culture, the interventions were also outlined in the report. The Director of People highlighted reductions in experiences of sexual safety concerns, although levels remained higher than desired and above other NHS sectors. Recommendation

as a place to work has also improved and NWAS was placed second amongst ambulance trusts in terms of this response.

The Director of People reported career development scores showed improvement overall, but perceptions of fairness of progression remained static at around 50%. She advised that the Trust put a lot of focus into standardising the process and building trust will take time to see those results shift.
Speaking-up scores were described as stable but still below desired levels, particularly for frontline staff, reinforcing the decision to include listening to staff and feedback loops as a distinct objective within the People and Culture Strategic Plan.

In terms of next steps, the Director of People advised management and data packs will inform the Local People Plans and dedicated group has been established to oversee the development of a Trust-wide action plan, ensuring that local insights and organisational priorities are aligned and progressed consistently.

The Board also noted that further in-depth analysis will be undertaken to strengthen understanding of staff experience, including a detailed review of EDI-related data to identify priority themes, and an exploration of age-related patterns to understand potential generational differences.

Ms C Todd raised two queries in relation to the staff survey results. Referring to point 6.8 of the report, she expressed concern that many staff did not perceive value in appraisals and questioned whether additional training for managers might be required. She also noted the small decline in scores relating to staff feeling secure in raising concerns about unsafe clinical practice and asked whether a strengthened supervisory approach was needed.

The Director of People advised that improving the appraisal process was a long-term piece of work. The organisation had recently transitioned to a digital platform for recording appraisals, experiencing some initial issues. The Trust is now an early adopter of a new Workforce tool expected to support further improvements. She added that clinical supervision continued to be embedded across the organisation. To understand the perceived lack of value in appraisals, further engagement with staff would be undertaken to explore the underlying reasons.

The Chief Executive noted that while staff valued time spent with senior paramedics and clinical supervisors, this did not always translate into staff recognising the link between these conversations and their development, which required further exploration.

Ms C Butterworth observed that this represented both a risk and an opportunity. She emphasised the importance of ongoing manager–staff engagement and supporting managers to lead effectively. She encouraged the forthcoming Board Development session on the staff survey to include not only data review but also triangulated action planning.

Mr G Chapman asked how the organisation would measure whether the actions taken were having the intended impact.
The Director of People outlined the extensive communications plan following the survey and highlighted the importance of leaders discussing results directly with their teams.

The Director of Operations explained that directorate-level data was used to identify three priorities per area, providing consistent messaging for staff. Some priorities focused on understanding the problem rather than immediate action. He confirmed that areas of unsafe practice were robustly triangulated with incident and complaint data.

The Chair sought clarification on accountability reviews.
The Director of People advised that approaches had varied over time and required refreshing. Accountability reviews involved Executive Directors engaging directly with teams on performance, reinforcing key messages and holding to account.
The Director of Quality and Improvement added that this formed part of the wider improvement plan, including development of a management system at every organisational layer with supporting metrics.

The Chair concluded the item, commending the work undertaken to use staff survey data to drive improvements aligned to the People Plan. She requested that this work be incorporated into the Board Development Session.

The Board:

- Received assurance from the NHS Staff Survey 2025 results.

BOD/2526/160 Action on Antisemitism

The Director of People presented the proposal to adopt the International Holocaust Remembrance Alliance (IHRA) definition of antisemitism, setting out the context of increased antisemitic incidents linked to the conflict in the Middle East and the specific local sensitivity following the Manchester synagogue attack.

She explained that NHS England had requested all Trusts adopt the IHRA definition and that the proposal, reviewed via the D&I Group, TMC and the Resources Committee was to adopt the definition without the accompanying working examples. The Director of People noted this approach was consistent with other public sector organisations.

The Director of People emphasised that adoption of the definition would be embedded within the Trust's broader anti-racism programme launched in December, supported by a multidisciplinary steering group and action plan. She outlined additional NHS England requirements, including refreshing the national EDI mandatory training module, acknowledging delays in release but confirming the Trust's commitment to implementation within the current training cycle. She also described immediate actions taken locally, including reinforcing uniform policy.

Ms C Butterworth asked about the plans for publication of the statement and encouraged that it be incorporated within the wider anti-racism statement rather than presented in isolation. The Director of People confirmed that publication plans were in place and acknowledged the suggestion.

The Board:

- Received assurance that the Trust is responding positively to the expectations set out by NHSE in relation to action on antisemitism.
- Endorsed the adoption of the IHRA definition on antisemitism as requested by NHSE.

BOD/2526/161 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 February 2026. She drew out the main points in terms of quality, effectiveness, operational performance, finance and organisational health, as detailed in the executive summary.

The Board noted the following key points:

- Complaints and incident metrics were stable and there were no new safety alerts affecting NWAS.
- ROSC – the Trust was performing just below the sector average for ROSC performance, and just above the sector average for the 30-day survival after discharge measures.
- Hear and Treat (H&T) performance continued to show special cause variation, reaching 18% in February. The corresponding decrease in See and Treat (S&T), which also displayed special cause at 26.3%, was likely linked to this as both measures relate to the same underlying patient cohort.
- Nationally, the Trust ranked 6th for H&T and 10th for S&T.
- PES 999: nationally the Trust maintained a strong position for ARP, call pick-up volume was stable and call pick up time has reduced during February, hospital turnaround continued to exceed the 30-minute standard at 40m:52s. The Trust maintained strong national performance for C1 mean and improved C2 mean.
- 111: Call demand for 111 decreased over the last two months and calls answered within 60 seconds were stable although the percentage of calls which were abandoned rose in February beyond the 5% standard.
- PTS: activity and performance metrics were stable.
- Overall sickness absence was at 8.95%, consistent with seasonal trends, turnover continued to improve across all service lines.
- The overall vacancy gap was -2.92% in February 26 and in line with plans.
- Overall appraisal compliance was above the target of and the overall mandatory training compliance was also above the 90% target.
- The financial position at Month 11 2025/26 was a surplus of £5.657m, against a planned surplus of £0.667m. Vacancies were contributing to the underspend.

Ms A Cooper noted the increase in sickness absence within PTS, acknowledging the challenging context as the organisation awaited the outcome of the tender process. She asked what remedial measures were being taken during this interim period.

The Director of Operations advised that PTS had been operating under prolonged uncertainty for three years. The leadership team had been strengthened and supported through a leadership development programme to better equip managers to manage uncertainty, though it continued to be a difficult period. He noted that in the current circumstances, the absence of deterioration could be considered a form of success, with a need to balance workforce, finance and performance considerations.

The Director of People added that the actions taken within PTS were reflected in improved Staff Survey results for Line Management within the service.

Mr G Chapman asked about the method used for trend analysis in staff sickness.

The Director of People explained that the report included sector benchmark data, noting that ambulance services typically sit above the wider NHS average, and that the North West region tends to report higher sickness levels linked to regional deprivation.

The Director of Operations emphasised the importance of internal benchmarking, as external comparisons were often not like-for-like; for example, some ambulance services do not operate 111 services, which affects sickness absence profiles. He advised that internal variation provided a more reliable measure.

The Director of People reported that the Trust remained in a stable position compared with the previous year, although there had not been a stepped improvement. This was influenced by several factors, including organisational restructuring.

The Chair asked whether it would be possible to remove call centre data from benchmarking to enable a more comparable position with other ambulance trusts. The Director of People noted that the Trust had made significant progress towards the national average over the past 3–4 years. She cautioned against focusing solely on grip and control measures, as these formed only one part of a broader picture that included culture and preventative approaches.

Mr N Gower highlighted the financial impact of sickness absence. He reflected on a recent visit to a PTS centre, where he did not sense uncertainty but did observe some demoralisation linked to long call answer times of around 20 minutes. He queried whether some of the financial surplus could be used to invest in the service.

The Director of Operations stressed that the key outcome was ensuring patient transport was delivered on time. He advised that an online form would be introduced to speed up contact processes, while recognising that this would not

be suitable for all patients, so dual options would remain. He noted that short-term recruitment did not deliver sustainable improvements.

Mr N Gower cautioned that the current presentation of data and use of SPC charts may create a false sense of security and queried when the charts would be reset to allow comparison against a more recent baseline. He also emphasised the importance of understanding what the average may be masking, whether positive or negative.

The Director of Operations confirmed that these issues had been discussed internally. He highlighted the need to maintain focus on unexpected deterioration while recognising the impact of seasonal variation. He noted that comparing performance for “this time this year versus this time last year” was essential to avoid misinterpreting seasonal trends and to demonstrate improvement during known seasonal pressures.

The Chair reiterated the importance of understanding what the data is telling the Board and how it links to actions, enabling clear visibility of the impact of improvement activity.

The Director of Quality and Improvement advised that a refresh of the IPR was underway. However, changes could not be implemented by 1 April due to data availability constraints. She confirmed that future iterations of the report would include greater area-level detail to enhance insight. She welcomed all comments and feedback to support ongoing development.

Mr N Gower further observed that many Committee reports do not currently use SPC methodology and suggested that wider adoption across the organisation would be beneficial, whilst Mr G Chapman emphasised the importance of identifying and monitoring measures of success.

The Director of Quality and Improvement confirmed that improvement work already incorporates a range of success measures, both within business-as-usual processes and as part of the organisation’s improvement methodology.

Ms A Cooper drew on her previous experience and suggested exploring a Board-to-Board session with another organisation to support the development of the IPR. Ms C Butterworth proposed holding a team session to gather collective feedback rather than relying on individual contributions.

It was agreed that a dedicated session with Non-Executive Directors would be arranged to discuss feedback and suggestions for future development of the IPR.

The Board:

- Noted the contents of the report, the assurance and assurance against the core Single Oversight Framework metrics.

BOD/2526/162 Bi-Annual Safeguarding Report

Director of Quality & Improvement presented the report on safeguarding activity during Q1 and Q2 2025-26. She highlighted that Safeguarding Activity levels have increased. Comparing Q2 of 2024/25 - 9513 referrals and Q2 2025/26 – 11,719. NWAS made increase of 2,206 Safeguarding and Early Help referrals with the referral rejection rate reduced to below 2%.

In terms of Audits, the Board noted two rolling audit programmes continue to provide assurance: Children's High-Intensity Presentations and Complex Safeguarding/Early Help.

The Director of Quality & Improvement reported the training compliance data was at 95.6% overall.

Regarding allegations against professionals, the Director of Quality and Improvement reported 17 cases during Q1–Q2, with 12 closed and five ongoing. She emphasised strong working relationships with HR, Freedom to Speak Up, and local authorities to ensure timely handling of such cases.

The Board noted the Safeguarding Dashboard was operational, providing enhanced visibility of safeguarding concerns and improved reporting and analysis and that development of the DCIQ Safeguarding Module was progressing well, with go-live expected in Q4.

The Chair asked whether the Trust is able to determine if referrals made to external services result in positive outcomes for individuals, and whether we can be assured that people are being directed to the most appropriate services. She also noted that the most significant categories for adult safeguarding concerns were self-neglect, neglect, and domestic abuse, and queried why the audit did not focus on these areas.

The Director of Quality & Improvement explained that the Trust does not track outcomes for every referral, as this would be unmanageable given the volume of approximately 37,000 referrals per year. However, outcome data is available for some cases. She confirmed that, if feasible, consideration would be given to incorporating this into the upcoming audit. The team will review the audit findings and determine whether domestic abuse should be included in future audit cycles. She added that the outcomes and the resulting "so what" analysis will be included in the next report.

- The Board noted activity that contributes to assurance that NWAS safeguarding activity during Q1 and Q2 2025-26 continues to meet our statutory requirements.

BOD/2526/163 Infection, Prevention and Control (IPC) Report & BAF

The Director of Quality & Improvement presented the report, which provided a summary of activity undertaken by the Infection Prevention and Control (IPC) service for the period 1 April 2025 to 30 November 2025. Assurance regarding

the delivery of IPC within the Trust was monitored through the IPC Board Assurance Framework (BAF).

She highlighted the BAF had been updated and presented to the Clinical and Quality Group in January 2026 and the Quality & Performance Committee in February 2026. The updated framework was included with the report.

The Board noted that for the partially compliant (amber) areas of the IPC Board Assurance Framework, programmes of work were in place to address the outstanding actions.

The Director of Quality & Improvement reported that the technical issues previously experienced with the SafeCheck system had now been resolved. Further work was underway to consolidate and refine the measures captured through the system to ensure consistency and accuracy.

- The Board noted the contents of the report, the assurance provided and arrangements for ongoing monitoring via the IPC BAF.

BOD/2526/164 Emergency, Preparedness, Resilience and Response (EPRR) Bi Annual Assurance

The Director of Operations presented the report and took the Board through the headlines as detailed in the executive summary.

Providing background to the report, the Director of Operations explained that in his role as Accountable Officer, he must ensure both the Board and the Quality & Performance Committee are fully cited on the organisation's annual competency assessment. He outlined that the assessment covers two domains: the core standards, which apply universally across Category 1 organisations, and the interoperable capabilities.

The Director of Operations described how reporting was undertaken each year by first bringing the draft position to Q&P and the Board prior to formal submission. He further explained that once the assessment is ratified through the ICB, NHS England, and the Local Health Resilience Partnership (LHRP), he is responsible for bringing back any updates highlighting whether the position has changed.

He was pleased to report that this year the organisation's position, for both core and interoperable standards, remained unchanged before and after external review, which he attributed to improvements, such as quarterly assurance updates to EPRR Group instead of annual position and increased ongoing engagement between the organisation, the ICB, and EPRR colleagues. The Board noted that the organisation was substantially compliant in both assessment domains.

The Board noted the partial compliance for areas 5 & 6 of Domain 1 were funding dependent and affected the whole sector.

In terms of the process for the EPRR core standards 2026, the Director of Operations advised they will be supplied in July 2026 and are expected to be the same as the previous 3 years. They are currently under national review but have not been provided for consultation or initial assessment.

The Director of Quality & Improvement queried why Domain 49 remained partially compliant after 12 months.

The Director of Operations acknowledged that, under annual assurance requirements, a domain should not remain amber for more than 12 months. However, he explained that Domain 49 relates to the Data Protection and Security Toolkit, and the assessment criteria had changed during the year. As a result, it was reasonable that the domain remained partially compliant at this stage, though this position would not be acceptable in the following year.

The Chair noted that it was encouraging to see improvement over time.

Mr N Gower asked about the interrelationship between EPRR and organisational risks.

The Director of Operations advised that risks were considered across multiple organisational forums. He confirmed that risks aligned to EPRR were monitored by the EPRR Group, and any significant escalation would be reported to the Board for visibility. He cited the Debrief Policy as an example, noting that a Level 3 alert would be escalated to the Board and that the policy would be presented to TMC.

Mr N Gower asked whether there were currently any significant risks that the Board should be aware of. The Director of Operations confirmed that there were none at this time.

The Board:

- Received assurance that the submission to the ICB and NHS England was on time, accepted, and shown as substantially compliant with the Core Standards.
- Were advised that the process for assurance for 2026 is underway.
- Reviewed how information regarding EPRR is provided to the Board (Core Standard 3).
- Reviewed options for BC audit (Core Standard 51).

BOD/2526/165 Learning from Deaths Q2 2025-26

The Medical Director presented the report and took the Board through the headlines as detailed in the executive summary. He advised the report had been previously received at the Quality & Performance Committee.

The Q2 dashboard (Appendix A) describes the opportunities to learn from deaths. The main concerns raised internally and externally identified in DatixCloudIQ (DCIQ), were attributed to problems in Integrated Contact Centres (ICC) and Paramedic Emergency Services (PES), specifically with call handling

and dispatch errors, equipment malfunction, and care and treatment. Of the concerns closed, there were no incidents where causal factors were identified by the investigator.

The peer review process now encompasses ICCs and the trust is fully compliant with the national framework. The key areas for improvement in this quarter were focused on call taking – both within ICC and clinical delivery. Individual errors in call taking were seen, but in small numbers so no significant themes were found.

The quality of patient records has dropped this quarter, with 44% receiving a “poor” or “very poor” rating, compared to 33% in the previous quarter. Only one case received a “good” rating for documentation. This element of the SJR review process continues to be highlighted in all reports and with senior clinical colleagues as an area for improvement.

The Medical Director reflected on the ongoing discussions regarding clinical documentation. He emphasised the need to remain clear about the primary purpose of clinical records, which is to support medical record-keeping rather than to serve as coroner-focused documents. He outlined the continued work to improve documentation quality, including reinforcing positive clinical behaviours, sharing good practice examples, engaging with Trade Unions on a collaborative approach, and exploring opportunities for digitisation such as ambient voice technology. He highlighted that records are particularly vulnerable to scrutiny when crews decide not to convey a patient to ED, making it essential that the rationale and patient consent are clearly documented.

Ms A Cooper cautioned that any technological developments in medical record-keeping must be clinically led to ensure they are designed in a way that supports clinical practice, whilst Mr G Chapman noted that digitisation could be transformational, including in supporting decision-making within Call Centres.

Dr A Chambers provided an example of a successful maternity tool that had been developed through strong clinical leadership.

The Chair referred to the report’s indication that the quality of patient records had declined this quarter and asked about the expected improvement trajectory. The Medical Director advised that, due to the small number of cases reviewed, fluctuations were expected. However, the focus on continuous improvement remained.

Ms C Todd linked the discussion to the broader shift towards care in the community and neighbourhoods, noting that clinicians would increasingly be required to make real-time assessments and decisions.
The Medical Director agreed, acknowledging the wider context and emphasising the need to support staff in decision-making and accurate record-keeping, underpinned by the right tools and systems.

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 engagement with the formal process of Learning from Deaths.
- Acknowledged the impact of the SJR process in identifying opportunities for improving care.
- Supported the dissemination process as described in Section 2.

BOD/2526/137 Quality and Performance Committee 3A Report from the meeting held on 23rd February 2026.

Ms C Todd introduced the report, taken as read, which contained one alert and several advisements and assurances. She noted that the key issues discussed at the Q&P Committee had been also included and discussed on today's Board agenda.

Ms C Todd reported that the Committee had formally thanked the outgoing Non-Executive Directors, Prof A Esmail, who chaired the meeting and Dr A Chambers, long-standing member of the Committee, for their work and significant contributions to the Trust's quality and performance agenda.

There was one alert in relation to ongoing technical issues with the SafeCheck system, affecting the Infection Prevention and Control and Medicines Management reporting, limiting the ability to provide assurance in those areas.

The Director of Quality & Improvement confirmed the technical issues with the SafeCheck system had been resolved; however the system's functionality and purpose was under wider review.

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

BOD/2526/167 Trust Strategy and Strategic Plans

The Director of Strategy and Partnerships presented the Trust's Strategy and Strategic Plans for 2026–2031.

He highlighted that the strategy and plans had been developed and co-produced through a structured programme of work undertaken since January 2025, involving engagement with staff, patients, Board members and system partners.

The Board noted that a key shift from previous approaches was the introduction of a coherent multi-year planning framework. This provides clear alignment between the overarching strategy, the supporting strategic plans and the annual planning process, creating a stronger line of sight from long-term ambition through to deliverable priorities and assurance.

In outlining the strategy, the Director of Strategy explained that deliberate continuity had been maintained with the previous strategy. The Trust's purpose and vision remained unchanged, with additional narrative added to clarify the five-year ambition underpinning each element. The Trust's values continued to underpin the strategy throughout. He noted that this approach was intended to

provide reassurance and stability for staff, avoiding the disruption that could arise from introducing a new vision or values framework.

He described the principal change as the introduction of four strategic aims, replacing the previous three. These aims are:

- delivering outstanding inclusive care for everyone served by the Trust;
- building a safe, supportive and inclusive culture together;
- providing a responsive care model through partnerships; and
- embedding continuous improvement and innovation for a sustainable future.

He emphasised that these aims were intentionally framed to be clear, outcome-focused and delivery-driven, rather than aspirational statements alone.

The Director of Strategy and Partnerships drew attention to the supporting Strategic Plans, which translate each strategic aim into defined objectives, deliverables and a rolling three-year roadmap. The Annual Plan 2026–27 represents the first year of delivery. He noted that elements of the delivery architecture, including the detailed measurement framework and enabling plans, would continue to be refined through established governance processes.

The Lead Executive Directors proceeded to briefly introduce each of the enabling strategies objectives, as follows:

- Quality Strategic Plan – the Director of Quality & Improvement
- People and Culture Strategic Plan – the Director of People
- Clinical Response Plan – the Medical Director & the Director of Operations
- Future Sustainability Plan – the Director of Partnership & strategy on behalf of the Director of Finance.

Ms C Todd expressed her support for the Trust Strategy and associated strategic plans. She suggested that future Board and Committee reports should clearly reference which strategic plan they align with, to support ownership and provide a clear roadmap. Director of Corporate Affairs confirmed that cover sheets would be redesigned to ensure explicit linkage to the relevant strategic plan.

The Chair noted that, as the Integrated Performance Report (IPR) is being reviewed, consideration should be given to strengthening the links between the strategy, annual plan, and performance reporting.

Director of Quality and Improvement advised that the Annual Plan contains specific measures and the intention is for all elements to be aligned.

Director of Strategy and Partnerships reported that a specific TAFG had been established to ensure alignment between strategy and annual plan metrics, noting that each annual plan objective has defined programme deliverables.

Chief Executive reminded the Board that the IPR is aligned to the metrics required under the Single Oversight Framework. While interconnected with strategic work, these remain separate reporting requirements.

Ms C Todd suggested raising IPR requirements with the CQC at the forthcoming session.

Ms A Cooper supported the strategy but queried whether a five-year timeframe was too long, suggesting a three-year strategy might be more realistic.
Chief Executive advised that five-year strategic planning aligns with NHS England national requirements.

Ms A Cooper also asked about the accountability framework for Executive Directors in delivering the annual plans and how the Board could be assured of progress.

Director of Corporate Affairs confirmed oversight would be exercised through Board Committees.

Director of Quality and Improvement added that Executive-led Corporate Groups also hold responsibility for oversight, with annual plan monitoring embedded in their workplans. She noted that the Executive accountability framework is under review and she is exploring options for redesign.

The Chair summarised the discussion and sought confirmation that the Board was content to approve the Trust Strategy and strategic plans. The Board confirmed approval.

The Chair noted that the Strategy would return to the Board in 12 months for review.

Chief Executive emphasised the importance of the Board having visibility of the full suite of documents underpinning the Strategy. He confirmed these had also been provided to the Resources Committee for context and acknowledged the significant effort of teams involved in producing the Strategy and enabling plans.

The Chair formally thanked all colleagues involved in the coproduction of the Trust Strategy and enabling plans.

The Board:

- Approved the Trust Strategy 2026–2031 and its strategic direction.
- Approved the four supporting Strategic Plans as the framework for delivery over the next five years.

BOD/2526/168 Any Other Business Notified Prior to the meeting

None advised.

BOD/2526/169 Risks identified

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

Date and time of the next meeting –
29th April 2026 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed _____

Date _____

Minutes
Board of Directors

Details: 9.45 am Wednesday, 29th April 2026
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
Mr G Chapman	Non-Executive Director
Ms A Cooper	Non-Executive Director
Dr C Grant	Medical Director
Mr M Gibbs	Director of Strategy and Partnerships
Dr E Strachan-Hall	Director of Quality and Improvement
Ms C Todd	Non-Executive Director
Ms A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Ms H Davey-Khan	NEXT Programme Director
Ms A Cunliffe	Corporate Governance Manager (Minutes)

Observers:

Ms L Bradbury	Portfolio Delivery Manager, NWAS, via MS Teams
Ms K Pearson	Member of public

Minute Ref:

BOD/2627/001 Apologies for Absence

Apologies were received from: Ms Lisa Ward, Director of People and Mr Nic Gower, Non-Executive Director.

The Chair warmly welcomed all and introduced Ms H Davey-Khan, who joined the Trust under the NEXT Programme Director scheme in April 2026. A round of introductions took place.

BOD/2627/002 Declarations of Interest

There were no declarations of interest to note.

BOD/2627/003 Register of Interest

The Board noted the Register of Interests presented for information.

Ms A Cooper advised of her recent appointment to the role of NED for 12 months with Leeds Community Healthcare NHS Trust. The new entry would be added to the Board Register of Interests.

BOD/2627/004 Board Assurance Framework Q4 2025/26 Position

The Director of Corporate Affairs presented the proposed 2025/26 Q4 position of the BAF risks.

She highlighted that as part of the Q4 review, the proposed changes to note were:

- SR01 has decreased in risk score from 15 to 10.
- SR02 has decreased in risk score from 16 to 12.
- SR06 has decreased in risk score from 15 to 10.
- SR09 has decreased in risk score from 15 to 10.

She also advised that risk SR09 had been closed and will be considered for inclusion on the Corporate Risk Register by the relevant Executive Lead.

The Board noted the Q4 had been received and discussed at TMC and Audit Committee as well as relevant sections reviewed at the Resources and Quality and Performance Committees.

The Board:

- Agreed the decrease in score of SR01 from 15 to 10.
- Agreed the decrease in score of SR02 from 16 to 12.
- Agreed the decrease in score of SR06 from 15 to 10.
- Agreed the decrease in score of SR09 from 15 to 10.
- Approved the Q4 position of the Board Assurance Framework 2025/26.

BOD/2627/005 Opening Position of the Board Assurance Framework 2026/27

The Director of Corporate Affairs presented the Opening Position of the Board Assurance Framework 2026/27.

The Board noted the report presented the proposed 2026/27 opening position of the Board Assurance Framework with a comprehensive overview and with the full framework provided in Appendix 1. The report outlined all the proposed amendments to strategic risks arising from assurances considered through the Board's Committee structure during the reporting period.

The Director of Corporate Affairs highlighted the following proposed opening risk scores with further details and rationale provided within s2 of the report:

- SR01 opening risk score of 9
- SR02 opening risk score of 12

- SR03 opening risk score of 10
- SR04 opening risk score of 12
- SR05 opening risk score of 12
- SR06 opening risk score of 6
- SR07 opening risk score of 8
- SR08 opening risk score of 20.

Ms C Butterworth referred to SR06 (*There is a risk that if we do not embed a Trust-wide continuous improvement culture, it will impact our ability to harness innovation, learning, and deliver effective sustainable service transformation*) and queried whether score 6 was not too low for SR06 opening score.

The Director of Quality & Improvement advised the low score was due to the consequence of the risk being identified as low risk. Also, there had been significant investments in the improvement in the organisation, which would enable the Trust to train more people in the field of improvement methods. It was recognised and acknowledged however that it was a developing domain and infrastructure across the organisation.

Ms C Todd advised that the Quality and Performance Committee, to which this risk is aligned, will monitor this BAF risk reviewing at each meeting.

Ms A Cooper referred to SR01 (*There is a risk that if we do not consistently provide inclusive care or effectively address health inequalities, it could result in avoidable harm and poorer outcomes or experiences for our patients*) and added the Quality and Performance Committee will be paying particular attention to this strategic risk. She also queried whether there were any particular active projects already in place to support this risk.

The Director of Quality & Improvement highlighted the close link between this strategic risk and Objective 2 of the Quality Strategic Plan. Top line deliverables have been identified and the first stage of the plan included scoping work to identify key opportunities for making every contact count and identifying measures of impact.

The Chair acknowledged the points made and that the Committees would continue to scrutinise the BAFs within their remit, recognising that SR01 was a developing area.

The Board:

- Approved the 2026/27 Opening Position of the Board Assurance Framework (BAF).

BOD/2627/006 Annual Review of Core Governance Documents

- Standing Orders and Reservation of Powers
- Scheme of Delegation Review
- Standing Financial Instructions

The Director of Corporate Affairs advised the Membership and Procedure Regulations (1990) as amended, requires the Trust to adopt Standing Orders for

the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions as an integral part of Standing Orders setting out the responsibilities of individuals.

The Board received and noted the revised core governance documents, as set out in the Appendices. The documents had undergone the scheduled annual review with the relevant teams and Directors, resulting in a series of updates to the:

- Standing Orders and Reservation of Powers to the Board
- Scheme of Delegation
- Standing Financial Instructions

Mr G Chapman confirmed that the documents were aligned to standard NHS templates, had been scrutinised by the Audit Committee at its meeting the previous week, and did not raise any contentious issues.

Ms C Todd sought clarification on the Fit and Proper Persons Test (FPPT) procedure and whether it was incorporated within the Scheme of Delegation. The Director of Corporate Affairs confirmed that responsibility for the FPPT was delegated to the Director of People.

The Board held a brief discussion on whether there was merit in amalgamating the FPPT with the Scheme of Delegation. It was agreed that this consideration would be revisited when the Fit and Proper Persons item is scheduled for Board discussion later in the year.

The Board:

- Approved the revised core governance documents.

BOD/2627/007 Board of Directors Cycle of Business 2026/27

The Director of Corporate Affairs presented the Board of Directors' annual cycle of business including mandatory governance, performance monitoring, and statutory reporting items to be addressed throughout the year.

The Board noted, alongside the regular cycle of business reporting, there will be additional matters to be discussed or decided that may emerge during the year and these will be factored into the appropriate meeting or where necessary, additional meetings would be called.

The Board:

- Approved the Annual Cycle of Business for 2026/27 outlined within Appendix 1.

BOD/2627/008 Board Assurance Committees Terms of Reference 2026/27

The Director of Corporate Affairs advised the annual review of the Terms of Reference had been undertaken, and any changes have been made in conjunction with the Executive Leads and Non-Executive Committee Chairs.

The Board noted changes highlighted in tracked changes within each of the Terms of Reference for the following Committees:

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

The Trust Chairs thanked the Directors and all involved in the review of the ToR for 2026-27.

The Board:

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

BOD/2627/009 Quality and Performance Committee Annual Report 2025/26

Ms C Todd, Chair of the Quality and Performance Committee, introduced the report, noting that it reflected the work of the Committee prior to her joining it, as she had only attended one meeting within the 2025-26 cycle, and was a recognition of the work of the previous Q&P Committee Chair.

The report was taken as read with no comments raised.

The Board:

- Received the Quality & Performance Committee Annual Report for 2025/26.

BOD/2627/010 Resources Committee Annual Report 2025/26

Mr G Chapman, Chair of the Resources Committee, introduced the report pointing to good feedback received in the effectiveness survey for the previous year and stressing the focus on improvements for the next year.

The Committee membership was noted as having been increased to four Non-Executive Directors. In light of Ms A Cooper's recent external appointment, which would create a scheduling conflict with Committee meetings, the Board agreed that it would be appropriate to consider amending the Terms of Reference to revert membership to three Non-Executive Directors, in line with other committees.

The Board discussed whether an additional Non-Executive Director should be nominated to the Resources Committee. It was agreed that a membership of three Non-Executive Directors remained balanced and appropriate, with a

quorum requirement of two members, and that no further nomination was required at this time.

Mr G Chapman reported on the areas identified for improving Committee effectiveness in 2026–27. He advised that the Work Plan for the forthcoming cycle had been updated to include significant changes and additions to the Workforce agenda, with an enhanced focus on staff-related matters. He further noted that the Committee would explore the use of Deep Dives to support more detailed scrutiny of reporting. It was also acknowledged that the newly appointed Non-Executive Directors were expected to bring a fresh perspective to future discussions.

The Board noted that the Quality & Performance Committee and the Resources Committee had each agreed to undertake an additional mid-year effectiveness review. This decision reflected the recent changes in chairmanship and membership and was intended to ensure the continued effectiveness of both Committees and to identify any adjustments required to their format.

Ms C Butterworth thanked the Chair of the Resources Committee and the Director of People for the increased prominence of the workforce agenda within the Committee's Work Plan. She emphasised the importance of continuing to track cultural change and improvements, and understanding how investment in staff well-being delivers tangible benefits for both staff and organisational performance. Rather than introducing new indicators at this stage, she suggested consolidating existing metrics, with the potential to develop a culture dashboard in due course. She noted that she had been exploring these considerations with the Director of People as part of their professional discussions, but that a wider strategic conversation would be required.

The Director of Finance cautioned that the development of any new metrics would place additional pressure on the data and digital teams, whose current capacity was already stretched. She noted that the development of any dedicated new metric would be subject to prioritisation within the digital teams' workload.

Ms C Todd suggested that the Committee consider the use of funnel plot methodology, as recently presented within the Freedom to Speak Up Annual Report at the Quality & Performance Committee.

The Chief Executive advised that the forthcoming Board Development Session, would include discussion of the Staff Survey results andan opportunity to further scope ideas and triangulate data to assess cultural change.

The Chair acknowledged the points raised and reflected that cultural change is a long-term process. Further discussion would be taken forward at the Board Development Session and through the ongoing business of the Resources Committee.

The Board:

- Received the Resources Committee Annual Report for 2025/26.

- Approved the update of the Resources Committee membership back to three Non-Executive Directors.

BOD/2627/011 Audit Committee Annual Report 2025/26

Ms C Butterworth, Non-Executive Director, presented the report on behalf of Mr N Gower, Chair of the Audit Committee.

The report was taken as read. Ms Butterworth highlighted the strength of both the external and internal audit arrangements, as evidenced through the work of the Audit Committee. She noted the positive and constructive relationships between the Trust and its auditors, while emphasising that auditors continued to maintain their independence and objective scrutiny.

The Board noted that, due to recent changes in the Non-Executive Director establishment, one of the six Committee meetings held during the year had not achieved quoracy.

Ms A Cooper referred to page 8 of the report and identified a correction to the date in the final line of the Summary section, which should read 29 April 2026 rather than 30 April 2025.

The Chair thanked the Chairs of the Committees for their reports.

The Board:

- Received the Audit Committee Annual Report 2025/26.

Risk Appetite Statement

There were no changes proposed to RAS and no additions to BAF.

Date and time of the next meeting –
27th May 2026 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed _____

Date _____

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

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
11 - 25/26	25.03.26	2526/150	Risk Appetite Statement 2026-27	The Board discussed the Risk Appetite Statement 2026/27 and recommended the Risk Appetite Statement would be added as a standing item on Committee agendas.	Director of Corporate Affairs	Apr-26	Apr-26	The RAS has been added to the Committee agendas and Committee agendas and report templates updated. **Item complete & for removal.**	
12 - 25/26	25.03.26	2526/161	Integrated Performance Report	- It was agreed that a dedicated session with Non Executive Directors would be arranged to discuss feedback and suggestions for future development of the IPR.	Director of Quality and Improvement	May-26	May-26		

NWAS Board and Committee Attendance 2026/27

Board of Directors								
	29th April	27th May	24th June	29th July	30th September	25th November	27th January	31st March
Julia Mulligan **(Chair)**	✔							
Daniel Ainsworth	✔							
Catherine Butterworth	✔							
Graeme Chapman	✔							
Anne Cooper	✔							
Salman Desai	✔							
Michael Gibbs	✔							
Nic Gower	x							
Dr Chris Grant	✔							
Dr David Hanley	✔							
Dr Elaine Strachan-Hall	✔							
Clare Todd	✔							
Lisa Ward	x							
Angela Wetton	✔							
Carolyn Wood	✔							

Audit Committee						
	24th April	22nd May	24th June	24th July	23rd October	22nd January
Nic Gower **(Chair)**	✔					
Catherine Butterworth	✔					
Graeme Chapman	✔					
Clare Todd	x					

Resources Committee						
	21st May	23rd July	24th September	19th November	21st January	25th March
Graeme Chapman **(Chair)**	✔					
Daniel Ainsworth	✔					
Catherine Butterworth	✔					
Lisa Ward	✔					
Carolyn Wood	✔					
Michael Gibbs	✔					
Nic Gower	✔					

Quality and Performance Committee						
	27th April	22nd June	7th September	26th October	14th December	22nd February
Clare Todd **(Chair)**	✔					
Daniel Ainsworth	✔					
Anne Cooper	✔					
Graeme Chapman	✔					
Dr Chris Grant	✔					
Dr Elaine Strachan-Hall	✔					
Angela Wetton	✔					

Charitable Funds Committee				
	20th May	22nd July	21st October	17th February
Nic Gower **(Chair)**	✔			
Daniel Ainsworth	✔			
Catherine Butterworth	✔			
Michael Gibbs	✔			
Lisa Ward	✔			
Clare Todd	✔			
Angela Wetton	✔			
Carolyn Wood	✔			

Nomination & Remuneration Committee									
	29th April	20th May	27th May	24th June	29th July	30th September	25th November	27th January	31st March
Julia Mulligan **(Chair)**	✔	✔							
Catherine Butterworth	✔	✔							
Graeme Chapman	✔	✔							
Anne Cooper	✔	x							
Nic Gower	x	x							
Clare Todd	✔	✔							

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 Countil				√	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	
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.
			Non-Executive Director of Leads Community Healthcare NHS Trust				√		May-26	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	03-Mar-26	N/A
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	7th April 2026	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	Present	N/A
			Chair of British Eventing				√	Position of authority	23-Apr-26	Present	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.
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	

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	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	
Aneez	Esmail	Non-Executive Director (Left the Trust 31 March 2026)	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
Alison	Chambers	Non-Executive Director (Left the Trust 31 March 2026)	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.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Chief Executive's Report
PRESENTED BY	Salman Desai
PURPOSE	Assurance

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒
	SR05	☒	**SR06**	☒	**SR07**	☒	**SR08**	☒

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors is asked to: • Receive and note the contents of this report.
EXECUTIVE SUMMARY	The purpose of this report is to provide members with the highlights and summary information on several areas for the period 20 March – 22 May 2026. **Organisational** <u>Football Charity Event – 2 May</u> On 2 May, a family-friendly football charity event organised by Zack Kerr, a young disability campaigner and member of the Trust's Patient & Public Panel, was held at Accrington Stanley Sports Hub in support of the North West Air Ambulance Charity. At the time of writing, £17,000 has been raised, with further cash donations yet to be added. A formal cheque presentation will take place on 26 May at the Broughton Office. <u>STAR Awards</u> A successful STAR Awards event took place on 8 May at the Bolton Whites Hotel. The event was a fitting celebration of the exceptional contribution of our staff, and I was delighted to have had the opportunity to attend to make presentations to staff and to make the closing speech. **People & Culture** <u>Celebrations of learning</u>

The Developing Leaders Programme concluded with a celebration event on 13 May, bringing together 60 mentees and mentors, representing all directorates, to reflect on their achievements and development over the past twelve months. A full evaluation and review of the programme will now take place, with plans to launch Developing Leaders 2 in the summer.

The Trust's annual Learner Celebration took place on 18 May 2026 and was attended by over 100 learners, managers and education staff. This event offers the opportunity to celebrate the learning achievements of our staff recognising those who have completed periods of study and gained qualifications whilst also delivering the day job.

Strategy & Partnerships

Trust Strategy 2026-2031

On 11 May 2026, the Trust formally launched its new five-year strategy and four supporting strategic plans. The launch has included staff briefings, communication materials and engagement activity to support organisational awareness and understanding. The focus now is on embedding the strategy through the annual plan, directorate objectives, and established governance routes, so that delivery can be monitored and assured through the relevant committees.

Quality

Duty of Candour

A review of the organisational approach to Duty of Candour has just begun to look at the process and in particular the accountabilities and responsibilities to enact both professional and statutory duty of candour and how we train and support staff in these responsibilities. This review is expected to conclude by September and be reported to the Clinical and Quality committee in the first instance.

Operations

The Trust is experiencing significant handover delays at Royal Lancaster Hospital. Engagement with the acute provider indicates that these delays are primarily driven by patient flow constraints linked to reductions implemented as part of financial improvement measures.

The Trust has recently established a Vehicle Accident Reduction Group to address the operational and financial impact of vehicle incidents. A 12-months, multi-disciplinary workplan is in development. The programme is expected to improve safety outcomes while reducing avoidable cost to the Trust.

PREVIOUSLY CONSIDERED BY	Not applicable	
	Date	
	Outcome	

1. BACKGROUND

This report provides a summary of the key activities undertaken and the internal, regional, system and national items to note since the last report to the Board of Directors on 25 March 2026.

2. INTERNAL UPDATES

Strategy and Partnerships

Trust Strategy 2026-2031

On 11 May, the Trust formally launched its new five-year strategy, supported by four enabling plans: Quality; People and Culture; Clinical Response; and Future Sustainability. While the strategy was approved by the Board in March, the formal launch was deferred until after the local elections to comply with the pre-election period.

The launch has been supported by a programme of staff briefings, communications materials and engagement activity to build organisational awareness and understanding.

The focus has now shifted to embedding the strategy across the organisation through alignment with the annual plan, directorate objectives and established governance frameworks. This will ensure that delivery is systematically monitored, with progress and assurance reported through the relevant committees.

People & Culture

Celebrations of learning

The Developing Leaders Programme concluded with a celebration event on 13 May, bringing together 60 mentees and mentors, representing all directorates, to reflect on their achievements and development over the past twelve months. Following a rigorous application and selection process, participants engaged in a comprehensive programme of workshops covering Change, Project Management and Improvement, Generational Differences, Finance, Leadership of Self and Others, Emotionally Intelligent Leadership, Governance and Risk, and Leading with Civility, Respect, Diversity and Inclusion. Each mentee was paired with a mentor from outside their own directorate to broaden organisational awareness, encourage varied career development, and strengthen cultural understanding. Mid-point evaluation results demonstrated the programme's positive impact, with 96% of participants reporting that they felt ready to take on a leadership role, while seven participants progressed into leadership positions during the programme itself. A full evaluation and review of the programme will now take place, with plans to launch Developing Leaders 2 in the summer.

The Trust's annual Learner Celebration took place on 18 May 2026. This event offers the opportunity to celebrate the learning achievements of our staff recognising those who have completed periods of study and gained qualifications whilst also delivering the day job. The event was attended by over 100 learners, managers and education staff and recognised the dedication and achievements of learners and those who support them. It is also a recognition of the value the Trust places on providing opportunities for personal and educational development to enhance individual's career opportunities and support our staff to achieve their potential and be at their best for patients. There is a separate celebration of apprenticeship learners during apprenticeship week.

Improving Culture

Management and Trade Union representatives attended the National Ambulance Social Partnership Forum Sexual Safety event in Leeds on 27 April. The event brought together Ambulance Trusts to share best practice and to hear from external speakers on approaches to tackling sexual safety issues.

Learning and insights from the event will be reviewed by the Trust's Sexual Safety Steering Group and will inform and strengthen our ongoing programme of work in this area.

The Trust also held an internal Anti-Racism Workshop where members of the steering group were joined by Evelyn Asante- Mensah OBE, Chair of the NHS North West Race Equity Assembly and Nazir Makdam EDI lead from ELHT to share their lived experiences of racism and of their work in the area of Anti-Racism. The steering group is using this event as a springboard to set the action plan to bring the Trust's Anti-Racism statement to life for staff and patients.

Driver Training Vehicles

The Trust has started to take delivery of its new driver training vehicles. The vehicles are designed to support high quality learning and to meet the requirements of the High Speed Driving Regulations when they come into force. They include an open cab design enabling learners who are not driving to observe effectively and have a purpose built classroom in the back of the vehicle enabling recording and playback of drives. They represent a real investment in the learning environment for staff and for educators and will enhance the quality of training we can deliver.

Quality

Deputy Director of Quality

As Board members may know, Michelle McLeavy is currently undertaking the role of Deputy Director of Patient Safety and Compliance. The substantive role of Deputy Director of Quality has been redesigned and an engagement exercise completed within the directorate prior to advertisement later this month.

Duty of Candour

A review of the organisational approach to Duty of Candour has just begun to look at the process and in particular the accountabilities and responsibilities to enact both professional and statutory duty of candour and how we train and support staff in these responsibilities. This review is expected to conclude by September and be reported to the Clinical and Quality committee in the first instance.

Improvement Academy Celebration Event

The Improvement Academy Celebration event was held on 24 April. This graduation event celebrated the completion of the Improvement Academy programme for five NWAS teams and five teams from our systems partners. Dr Ailsa Brotherton, Lancashire Teaching Hospitals' Chief Strategy and Improvement was the keynote speaker and spoke encouragingly about the achievements.

Operations

Cumbria and Lancashire

The Trust is experiencing significant handover delays at Royal Lancaster Hospital. Engagement with the acute provider indicates that these are primarily driven by patient flow constraints, associated with reductions implemented as part of financial improvement measures.

Enforcement of the Handover 45 (HO45) standard appears to have reduced, diminishing system-wide leverage to address delays. This continues to represent a material operational and patient safety risk for the Trust.

The Trust has recently established a Vehicle Accident Reduction Group to address the operational and financial impact of vehicle incidents. A 12-months, multi-disciplinary workplan is in development. The programme is expected to improve safety outcomes while reducing avoidable cost to the Trust.

Greater Manchester

As part of the ongoing NHS reforms and transition to the new operating model, the ICB revised its work programme and meeting frequency in November 2025 to prioritise support for staff through organisational change. Consequently, the UEC Reform Board has not met since February 2026; however, the ICB is now planning a dedicated development session at the end of June 2026 to review the Greater Manchester UEC strategic objectives and priorities for 2026/27, aligned to the new NHS GM operating model.

This session will reflect on progress over the past year and provide an opportunity to reset programme priorities. In parallel, Provider Oversight Meetings previously used to address handover performance through NHSE tiering programme, have been merged into wider locality UEC meetings, with NWAS no longer routinely invited; engagement with ICB it ongoing to ensure continued access to appropriate escalation and assurance mechanisms where performance concerns remain.

Cheshire and Merseyside

In April, Cheshire and Merseyside ICB launched its new Urgent and Emergency Care (UEC) strategy, with a strong focus on 'left shift' principles. Sustained system lobbying over the past two years for more consistent access to responsive community referral options, aimed at safely reducing ED attendance, has led to the development of a business case for a Merseyside and Cheshire Clinical Assessment Service.

This proposed model, which mirrors provision in other parts of the region, will broker patients into existing Urgent Community Response teams. NWAS has been actively involved in the design of both the strategy and this service development.

These developments are critical enablers for delivering NWAS objectives around 'hear and treat' and 'see and treat', and are expected to have a direct impact on reducing ED attendance

3. UPDATES

National Update

Anti-racist Leadership Conference 2026 – 28 April

3.1 I attended this flagship conference in Leeds on 28 April and contributed as a speaker on the Chief Executive panel, which brought together system leaders to address racial inequalities across health and care. The event focused on leading with purpose and courage to deliver equitable outcomes, with a strong emphasis on anti-racism as an evidence-based, outcomes-driven approach to improving services and workforce experience. The conference explored system leadership, collaborative commissioning, workforce equity and building trust across diverse communities. My contribution to the CEO panel, 'Leadership that Delivers', provided an opportunity to share perspectives on embedding anti-racism as a driver of organisational excellence. The event offered valuable insight, peer learning and

practical approaches to accelerating progress in tackling inequality and improving outcomes for all.

Change to UK threat level

The UK national terrorism threat level was raised from *Substantial* to *Severe* on 30 April 2026, meaning an attack is now considered highly likely.

Organisations are asked to review security, staffing and overall preparedness, with emphasis on familiarity with incident response, business continuity and escalation processes.

Trusts are also expected to assess local risks, review mutual aid arrangements and highlight any operational pressures to NHS England, reinforcing the need to maintain vigilance and organisational readiness.

NHS Modernisation Bill (Health Bill, May 2026)

The Government has introduced an NHS Modernisation Bill (Health Bill, May 2026), representing a significant structural reform to the NHS in over a decade. The legislation is focused on improving patient care, reducing bureaucracy and strengthening system accountability.

Key proposals include the abolition of NHS England, with functions transferred to the Department of Health and Social Care, alongside increased powers for ministers and greater flexibility for Integrated Care Boards as strategic commissioners.

The Bill also introduces a national Single Patient Record to enable more joined-up, proactive care and improve patient safety and experience.

Overall, the reforms aim to streamline decision-making, shift resources closer to frontline services, and support more integrated, locally responsive care.

3.2 **Sector Update**

Visit to West Midlands Ambulance Service NHS Trust

On 1 April, I was accompanied by the Director of Operations, Assistant Director of Resilience and Deputy Director of Corporate Affairs on a visit to the West Midlands Ambulance Service. The visit provided a valuable opportunity to observe first-hand their major incident response arrangements, including a review of their newly established Tactical Command Cell and 'super hub' at Sandwell. The visit was very well received, and we will now consider how learning from WMAS can be applied to further strengthen and inform our own major incident response plans and capability.

3.3 **Regional Update**

North West System Leaders – 24 April

On 24 April, I attended the North West System Leaders event in Manchester, which brought together regional leaders to discuss national priorities and system delivery for 2026/27. The agenda included updates on the national context, planning priorities and financial outlook, alongside a keynote on delivering the 'left shift' through outpatient transformation. System partners from across the North West shared emerging approaches to neighbourhood working, digital innovation and partnership models, followed by collaborative discussions on implementation. The event provided a valuable opportunity to align on strategic priorities, share best

practice and consider how system-wide approaches can support delivery across NWAS and partner organisations.

3.4 **System Update**

We continue to work closely with our ICB partners and system colleagues across the North West; however, there are no significant updates to report for this period.

3.5 **Organisational**

Deputy Lieutenant of Greater Manchester

On 31 March, I met with Mr Asrar Ul-Haq, OBE DL BSc (hons), who, requested to meet with me in his capacity as newly appointed Deputy Lieutenant. He shared with me his ambitions during his tenancy and advised of his interest in working alongside St John's Ambulance Service to develop an initiative aimed at increasing the number of young people trained in first aid locally. His proposal also includes developing a cohort of community members trained to a higher level, alongside associated fundraising to support ambulance vehicles and explore potential benefit to NWAS. We also discussed the Trust's Community First Responder (CFR) offer as part of this wider conversation.

Senior Leaders Briefing

On 15 April 2026, the first senior leaders' briefing of the 2026/27 financial year was held, bringing together more than 90 senior leaders from across the organisation. The session provided an important forum for sharing updates on key national, regional, system, and organisational developments, including the Trust's Strategy and Strategic Plans, Strategic Risks and Appetite Statement, Staff Survey results and a detailed Service Delivery Update.

We also welcomed Bella Talwar from AQuA, who presented stakeholder feedback from the two external stakeholder engagement sessions facilitated by AQuA as part of the Strategy development process.

These briefings continue to play a vital role in supporting leadership alignment and strengthening organisational awareness across NWAS. The next Briefing is scheduled for 21 July.

Football Charity Event – 2 May

On 2 May, a family-friendly football charity event organised by Zack Kerr was held at Accrington Stanley Sports Hub in support of the North West Air Ambulance Charity. The event included a football match between North West Ambulance Service and Lancashire Police and was well attended, generating significant engagement and support.

At the time of writing, £17,000 has been raised, with further cash donations yet to be added. A formal cheque presentation will take place on 26 May at the Broughton Office.

Zack Kerr, is a young disability campaigner and member of the Trust's Patient & Public Panel, he is a keen supporter of the Trust and is to be commended for his commitment to raise funds to purchase additional defibrillators across the NWAS footprint and for organising such a successful fundraising event.

STAR Awards

I had the great pleasure of attending the STAR Awards event on 8 May at the Bolton Whites Hotel, which had once again been expertly organised by our Communications Team. I was proud to present the awards on the evening, recognising the outstanding talent, dedication and selflessness of colleagues across the organisation. The event was a fitting celebration of the exceptional contribution of our staff, and I was delighted to have had the opportunity to attend and to make the closing speech. It should be noted that events like these would not be possible without the support of our sponsors and I will be formally writing to them to convey my appreciation for their contribution and support.

Executives Appraisals

During the reporting period, I commenced the annual appraisal and objective-setting process for Executive Director colleagues. This is a key component in strengthening leadership alignment, performance and accountability across the organisation.

The process is progressing well and will continue through May, ensuring that clear, focused objectives are in place to support delivery of the Trust's strategic priorities.

Staff engagement

- Estuary Point – 2 April
- Broughton Office – Fleet Workshops, ICC PES and PTS Control Rooms – 21 April

During this reporting period I have also held one to one meetings with the Chairs and Co-Chairs of our Race Equality and Women's Networks.

In our thoughts

It is with great sadness that we learned of the death of three of our colleagues and former colleagues since my last report:

Our colleague Daniel Thurston, who sadly passed away on 16 April following a period of illness. Daniel began his career in 1998, as a control room assistant in Belle Vue Control Room before joining the dispatch team. Dan finished his career at Parkway Control Room in June 2025, after 23 years of dedicated service.

Former colleague Alan Davies, who sadly passed away on 26 April following a short period of illness. Alan retired in December 2022 after 40 years of dedicated service. He was based in the Liverpool area before transferring to the Wirral group.

Former colleague Dave Dickens, who sadly passed away on 6 May following a short illness. Dave retired in 2014 after 40 years of dedicated service. He was based in Cheshire throughout his career, becoming one of the first paramedics in the area in 1989, a role he undertook until retirement.

I have written to the families of these colleagues and former colleagues on behalf of the trust to offer our condolences.

3.6 **Stakeholder Engagement**

Engagement with key stakeholders continues and I held meetings with:

- Darren Martland, Chief Constable of Cumbria Constabulary – 31 March
- Robert Carden, Chief Constable of Merseyside Police – 2 April
- Mark Roberts, Chief Constable of Cheshire Police – 2 April
- David Collinge, High Sheriff of Lancashire – 22 April

- Professor Suzanne Rastrick, OBE, NHS England – 30 April
- Maggie Oldham, Chief Executive, Blackpool Victoria Hospital Trust – 30 April
- Prof. Silas Nicholls, Chief Executive, Lancashire Teaching Hospitals Trust – 30 April
- Martin Hodgson, Chief Executive, East Lancashire Hospitals NHS Trust – 30 April
- Aaron Cummins, Chief Executive of Lancashire & South Cumbria ICB – 13 May
- Dr Andrew Furber, Regional Director of Public Health NW, DHSC - 14 May
- Professor Colin Scales - Acting Chief Executive, NHS Greater Manchester Integrated Care

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.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Use of Common Seal Bi-Annual Report
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

STRATEGIC AIM(S)	Not Applicable							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☒	**SR03**	☐	**SR04**	☐
	SR05	☒	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors is asked to: • Note the occasions of use of the Common Seal as detailed in s2 of the report. • Take assurance that the action was taken in accordance with Section 8 of the Standing Orders
EXECUTIVE SUMMARY	As required by Clause 8.4 of the Trust's Standing Orders, the affixing of the Common Seal is to be reported to the Board on a bi-annual basis. During the period 1st October 2025 to 31st March 2026, the Trust's Common Seal was affixed on one (1) occasion, the details can be found in s2 of the report.
PREVIOUSLY CONSIDERED BY	Not Applicable
	Date: Not Applicable
	Outcome: Not Applicable

1. BACKGROUND

The report details the use of the Common Seal to the Board of Directors between the period 1st October 2025 to 31st March 2026.

2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders and clause 8.4 requires the occasions of use to be reported to the Board on a bi-annual basis. The previous report received by the Board on 26th November 2025, detailed the Common Seal had been applied on eleven (11) occasions during the period 1st April to 30th September 2025.

During the period 1st October 2025 to 31st March 2026, the Trust's Common Seal was applied on one (1) occasion.

Reg No	Date	Reason
196	24th October 2025	Renewal Lease, Bolton Mountain Rescue

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

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

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Continuity of Services 7 (CoS7): Availability of Resources Declaration 2026-27
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Decision

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒
	SR05	☒	**SR06**	☒	**SR07**	☒	**SR08**	☒

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☒	**People:** Open	☒	**Finance:** Open	☒
	Regulatory: Open	☒	**Reputation:** Open	☒	**Digital Innovation:** Eager	☒

ACTION REQUIRED	The Board of Directors is asked to: • Review and confirm the declaration of compliance against CoS7 for publication on the Trust's website.
EXECUTIVE SUMMARY	The NHS Provider Licence requires Trusts to make an annual declaration, no later than two months from the end of each financial year, as per Section 6 – Continuity of Services of the Provider Licence and CoS7 – Availability of Resources (s2 of the report). The considerations in drafting the proposed declaration for the period 1st April 2026 – 31st March 2027 can be seen in s3 of the report, with the proposed positive declaration articulated in s4. The Certificate, for publication on the Trust's website, can be seen in Appendix 1.
PREVIOUSLY CONSIDERED BY	Not Applicable
	Date: Not Applicable
	Outcome: Not Applicable

1. BACKGROUND

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

Section 6 – Continuity of Services of the Provider Licence contains CoS7 – Availability of Resources that requires NHS Providers not later than two months from the end of each Financial Year, to submit to NHS England a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificate (1 April 2026 – 31 March 2027 in this case), as per s2, point 3, below.

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

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

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

3. CONSIDERATIONS

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

- The Trust is in a strong position in respect of its workforce with an improved vacancy position, reducing turnover and strong cover arrangements ensuring safe staffing and regular deployment to plan. Recruitment market conditions have improved across all areas.
- 2025/26 has seen a number of changes around the Board table in both executive and non-executive roles, however the calibre of candidates ensures a good spread of skills and experience across the Board. The transition is being supported in 2026/27 through a clear development programme which will further act to mitigate any risks arising from these changes.
- Income values for financial year 2026/27 have been agreed along with a balanced financial plan, that incorporates an efficiency target equating to 2.56% of operating expenditure;
- There is an Urgent and Emergency Care (UEC) plan, agreed with NHSE, in place, to ensure that we continue to provide safe and high-quality care for our patients across the North West. This includes growth plans which are supported by robust recruitment and training arrangements;
- The operational and clinical leadership structure within the organisation has been enhanced and is supported with leadership development;
- Quality performance data and assurance on quality governance matters is seen monthly at the Trust Management Committee and on an alternating bi-monthly basis at either the Board of Directors or the Quality & Performance Committee;
- Considerations when assessing the accounts to be prepared on a going concern basis; and
- Contractual arrangements for premises, assets and subcontracts.

4. PROPOSED DECLARATION

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

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

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

5. RISK CONSIDERATION

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

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

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

Self-Certification Template - Conditions CoS7

North West Ambulance Service NHS Trust

NHS Improvement

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

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

These self-certifications are set out in this template.

How to use this template

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

Worksheet "CoS7"

Financial Year to which self-certification relates 2026/27

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

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

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

EITHER:

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

OR

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

OR

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

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

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

• The Trust is in a strong position in respect of its workforce with an improved vacancy position, reducing turnover and strong cover arrangements ensuring safe staffing and regular deployment to plan. Recruitment market conditions have improved across all areas.
• 2025/26 has seen a number of changes around the Board table in both executive and non-executive roles, however the calibre of candidates ensures a good spread of skills and experience across the Board. The transition is being supported in 2026/27 through a clear development programme which will further act to mitigate any risks arising from these changes.
• Income values for financial year 2026/27 have been agreed along with a balanced financial plan, that incorporates an efficiency target equating to 2.56% of operating expenditure;
• There is an Urgent and Emergency Care (UEC) plan, agreed with NHSE, in place, to ensure that we continue to provide safe and high quality care for our patients across the North West. This includes growth plans which are supported by robust recruitment and training arrangements;
• The operational and clinical leadership structure within the organisation has been enhanced and is supported by leadership development;
• Quality performance data and assurance on quality governance matters is seen monthly at the Trust Management Committee and on an alternating bi-monthly basis at either the Board of Directors or the Quality & Performance Committee;
• Considerations when assessing the accounts to be prepared on a going concern basis; and
• Contractual arrangements for premises, assets and subcontracts.

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

Signature		**Signature**	
Name	Julia Mulligan	**Name**	Salman Desai
Capacity	Chair	**Capacity**	Chief Executive
Date	27 May 2026	**Date**	26 May 2026

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

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Board of Directors Terms of Reference
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Decision

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒
	SR05	☒	**SR06**	☒	**SR07**	☒	**SR08**	☒

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☒	**People:** Open	☒	**Finance:** Open	☒
	Regulatory: Open	☒	**Reputation:** Open	☒	**Digital Innovation:** Eager	☒

ACTION REQUIRED	The Board of Directors is asked to: • Approve the Terms of Reference.
EXECUTIVE SUMMARY	Terms of Reference for the Board of Directors are required in order to comply with C.4.5 of the Code of Governance for NHS Providers and focus on the following key areas of the Board's remit in relation to: ❖ Leadership and Culture ❖ Strategy ❖ Quality and Performance ❖ Finance ❖ Governance and Compliance ❖ Risk Management and Internal Control The terms of reference have been subject to annual review with minor amendments identified as tracked changes within Appendix 1.
PREVIOUSLY CONSIDERED BY	Not Applicable
	Date: Not Applicable
	Outcome: Not Applicable

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TERMS OF REFERENCE

North West Ambulance Service NHS Trust

BOARD OF DIRECTORS

CONTENTS

1. Composition
2. Responsibilities and Duties of the Board

1. COMPOSITION

Role and Purpose

The Board of Directors (hereinafter referred to as 'the Board') is accountable to the Secretary of State for the effective direction of the affairs of North West Ambulance Service NHS Trust. The purpose of the Board is to govern the organisation effectively and ensure that the Trust provides safe, high quality, patient centred care.

The Board leads the organisation by undertaking the following key roles:

- Formulating strategy, defining the organisation's purpose and identifying priorities
- Ensure accountability by holding the organisation to account for the delivery of the strategy and scrutinising performance
- Seeking assurance that systems of governance and internal control are robust and reliable and to set the appetite for risk
- Shaping a positive culture for the board and organisation through the Trust values: Working Together; Being at our Best; Making a difference.

The Board exercises all the powers of the Trust on its behalf but may delegate powers to a Board Committee or to one or more Executive Directors. This is detailed in the Scheme of Delegation and Standing Financial Instructions.

The Board may establish additional Board Committees as required and will approve their terms of reference and the designated members. The Board has established the following Committees:

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

Each Board Committee should report regularly to the Board in line with their Terms of Reference. The Trust Board remains responsible for the activities of, and powers delegated to, its Committees.

The Board, acting on behalf of the Corporate Trustee, takes responsibility for the overall management and governance of charitable funds and related fundraising activity.

Membership

The Board will consist of 11 voting members as per Establishment Order 2006 No. 1622. The Composition of the Board is set out in the Trust's Standing Orders (Section 2.1.1).

Quoracy

The required quorum for the transaction of business shall be six; three Non-Executive Directors and three Executive Directors (voting), including the Chair/Vice Chair.

An officer in attendance for an Executive Director but without formal acting up status will not count towards the quorum.

Attendance of Meetings

It is expected all members of the Board will attend all Board meetings. Apologies for absence, stating the reason for absence, should be provided in advance of the meeting to the Chair and Corporate Governance team.

A register of attendance for all Board and Committee meetings will be presented to each meeting. Poor attendance will be followed up by the Chair.

Meeting frequency

The Board will meet bi-monthly or more frequently, if required. The following meetings will be held:

- Meeting held in public (Part 1)
- Private Meeting (Part 2)
- Board Development Sessions to support board development strategic planning

Board Secretariat

Secretariat for the Board will be provided by the Corporate Governance Team. The agenda and any working papers will be circulated to members at least five days before the date of the meeting. Formal minutes of the meeting will be produced for review by the Chair within 72 hours of the meeting.

2. RESPONSIBILITIES AND DUTIES OF THE BOARD

Acting as a unitary board with ~~The Board is~~ collective responsibility~~le~~ for decision-making associated with:

- The strategic direction of the Trust
- The provision of high-quality pre-hospital clinical care
- Overall performance of the Trust in relation to standards set by regulatory bodies
- Ensuring the Trust exercises its functions effectively, efficiently and economically;
- Ensuring effective arrangements are in place for governance and risk management.
- Ensuring compliance with the Trust's Provider Licence and associated legislation, regulation and best practice.

At all times the Board will conform to the Standing Orders, Scheme of Delegation, Reservations of Power to the Board and Standing Financial Instructions.

Duties

Leadership and Culture

The Board:

- Ensures there is a clear strategy for the trust that is understood and implemented within a framework of prudent and effective controls;
- Agrees values, ensuring they are widely communicated, adhered to and that the behaviour of the board is entirely consistent with those values;
- Promotes a patient-centred culture of openness, transparency and candour, has an intolerance of poor standards and fosters a culture that puts patients and staff first;
- Ensures the Trust is an excellent employer through the development ~~of a workforce~~ of people and workforce plans to support delivery of the Trust Strategy~~strategy~~ and ensure its appropriate implementation and operation;
- Ensures that directors and staff adhere to any codes of conduct adopted or introduced;
- Implements an effective Board and Committee structure and clear lines of accountability and reporting throughout the organisation;
- Ensures that there are appropriate appointment arrangements for senior appointments such as the Chief Executive and Executive Directors;
- Promotes the health and wellbeing of staff;
- ~~Implements effective board and committee structures and clear lines of reporting and accountability throughout the organisation;~~
- Maintains and promotes a positive speak up culture

Strategy

The Board:

- Sets and maintains the Trust's strategic vision, aims and objectives ensuring that the necessary financial, physical and human resources are in place for it to meet its objectives;
- Develops and maintains an annual business plan, and ensures its delivery as a means of taking forward the strategy of the trust to meet the expectations and requirements of stakeholders;
- Ensures that national policies and strategies are effectively addressed and implemented within the Trust.

Quality and Performance

The Board:

- Ensures that the Trust's quality of service responsibilities for clinical effectiveness, patient safety and patient experience are achieved;
- Monitors and reviews management performance to ensure the Trust's objectives are met and identifies opportunities for improving the delivery of high quality services;
- Fosters a culture that puts patients first and ensures there are sound processes and mechanisms in place to:
  - Monitor feedback relating to the experiences of patients;
  - Engage with all its stakeholders, including patients and staff on quality issues and that issues are escalated appropriately and dealt with when required;
  - Encourage effective patient involvement with regard to the review of quality of services provided and the development of new services;
- Ensure there are sounds processes in place to ensure compliance with, and awareness of equality, diversity and inclusion standards;
- Ensure there are effective systems and processes to identify, monitor and actively contribute to the reduction of health inequalities across populations served
- Ensure that the organisation promotes research and development.

Finance

The Board:

- Has accountability for financial control and ensuring the Trust meets it statutory duty to break even;
- Ensures that the trust operates effectively, efficiently, economically to ensure the continuing financial viability of the organisation;
- Ensures the proper management of resources and that financial and quality of services responsibilities are fulfilled;
- Ensures the achievement of targets and requirements of stakeholders within the available resources;

Governance and Compliance

The Board:

- Ensures compliance with the overarching framework of good corporate governance in order to meet its statutory and regulatory obligations and by having regard to contemporary guidance and appropriate codes of conduct to ensure accountability, openness and transparency;
- Ensures that the trust has comprehensive governance arrangements in place to guarantee that the resources vested in the Trust are appropriately managed and deployed;
- Ensures that all required returns and disclosures are made to the Regulators;
- Formulates, implements and reviews Standing Orders and Standing Financial Instructions as a means of regulating the conduct and transactions of Trust business;
- Agrees the matters reserved for decision by the Board;
- Ensures proper management of, and compliance with, statutory requirements of the Trust and, ensures the statutory duties of the Trust are effectively discharged;
- Approves the Annual Report, Quality Account and Annual Accounts
- Acts on behalf of the Corporate Trustee for the Trust's charitable funds;
- Conducts an annual appraisal of the Board's effectiveness.

Risk Management and Internal Control

The Board:

- Determines the nature and extent of the risk it is willing to take in achieving its strategic objectives;
- Ensures that key risks are identified and effectively managed and that the Trust fulfils its accountability requirements;
- Ensures an effective system of integrated governance, risk management and internal control across the whole of the trust's activities;

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Speaking Up Annual Report 2025-6
PRESENTED BY	Dr Chris Grant, Executive Medical Director and Executive Lead for Freedom to Speak Up
PURPOSE	Assurance

STRATEGIC AIM(S)	Deliver oustanding, inclusive care for everyone we serve							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☐	**SR03**	☐	**SR04**	☐
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board is asked to: • Note the assurance provided on the Trust's arrangements for speaking up, listening to, and responding to staff concerns • Consider the triangulated intelligence drawn from Freedom to Speak Up, DCIQ, HR and Staff Survey data • Support the continued organisational focus on strengthening follow-up, feedback and visible learning, as the key drivers of staff confidence.
XECUTIVE SUMMARY	This report provides assurance on the Trust's arrangements for speaking up, listening to, and responding to staff concerns. Staff continue to raise concerns through multiple routes. While Freedom to Speak Up (FTSU) cases have reduced over three years, this most likely reflects a shift in reporting behaviour rather than a reduction in staff voice, supported by stable staff survey results and ongoing use of alternative systems. Themes raised remain consistent, with behavioural and cultural factors, particularly incivility, bullying and leadership practice, continuing to drive concerns. FTSU remains an important early warning mechanism. While staff confidence in speaking up is relatively strong, confidence that concerns will be acted upon is lower. This gap represents the most significant cultural challenge identified.

	Overall, assurance can be taken that staff voice is present. Continued focus is required on strengthening follow-up, feedback and visible organisational learning.	
PREVIOUSLY CONSIDERED BY	Quality and Performance Committee	
	Date	27 April 2026
	Outcome	Supported

1. BACKGROUND

Creating and sustaining a culture where staff feel able to raise concerns safely remains a core organisational priority. Speaking up is not a single process but a continuous behaviour supported by leadership, trust and psychological safety.

Freedom to Speak Up provides a critical escalation route, particularly where staff feel unable or unsafe raising concerns through line management or other channels. However, FTSU represents only one component of a broader staff voice system that also includes DCIQ reporting, HR processes, patient safety systems, trade union engagement and informal leadership dialogue.

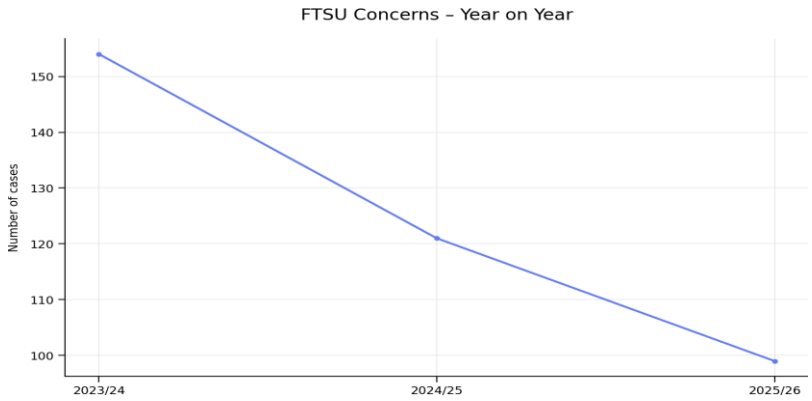
Overall, the data suggests that staff continue to speak up through multiple routes, with a shift away from formal FTSU reporting rather than a reduction in staff voice.

This report therefore brings together multiple sources of intelligence to provide assurance to the Board.

2. Speaking Up

During 2025–26, 99 concerns were logged as Freedom to Speak Up concerns. This represents a sustained reduction in reported concerns over three years:

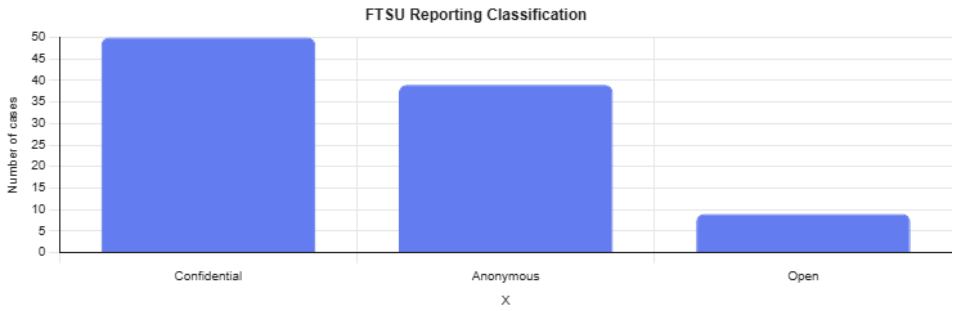
- 2023–24: 154
- 2024–25: 121
- 2025–26: 99



In addition, further concerns were raised with the Guardians but appropriately redirected into other formal routes. This reflects the Guardian's role in listening, safeguarding and signposting, rather than acting as a case-holding function.

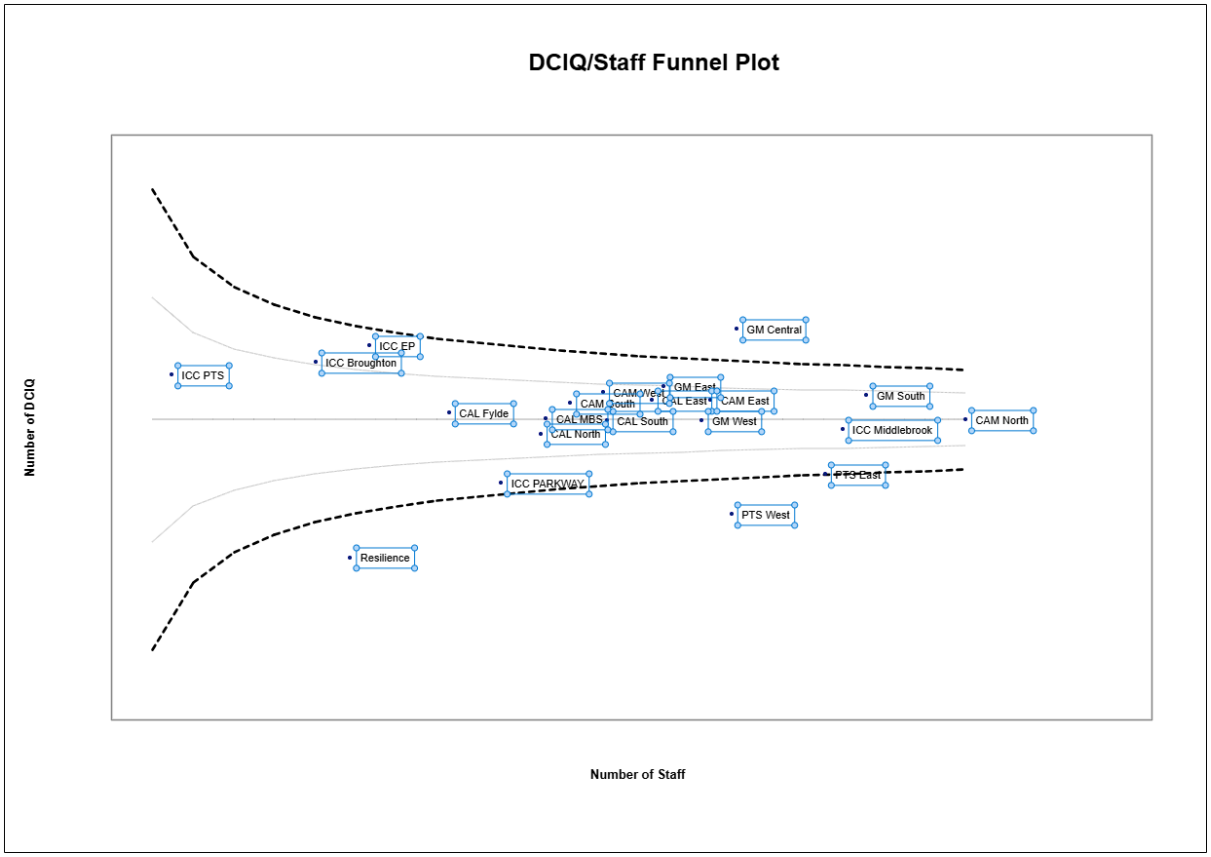
This reduction is interpreted in the context of stable staff survey results and sustained reporting through alternative routes, suggesting a shift in reporting behaviour rather than reduced willingness to speak up.

A significant proportion of concerns continue to be raised confidentially or anonymously, indicating that while staff are willing to speak up, perceived personal or professional risk continues to influence how concerns are raised.



Other Routes for Speaking Up – DCIQ

Staff raise concerns through multiple additional routes, including DCIQ, which captures staff, trust and service-level issues.



Funnel plot analysis demonstrates that DCIQ reporting is distributed across sectors, with the majority of areas falling within expected statistical limits when adjusted for workforce size. This provides assurance that staff are accessing alternative routes for raising concerns across the organisation.

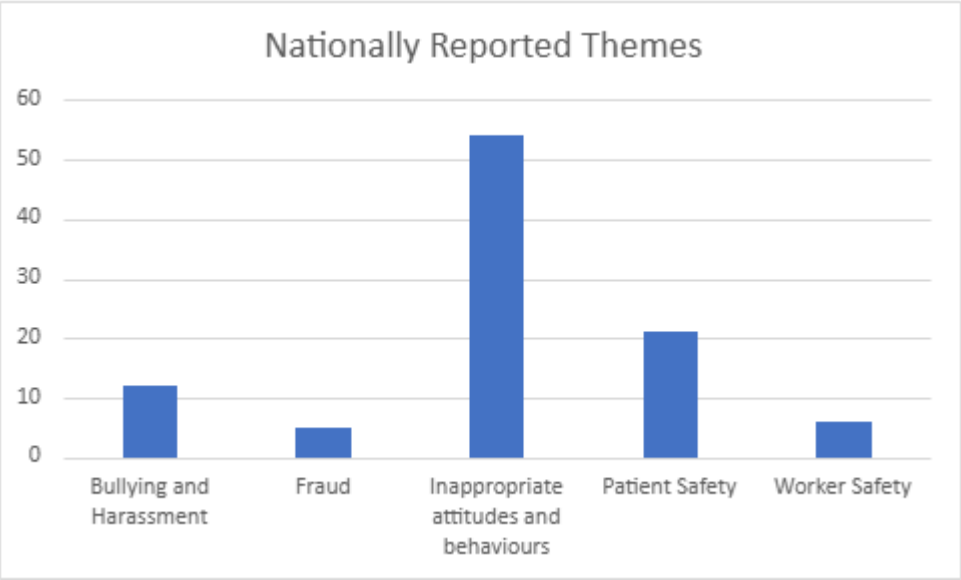
When considered alongside the FTSU funnel plot, differences in volume between routes reflect route preference rather than the absence of staff voice. Some areas demonstrate proportionately higher use of DCIQ when compared with FTSU, indicating staff preference for incident-based reporting routes rather than independent escalation.

3. LISTENING UP

Themes Raised

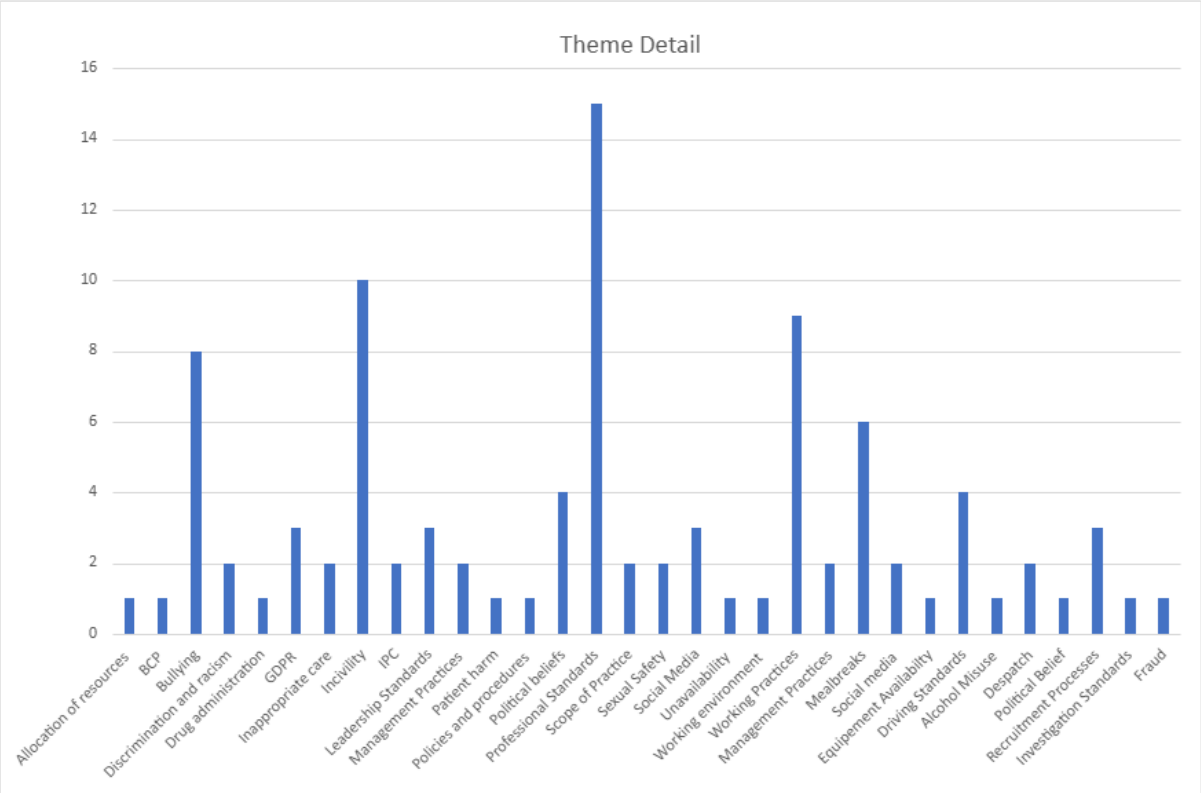
Freedom to Speak Up concerns are categorised in line with nationally defined reporting themes. Analysis of concerns during the reporting period indicates that the predominant areas recorded relate to:

- Inappropriate attitudes and behaviours
- Bullying and harassment
- Patient safety and quality
- Worker safety and wellbeing
- Fraud



The persistence of these nationally defined themes indicates that behavioural and cultural factors remain a key driver of speaking up activity, rather than isolated operational issues.

To support local understanding, concerns are further analysed below national categories to identify more specific themes and recurring issues. This more granular review highlights patterns relating to areas such as professional standards, infection prevention and control, working practices, and basic operational pressures such as staffing and breaks.

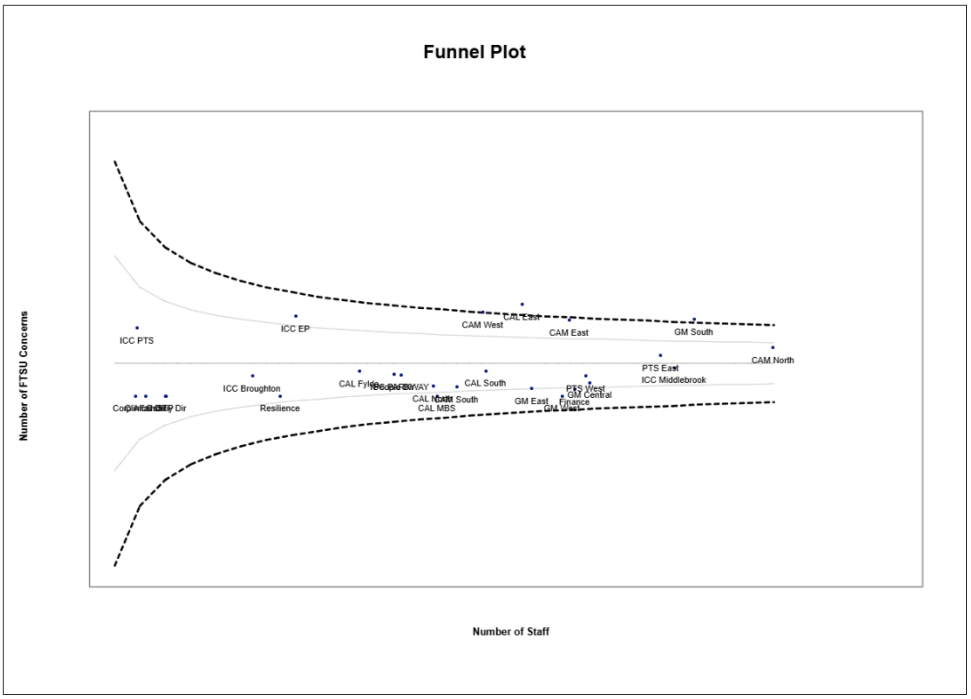


This additional level of analysis strengthens FTSU's role as an early warning indicator, enabling the organisation to identify not only broad cultural risks but also the specific conditions and behaviours that contribute to staff concerns.

FTSU therefore provides insight into areas where staff confidence in alternative formal processes may be limited, particularly in relation to incivility, day-to-day working practices and perceived fairness of local management.

Sector-Level Intelligence and Funnel Plot Analysis

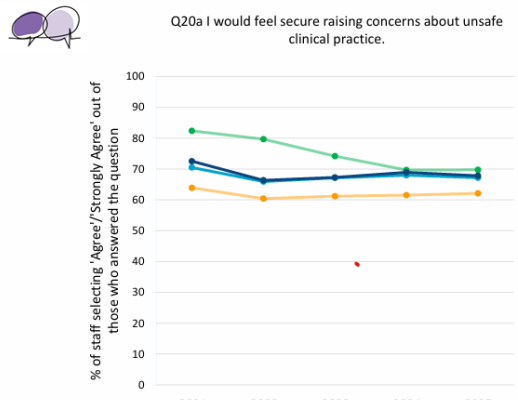
FTSU concerns by sector have been reviewed using a funnel plot methodology to support proportionate interpretation.



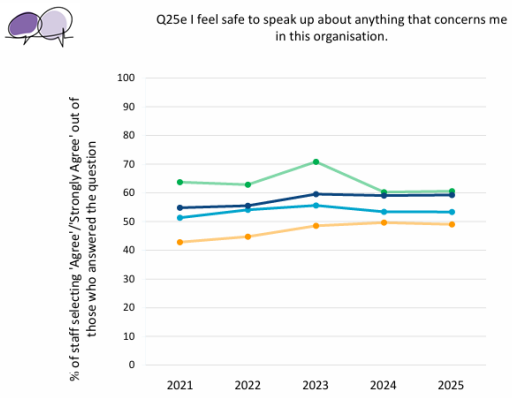
Most sectors fall within expected limits, providing assurance that staff voice is expressed across the organisation. Where sectors approach or exceed control limits, this is used as a prompt for contextual understanding and triangulation, rather than comparative judgement.

The alignment between FTSU and DCIQ funnel plots strengthens assurance that staff voice is distributed across multiple routes rather than concentrated within a single system.

Staff Survey – Confidence in Speaking Up



	2021	2022	2023	2024	2025
Your org	72.52%	66.32%	67.25%	68.88%	67.77%
Best result	82.35%	79.67%	74.14%	69.67%	69.69%
Average result	70.47%	65.91%	67.11%	68.00%	67.16%
Worst result	63.90%	60.38%	61.17%	61.53%	62.08%
Responses	2219	2210	3415	3542	4108



	2021	2022	2023	2024	2025
Your org	54.83%	55.53%	59.57%	59.09%	59.28%
Best result	63.74%	62.86%	70.85%	60.27%	60.59%
Average result	51.34%	54.11%	55.63%	53.43%	53.38%
Worst result	42.83%	44.75%	48.54%	49.65%	49.03%
Responses	2207	2208	3416	3543	4102

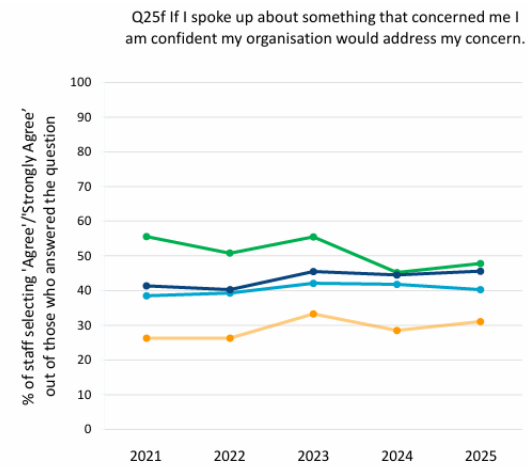
Staff Survey results show that confidence in speaking up remains broadly stable and above sector average. In 2025, 59.28% of staff reported feeling safe to speak up, and 67.77% reported feeling secure raising concerns about unsafe clinical practice.

These results support the view that staff continue to access a range of speaking-up routes, including informal and local conversations not captured within formal reporting systems.

4. FOLLOWING UP

Confidence That Concerns Will Be Addressed

	2021	2022	2023	2024	2025
Your org	53.31%	48.47%	52.07%	51.38%	51.82%
Best result	70.30%	69.09%	59.24%	53.94%	53.82%
Average result	53.70%	49.92%	50.94%	49.68%	49.14%
Worst result	38.71%	36.92%	40.45%	40.21%	40.79%
Responses	2216	2207	3410	3537	4102



	2021	2022	2023	2024	2025
Your org	41.33%	40.27%	45.50%	44.51%	45.60%
Best result	55.56%	50.76%	55.49%	45.20%	47.79%
Average result	38.50%	39.27%	42.11%	41.82%	40.26%
Worst result	26.30%	26.31%	33.27%	28.51%	31.05%
Responses	2206	2210	3416	3543	4104

While staff feel able to speak up, confidence that concerns will be addressed remains lower. In 2025, 45.60% of staff reported confidence that concerns would be acted upon, and 51.82% in relation to unsafe clinical practice. This persistent gap mirrors national patterns and provides important context for continued use of protected reporting routes.

Timeliness and Handling Across Routes

During the reporting period, the average Freedom to Speak Up concern remained open for 11 days, reflecting timely listening, triage and signposting activity within the Guardian function and local management teams.

DCIQ and HR cases typically remain open for longer periods, reflecting the complexity of issues raised, the need for investigation, and formal procedural safeguards. Differences in time open reflect the different purposes of each route, rather than delay.

Staff Experience and Impact

Feedback from individuals who have raised concerns indicates that FTSU is widely regarded as a valued and trusted mechanism where confidentiality is protected and communication is clear. Confidence is strengthened where senior leaders are visibly engaged and concerns result in tangible action.

Experience becomes more variable where concerns are managed locally following escalation. Inconsistent communication, limited feedback and lack of visible resolution remain contributors to reduced confidence, even where initial engagement with FTSU was positive.

While many staff report no direct detriment, some describe perceived or indirect impacts, including counter-complaints, feeling discredited, or choosing to move roles or teams. This reinforces that absence of formal detriment does not equate to absence of impact.

The gap between willingness to speak up and confidence in action remains the most significant cultural challenge identified within the data.

5. RISK CONSIDERATION

Key risks identified during the reporting period include:

- Reduced formal reporting potentially masking unresolved issues
- Continued reliance on confidential routes indicating residual fear of detriment
- Variability in local handling and feedback
- Emotional and retention impacts where concerns remain unresolved

These risks are mitigated through triangulation of intelligence, executive oversight and continued focus on leadership behaviours and communication.

6. EQUALITY/SUSTAINABILITY IMPACTS

Information relating to protected characteristics is recorded through voluntary self-identification by individuals raising concerns. Identification is dependent on individual choice and may be influenced by perceived risk, particularly within smaller teams.

As such:

- Data is likely under-reported
- Absence of disclosure does not indicate absence of impact
- Analysis is intentionally high-level to avoid inference or identification.

There are no sustainability impacts arising from the content of this report.

7. ACTION REQUIRED

The Board is asked to:

- Note the assurance provided on the Trust's arrangements for speaking up, listening to, and responding to staff concerns
- Consider the triangulated intelligence drawn from Freedom to Speak Up, DCIQ, HR and Staff Survey data
- Support the continued organisational focus on strengthening follow-up, feedback and visible learning, as the key drivers of staff confidence.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Chairman's Annual Fit and Proper Persons' Declaration
PRESENTED BY	Lisa Ward KAM, Director of People / DCEO
PURPOSE	Assurance

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☒	**SR03**	☐	**SR04**	☐
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors is asked to: • Confirm and record that the Fit and Proper Persons Test has been conducted for the period 2025/2026 and that all Board members satisfy the FPPT requirements.
EXECUTIVE SUMMARY	The purpose of this paper is to provide annual assurance that all Board Directors meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In line with the Trust's Fit and Proper Persons Procedure, the scope of the staff who are included are all executive and non-executive directors of the Board, including permanent, interim and associate positions, irrespective of their voting rights. The paper sets out the requirement of the annual FPPT checks and confirms that the checks have been completed for each member of the Board, with the outcome recorded on ESR and placed on personal files. During the year 2025/26, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework. The Annual Chairman's Declaration in Appendix A sets out how the Trust has met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

PREVIOUSLY CONSIDERED BY		
	Date	
	Outcome	

1. PURPOSE

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

2. BACKGROUND

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

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

2.3 The Trust's procedure has been written in line with the NHSE Fit and Proper Person Test (FPPT) Framework. The Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member.

2.4 The Framework seeks to prioritise patient safety and good leadership in NHS organisations, along with. supporting board members to build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

3. FPPT Framework

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

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

4. ANNUAL ASSURANCE

4.1 In line with the revised annual assurance requirements set out in the FPPT Framework, all Board members have completed the annual self-attestation for the 2025/26 FPPT submission.

4.2 All Board members are required to undergo an annual social media check. The Trust utilises a third-party provider to undertake these checks, with outcome reports provided to the Trust for review.

4.3 Board members recruited within the last 12 months have already completed a social media check as part of the recruitment process. As these checks remain valid in line with the Framework requirements, a further check is not required. All remaining Board members have undergone a social media check, and no issues have been identified.

4.4 The NHSE summary template of the outcome of the FPPT checks for the Board has been completed and signed off by the Chair. This will be sent to the NHS Regional Director ahead of the 30 June 2026 deadline.

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

5. RISK CONSIDERATION

5.1 The Fit and Proper Persons' Framework has been designed to mitigate the risk that individuals who do not meet the requirements of probity and integrity, are leading NHS organisations. The process also supports the ongoing review and development of Board members to meet minimum competence requirements. Compliance with the framework is a fundamental requirement of the CQC well led domain.

6. EQUALITY/ SUSTAINABILITY IMPACTS

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

7. ACTION REQUIRED

7.1 The Board of Directors is asked to:

- Confirm and record that the Fit and Proper Persons Test has been conducted for the period 2025/2026 and that all Board members satisfy the FPPT requirements.

Appendix A

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

CHAIRMAN'S ANNUAL DECLARATION

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

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

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

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

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

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

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

My declaration has been informed by:

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

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

- Social media check
- Satisfactory completion of the self-declaration.

- Confirmation from the Chair of appointment panels of compliance with the checks process

- All new appointments for Non-Executive Director positions are undertaken in conjunction with NHSE. The pre-employment checks undertaken by NHSE are shared with the Trust so there is a retained record in the Trust of the individual's fitness to undertake their role as Non-Executive Director.

- A review of checks by NHSE in circumstances of the reappointment of Non-Executive Directors to ensure that they remain 'fit and proper'.

- Assessment of the Ongoing Independence of Non-Executive Directors carried out by the Director of Corporate Affairs.

- Annual and on-going Declarations of Interest for all Board members.

- Annual Fit & Proper Persons Test assurance completed by all Executive and Non-Executive Directors and this includes:

  - Annual self-attestation
  - DBS check every three years
  - Social Media check
  - Professional registration check
  - Insolvency check
  - Disqualified Directors Register check
  - Disqualification from being a charity trustee check
  - Employment Tribunal Judgement check

- Annual audit of the personal files has been undertaken to ensure that the files remain up to date and in line with the regulations.

- An MIAA audit of Fit and Proper Persons procedures and records was undertaken in June 2024. This provided High Assurance and included no recommendations.

- Where individual concerns are raised in relation to Directors, appropriate processes are followed in order to manage them in line with Trust policy. The outcome of any processes and/or formal investigations are reviewed as part of the annual reassessment of Directors to provide continuing assurance that Directors remain 'Fit and Proper'.

- The retention of checks data on personal files.

Outcome of the Annual Fit and Proper Persons Checks

- In March 2026, all Board members competed the FPPT self-attestation declaration

- The outcome of the FPPT's have been saved on each personal file and uploaded onto ESR.

- Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and inform the Chair.
- In addition, during the year 2025/26, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.

Julia Mulligan
CHAIR
May 2026

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ESCALATION AND ASSURANCE REPORT

Report from the Audit Committee

Date of meeting	Friday, 24 April 2026		
Members present	Mr N Gower, Audit Committee Chair Mr G Chapman, Non-Executive Director Mrs C Butterworth, Non-Executive	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- No items

ADVISE:

- Approval of 2026/27 Audit Plans for Internal Audit and Anti-Fraud Services.
- External auditors provided an update in relation to the audit of the 25/26 financial accounts.
- Losses and Compensation for Q4 2025/26 totalled £305k.
- The outcome of the annual desktop estates valuation exercise was presented. Impairments on certain estates were noted and would be subject to review by external auditors through their audit of the financial accounts.
- The Committee received a report that described the Trust's Accounting Policies for the preparation of the 2025/26 Accounts.
- The outcomes of the annual reviews of the Trust's core governance documents were presented for consideration. The Committee recommended the documents to the Board of Directors on 29th April 2026 for approval.
- The revised Committee Terms of Reference were recommended to the Board of Directors for approval.
- The Audit Committee considered its annual report which was recommended for presentation to the Board.

ASSURE:

- Internal Audit reported five reviews were completed during Q4 2025/26.
  - Assurance Framework – met NHS requirements.
  - Planned Overtime Controls – Limited Assurance
  - Key Financial Transactional Processing Controls – High Assurance
  - HR/Payroll - High Assurance
  - Cost Improvement Programme Governance – Substantial Assurance.
- Management attended to provide assurance against the internal audit recommendations for Planned Overtime Controls.
- The Head of Internal Audit Opinion for the period 1st April 2025 to 31st March 2026 provided "Substantial Assurance, that there is a good system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently".
- The Anti-Fraud Annual Report detailed the activities undertaken during 2025/26.
- The Q4 2025/26 Board Assurance Framework and 2026/27 Opening Position of the Board Assurance Framework were presented, prior to approval by the Board of Directors on 29th

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April 2026. Committee members considered the report within the context of their role as Audit Committee.

- The 2025/26 annual report relating to Declaration of Interests and Gifts and Hospitality noted there had been no breaches in relation to any declarations made during the year.
- The annual assessment against the Code of Governance for NHS Providers Code of Governance confirmed compliance with the relevant provisions during 2025/26.
- Two waivers were approved during Q4 2025/26.

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Audit Committee

Date of meeting	Friday, 22 May 2026		
Members present	Mr N Gower, Non-Executive Director Mr G Chapman, Non-Executive Director Mrs C Todd, Non-Executive Director Mrs C Butterworth, Non-Executive Director	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- No items.

ADVISE:

- The draft Annual Governance Statement AGS was presented by the Chief Executive for review, by the Committee. The AGS had been prepared against the model template for inclusion within the Annual Report 2025/26.
- The draft unaudited annual accounts 2025/26 and draft Annual Report 2025/26 were received. Both documents had been developed in line with the Department of Health and Social Care Group Accounting Manual for 2025/26.

ASSURE:

- No items.

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Charitable Funds Committee

Date of meeting	Wednesday, 20 May 2026		
Members present	Mr N Gower, Non-Executive Director Mr D Ainsworth, Director of Operations Mrs C Butterworth, Non-Executive Director Mr M Gibbs, Director of Strategy and Partnerships Mrs C Todd, Non-Executive Director Mrs L Ward, Deputy Chief Executive/Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- None identified.

ADVISE:

- The Q4 2025/26 financial position of the NWAS Charity was overall funds of £726k; general funds £452k and restricted funds £274k. The Month 1 financial position was provided; enhancements to reporting will differentiate funding streams and associated expenditure.
- The Committee were presented with the three year NWAS Charity Strategy 2026-2029. Further refinements were requested with a revised version to be circulated to Committee members and finalised within two months.
- The Cash Handling Policy was presented to address a gap in operational guidance for cash handling donations. Alignment to existing procedures and coordination with Finance Team to be undertaken.
- A proposal for a cloud based accounting system was presented. Work to be undertaken to further consider the proposal in relation to processes and engagement with the digital team.
- The three year business plan was presented however it was agreed a revised Year 1 financial plan would be developed and circulated to members of the committee.

ASSURE:

- A summary of the operational, strategic and charitable activity undertaken during Q4 2025/26 was noted, together with the use of restricted and unrestricted funds and updates in relation to the NHS Charities Together grants.
- A summary of the fundraising activities undertaken during Q4 2025/26 was provided.
- The NWAS Charity Fundraising and Marketing Strategy was approved. The new strategy would ensure a structured, data driven approach to income generation, supported by CRM improvements and clearer targets.

RISKS

Risks discussed: None identified

New risks identified:

- The underlying revenue generation was discussed which indicated the unrestricted revenue generation to costs ratio is low when compared to other small charities. There is a risk that the investment in fundraising may not achieve adequate returns.

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ESCALATION AND ASSURANCE REPORT

Report from the Resources Committee

Date of meeting	Thursday, 21 May 2026		
Members present	Mr G Chapman, Non-Executive Director, Chair Ms C Butterworth, Non-Executive Director Mr N Gower, Non-Executive Director Ms C Wood, Director of Finance Ms L Ward, Director of People Mr D Ainsworth, Director of Operations Mr M Gibbs, Director of Strategy and Partnerships	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- None raised

ADVISE:

For noting:

Efficiency and Productivity Update

- The Committee received a report of efficiency achieved to month 01, which is £0.149m behind the planned level.

Workforce Indicators Report

- The Committee received assurance on strong and stable workforce indicators, noted however that in terms of sickness absence, the targeted reduction had not been met, with the exception of PES which achieved a year-on-year reduction of -0.5%.

Annual Plan 2025/26 Quarter 4 and Year-End Assurance Report

- The Committee took moderate assurance on delivery of the 2025/26 Annual Plan, noting the overall position with areas of partial or limited assurance, and the arrangements in place to carry residual activity into 2026/27.

Recommend for Board approval:

Capital Programme Update

- The Committee noted the latest capital allocation for 2026/27 and the refreshed capital programme for this financial year, with a comparison to what was submitted in the medium-term plan for 2026/27. The Committee approved the revised capital plan for 2026/27 (for further progression to the Board) and noted the high-level five-year capital programme.

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Equality & Diversity Annual Report

- The Committee received the EDI Annual Report, received assurance that the Trust had complied with the Public Sector Equality Duty (specific duty) in producing an EDI Annual Report and recommend the Annual Report for onward approval by Board for publication.

ASSURE:

The Committee received the following reports for assurance:

Board Assurance Framework

- The Committee reviewed the risks aligned to its remit for Q4 and the Opening Position of the new strategic risks.

Finance Report Month 01 2026/27

- The Committee received assurance in relation to the financial performance indicators, noting a stable position and surplus at Month 01.

Green Plan
Patient Level Costing Pre-Submission Assurance Report
Procurement Report
Digital Plan Update
Apprenticeships Assurance Report
Job Evaluation Assurance Report

RISKS

Risks discussed:

- Efficiency and Productivity - Month 1 Shortfall.
- Workforce Indicators - Sickness Levels.
- Annual Plan - Partial and Limited Assurance.

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 22 April 2026		
Members present	Mr S Desai, Chief Executive (Chair) Mrs L Ward, Director of People Dr C Grant, Medical Director Dr E Strachan-Hall, Director of Quality & Improvement Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance Mr D Ainsworth, Director of Operations Mr M Gibbs MG Director of Strategy and Partnership Mr M Cooper, Area Director – Cumbria and Lancashire Mr I Moses, Area Director – Cheshire and Merseyside Mrs J Wharton, Chief Information Officer Mr M Jackson, Chief Consultant Paramedic In attendance Mrs J Turk, Executive Business Support Manager Mrs P Harder, Head of Governance (part – item TMC/2627/006 only)	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

Risk: Further development of the BAF is required during 2026/27 to strengthen the 'so what' commentary, target risk scoring and consistency of risk appetite application.

Effectiveness Survey Results: The TMC recognised the increasing volume of business brought to TMC and emphasised the importance of effective triangulation between Executive Groups, CPB and TMC to avoid duplication whilst maintaining assurance.

Anti-racism steering group: Concerns were raised regarding the pace of progress of this steering group, a workshop was to take place with the expectation that this would provide greater clarity on next steps.

ADVISE:

The TMC:

- Discussed the comments received as part of the TMC Effectiveness Survey results and how improvements would be implemented.
- Approved the TMC Terms of Reference.
- Approved the replacement of two written off PES vehicles.

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- Recommended the Executive Groups – Terms of Reference 2026/27 for Board of Directors approval.

ASSURE:

- The TMC received and discussed the following reports for assurance:
  - Finance report month 12 – a strong year end position was delivered with a £10.556m surplus against a planned break-even position, and remained within IAG thresholds across all metrics, achieving full delivery of the 2025/26 Cost Improvement Programme.
  - Draft Internal Audit Plan for 2026/27
  - Policy Management Framework update – continued to present a good position with only 3 policies overdue, one of which is owned by NHSE. Assurance received that the remaining 2 polices – Learning from Experiences and Smoke Free Policies had both been reviewed.
  - Integrated Performance Report – Assurance was provided on operational performance, call handling, sickness absence and appraisal completion.
  - Annual Plan 2025/26 Quarter 4 and End of Year Assurance Report

- Received the following Escalation & Assurance reports:
  - Diversity & Inclusion Group – 13 March
  - Planning Group – 1 April
  - EPRR Group – 13 April

RISKS

Risks discussed:

- Updates were provided on the longstanding risk IDs 440, 507, 508, 412 and 717.
- 2 new high level risks identified.
- 2 risks with changes in current risk score.
- 6 risks marked as sensitive.
- No risks overdue a review.
- Continued monitoring of cyber risk and EPRR.

The Board Assurance Framework 2025/26 Q4 position was recommended to Board of Directors for approval.

The Board Assurance Framework 2026/27 Opening position was recommended to Board of Directors for approval.

New risks identified:

- None.

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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 20 May 2026		
Members present	Mrs L Ward, Director of People (chair) Mrs C Wood, Director of Finance Dr C Grant, Medical Director Mrs A Wetton, Director of Corporate Affairs Dr E Strachan-Hall, Director of Quality & Improvement Mr D Ainsworth, Director of Operations (part) Mr M Gibbs MG Director of Strategy and Partnership Mr M Cooper, Area Director – Cumbria and Lancashire Mr I Moses, Area Director – Cheshire and Merseyside Ms S Rose, Area Director – Greater Manchester Mrs J Wharton, Chief Information Officer In attendance Mr M Dunn, Consultant Paramedic – Cumbria and Lancashire Ms E Orton, Assistant Director of Quality and Nursing (part) Mrs J Turk, Executive Business Support Manager	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- **QAV process** – known limitations in the current process discussed resulting in reduced assurance. Update received on plans to move to an accreditation process. Test of change planned. Risk based discussion to take place on mitigating interim assurance risks. Further report due to be received by TMC in September 2026.
- **IPC Annual Report** – annual assurance report received. Noted 6 amber rated areas in IPC BAF. Include within 'back to basics' approach to close the gaps over the next 12 months with progress to be monitored through existing reporting arrangements.

ADVISE:

The TMC approved:

- The 2025/26 capital programme outturn position and noted the latest capital allocation and programme for 2026/27.
- Proposed relocation of two 24/7 vehicles in Greater Manchester area subject to stakeholder engagement

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- The Terms of Reference for the Clinical & Quality Group, Operational & Performance Group (formerly SDAG) and Corporate Programme Board.
- The revised Equality & Quality Impact Assessment (EQIA) Policy.
- The Equality & Diversity Annual Report, and approved the later publication of the 2026/27 EDI annual report to September 2027, to meet equalities data publication timelines.
- A number of contract awards for onward approval by Committee and private Board

The TMC received and discussed:

- Co-Pilot – an update was received on the pilot to date, which had been done in a safe and measured way. Further work on benefits and potential savings/productivity gains.
- HR Casework for Q4 of 2025/26.
- Progress in relation to ICC estates project.

ASSURE:

The TMC received and discussed the following reports for assurance:

- **Finance report** –month 01 forecast shows a breakeven position in line with financial plans. There had been no agency usage during month 01.
- **Integrated Performance Report**
- **North West Air Ambulance Bi-Annual Assurance Report**
- **Policy Management Framework** – assurance on compliance with policy management framework.
- **The Mental Health Annual Report.**
- **The Safeguarding Annual Report**, noting the trust had met its statutory safeguarding duties during 2025/26.

The TMC received the following Escalation & Assurance reports:

- IG&C Group – 14 April
- Service Delivery Assurance Group -28 April
- Clinical and Quality Group – 5 May
- Diversity and Inclusion Group – 7 May
- People and Culture Group – 12 May

RISKS

Risks discussed:

- Approved the reduction of current risk scores for risk IDs 412, 440, 507 and 508
- Approved the closure of risk ID 717
- Reviewed and confirmed the 8 sensitive risks as correctly tagged as sensitive

New risks identified:

- None.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	EDI Annual Report
PRESENTED BY	Lisa Ward, Director of People/Deputy Chief Executive
PURPOSE	Decision

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☐	**SR04**	☐
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☒	**People:** Open	☒	**Finance:** Open	☐
	Regulatory: Open	☒	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors is asked to: • Receive assurance that the trust has complied with the Public Sector Equality Duty (specific duty) in producing an EDI Annual Report. • Approval of the report for publication.
EXECUTIVE SUMMARY	This covering paper introduces the Trust's 2025/26 Equality, Diversity and Inclusion Annual Report, produced by the Staff Experience Team. The report provides a comprehensive overview of the work undertaken across the organisation to improve the experiences of both staff and patients, ensuring services and workplace practices are fair, equitable and inclusive. It continues to be presented in a clear and visually engaging format, introduced in previous years to improve accessibility and reader engagement. The report meets our statutory reporting responsibilities in relation to workforce data through publication of representation levels, WRES, WDES and Gender Pay Gap data. However, it should be noted that the latter data relates to 2024/25 because validated data in relation to the last financial year is not yet available. In light of this Trust Management Committee have approved a recommendation that from 2026/27 the production of the EDI Annual report will be delayed until September in order to enable the up to date data to be incorporated into the report.

	The report goes on to provide information of the actions taken to progress our published equality objectives; the work of staff networks; the work to improve culture in relation to sexual safety and anti-racism and priorities for 2026/27.	
PREVIOUSLY CONSIDERED BY	Resources Committee	
	Date	21st May 2026
	Outcome	Recommendation for publication
	Trust Management Committee	
	Date	20th May 2026
	Outcome	Recommendation for publication. Approval to move publication date to September in 2026/27.
	People and Culture Group	
	Date	12th May 2026
	Outcome	Recommended for publication and also recommendation to change the date of publication for the 2026/27 report to September.
	Diversity and Inclusion Group	
	Date	7th May 2026
	Outcome	Recommended for publication.

1. BACKGROUND

1.1 As a public sector body the Trust has a number of obligations under the Public Sector Equality Duty including a requirement to publish workforce data and to publish and demonstrate progress against equality and diversity objectives. The Trust discharges this duty through the publication of an annual Equality, Diversity and Inclusion report.

2. OVERVIEW OF CONTENT

2.1 The report for 2025/26 is included at Appendix 1. The report provides a comprehensive overview of the work undertaken across the organisation to improve the experiences of both staff and patients, ensuring services and workplace practices are fair, equitable and inclusive. It continues to be presented in a clear and visually engaging format, introduced in previous years to improve accessibility and reader engagement.

2.2 The opening section presents workforce information, including demographic data, which demonstrates continued progress across several protected characteristic groups. For example, Black, Minority and Ethnic representation has increased by 0.5%, achieving the Trust's year-on-year target. Representation of disabled and LGBT+ staff has also increased between March 2025 and March 2026.

2.3 The report also includes statutory workforce equality reporting, including the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and gender pay gap data. This information relates to the reporting period up to 31 March 2025 which has previously been reported to Board. The 2025/26 data will not complete the Trust's internal governance process until July 2026 and therefore cannot be published externally prior to this. In light of this Trust Management Committee has approved a change to the publication date of the Annual Report in 2026/27 to September.

2.4 The report goes on to outline progress against the three EDI priorities agreed by the Board in 2024, which will remain in place until 2027. This includes initiatives to strengthen inclusive recruitment practices, support fair and transparent career progression, and expand opportunities for staff development and advancement within the Trust. Particular focus is given to the impact of the Positive Action and Widening Access Teams, which continue to engage with underrepresented communities to encourage applications to NWAS roles.

2.5 The report also highlights work to strengthen organisational culture and psychological safety, including initiatives relating to sexual safety and anti-racism, alongside the introduction of cultural objectives for managers and leaders. In addition, the rollout of Reasonable Adjustments training for managers has received highly positive feedback and has improved managers' confidence in supporting staff with workplace adjustment requests.

2.6 The final section relating to the EDI priorities outlines the contribution of the Public Health and Patient Experience teams in reducing inequalities and improving access to services and information, including the recently launched Health Inequalities Framework.

2.7 Staff Networks continue to play a vital role within the organisation, and their impact over the past year is highlighted in a dedicated section alongside the work of Chaplaincy and the NWAS Charity.

2.8 Recognising that further progress is required, the report concludes by setting out the key priorities for 2026/27. These include building on the Anti-Racism Statement to drive measurable action, further strengthening inclusive leadership, embedding the new Equality and Quality Impact Assessment process, and increasing the use and impact of the Population Health Dashboard.

3. RISK CONSIDERATION

3.1 Resources Committee is asked to recommend approval of the report for publication to Board. This decision is in line with our risk appetite statement for Quality, People and Regulatory. The publication of the report will have a positive risk mitigation by ensuring our statutory and regulatory obligations are met and by positively promoting the work done to improve services and employment.

3.2 The decision to delay publication of the 2026/27 report until the most up to date data is available could impact adversely on reputational risk but the risks are considered to be low given that it is a short delay and the purpose is to present the most up to date information to the public and regulators. This is in line with the open risk appetite in relation to reputation but will not impact until next year.

4. EQUALITY/ SUSTAINABILITY IMPACTS

4.1 The report sets out our compliance with our equality obligations under the public sector equality duty and also outlines positively the work being undertaken to support equality for patients and staff.

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Equality, Diversity & Inclusion Annual Report 2025-26

CONTENTS

- Foreword
- Our NWAS
  - Vision, aims and priorities
  - Workforce demography
- Statutory & Regulatory Equalities Reporting
- Progress on EDI Priorities 2024-2027
  - Embed fair and inclusive recruitment and progression processes
  - Educate and empower our workforce and leaders to promote a positive psychologically safe culture
  - Reduce health inequalities for our patients
- Staff Networks
- Chaplain for Staff Wellbeing, NWAS Charity
- Policy Development
- Looking Ahead to 2026/27

Public Sector Equality Duty

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

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

- Eliminating unlawful discrimination, harassment, and victimisation,
- Advancing equality of opportunity between those who share a protected characteristic and those who do not
- Fostering good relations between these groups.

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

This annual report serves as evidence of our compliance with the PSED for the reporting period 2025/26. It outlines the actions we have taken to meet our legal obligations and illustrates how equality, diversity, and inclusion are embedded in our work. Furthermore, it reflects progress against our current three-year (2024-27) EDI objectives – referred to as our Priorities.

FOREWORD

LISA WARD KAM
DIRECTOR OF PEOPLE & DEPUTY CHIEF EXECUTIVE

Equality, diversity and inclusion remain central to who we are and what we stand for at North West Ambulance Service NHS Trust.

Over the past year, we have continued to make meaningful progress in creating a workplace and service that is fair, inclusive and reflective of the diverse communities we serve. This report sets out the progress we have made, the challenges we continue to face, and the actions we are taking to ensure every colleague and every patient is treated with dignity, respect and compassion. I would like to thank everyone who has contributed to this vital work.

The last 12 months have been marked by continued change across both the NHS and NWAS. Throughout this period, our commitment to building a culture where people feel safe, supported and able to thrive has remained unwavering.

During 2025–26, the collective efforts of the teams across the trust and Staff Networks have contributed to tangible impact. This includes nurturing a more compassionate and inclusive culture, improved disability confidence and accessibility through enhanced reasonable adjustments and Access to Work processes, stronger staff voice, and continued progress in addressing health inequalities through targeted public health and community engagement initiatives. Leadership development during the year had a strong emphasis on inclusive and compassionate behaviours, supporting cultural improvement across the organisation.

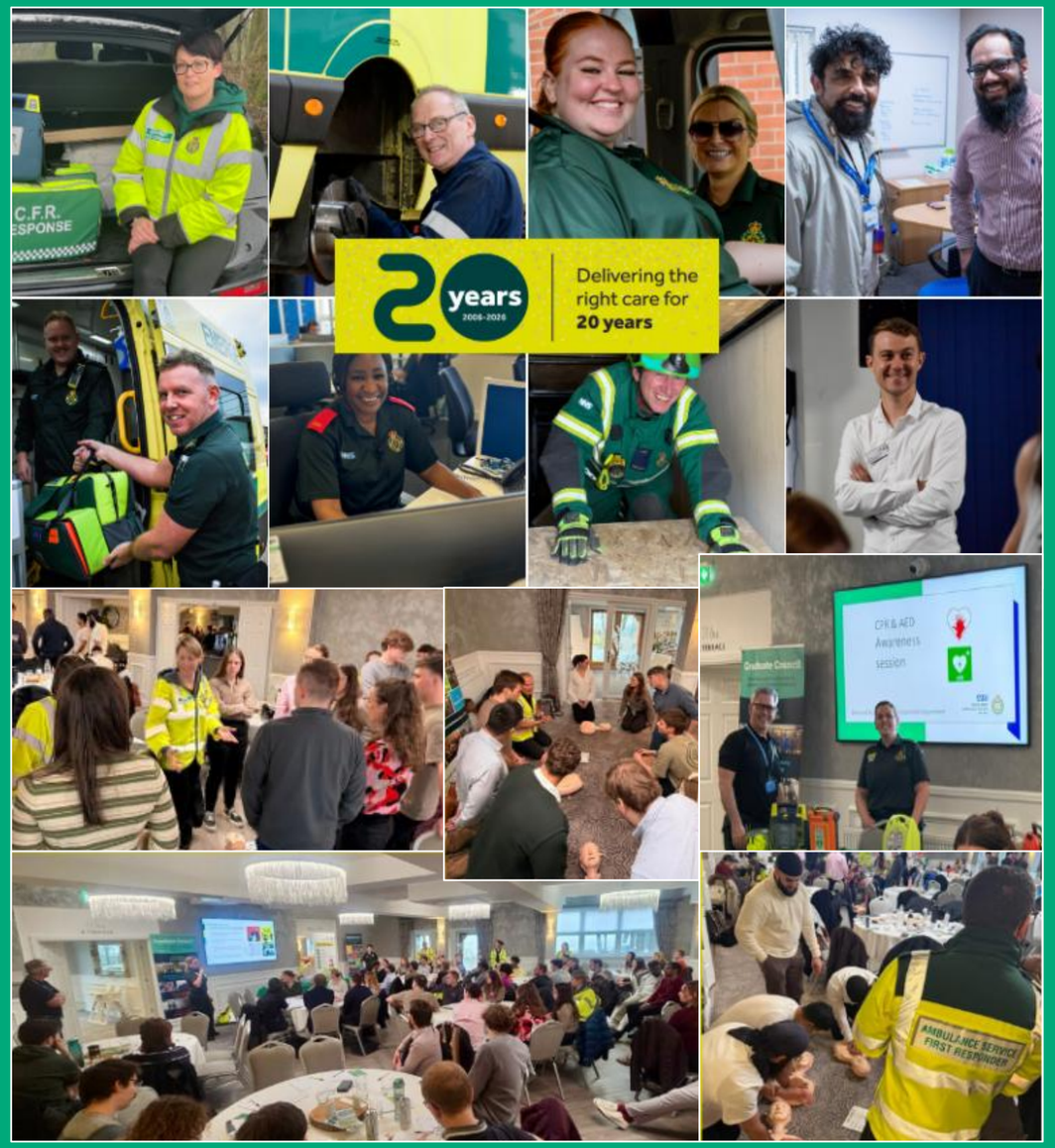
Having made great progress, we know that there is still more to do. We continue to see disparities in the experiences of Black and minority ethnic staff, disabled colleagues, women and LGBT+ staff, and we remain focused on improving sexual safety, psychological safety and confidence in speaking up. Tackling discrimination in all its forms remains a priority, and this will continue to drive our ambition to become an anti-racist organisation.

Together, we will continue to build a fairer, safer and more inclusive NWAS for all.

Our NWAS

North West Ambulance Service NHS Trust (NWAS) covers a vast area of around 5,400 square miles, serving over seven million people in Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop.

With a team of approximately 8000 employees in diverse roles, supported by 1000 volunteers, NWAS provides 999, NHS 111, and patient transport services.



Strategy, Vision and Priorities

Our vision remains clear - to deliver the right care, at the right time, in the right place, every time. The NWAS Strategy 2022–2025 set out how we would realise this vision through three aims:

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

By working to meet these aims, we strengthened our focus on reducing health inequalities, improved the diversity of our workforce, and focused on creating a culture where everyone feels safe, valued and able to contribute.

Over the course of this year, work has taken place to refresh our Trust Strategy for the next five years. The 2026–31 Strategy aims to build on the progress made in the last few years and sets out four clear ambitions:

- Providing outstanding, inclusive care
- Building a safe, supportive and inclusive culture
- Delivering a responsive care model through partnerships
- Embedding continuous improvement and innovation for a sustainable future

Equality, diversity and inclusion are central to each of these aims, shaping how we design services, support our workforce and measure success.

The strategy was shaped through a structured co-production and engagement process, including workshops with senior leaders and system partners, consultation with our Patient and Public Panel, and impact assessments were undertaken to ensure our direction reflects the diverse needs of the communities we serve.

Delivery of the strategy is enabled through four integrated strategic plans:

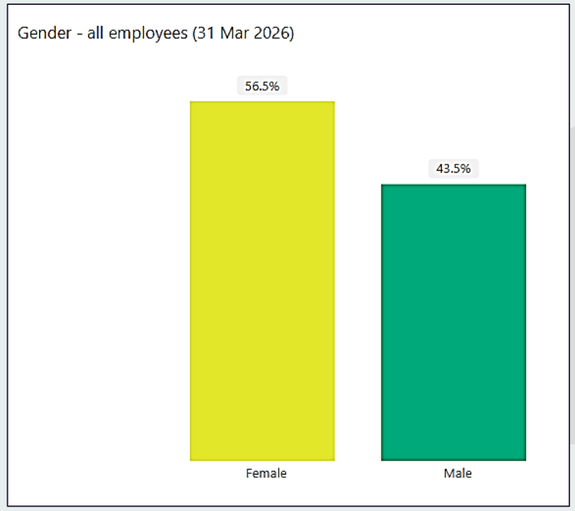
- Quality Plan
- People & Culture Plan
- Clinical Response Plan
- Future Sustainability Plan

Together, these plans translate our ambitions into action and ensure that inclusive care, equitable access, fair workforce processes and sustainable decision-making are embedded across all areas of delivery.

Workforce Demography

This section of the report presents an overview of our workforce demographics, based on data extracted from the NHS Electronic Staff Record system as of 31 March 2026.

Our total workforce headcount increased to 8006 this year, from 7795. The demographic profile of the Trust shows increases in representation across all key workforce characteristics when compared with 31 March 2025.



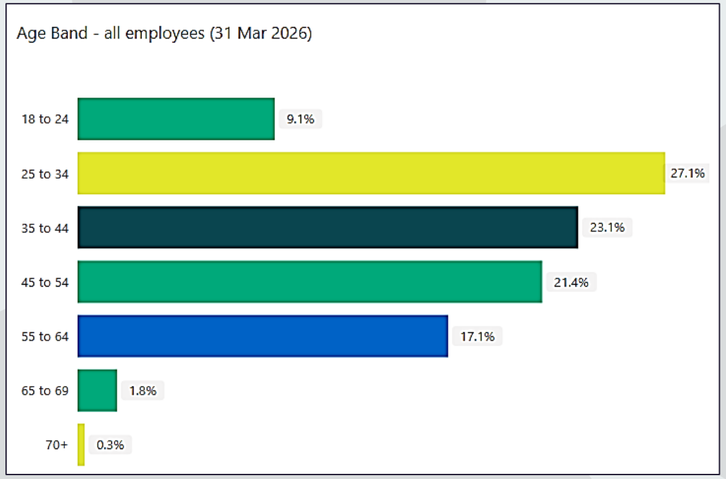
Gender

Female representation increased by 0.39 percentage points, rising from 56.19% in 2025 to 56.58% in 2026. This change indicates a small but measurable uplift in the proportion of women across the workforce, maintaining a consistently strong level of female representation.

Age

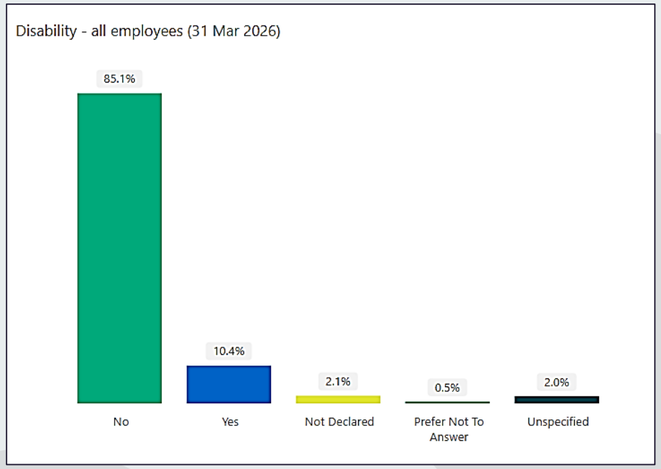
The majority of staff were aged between 25 and 54, representing 71.6% of the workforce. Staff aged 18–24 accounted for 9%, a decrease from 10% in the previous year.

Representation among those aged 55–64 increased to 17.1%, up from 16% in 2025. Staff aged 65 and over remained a small proportion of the workforce at 2.2%, though this reflected an increase from 1.5% in 2025.



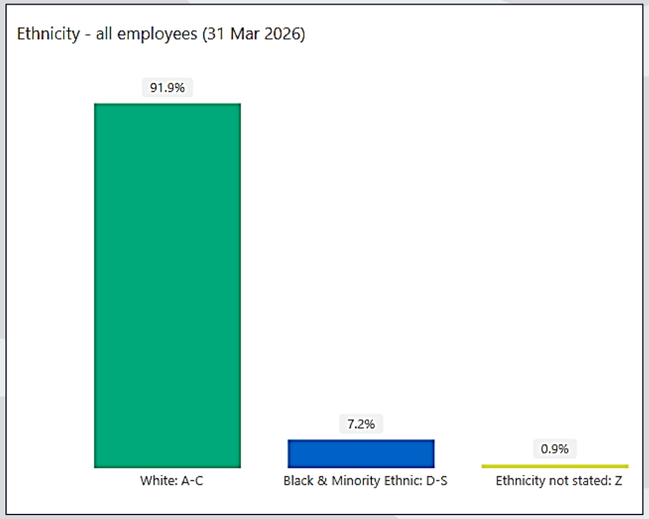
Religion and belief

Just under half of staff identify as Christian, while 24% state they have no religious belief with around 13% choosing not to disclose their religion. Smaller proportions identify as Muslim (3.5%), Hindu (0.3%), Buddhist (0.1%), Sikh (0.1%), or Jewish (0.1%).



Disability

Disability declaration increased by 0.93 percentage points, rising from 9.41% in 2025 to 10.34% in 2026. This is the largest numerical increase among the reported characteristics and reflects a greater proportion of staff identifying as disabled.

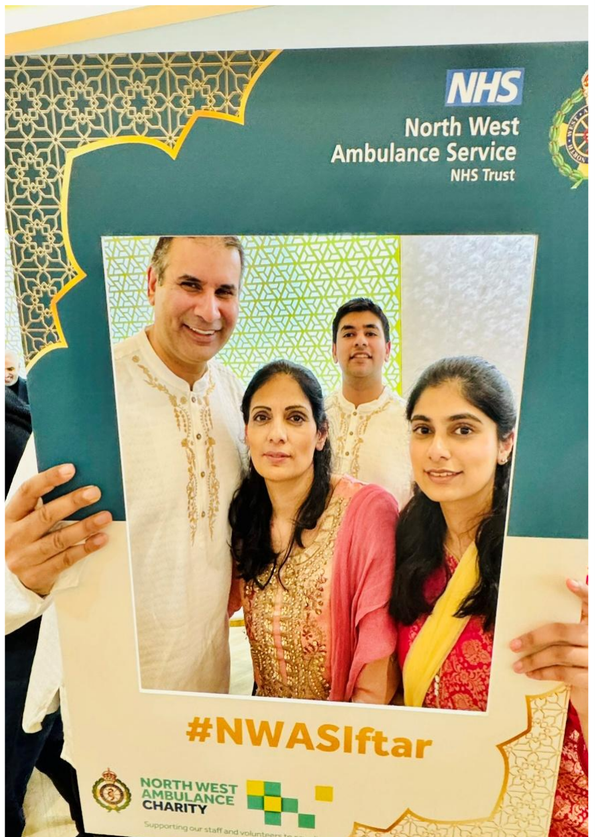


Ethnicity

The proportion of colleagues from Black and Minority Ethnic (BME) backgrounds increased by 0.49 percentage points, from 6.67% to 7.16%. This represents a clear year-on-year increase in ethnic diversity within the workforce.

Sexual orientation

LGBT+ identification increased by 0.63 percentage points over the year, from 8.65% to 9.28%, indicating continued growth in the number of colleagues who identify as LGBT+.



Statutory and Regulatory Equalities Reporting

The Trust is required to monitor and publish data in relation to the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), and workforce pay gaps (gender, ethnicity and disability). Equality and diversity reporting remains a core component of how NWAS demonstrates transparency, accountability and a commitment to continuous improvement, in line with statutory and regulatory requirements.

The summaries presented for WDES, WRES and pay gap reporting are based on data extracted as at 31 March 2025 and were submitted in subsequent months in accordance with national reporting timelines. Data covering the period from 1 April 2025 to 31 March 2026 will be published later in 2026.

Full reports can be found on the NWAS website.

Workforce Disability Equality Standard (WDES)

The WDES enables NHS organisations to understand the experience of disabled staff and those with long-term conditions and helps inform improvements for these staff groups.

Disability declaration rates continue to rise, with 9.4% of staff having declared a disability as at the end of March 2025 (Metric 1). This represents an increase from 7.8% in 2024 and is almost double the rate recorded in 2022 (5.0%). This sustained improvement is likely linked to continued promotion encouraging staff to update their disability status on the Electronic Staff Record (MyESR), alongside ongoing engagement initiatives led by the Disability Network.

Progress has also been made in recruitment outcomes (Metric 2). The relative likelihood of non-disabled staff being appointed from shortlisting, compared with disabled staff, was 1.17. This marks an improvement on 2023/24 and represents the closest the organisation has come to its target figure in the past five years, indicating that disabled candidates are now more likely to be appointed than in previous years. Between April 2024 and March 2025, 716 disabled applicants were shortlisted (703 in 2023/24), with 113 disabled candidates appointed during the year (108 in 2023/24).

However, challenges remain in relation to the formal capability process (Metric 3). Disabled staff were almost four-and-a-half times more likely than non-disabled staff to enter the performance capability process, representing a significant deterioration compared with the previous year. A detailed review of data from the current and previous WDES years showed that while disabled staff make up 9% of the workforce, they accounted for 21% of performance capability cases.

Notwithstanding this disproportionate representation, the actual number of cases remained in the low double-digits. The deep dive identified a number of recommendations, which are being progressed collaboratively with corporate and operational teams and the Disability Network.

Findings from the NHS Staff Survey which inform the WDES, highlight mixed experiences for disabled staff. Around one-third reported satisfaction with how the organisation values their work, compared with approximately 35% of non-disabled staff (Metric 7). Although overall satisfaction levels for both groups remained broadly consistent with the previous year, the gap between disabled and non-disabled staff widened after narrowing in 2023.

Encouragingly, over 70% of disabled staff reported that reasonable adjustments had been made for them, representing a significant increase on the previous year (Metric 8). Since the launch of the Reasonable Adjustments Policy, training has been delivered to managers to support the effective handling of adjustment requests.

Workforce Race Equality Standard (WRES)

WRES data enables the Trust to compare the experiences and outcomes of staff from Black and minority ethnic backgrounds with those of White staff, and to identify areas where differences exist and action is required to improve equity across the organisation. There has been year-on-year growth in the number of staff from Black and Minority Ethnic (BME) backgrounds, with overall representation almost doubling since 2019. As at 31 March 2025, there were 77 more BME staff employed than at the same point in March 2024 (Indicator 1).

Despite this progress, inequalities within recruitment outcomes persist. White applicants were nearly two-and-a-half times more likely to be appointed than BME applicants, representing a deterioration compared with the previous year (Indicator 2). This is despite increases in the number of BME applicants and shortlisted candidates during 2024/25.

A range of actions are underway to address these disparities. Job descriptions and person specifications have been reviewed, particularly for entry-level and high-volume recruitment roles such as ICC Call Handlers and EMT Apprenticeships, to ensure requirements are relevant, accessible and inclusive. Work has also been undertaken to improve the diversity of interview and assessment panels.

In addition, the Positive Action Team has improved processes to track and monitor the progress of BME applicants throughout the recruitment journey. This will support a clearer understanding of where applicants may be disproportionately exiting the process and inform further targeted interventions.

The indicator measuring entry into the formal disciplinary process continues to highlight a significant disparity (Indicator 3). BME staff were more than two-and-a-half times more likely to enter the formal disciplinary process than their White colleagues, representing the greatest disparity recorded since reporting began. A detailed analysis identified approximately 180 formal disciplinary cases during the reporting period, a substantial increase from 92 in the previous year. Of these, 29 cases involved BME staff (up from 15), meaning BME staff accounted for 16% of all formal cases despite comprising approximately 7% of the workforce. Three-quarters of these cases involved staff working within the Integrated Contact Centres (ICC), where the majority of BME staff are employed.

To address this, a dedicated Task and Finish Group was established to undertake further detailed analysis of disciplinary data and develop a targeted action plan. This work is being led by the ICC, with support from the HR Business Partnering Team.

Just like the WDES, the WRES data is partly based on responses in the NHS Staff Survey, and these figures relate to the 2024 survey. Staff survey results showed a positive shift from BME colleagues in perceptions of equality of opportunity. Following a decline in 2023, the proportion of BME staff who felt the organisation provides equal opportunities for career progression or promotion increased by 5.6% in 2024 to 45.6% (Indicator 7). Notably, the gap between BME and White staff reduced by half, from 12% to 6%.

Responses relating to experiences of discrimination from managers, team leaders or colleagues showed little change from the previous year for both BME and White staff (Indicator 8). While perceptions among White staff have remained broadly stable over the past five years, responses from BME staff have fluctuated, with 12.4% reporting experiences of discrimination in 2024 compared to 8.6% in 2020. Findings from the latest staff survey (2025) show an improvement for BME staff, with fewer reporting experiences of discrimination compared to the 2024 results. As a result, there is now virtually no difference in the proportion of BME (9.25%) and White staff (9.23%) who report experiencing discrimination.

Pay Gaps

Pay gap reporting supports transparency in reward practices, promotes fairness and inclusion, and enables the organisation to identify and address disparities.

Gender Pay Gap

Female representation within the NWAS workforce has continued to increase over several years. As at 31 March 2025, 56.19% of staff were female, compared with 53.13% in 2024.

Female representation increased across the lower, lower-middle and upper pay quartiles. There was a slight reduction in the upper-middle quartile compared with the previous year. The most notable growth was in the lower quartile, where female representation rose to 59.89%, an increase of 2.26%. Women continue to make up the majority of staff in the two lower pay quartiles and remain the majority, by a smaller margin, in the upper-middle quartile.

The mean (average) hourly gender pay gap was -7.63%, a marginal increase from -7.27% in 2024. While the gap remains notable, this is the second-lowest mean figure reported since 2020. In contrast, the median hourly pay gap widened to 12.68%, representing the highest level recorded since reporting began.

Ethnicity Pay Gap

As at 31 March 2025, 6.7% of the workforce identified as BME, 92.3% as White, and 1% did not declare their ethnicity.

Analysis of pay quartiles shows that nearly 15% of staff in the lower and lower middle quartiles were BME. This remains higher than representation in the upper middle and upper quartiles, although BME representation has increased across all quartiles.

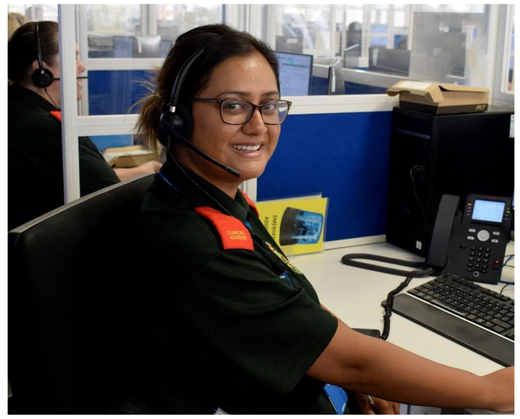
The mean hourly pay gap between BME and White staff was -4.38% (£0.86), with a median gap of -6.28% (£1.14). Despite increased BME representation in higher pay quartiles, both the mean and median pay gaps widened by approximately 1.7% compared with the previous year.

Disability Pay Gap

There was a significant increase in disabled staff representation across all four pay quartiles in 2025 compared with 2024. Disabled staff representation was relatively evenly spread across the quartiles, with approximately 9–10% of staff in each quartile declaring a disability.

The mean hourly pay rate for non-disabled staff was £0.13 (0.71%) higher than for disabled staff. While this difference warrants continued attention, it remains smaller than the pay gaps observed in the gender and ethnicity data. Conversely, the median hourly pay rate for disabled staff was £0.25 (1.29%) higher than for non-disabled staff.

This is only the second year in which ethnicity and disability pay gaps have been reviewed. At this early stage, it is difficult to draw firm conclusions from the data. However, these pay gaps will continue to be monitored annually.



Equality, Diversity & Inclusion Priorities 2024-2027

This year we have continued to deliver on our three-year EDI priorities which were agreed by the Board in July 2024 and set our direction through to March 2027. These priorities guide our work and reflect our commitment to fostering a fairer and more inclusive working environment for colleagues, while ensuring our services meet the diverse needs of our patients and communities.

- **Priority 1: We will embed fair and inclusive recruitment and progression processes to improve the diversity of the workforce at all levels.**
- **Priority 2: We will educate and empower our workforce and leaders to promote a positive psychologically safe culture, to support a reduction in the experience of bullying, harassment, discrimination and an improvement in retention.**
- **Priority 3: We will reduce health inequalities for our patients.**

Progress against each of the EDI priorities is monitored through the Diversity & Inclusion Group, chaired by the Deputy Chief Executive, with assurance provided through the Trust Management Committee and formal oversight by the Board.

This section of report highlights progress against each priority during 2025–2026.

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

Improving the diversity of our workforce, and ensuring it reflects the communities we serve, remains a central focus of our recruitment approach. During 2025/26, we continued to implement a range of targeted measures and initiatives to address barriers to entry into NWAS, particularly those that may discourage applicants from ethnic minority backgrounds. This has included proactive engagement with communities and groups currently under represented within our workforce, encouraging individuals to bring their talent, experience and expertise to roles across the Trust.

At a strategic level, in response to the WRES Indicator 2 data, this year we established the BME Recruitment Action Group, bringing together a multi-disciplinary cohort of key stakeholders to review our current recruitment processes and practices - including outreach engagement activity, application processes, shortlisting, assessment, and interview stages. Through structured and reflective discussions and by learning from the experiences of other NHS organisations, the group has been focused on identifying practical steps which can be taken to improve the likelihood of more staff from BME backgrounds being appointed in NWAS. candidates.

EDI monitoring of 2025/26 recruitment data

This year, the Trust received 18,180 applications for roles advertised across the organisation, with around 4450 being shortlisted for assessment/interview, and 780 candidates were appointed.

Gender: Female applicants represented the majority at each stage of the recruitment process, making up 54% of applicants, 54% of those shortlisted, and 55% of new starters. Male representation remained level across the stages, with 45% of applicants and those shortlisted, and 44% of new starters.

Ethnicity: White applicants represented 53% of all applicants, increasing to 76% at the shortlisting stage and 85% of those appointed. In comparison, BME applicants made up 45% of applicants but were underrepresented in later stages, accounting for 22% of shortlisted candidates and just 11% of new starters. This is a slight improvement from the previous year where 10% of new starters were from BME backgrounds. The proportion of individuals who chose not to disclose their ethnicity remained low, rising slightly from 2% at application to 4% at the point of appointment.

Disability: 12% of applicants identified as having a disability, with representation increasing to 17% at shortlisting and 14% at appointment stages. Disability representation has increased across all stages compared to the previous year (2024/25: Applications 10%, shortlisting 13%, appointments 11%).

Strengthening our recruitment approach

Recruitment across NWAS is coordinated through the HR Hub, which works in close partnership with recruiting managers to ensure that EDI principles are embedded throughout the recruitment and selection process for all roles across the Trust.

The Trust has also engaged in collaborative working with other NHS organisations to share learning and best practice to benchmark approaches to improving EDI outcomes. This has enabled NWAS to consider examples of good practice and successful initiatives implemented elsewhere, helping to inform local improvement plans and future priorities.

A refresh of the Recruitment and Selection Policy was completed this year, with a specific focus on strengthening measures to reduce bias and improve equality within recruitment processes. This has included the mandatory requirement for interview panels to be gender diverse as a minimum, and include BME and disabled panel members where possible. In addition, we revised the process for assessing pre-employment checks, ensuring that decisions to withdraw offers are not based on the checks alone. Applicants are now given the opportunity to provide a supporting statement where further consideration is required.

To further support fair recruitment practice, Recruitment and Selection training has been mandated for all new leaders. This ensures that managers and leaders involved in recruitment are equipped with the knowledge and understanding required to undertake objective, inclusive and values-based recruitment activity.

In addition, a review of the leadership recruitment process has been undertaken this year, which aims at reduce the risk of unconscious bias and promotes greater fairness and consistency in decision-making in the recruitment of leaders.

Looking ahead to 2026/27, further work will be undertaken to improve inclusive recruitment, including:

- Review of interview panel composition and assessment processes
- Introduction of a suite of training packages for managers involved in recruitment
- on effective, inclusive and fair recruitment.

Priority 1

Leadership recruitment

In 2025/26, we introduced a refreshed and more inclusive approach to leadership recruitment, led by the Learning and Organisational Development team. The revised process applies to all direct line-manager and Band 8+ roles and embeds fairness and inclusion at its core, supporting our ambition to improve workforce diversity. The approach also represents a shift towards assessing candidates' full capability and potential, rather than relying solely on observed behaviours.

To promote transparency and equity, candidates are now provided with outlines of simulation exercises 48 hours in advance of assessment. The role of "Room Leads" has been introduced to support equitable participation and ensure a consistent experience for all candidates throughout the process.

The refreshed approach has received consistently positive feedback from both successful and unsuccessful candidates, as well as recruiting managers:

"As a neurodiverse member of staff, I would never have got this far in the process had the changes not been made. I can now see a clear future for my development and progression within NWAS."

"The calibre of candidates coming through since the changes were introduced has been exceptional. The difference is clear."

Early positive impacts of the revised process have been observed following the leadership restructure within paramedic services – where representation of Senior BME Paramedics increased from 2% to 4% at the end of the recruitment campaign.

Careers Support Initiatives

The Positive Action and Widening Access Teams, when working both collaboratively and independently, play a key role in promoting awareness of career opportunities at NWAS across communities throughout the North West. Through positive action work, the primary focus is to address underrepresentation within the workforce, with current efforts concentrated on improving the representation of individuals from ethnic minority backgrounds. The Widening Access Team works more broadly, for example engaging with individuals from lower socio-economic backgrounds and young people through outreach in schools and colleges to promote our career opportunities.

The team also delivers pre-employment programmes and provides support to internal staff seeking to progress within the organisation.

Community engagement and partnership working

As part of our approach to increase the diversity of our workforce and inspire the future workforce, we actively participate in a wide range of community events to promote the trust as an employer of choice. We have continued to prioritise events that attract diverse groups or individuals currently underrepresented within the workforce, ensuring our outreach efforts are targeted and inclusive.

Around 90 careers focused events were supported over the past 12 months, including 10 bespoke positive action community engagement events, which were delivered in our target areas for BME engagement in the North West. At these events, many of which are supported by frontline colleagues as Trust Ambassadors, the careers teams provide information, advice and guidance on pathways into the organisation, including apprenticeships, the wide range of career opportunities available and guidance on entry criteria.

During 2025/26, we engaged with more than 1000 partner organisations at both strategic and local levels to promote career opportunities within the Trust and widen access to employment.

We worked closely with Department for Work and Pensions (Job Centres), employability organisations, housing associations, local authorities, and voluntary, community and faith sector partners to raise awareness of roles within the Trust. Through these partnerships, we supported careers fairs, accepted referrals for individual employment support, and promoted opportunities across a wide range of networks.

We shared information on vacancies, recruitment events and digital resources, including Live Chats, support sessions, careers webpages and the Ambulance Academy, and promoted opportunities through regional platforms such as Liverpool City Region Combined Authority, Manchester Work & Skills, Rochdale Work & Skills and Preston City Council.

Targeted positive action engagement events were delivered in priority Black and Minority Ethnic (BME) community areas, in collaboration with voluntary, community and faith sector partners, including Preston, Burnley, Bury, Bolton, Moss Side, Hulme, Trafford and Toxteth.

We also collaborated with NHS partners to share best practice and deliver joint workforce engagement activity, including work with the Lancashire and South Cumbria Careers Team. In addition, we continued our role as a Pledge Partner with the Lancashire Skills and Employment Hub, supporting collaborative progress across future workforce development, workforce inclusion, skills and productivity, and social value.

Priority 1

Online careers support

In addition to face-to-face engagement, we delivered more than 40 online Support Sessions, attended by approximately 1650 individuals interested in careers with NWAS. These sessions provided clear insights into available roles, alongside step-by-step guidance on how to prepare a strong and effective application.

Support Sessions are a central component of our careers engagement approach and play a vital role in helping prospective applicants navigate the recruitment process. They contribute to measurable increases in opportunity and engagement by reducing barriers for individuals who may lack confidence in applying, feel unfamiliar with the recruitment process, or are unable to attend face-to-face careers events. By offering timely, practical guidance, the sessions support candidates to take informed and confident next steps in their career journeys.

During 2025–26, this approach was expanded to cover a wider range of roles. In addition to ICC Call Handler, Ambulance Care Assistant and EMT apprenticeship opportunities, tailored sessions were delivered to support recruitment within the Urgent and Emergency Care and Logistics teams. Outcomes to date demonstrate improved applicant readiness, alongside an increase in both the volume and quality of applications. This successful approach will be further embedded and developed in 2026–27.

We also continued to deploy the Live Chat function on the NWAS website this year with 11 sessions delivered. This facility further enhances the engagement offer by giving individuals interested in our careers, direct and real-time access to our careers support staff through a pop-up chat window on the website. Whether linked to specific recruitment campaigns or offering general careers advice, these sessions provide immediate answers, reassurance, and insight for people seeking a career in the trust.

Following the appointment of an additional Positive Action Engagement Officer, we are aiming to strengthen our community presence and create more accessible opportunities for individuals from underrepresented groups to learn about careers within the trust. In 2026/27, we plan to increase our outreach activities in the Merseyside area and southern boroughs of Manchester, as well as keeping on our priorities across Lancashire and other parts of Greater Manchester.

Feedback from Support Sessions:

- “Informative and helpful in completing my application to the best of my ability.” – *ICC Call Handler*
- “Very in-depth, thorough explanations of everything without using hard to understand terms that I didn’t understand. Lovely people, thank you Lisa and Kairen.” – *EMTA pre-advert support session*
- “Experienced facilitators talking us through the role and application process – really helpful, thank you.” - *ACA*

Coaching and 1:1 support

A key pillar of our careers support approach for underrepresented groups is one to one person-centred coaching to support prospective applicants through the recruitment process - both at application and interview recruitment stages. This tailored coaching helps enables applicants to build confidence in applying for roles, craft strong personal statements and prepare effectively for interviews and assessments. This support is not only limited to specific recruitment windows, but is an ongoing offer, ensuring individuals can access guidance whenever they need it.

In 2025/26, around 80 external prospective applicants benefitted from coaching provided by the Positive Action and Widening Access Teams. In addition, more than 30 members of staff received targeted career progression support, helping them build confidence, strengthen applications, and prepare effectively for interviews. This work directly contributes to improved internal mobility and a more skilled, future-ready workforce.

Feedback from applicants receiving coaching support:

“*Thank you once again. Your support has meant a lot to me and has helped me move closer to achieving my career goals*.” Patient, EMT Apprentice

“*This is all thanks to you, if it wasn’t for your guidance, I don’t think I would’ve been able to do this. Thank you so much once again*.” Ana, ICC Call Handler

“*I've passed my interview and my driving assessment. Thank you so much for your help. I couldn't have got through it without you.*” Zeeshan, EMT Apprentice

Applicant tracking and monitoring

A key element of the positive action approach is candidate monitoring which comprises tracking applications from BME candidates through large-scale recruitment campaigns. Priority roles include the Emergency Medical Technician (EMT) Apprenticeship, ICC Call Handler, and Ambulance Care Assistant roles.

Reporting is undertaken on all applications from BME candidates, which are then assessed to identify unsuccessful applicants at all recruitment stages. These applications are reviewed, and all eligible applicants are offered coaching for future applications.

In 2025/26, tracking was implemented for 11 adverts across priority roles. 285 eligible applicants were offered support via this method, 50 responded and received 1:1 application coaching. 30 people applied in total, 15 were shortlisted and received interview coaching support with 9 receiving conditional offers.

At the time of producing this report, a number of applicants are awaiting outcomes of their application.

Priority 1

Pre-employment programmes

The Trust remains committed to creating fair and inclusive access to employment for individuals who face barriers to entering the workforce, including those experiencing long-term unemployment and social or economic disadvantage. Through close collaboration with recruiting managers and the recruitment team, we continued to deliver targeted pre-employment programmes designed to identify suitable entry-level opportunities and create clear, structured pathways into employment.

These programmes go beyond traditional training. Participants benefit from tailored learning, hands-on experience within real working environments, and personalised one-to-one support to build confidence, develop skills, and prepare for recruitment into identified roles within the Trust. For many individuals, the programmes provide a vital stepping stone from unemployment into meaningful and sustainable employment.

During 2025/26, five ICC Call Handler pre-employment programmes were successfully delivered with nearly 70 participants. The participants represented a wide age range, with 77% from BME backgrounds and 25% identifying as having a disability, demonstrating the continued impact of this approach in widening access and supporting a more representative workforce.

Participant feedback:

"This was the first program that I have ever done in the UK since coming to the UK and this program helped me a lot to understand how the environment works. All the learning platforms were in-depth and I could understand a lot of details which helped me understand and grow as a person in the Care Sector. This program is a great opportunity for a person who is looking for an opportunity to start again in the employment sector. It gives all the detailed training to help and support each individual personally to grow, develop and be interview ready". ICC Call Handler

Apprenticeships

This year we continued to offer a wide range of apprenticeships, which underpins our approach to workforce growth and development. Apprenticeship opportunities are available across a number of roles, and while some join the trust as apprentices, others take up apprenticeships while already in the organisation to further develop their careers.

This year, there were nearly 180 new starters on the EMT Apprenticeship, with 56% being female, and 7% from BME backgrounds.

Supporting internal progression and career development

During 2025/26, we introduced structured workshops to support staff seeking to progress into different roles within the organisation. The workshops provided practical guidance on the recruitment and selection process, including application preparation, interview readiness and support with role transition. Dedicated time for questions enabled participants to receive tailored advice aligned to their individual career goals and stage of development. More than 150 staff took part in these workshops during the year.

Alongside this, we promoted the Internal Development Programme to support staff aspiring to progress into the EMT Apprenticeship. The programme focused on building the skills, knowledge and confidence required for this career pathway through facilitated learning workshops, personalised development support, and structured reflection and goal-setting. Participants also benefited from practical and theoretical learning opportunities, guidance on EMT driving requirements, and support with maths and English where required to meet entry criteria and sustain continued learning.

Inspiring the future workforce

Healthcare Cadets: Each year, from January to May, structured placements are facilitated for Healthcare Cadets across the trust footprint. These placement opportunities give cadets meaningful hands-on experience within the ambulance service environment, helping them make informed decisions about their future careers and understand the realities in working in healthcare. In addition, cadets receive tailored support to access employment opportunities.

In January 2026, we welcomed the latest cohort of 45 cadets who are now in development and undertaking their placements within the trust. From the previous cohort of 46 cadets, 26% secured direct employment within the trust, and 74% progressed onto university healthcare pathways.

ParaMEdic: In summer 2025, we piloted a two-day Ambulance Summer School in partnership with The Manchester College and Burnley College. The pilot engaged 31 young people from diverse backgrounds, with participants primarily female and from BME communities. The model was refined between the two events, with the second summer school actively involving local staff and sector management teams to strengthen local ownership and engagement.

Across the two days, participants were introduced to the role and functions of ambulance services and took part in a range of practical activities, including basic life support. Colleagues from operational services, including Integrated Contact Centres, Patient Transport Services and Paramedic Emergency Services, shared their career journeys and responded to questions, providing insight into the breadth of career pathways within the Trust.

Building on the success of the pilot, during 2026/27 we will develop a local engagement model in partnership with the East Lancashire sector management team and Burnley College. This will support the delivery of ongoing ambulance engagement activities, with further sessions planned for May and June 2026.

Careers support for the Armed Forces community

Priority 1

We are a forces-friendly employer and have continued to work with around 30 organisations across the region to support the Armed Forces community. We are committed to demonstrating and advocating support for the defence and the armed forces communities, as signatory of the Armed Forces Covenant. We are also proud to be a recipient of the Defence Employer Recognition Scheme Gold award, and pleased to have achieved Veteran Aware status, being recognised as exemplars of the best care for, and support to, the Armed Forces Community.

We have continued to support our staff who are members of the Armed Forces community, including veterans, service spouses and partners, and members of the Reserve and Cadet Forces, and have a thriving Armed Forces Network.

We actively welcome veterans and service leavers into the Trust, recognising their military experience and qualifications within our recruitment and selection processes. This year, more than 30 prospective applicants from armed forces backgrounds were provided with information, advice and guidance on NWAS careers, and 9 individuals accessed in-depth one to one support to apply for Trust roles. From this number, seven applicants received offers of employment within the trust.

Through our partnership with NHS Employers Step into Health programme, we received around 20 referrals of service leavers and have provided them with information and support around transitioning to a career in NWAS.

This year we have continued to attend events engaging with service leavers and veterans, raising awareness of careers opportunities. We have also remained engaged with Armed Forces leads across the NHS and wider public sector through national and local collaborative forums - such as the Gold Award Association, local authority networks, and the National Ambulance Armed Forces Network, to share best practice.

ARMED FORCES COVENANT

EMPLOYER RECOGNITION SCHEME

GOLD AWARD 2022

VETERAN AWARE

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

This priority centres on driving positive cultural change across the organisation by strengthening leadership capability and empowering staff to challenge and address negative behaviours.

Cultural objectives

Leaders play a critical role in the delivery of our EDI priorities. In recognition of this, the 2025/26 EDI Annual Plan included a specific requirement for all middle and senior leaders, across both corporate and operational services, to have objectives focused on diversity, inclusion and cultural improvement.

This approach was designed to raise the profile of EDI at an individual leadership level, ensuring equality and cultural improvement were recognised as integral to overall performance and service delivery. EDI or cultural objectives provides a clear mechanism for accountability, encourages leaders to take proactive action to address cultural challenges, and strengthens ownership of the EDI agenda across the organisation.

During 2025/26, significant progress was made in the quality and consistency of objective setting among senior and middle leaders, demonstrating increased engagement and maturity in embedding inclusive leadership responsibilities. Positive progress was also observed among first line managers; however, this remained less consistent, and further development work has been identified. Strengthening objective setting at this level will remain a priority into 2026/27, ensuring inclusive leadership expectations are embedded at all tiers of the organisation.

Learning & Leadership

To educate and empower staff and leaders in cultivating a positive, psychologically safe and inclusive culture, delivery of the Leading with Civility and Respect workshops was increased during the year. These sessions supported leaders to role-model expected behaviours and actively foster respectful, inclusive working environments.

This activity was further reinforced through the launch of a Staff Induction and a bespoke Operational Leadership Induction, ensuring all new starters and newly appointed leaders were onboarded with a clear and consistent understanding of organisational values and behavioural expectations from the outset. The inductions also support leaders understand their role in fostering positive team environments and contributing to a healthy, inclusive culture across the wider Trust.

Throughout the year, we also delivered a programme of Culture Events, each attended by approximately 100 leaders. These events provided opportunities to explore allyship, understand how to effectively support and advocate for under-represented groups, and reflect on leadership responsibilities in strengthening organisational culture across NWAS. This has been further supported by the continued delivery of the Leadership for Diversity and Inclusion module, which has demonstrated high levels of engagement following its launch in the previous year. By January 2026, over 70% of the identified leadership cohort had completed the programme, with a further 112 leaders booked onto forthcoming workshops.

In addition, we launched the Developing Leaders Programme, with 10% of participants in this cohort from BME backgrounds. The programme focusses on building the capability of the future leadership workforce, covering key areas including continuous improvement, emotional intelligence, leadership of self and others, and leading for diversity and inclusion.

Anti-Racist Organisation

Following Board approval of the NWAS Anti Racism Statement, an Anti-Racism Steering Group was established in summer 2025 to provide strategic leadership and oversight of delivery. The Group brings together colleagues from Operations, Corporate Services and the Race Equality Network, ensuring work is informed by lived experience and addresses both interpersonal and structural racism. Initial priorities included the launch of the Anti-Racism Statement during Black History Month 2025, supported by CEO messaging, followed by the development of a clear workplan focused on improving the experience of BME staff, strengthening Workforce Race Equality Standard outcomes, supporting inclusive leadership and addressing population health inequalities.

Sexual Safety

There has remained a concerted focus on building a safe culture, and in particular on improving sexual safety. 2025/26 has seen the launch of both the Sexual Safety and the Professional Boundaries Policies, demonstrating clear commitment, expectations and visibility of routes to speak up. This has been supported through the roll out of national training which has achieved 95% compliance, leadership development and the Trust has been able to demonstrate full compliance with the NHS sexual Safety Charter assurance framework. Staff Survey results are showing an improving picture in relation to staff experience around sexual safety.

NWAS Iftar 2026

Colleagues from across the Trust came together on 7 March 2026 to mark the Islamic holy month of Ramadan at the third annual Iftar event. Held in Stockport, the event welcomed around 200 staff, managers, leaders and volunteers from across the service, who joined Muslim colleagues observing Ramadan to break the fast together.

The Iftar event continued to provide a valuable opportunity for colleagues from diverse teams and backgrounds to come together, deepen their understanding of Ramadan, and share a moment of reflection and community. Events of this nature played an important role in fostering inclusion, celebrating the diversity of the NWAS workforce, and strengthening the connections that underpin compassionate care for the communities served.

Priority 2

Freedom to Speak Up (FTSU)

The Freedom to Speak Up (FTSU) function continued to play a vital role in ensuring that all staff and volunteers had access to a safe, independent and confidential route through which to raise concerns. The service supports colleagues to feel confident to speak up about behaviours or practices that could compromise safety, fairness, inclusion or wellbeing. This remains fundamental to the Trust's EDI commitments and to the development of psychologically safe working environments.

FTSU Guardians contribute actively to cultural improvement and patient safety workstreams throughout the year. The team's visibility across the organisation has been maintained through engagement events, staff inductions and regular attendance at forums. A significant development during the year, formally recognised within the Trust's Well-Led Review, was the appointment of an additional full-time Guardian. As a result, the Trust now benefits from two whole-time equivalent FTSU Guardians.

Impact in 2025/26

The Speaking Up Policy was reviewed, updated and renamed during the year to clearly articulate the Trust's commitment to creating a culture in which colleagues felt heard, supported and encouraged to raise concerns. The policy sets out in clear terms, the range of available routes for speaking up, including the Freedom to Speak Up service, HR processes, patient safety mechanisms and relevant national bodies. It also reinforces how insight and learning from concerns raised were used to inform organisational learning and drive wider improvement.

The majority of concerns this year related to inappropriate attitudes and behaviours such as incivility, favouritism and bullying. Insights from these cases continued to support improvements in team culture, leadership behaviours and professional standards. Patient safety remained the second highest theme, highlighting the continued importance of the FTSU function within the Trust's clinical governance framework and its role in supporting action to address health inequalities.

A key achievement this year was been the significant improvement in the timeliness of concern resolution. Faster resolution strengthens feedback loops, improves staff experience and improved psychologically safety.

Equality monitoring

The online form through which staff can Speak Up was enhanced during the year, including the introduction of equality monitoring questions. This will support the development of a clearer understanding of the demographic profile of individuals raising concerns and help identify trends over time.

As equality monitoring has only recently been introduced, the data available to date remains limited, with more comprehensive analysis expected to be possible in 2026/27. Currently, approximately 90% of respondents choose not to provide equality monitoring information. Further work will therefore be undertaken over the coming year to strengthen confidence and encourage greater disclosure of this data.

Reasonable Adjustments

Delivery of the Reasonable Adjustments Training for managers was increased to strengthen leadership capability and ensure managers were equipped with the knowledge and skills required to effectively support team members requesting workplace adjustments. The training was refreshed to incorporate updates on the Wellbeing and Carers Passports, and, in response to participant feedback, the session length was extended from 30 to 45 minutes. During the year, almost 260 staff participated in the training, with over 90% of respondents rating the session as excellent.

In order to improve accessibility and awareness, the training was made bookable via the learning section of MyESR. The majority of sessions continued to be delivered online, with occasional face-to-face sessions delivered at staff away days.

Although the training is not mandatory, strong endorsement from senior operational leaders has supported high levels of engagement. Its continued popularity has generated positive advocacy across the organisation, with managers at all levels proactively booking onto sessions and developing greater confidence in understanding reasonable adjustments and associated support mechanisms available within the Trust.

To further support workplace adjustments, we have continued to promote Access to Work (AtW)- a government scheme that helps individuals with physical or mental health conditions or disabilities to enter, remain in, or progress in employment. The scheme provides funding for practical workplace support.

To increase and understanding of AtW, a dedicated hub was launched on the Green Room this year, providing clear and accessible information about the scheme. This included frequently asked questions, manager guidance, step-by-step referral and escalation routes, and a defined process for workplace adjustments and Access to Work claims. This approach has helped reduced delays, improved clarity, and supported colleagues to access appropriate

Priority 3: We will reduce health inequalities for our patients

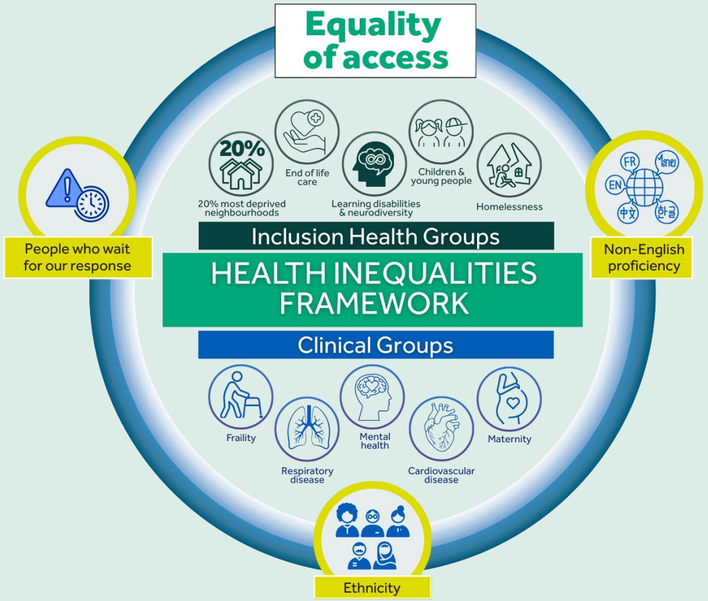
This priority is a key driver for our work to improve public health as well patient experience and community engagement.

Public Health

The Public Health team has collaborated with colleagues across the Trust on addressing health inequalities in line with internal priorities and national policy.

Impact

Health Inequalities Framework: Using internal and external evidence, and consulting with senior clinical and non-clinical leads, front-line colleagues and patients or members of the public, this year we developed the first NWAS Health Inequalities Framework. The framework has informed the development of the new Trust Strategy, and is guiding the definition of priority patient groups, and areas of action to reduce health inequalities.



Data insight: Better quality data and reporting enables identification of population groups at risk of poor access to healthcare, poor experiences of healthcare services, or poor outcomes from it. Last year, we developed our first population health dashboard to analyse 999 data broken down by patient characteristics (age, sex, ethnicity), and by location and index of deprivation.

This year we delivered training sessions and developed resources to support utilisation of the dashboard, for example:

- identifying call reason in areas of high deprivation versus the general population
- identifying calls related to drug overdoses to support referrals to cessation services
- identifying demand areas for sickle cell incidents to enable targeted action.

In 2026/27 we will be working on expanding the dashboard to include NHS 111 data, and will be procuring a new audit tool that will allows for identification of health inequalities.

Improving awareness: Two new training modules were developed to increase staff awareness and understanding of Health Inequalities and Make Every Contact Count. These modules were incorporated into Mandatory Training for all staff and, by February 2026, over 95% of the workforce had completed both modules. The training resources were also shared with other ambulance trusts to support wider sector learning and consistency of approach.

System partnerships: Sickle Cell Disease is a genetic condition which affects the red cells in the blood, can cause extreme pain and organ damage, and is a condition with considerable health inequalities.

Working in collaboration with colleagues from London Ambulance Service, the Sickle Cell Society UK and the Trust's Clinical Audit team, the Public Health Team and the Race Equality Network delivered an awareness webinar as part of Sickle Cell Awareness Month in September 2025. Building on the learning from the webinar, further work was initiated to improve both clinical care and patient experience for people living with Sickle Cell Disease. This included the development of a new referral pathway to the regional specialist unit and the design of a dedicated training module to strengthen staff knowledge and confidence in supporting patients with the condition.

Plans for 2026/27

In 2026–27, we will continue to strengthen NWAS's organisational maturity in identifying and addressing health inequalities affecting our patients and the wider population. This work will include collaboration with the Learning and Organisational Development team to create and source high-quality educational resources that support workforce capability and development. We will further enhance our analytical capability by improving how insights are drawn from data and by supporting leaders to use these insights effectively to drive service improvement.

A key focus will also be placed on improving the quality, completeness and consistency of our data, particularly in relation to ethnicity, to ensure a more accurate understanding of need and variation in patient experience and outcomes. In parallel, we will continue to support the development of preventative interventions aimed at improving health and wellbeing across our communities, with particular emphasis on reducing inequalities for our most vulnerable patient groups.

Priority 3

Patient engagement and experience

The Patient Engagement Team have continued to deliver an extensive annual engagement programme in line with our Patient Public and Community Engagement Framework.

This year we successfully delivered three county-based community awareness events targeted at young people and individuals from deprived areas. These events provided attendees with valuable careers information on our roles and they had the opportunity to learn life-saving skills, including basic first aid and CPR training. More than 250 people have attended these events, 85% of which were young people. Further events are planned for 2026/27.

Patient feedback and experience

Patients who access PTS and paramedic services are invited to provide feedback via the Family and Friends Test, as well as through fuller patient experience surveys. Cumulatively, 5.4% of respondents this year were from ethnic minority communities. From this group, 90.48% said they were ‘cared for appropriately, with dignity, compassion, and respect’, with 86.58% rating overall experience of the service as ‘very good/good’.

We also engaged with 35 under represented community groups and attended 18 events to understand barriers to accessing our services - including cultural concerns, language issues and low service awareness. Through focus groups, provision of multilingual resources, and delivery of CPR training, we have worked to improve confidence and understanding in communities. We also established a Patient Inclusion Group to ensure diverse voices inform service development and accessibility.

Invaluable lived experience continued to be shared by our 246 patient and public panel members. The diversity of the Panel’s membership is at 37.4% BME for BME, 35.37% young people and 26.42% identifying as disabled.

Areas of focus for 2026/27 will include the launch of a Help Save a Life card incorporating a QR code to enable access to information in multiple languages, supporting inclusivity and accessibility for diverse communities. In addition, a health literacy project will be completed to strengthen and improve PTS communications, ensuring information is clearer, more accessible and better aligned to the needs of patients and service users.

Staff Networks

Staff Networks continue to play a vital role in shaping the culture of our organisation and contribute significantly to inclusion, belonging and representation across the Trust

This year a new Staff Networks Toolkit was introduced to support and strengthen ways of working across staff networks. The toolkit provided a consistent framework through standardised Terms of Reference, agenda structures, action planning templates, exemplar communications guidance, and a Network Charter outlining shared expectations and responsibilities

In addition, a new digital membership process was developed to improve accessibility and make joining a staff network simpler for colleagues. This approach was actively promoted by the networks themselves and embedded within corporate induction processes for new starters.

ARMED FORCES NETWORK.

The Trust's Armed Forces Network maintained good momentum into its fourth year as a member led Network, continuing the battle-rhythm of an event per quarter, as well as advocating for the armed forces community across the trust's footprint.

The first event of the year was a large-scale celebration of VE80. This took place supported by NWAS ambulances from all three operational areas displaying commemorative decals celebrating VE80. The event was well attended from staff across the trust.

Remembrance Day, commemorated on the 11 Nov 2025, was marked by colleagues in over 30 locations, and donations in support of the Royal British Legion Poppy Appeal were collected across several dates and sites.

The main event of the 2025/26 calendar was the Network hosting a major Armed Forces community event. This was a celebration of the Network and North West Armed Forces community held at Manchester's National Football Museum in March. Preceded by the AFN hosting an all-Networks committee meeting in the morning, the afternoon's event saw VIPs from across the region attend and take part in a sellout event. The Lord Lieutenant of Greater Manchester, Mrs Diane Hawkins JP LLB, opened proceedings and guest speakers were welcomed from Greater Manchester Police, Royal Blackburn Hospital, Healthier Heroes CIC, Consultant Paramedic Matt House, and NW Reserve Forces' & Cadets' Association speaking about the Armed Forces Covenant.

Looking ahead, the Network will continue its strong rhythm of events and advocacy, using the momentum built during this milestone year to deepen engagement and strengthen recognition across the organisation. Advocacy will continue across local and national forums, enhancing partnership working and raising awareness of the needs of the Armed Forces community.

LGBT NETWORK.

The LGBT+ Network has seen continued growth in membership, facilitated in part by a new online joining form that is easy for all staff to access. This has made it simpler for colleagues to join the Network, including those who may not receive information during their induction.

The Network continues to use a hybrid meeting model, allowing members to take part either in person or through Microsoft Teams. In-person meetings are rotated across Trust sites to support wider participation and ensure colleagues from different locations can be involved.

During LGBT+ History Month in February 2026, Network Committee members Sam Roff and Lucy Fletcher produced and shared a powerful video message. Their testimonial highlighted the importance of recognising LGBT+ history, the progress that has been made, and the continuing need for allyship to help achieve equality and inclusion.

The Network also organised a visit to the Adelphi Theatre in Salford to see the play The BBC's First Homosexual. The production was based on newly discovered archive material exploring an attempt to broadcast a radio documentary on homosexuality in 1954. The performance offered an important reminder of how far society has come - and the work that still remains.

Pride events continued to be a key part of the Network's activities. Members attended local Pride events in Blackpool, Liverpool and Manchester. The Network aims to expand its presence at more community Pride events in the coming year to strengthen its reach and help challenge health inequalities affecting LGBT+ communities.

This year also saw the successful launch of the Network's Continuing Professional Development (CPD) space on the CPD and Learning Hub. This includes the learning module Back to LGBT Basics – Plus, with further resources planned to support staff learning and awareness.

DISABILITY NETWORK.

The Disability Network has continued to provide vital support to colleagues with disabilities on workplace challenges, while actively influencing the Trust's EDI work and advocating for disability equity in all decision-making.

The Network has been delivering its targeted action plan aligned to the Workforce Disability Equality Standard, with key priorities being improving awareness and utilisation of the Access to Work scheme, addressing negative trends in performance processes, and supporting managers through enhanced training and clearer guidance on reasonable adjustments and disability-related absence.

The plan also focused on increasing ESR disability declaration rates through myth-busting and improved communication about data use, responding to evidence of stigma and misunderstanding identified through staff feedback. Further actions this year have included strengthening resilience in assistive technology and supporting the relaunch of the Wellbeing Passport to promote positive conversations about support between staff and managers.

This year the Network held a 'A Comfortable Conversation' event with Dr Tim Smith, Associate Medical Director, and supported a Hate Crime awareness event, delivered in partnership with the EDI Lead from Greater Manchester Police and NWAS Head of Violence Prevention Reduction and Security, Natalie Samuels.

To mark Disability History Month 2025 and Network's fourth anniversary, three colleagues were formally recognised as "Allies in Action" - a commendation for their commitment to supporting the network.

Network members have continued to attend meetings and events to raise awareness of disability inclusion and constructively challenge policies and practices to ensure they are equitable for all. The Network has also strengthened its leadership through the appointment of a new Vice Chair, whose operational expertise enhances understanding of frontline challenges.

Looking ahead to 2026/27, the Network will launch Potential, Not Problems – a trust-wide campaign reframing disability as a source of strength and promoting a more inclusive culture. The campaign aims to shift perceptions of disability from being seen as a limitation to being recognised as a source of strength. It focuses on highlighting the talent, resilience, and lived experience disabled colleagues bring to NWAS and reframing conversations from assumptions to understanding, obstacles to opportunities, and ultimately from problems to potential. In addition, a pilot programme delivered by Happy Smiles and grounded in lived experience, will be delivered to provide managers with practical training on disability inclusion, inclusive language, reasonable adjustments and the social model of disability.

The Network also plans to will advance two major initiatives next year - Supporting Staff to Stay in Work will aim to respond to significant barriers experienced by staff who acquire a disability, particularly those temporarily unable to drive due to DVLA restrictions. By providing interim, Trust-funded travel support until Access to Work decisions are processed, the initiative seeks to prevent unnecessary absence, financial hardship, and potential attrition. In parallel, the introduction of the Visual Impairment Protocol will strengthen patient safety and confidence through a consistent, password-based method for verifying ambulance crews when callers are visually impaired.

RACE EQUALITY NETWORK.

The Race Equality Network (REN) continued to play a key role in shaping organisational priorities, championing anti-racism and improving the experience of ethnic minority colleagues.

April and May 2025 were used for planning the year ahead with the Network accessing support from the Strategy Team to align a workplan with the organisational priorities, as well as maintaining key areas of focus as a Network.

Summer 2025 saw a focus on Sickle Cell Awareness month in September with the Network working closely with Public Health colleagues to bring a webinar highlighting the positive work London Ambulance Service colleagues have implemented to improve the experiences of sickle cell sufferers who utilise their services. As the North West has the second largest population of people living with sickle cell in the UK, the Network felt it was it was necessary to implement something similar to the LAS model in this area. Members of the REN have been working with data and pathway leads to find a workable solution to improve what is already a positive looking picture with regards to the treatment of this group of patients. The Network is represented in the task and finish group which has been set up to work on this.

The autumn period is centred around Black History Month activities. To mark BHM, the REN supported the launch of the Trust's Anti-racism Statement. In this period, members of the Network also attended the two day NHS Asian Professionals Network Alliance (APNA) conference, which was being held in the North West for the first time, which featured NWAS CEO, Salman Desai as a guest speaker. This was a powerful event which helped the Network further its knowledge around health inequalities and workforce inequalities, as well as celebrate the achievements and contributions of the NHS BME workforce.

In the final quarter of the year, the REN has helped shape the third iteration of the Trust's Reverse Mentoring programme, having been actively involved in the previous two cohorts as well. The Network also supported a special podcast in February 2026 to mark Race Equality Week, with Chair, Senior Paramedic Wes Proverbs sharing his insights on racism and its impact on wellbeing.

WOMEN'S NETWORK.

The Women's Network continued to grow in membership, reach and influence, with 272 active members as of March 2026.

One of the core workstreams for the Women's Network continues to be maternity, which has remained central to Network activities this year. The Network has been collecting data across the organisation relating to staff experiences of pregnancy and maternity, and facilitated a series of online maternity roundtables to capture the experiences of staff.

This work will continue in to 2026/27, with a mission to investigate three clear maternity improvements:

1. Investigate and support with staff having meaningful light duties while pregnant
2. Investigate and improve experiences of return to work after pregnancy
3. Investigate and understand where and how pay issues occur on the run up to and during maternity leave

The provision of emergency sanitary products has been an important part of delivery this year, with the NWAS Charity supporting the aim to continue providing emergency sanitary products across the organisation. The remaining circa. 40 bathrooms with no units currently will have them installed in 2026, and the Network will explore other ways sanitary products can be provided to staff who need them.

The Network's largest event remains International Women's Day, commemorated in March. The hugely successful event was held in-person on the 6th March 2026 in Southport on the theme of 'Give to Gain' and included staff panels, CPD maternity workshops, and presentations on recent research on menstruation and paramedicine. The event was oversubscribed, and thanks to efforts of the Executive Sponsor and NWAS Charity, more places were able to be opened up for attendees.

The Network continues be an active part of the Sexual Safety Steering Group and continues to be engage with the AACE Ambulance Women's Network.

Improving communications has been instrumental this year. In order for members to receive timely updates, a newsletter was launched and the Network developed a LinkedIn presence to replace the X/Twitter social media account.

In 2026/27, the Network will be exploring formalised peer support groups for topics such as baby loss, menstruation, and menopause.

The Women's Network is grateful to all the colleagues who have been a part of the committee in 2025/26. The Network would not be as successful as it has been without the dedication of volunteers. With new committee members, including a new Co-Chair, the Network is looking forward to continue improving and driving positive change.

Chaplaincy for Staff Wellbeing

The Chaplaincy for Staff Wellbeing service continued to provide vital pastoral, spiritual and emotional support to colleagues across the Trust. During 2025–26, the service recorded over 4000 staff interactions, including 260 sustained pastoral conversations and more than 300 one-to-one support sessions, reflecting consistent demand for both immediate and ongoing support.

Chaplaincy provision was delivered across ambulance stations, Emergency Departments, workshops and corporate sites, offering trauma-informed support following significant incidents, bereavements and major events. The service also supported staff and families through key life events, including funerals, memorials and vow renewals, contributing to continuity of care during periods of personal challenge.

A strong commitment to inclusion remained central to the service. The Chaplain worked closely with staff networks, including the Women's and Armed Forces Networks, and provided tailored one-to-one support to colleagues exploring faith, belief and cultural identity. Support extended to staff from LGBT+, race, disability, gender and Armed Forces communities, recognising the impact of intersecting identities on wellbeing. In the context of heightened global tensions, the service also created psychologically safe spaces for staff to reflect on issues of identity, racism and cultural bereavement.

Capacity was strengthened through the introduction of a team of trained volunteer chaplains, expanding the availability of local and accessible support.

Beyond the Trust, the Chaplain continued to contribute sector-leading expertise in trauma-informed practice within faith and safeguarding contexts. This included delivery at national and regional safeguarding events, training for the Methodist Learning Network and Mental Health First Aid instructors, and participation in a regional workshop on Places of Worship, Communities and Counter-Terrorism in January 2026, further strengthening engagement with diverse faith communities and networks.

NWAS Charity and EDI

NORTH WEST AMBULANCE CHARITY
Supporting our staff and volunteers to save lives

The North West Ambulance Service Charity continues to play a vital role in enhancing the culture and experience of staff across the organisation. While NWAS provides core services and essential equipment through standard funding mechanisms, the Charity enables additional support and wellbeing initiatives that go above and beyond what is possible through NHS budgets alone.

During 2025/2026, charitable funding supported a wide range of initiatives that strengthened inclusion, supported staff networks, enhanced wellbeing, and contributed to a compassionate and supportive working environment.

The NWAS Charity remains a key enabler of staff wellbeing, helping colleagues feel valued, supported and connected. Over the past year, charitable grants were used to:

- Support activities that strengthen team cohesion and cultural awareness.
- Enhance the working environment for colleagues across both frontline and corporate settings.

These investments reflect the Charity's commitment to promoting a workplace where all staff can thrive.

During 2025–26, the NWAS Charity supported a range of initiatives delivered through staff networks, strengthening inclusion, wellbeing and engagement across the Trust.

Support for the Women's Network included part-funding the Trust's International Women's Day 2026 event, alongside the continued provision of free emergency sanitary products across NWAS sites. Charitable funding also enabled the purchase of period pants for women within the organisation on request, helping to reduce financial barriers and promote dignity at work.

The Armed Forces Network received charitable funding to support the delivery of its annual conference, providing an important forum for engagement, shared learning and recognition of the contribution made by colleagues with Armed Forces connections.

Charitable contributions also supported the work of both the Race Equality Network and the LGBT+ Network, helping to enable community engagement activity, awareness campaigns and events aimed at strengthening inclusion and a sense of belonging across the workforce.

In addition, the Charity supported the 2026 NWAS Iftar by funding additional places, enabling wider participation in the commemoration of the Islamic holy month of Ramadan.

Policy Development

In 2025/26, the following policies, procedures and guidance documents relating to equality, diversity and inclusion were approved (either as refresh or new):

- Armed Forces, Reserve and Cadet Forces Policy
- Sickness Absence Policy and Procedure
- Flexible Working Policy and Procedure
- Redeployment Policy and Procedure
- Menopause Policy and Procedure
- Grievance Policy and Procedure
- Dignity at Work Policy
- Sexual Safety Policy
- Career Break Policy

In order for policies to be signed off, it remains the case that an accompanying Equality & Quality Impact Assessment must be undertaken in a timely and way.

Looking ahead to 2026/27

As we move into 2026/2027, we remain committed to deepening our work on equality, diversity and inclusion as an integral part of delivering safe, high-quality and person-centred care. The progress made over the past year provides a strong foundation, but we recognise that meaningful, sustainable change requires continual focus, leadership, and collaboration.

The coming year will be shaped by the ambitions set out in our Trust Strategy 2026–31, national equality and inclusion frameworks, and the evolving needs of our diverse workforce and the communities we serve.

Following the launch of the Anti-Racism Statement, we will move from commitment to action by working to embed principles of anti-racism in our ways of working and service delivery.

We will continue to advance inclusive leadership and work to improve organisational culture by building the capability required to sustain a compassionate and psychologically safe environment. Developing leaders at all levels will remain a priority, enabling them to challenge inequity, promote belonging and role-model inclusive behaviours.

We will further strengthen inclusive recruitment, building on work already undertaken to improve recruitment practices and address inequalities across the employee lifecycle. This will support fairer access to opportunities, improve representation and help us build a more inclusive workforce.

Improving the lived experience of disabled colleagues will remain a key focus. We will continue to enhance disability inclusion by expanding access to reasonable adjustments and strengthening understanding and confidence across the organisation, ensuring that colleagues are better supported to thrive at work.

Alongside this, we will work to reduce health inequalities for patients through the enhanced use of our expanded Population Health Dashboard. This will provide deeper insight, support more targeted interventions and enable us to improve outcomes for communities experiencing the greatest disadvantage.

Our staff networks will continue to play a vital role as drivers of cultural improvement and as strong voices for staff whose experiences may otherwise go unheard. Their insight, challenge and partnership will be central to shaping our future priorities and actions.

Finally, we will fully implement a new Equality and Quality Impact Assessment (EQIA) process to strengthen assurance across the organisation. By embedding EQIA consistently within our decision-making, we will reinforce our commitment to equality, quality and inclusion, ensuring that impact is understood, addressed and monitored at every level.

FOLLOW OUR EDI WORK ON X: @NWAMB_INCLUSION

PRODUCED BY THE STAFF EXPERIENCE TEAM
APRIL 2026

NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Integrated Board Report
PRESENTED BY	Elaine Strachan-Hall, Director of Quality
PURPOSE	Assurance

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒
	SR05	☒	**SR06**	☒	**SR07**	☒	**SR08**	☒

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors are requested to note: • The contents of the report and assurance against the core Single Oversight Framework metrics. • Identify risks for further exploration or inquiry by assurance committees of the board.
EXECUTIVE SUMMARY	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 **April 2026.** Further narrative is contained 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. The report shows historical and current performance on Quality, Effectiveness, Operational performance, Finance, and Organisational Health to address three important assurance questions: 1. How are we performing over time as a continuously improving trust? 2. How are we performing with respect to strategic goals? 3. How are we performing compared to our peers and the national comparators? **Quality**

DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

Complaints and incidents: Metrics are stable.

Safety alerts: Nil new affecting alerts

Effectiveness

The Trust is performing above the sector average for all of the care bundles with the exception of survival after discharge (8.9% against a sector average of 9.0%).

H&T and S&T performance continue to show consistency at 18% and 26% respectively, with a combined non-conveyance rate of 44%.

Operational Performance

PES (999): The trust maintains a strong position for ARP.

Measure	ARP Standard (hh:mm:ss)	April 26 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:06:50	3rd
C1 90th	00:15:00	00:11:46	3rd
C2 mean*	00:18:00	00:23:14	5th
C2 90th	00:40:00	00:44:50	3rd
C3 mean	01:00:00	01:24:44	5th
C3 90th	02:00:00	02:56:48	4th
C4 90th	03:00:00	03:41:12	4th

*UEC C2 Standard = 25mins (achieved)

Call demand and performance are stable and within target. C2 mean is within the new UEC target of 25 minutes.

Turnaround: In line with seasonal trends, turnaround is signalling improvement post winter pressures, however remains above the 30 minute target at 35m:33s. Regional variation persists with Cheshire & Mersey ICB the outlier.

111: April telephony performance declined due to increased Easter demand, compounded by high Service Advisor sickness absence.

111 Measure	Standard	April 26	National Ranking
Answered within 60s	95.0%	62.2%	28th/28
Average time to answer	<20s	2m 3s	26th/28
Abandoned calls	<5%	6.5%	27th /28

Patient Transport Services (PTS): PTS activity and performance metrics are stable.

Finance

The financial position to 30 April 2026 (Month 01 2026/27) is a surplus of £0.047m, against a planned deficit of £0.327m. Productivity and efficiency savings are £0.149mn below plan.

Organisational Health

- Sickness absence is reducing in line with seasonal patterns at 7% for March, but remains above target overall, with persistent pressure in PTS.
- Turnover remains stable and above the national benchmark.
- Most service lines are nearing their target overall, resulting in a reduced vacancy gap. The ICC vacancy gap remains a concern at 7%, partly because additional positions were introduced in April.
- Appraisal compliance overall is at 87.6%, with ICC close to the 85% target.
- Mandatory training compliance declined this month to 84.34% as a result of the addition of new competencies to the training portfolio.
- Three staff were dismissed during April.

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		
	Date	
	Outcome	

North West Ambulance Service NHS Trust

Integrated Performance Report

Board of Directors - May 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.

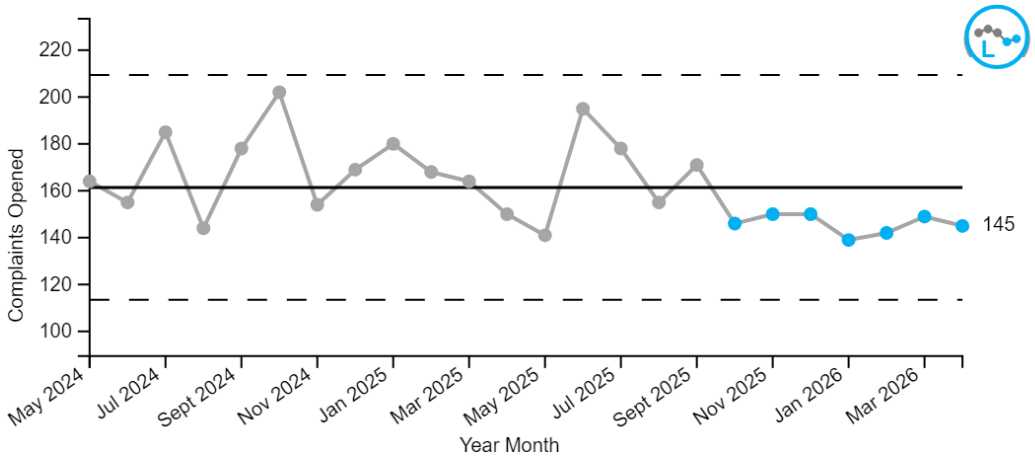
N.B. purple indicates non performance related indicator with arrow indicating direction of travel

Quality & Effectiveness

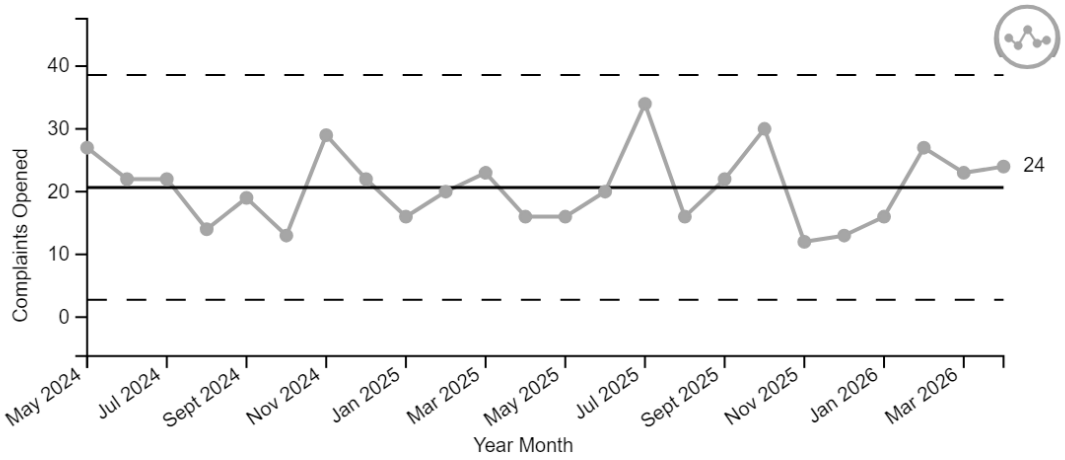
Q1 Complaints
Q2 Incidents
Q3 Safety Alerts
E1 Patient Experience
E2 Ambulance Clinical Quality Indicators (ACQI)
E3 Activities and Outcomes

Q1 Complaints

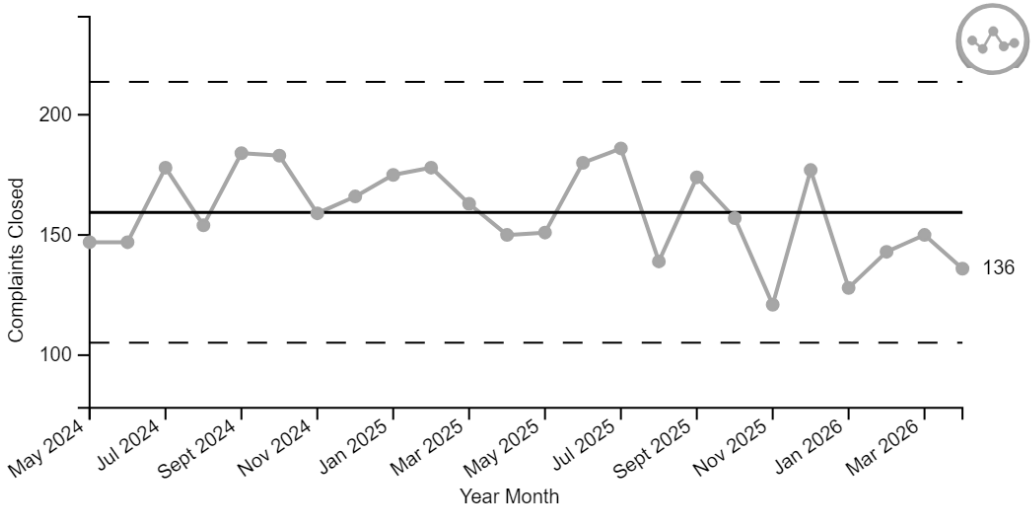
Complaints Opened with Risk Score 1-2



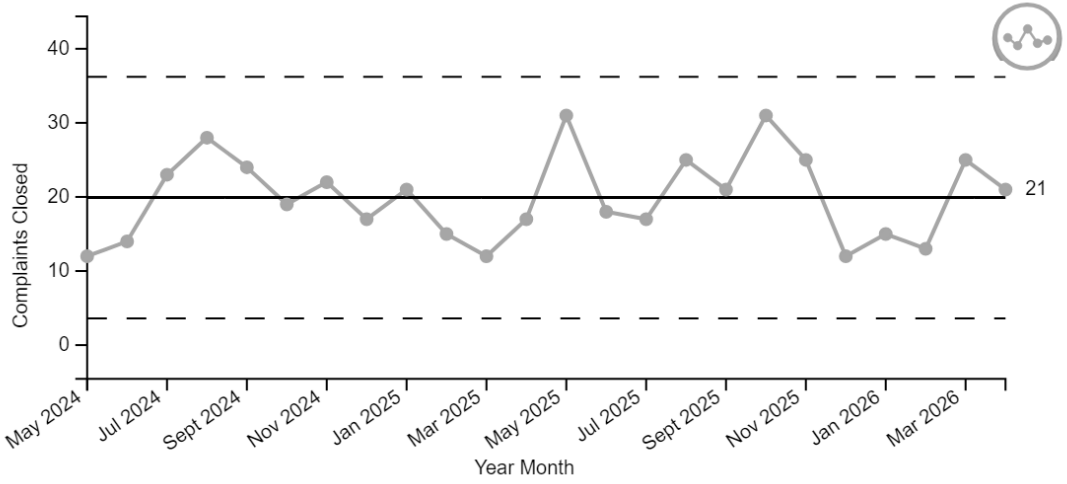
Complaints Opened with Risk Score 3-5

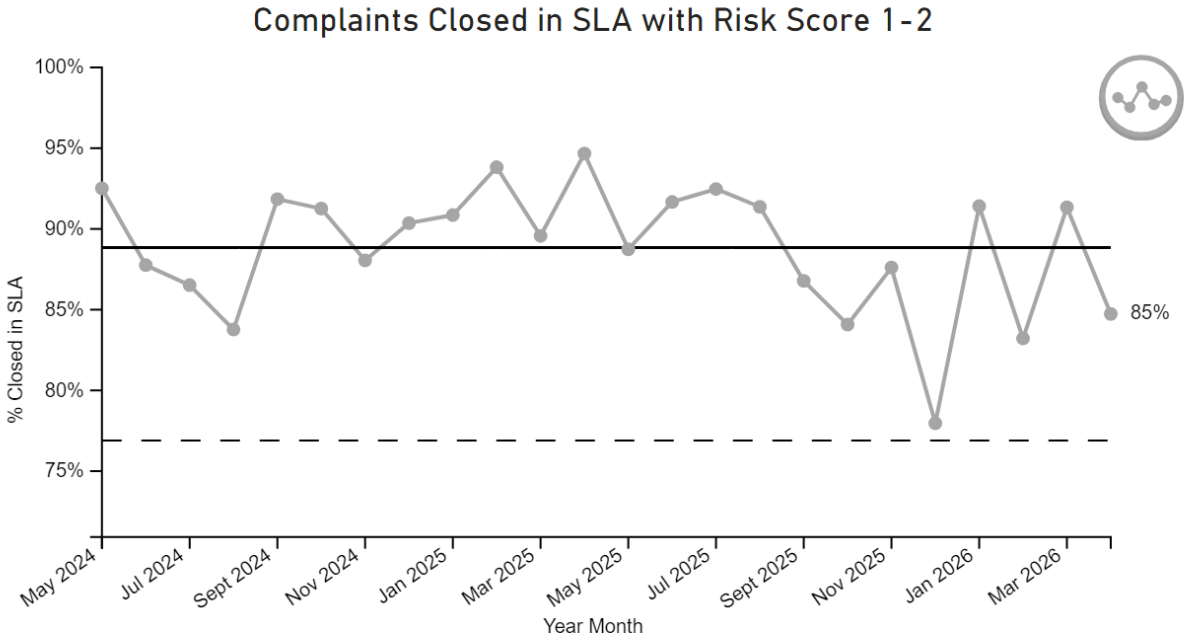


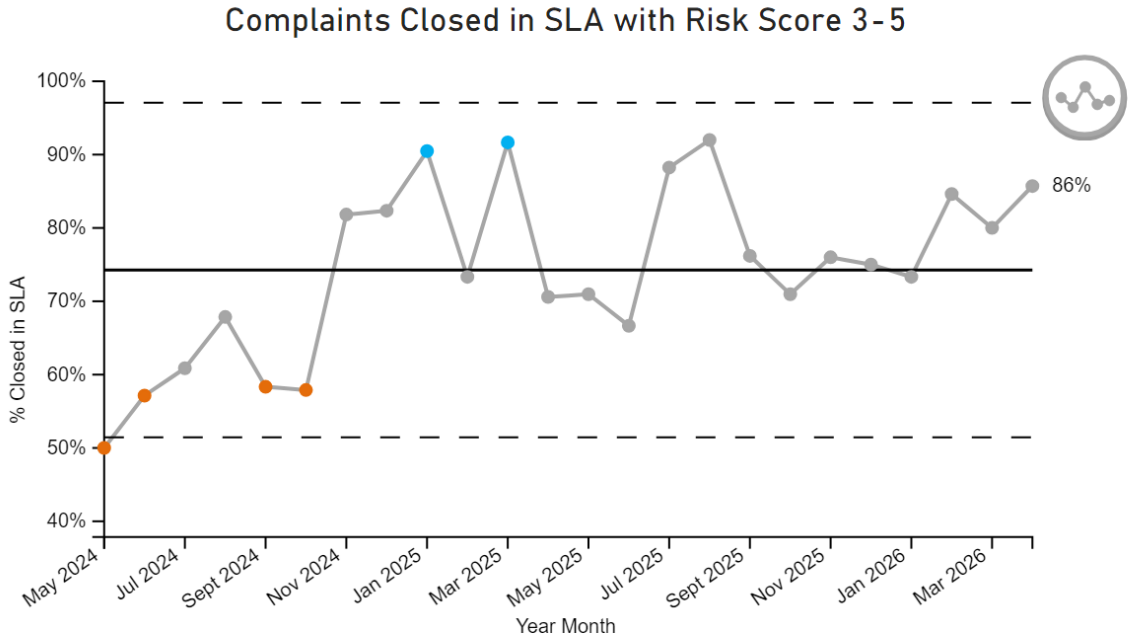
Complaints Closed with Risk Score 1-2



Complaints Closed with Risk Score 3-5





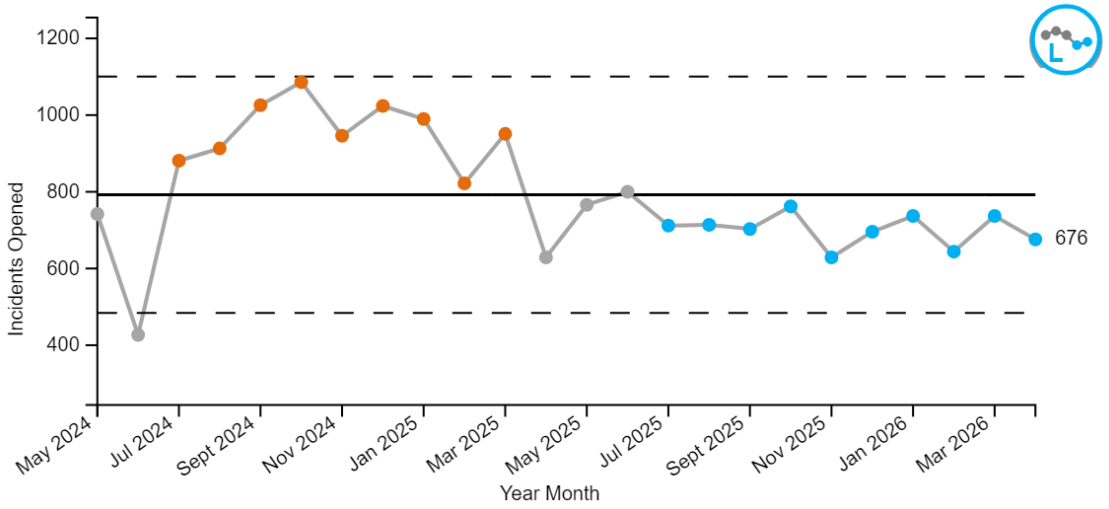


Summary: Patient Advice and Liaison Service (PALS) complaints performance remains stable across both risk categories. For risk score 1–2, complaint volumes and closures are aligned, with SLA performance consistent and within expected levels following earlier fluctuations. For higher-risk complaints (risk score 3–5), activity continues to vary slightly month to month due to the cycle of this level of complaint (40 or 60 working days) but remains within the normal range, with SLA performance stable and above the internal benchmark. Overall, there are no significant issues to report, indicating steady operational performance and maintained capacity.

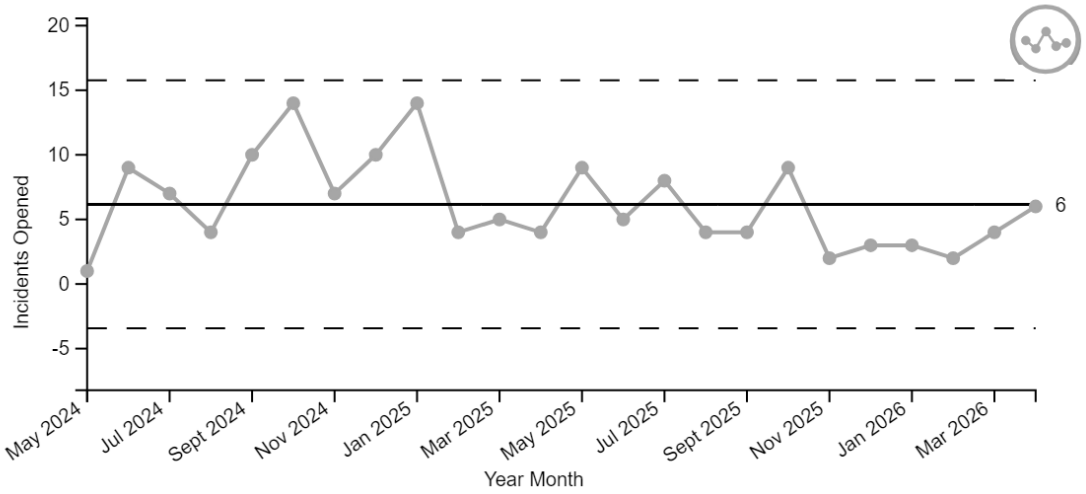
Actions: Nil required

Q2 Incidents

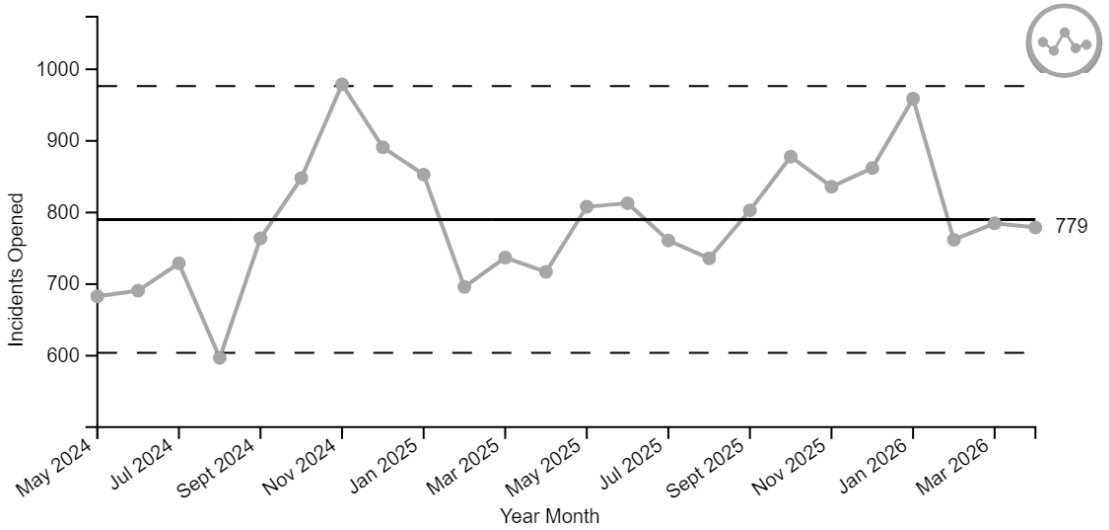
Incidents Opened with Risk Score 1-3



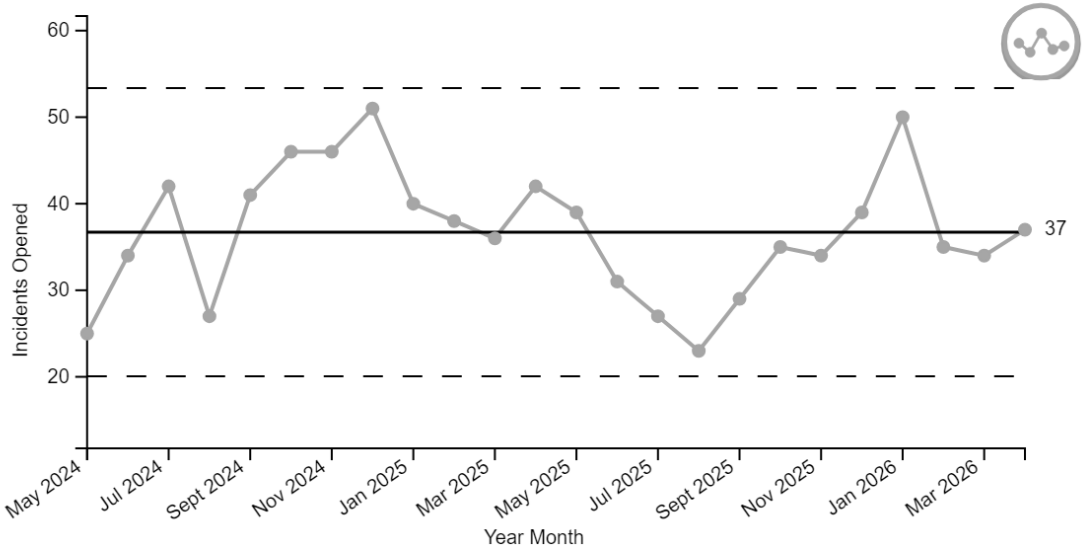
Incidents Opened with Risk Score 4-5

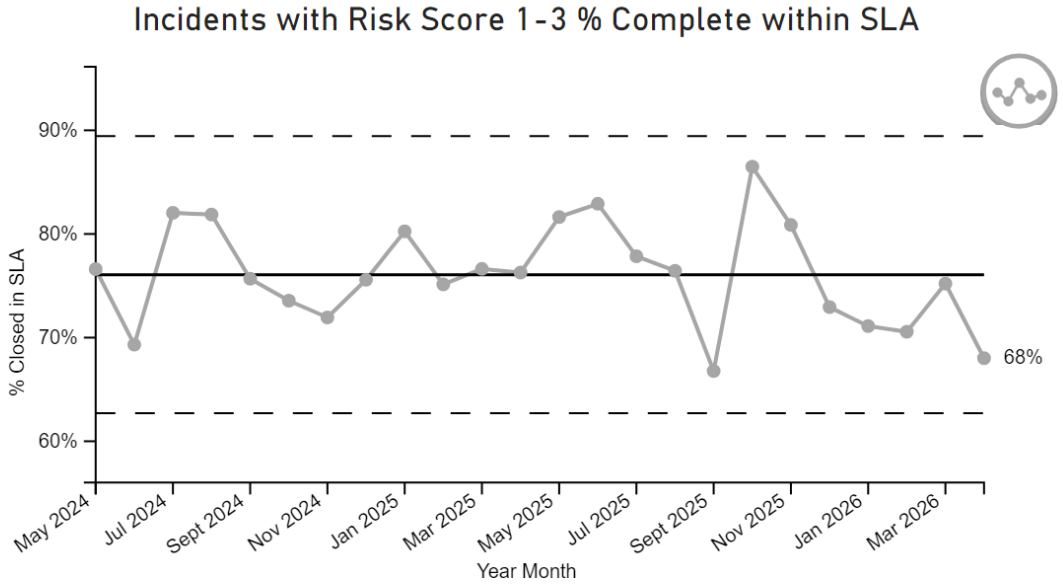


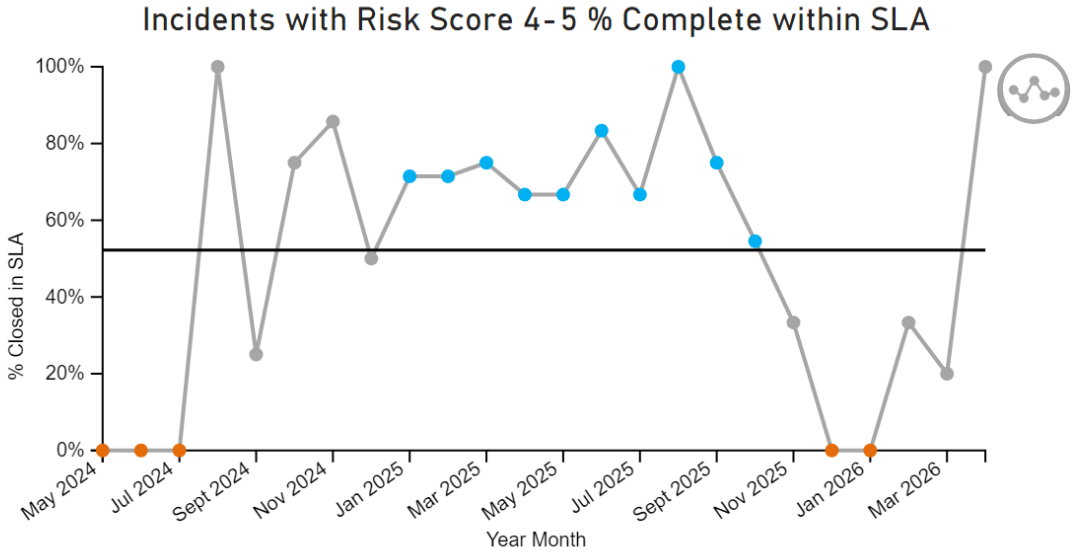
Incidents Opened - Patient



PSIRF Reported Level of Harm (Severe & Fatal)

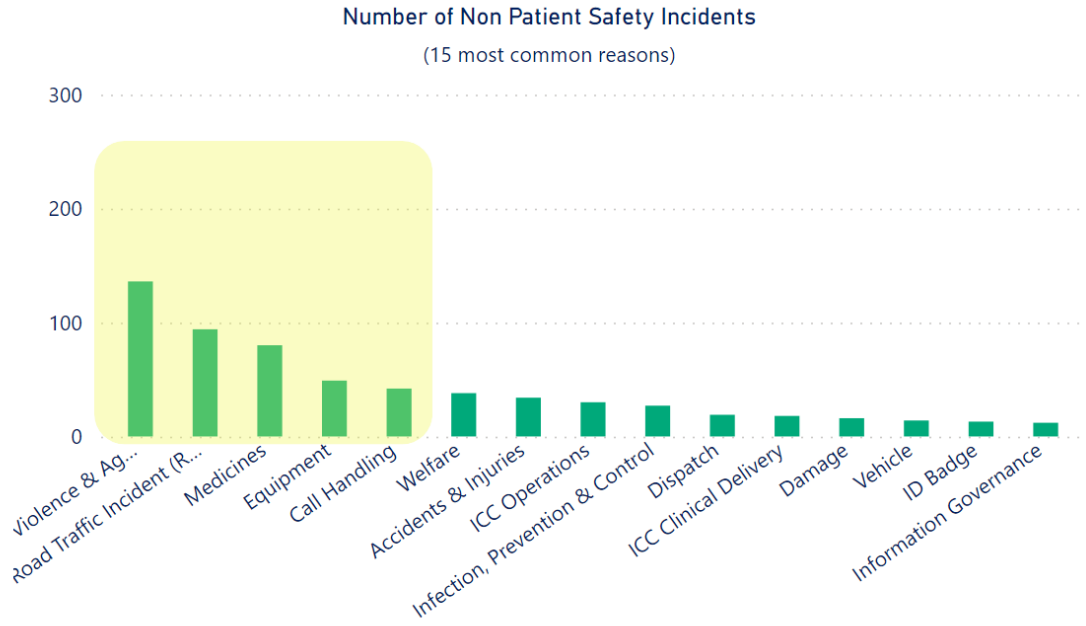


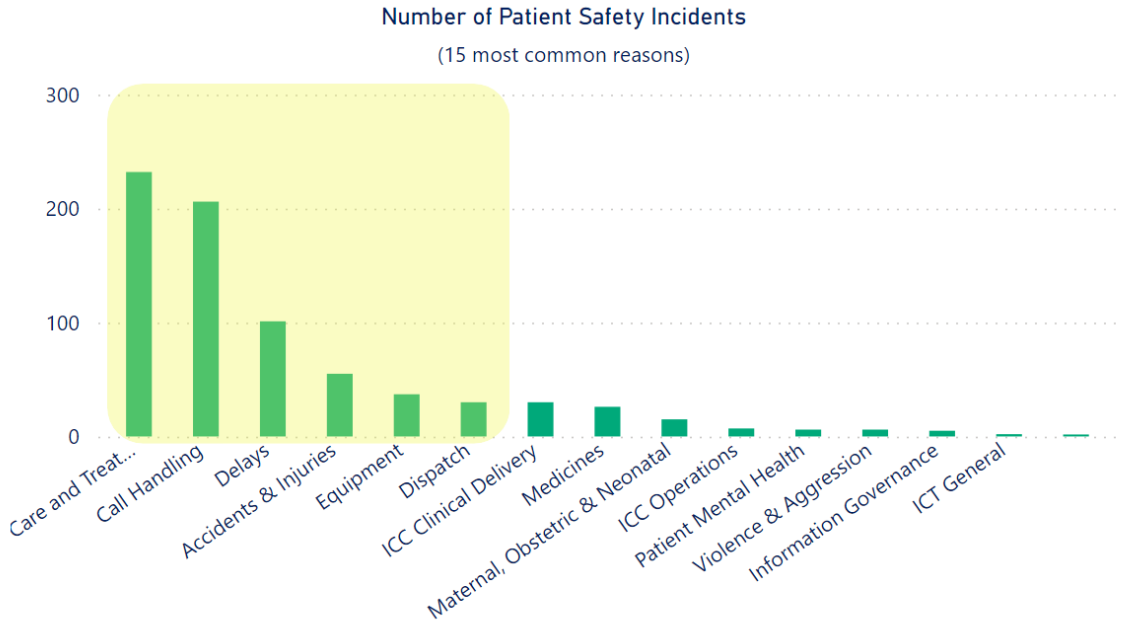


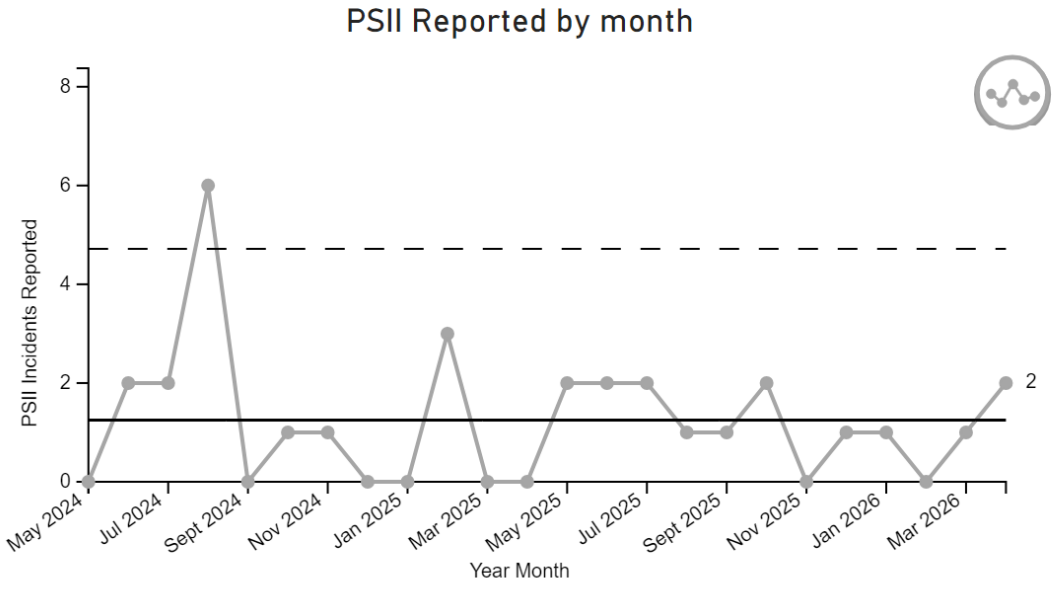


Summary: Incidents opened with a risk score of 1-3 remain below the mean for the 12th consecutive month. The below table shows the 1 incident closed with a risk score of 4-5 last month; 1 out of 1 incidents were completed within the 30-day SLA.

Actions: Nil required







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.
V&A reporting remains stable for April, with staff incidents reported below the median line. There was a decrease in reported assaults during April in comparison to March.

2 PSII declared in March 2026 - DCIQ 56532 & 56803

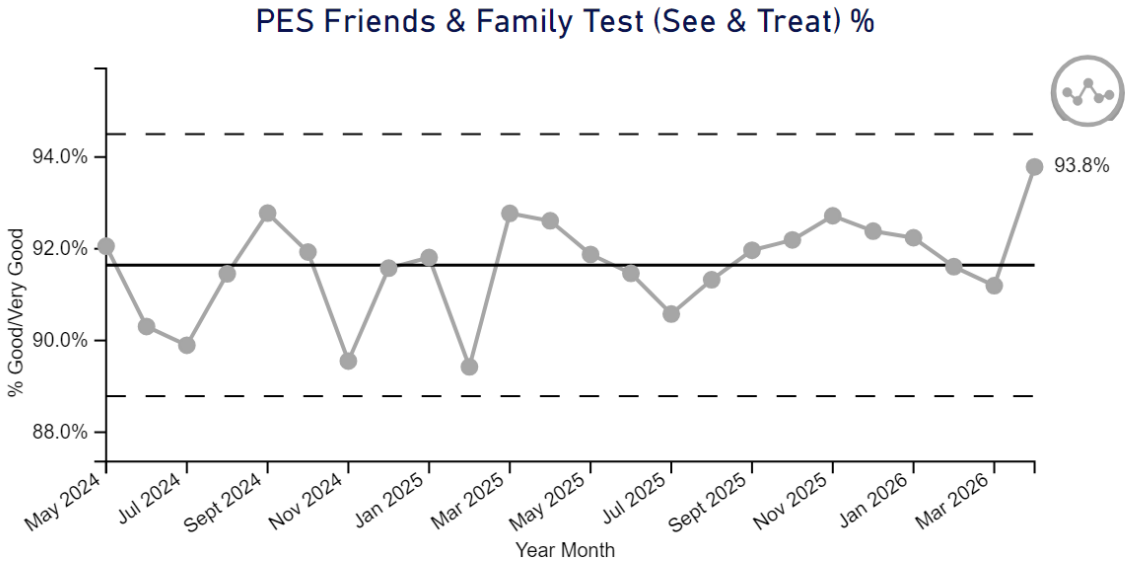
Actions:
V&A team have been assigned to all reports and are working with staff and investigators to ensure appropriate outcomes are met.

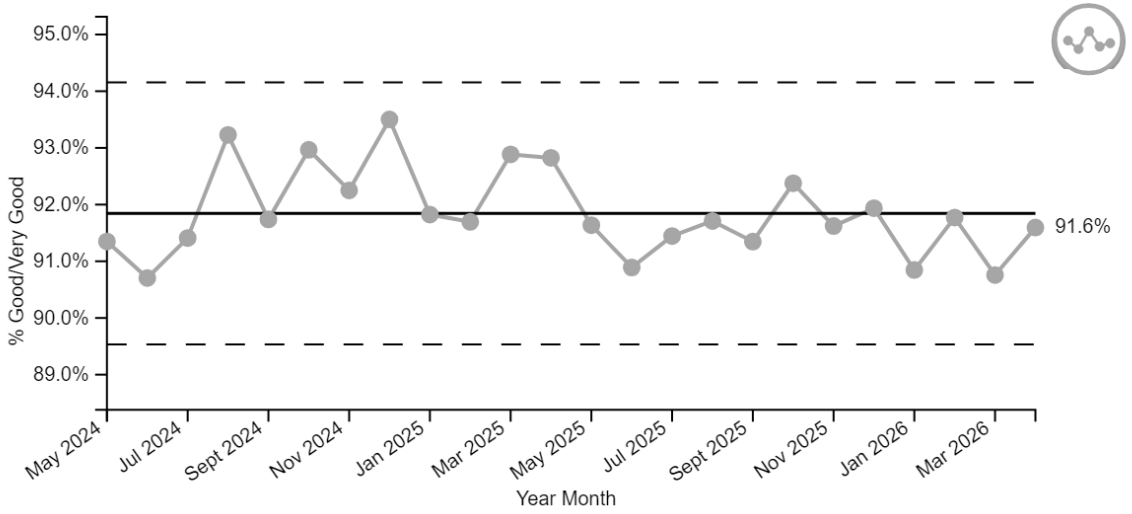
Q3 Safety Alerts

Safety Alerts	Alerts Received (May 2025 - April 2026)	Alerts Applicable (May 2025 - April 2026)	Alerts Open	Notes
CAS Helpdesk Team	1	0	0	
National Patient Safety Alert - UKHSA	1	1	0	Description: Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk. Issue Date: 26/06/2025 Deadline: 29/08/2025
National Patient Safety Alert- NHS England Patient Safety	3	1	0	Description: Harm from incorrect recording of a penicillin allergy as a penicillamine allergy Issue Date: 20/11/2025 Deadline: 20/11/2026
National Patient Safety Alerts - NHS England & NHS Improvement	0	0	0	
National Patient Safety Alert - DHSC	5	0	0	

National Patient Safety Alerts - OHID	**0**	**0**	**0**	
CMO Messaging	**2**	**1**	**0**	Description: Influenza season 2025/26: early season activity and implications for clinical practice Issue Date: 05/11/2025 Deadline: N/A
National Patient Safety Alerts MHRA	**1**	**0**	**0**	
MHRA - Medicine Alerts	**57**	**1**	**0**	Description Description : Class 3 Medicines Recall: Accord Healthcare Ltd, Ipratropium Bromide 500 microgram / 2ml Nebuliser Solution, EL(25)A/45. Issue Date: 23/10/25 Deadline : Not Included. Actions:Discussed at MOG 3/12/25 - there are 1 pouches still to be checked from 110 that have been identified. This is
Infection Prevention & Control	**0**	**0**	**0**	

E1 Patient Experience





PES positive

- *"Quick service. Call handler was calm and supportive. Paramedics were very helpful with the patient."*
- *"The professionalism was superb. Whilst being empathetic, they were directive about the choices I had and what needed to happen. Very reassuring. Thankyou."*
- *"Couldn't have done anything better they arrived very quickly and the service they provided was amazing 1st class and very caring and respectful."*

PES negative

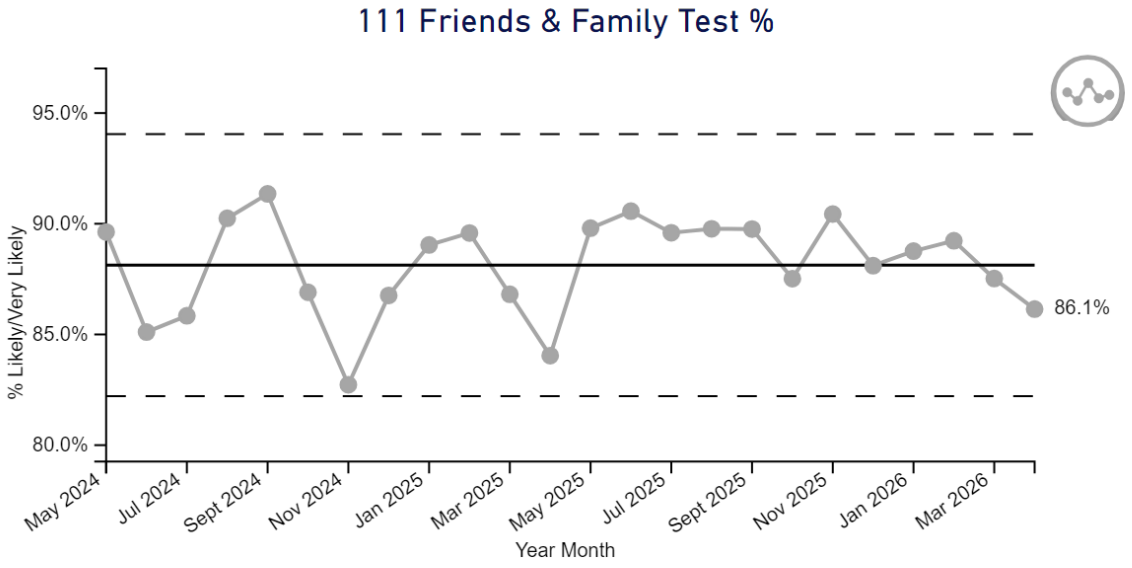
- *"I rang at 5:19pm and heard nothing until I got a text at 10:50pm saying '' A clinician MAY contact you soon.'' I found this ambiguous. I received a telephone call 10 minutes later from a clinician who was not particularly helpful. She explained that she had faced many difficult calls since her shift started but then asked my mum which option she would choose regarding her health. I found it strange that we rang for help but then we were given options that mum was not in a fit state to take."*
- *"The paramedics missed the fact that my dad had suffered 12 broken ribs in his fall."*
- *"A 4 hr wait for ambulance was not acceptable. Staff were courteous though."*

PTS positive

- *"On time, helped my husband from the house to the ambulance in his wheelchair and escorted him into the hospital to the department he needed to be at. Excellent. Couldn't thank them enough."*
- *"Excellent service from ambulance staff and very good with my husband who has Dementia. Thank you."*
- *"All dealings had with patient transport from booking the appointment to delivery back home after, have been marvellous. The staff are so friendly and helpful we have never had a bad experience. I can't praise them enough."*

PTS negative

- *"My mother had to wait 3 hours for the return ambulance. Luckily nurses fed her. I had to inform district nurses who come to her house to give insulin she was going to be late. Most hospital transports she has to wait a very long time after the appointment."*
- *"My autistic son missed a very important appt in Ormskirk, and the wrong type of ambulance was sent."*
- *"Came too early, dropped me off at main entrance not at physio which meant a longer walk on crutches."*



NHS 111 positive

- *"I was given the best advice for my daughter. By a lovely lady. Very efficient and respectful. She spoke with my 8-yr old daughter too which put her at ease. Very grateful for all of the help and advice."*
- *"I am the patient's wife, and I have had to call 111 many times recently and they have always given me the appropriate advice which usually involves the ambulance service and a trip to the hospital."*
- *"Even though my condition turned out to not be serious, I was still treated with respect. All my questions were answered, and I was given the right level of advice."*
- *"I was really impressed with how quick I received a follow up call from a nurse and then a Dr. I was very pleased I was prescribed antibiotics within an hour of contacting 111 on a Sunday which was a great relief."*

NHS 111 negative

- *"More compassionate. I felt I was not being listened to."*
- *"The lady I spoke to would hardly let me get a word out while I already feel rubbish and was quite rude about a sensitive matter as I'm young and have never discussed intimate matters with a stranger. I will not be recommending or following the advice."*
- *"Phone me back sooner. Waited 7 hours for doctor to ring wasn't even a doctor who rang it was nurse said they would ring back in an hour as I was out still waiting it's now 2 hours."*

PES FFT

- The 676 responses for April are 0.9% higher when compared to March of 670, with comments matching, (517 for both April and March).
- The overall experience score for April of 93.8% is 2.6% higher than the 91.2% reported in March, but it was **92.6% in April 2025**, a difference of 1.2%.

PTS FFT

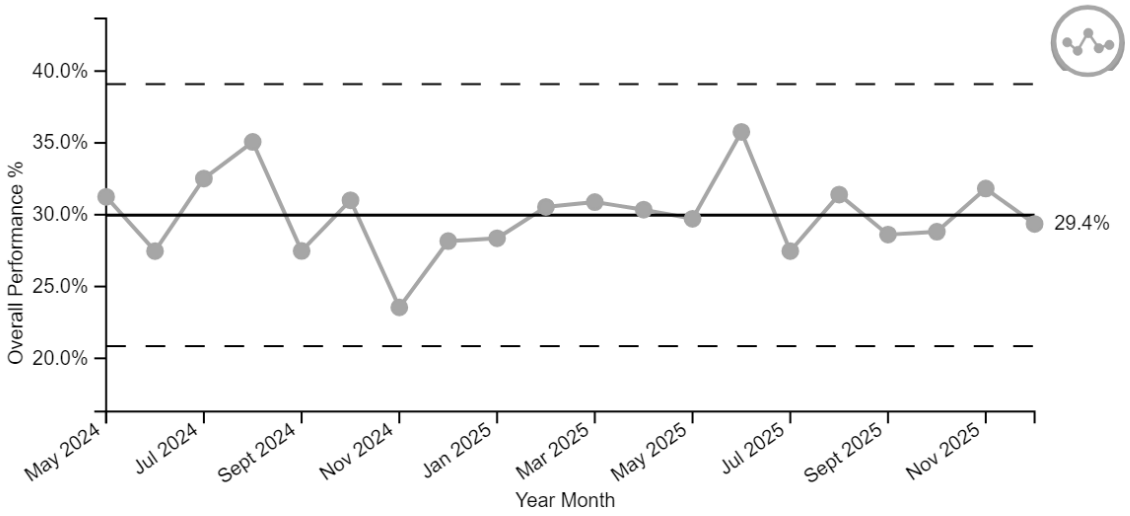
- The 1,154 responses from April are 6.7% higher than March at 1,082, with supporting comments higher, by 4.9%, (919 for April compared to 876 from March).
- The overall experience score for April of 91.6% is 0.8% higher than the 90.8% reported for March, but was **92.9% in April 2025**, a difference of 1.3%.

NHS 111 FFT

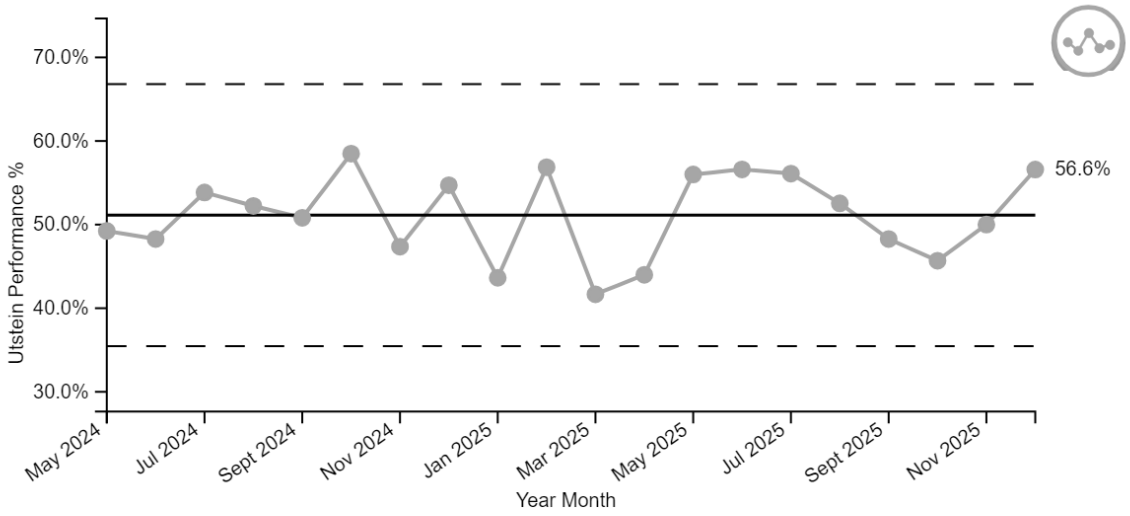
- For April we have 563 returns, compared to the 529 returns reported for March.
- From the April returns, we see an 86.1% likelihood of the 111 service being recommended, a difference of 1.4% compared to the 87.5% reported for March. This was **84.0% in April 2025**, a difference of 2.1%.

E2 Ambulance Clinical Quality Indicators (ACQI)

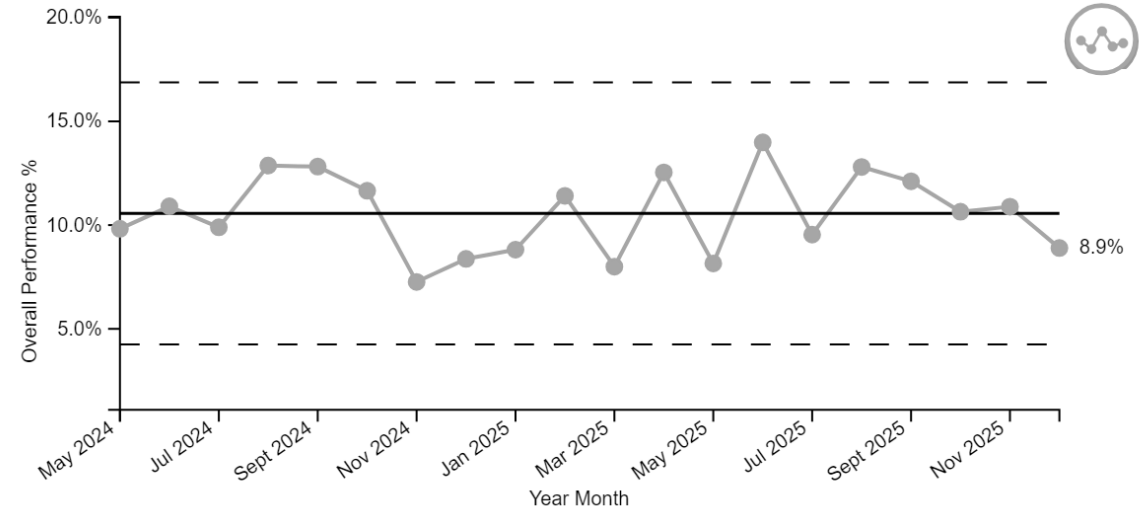
ROSC - Overall Performance



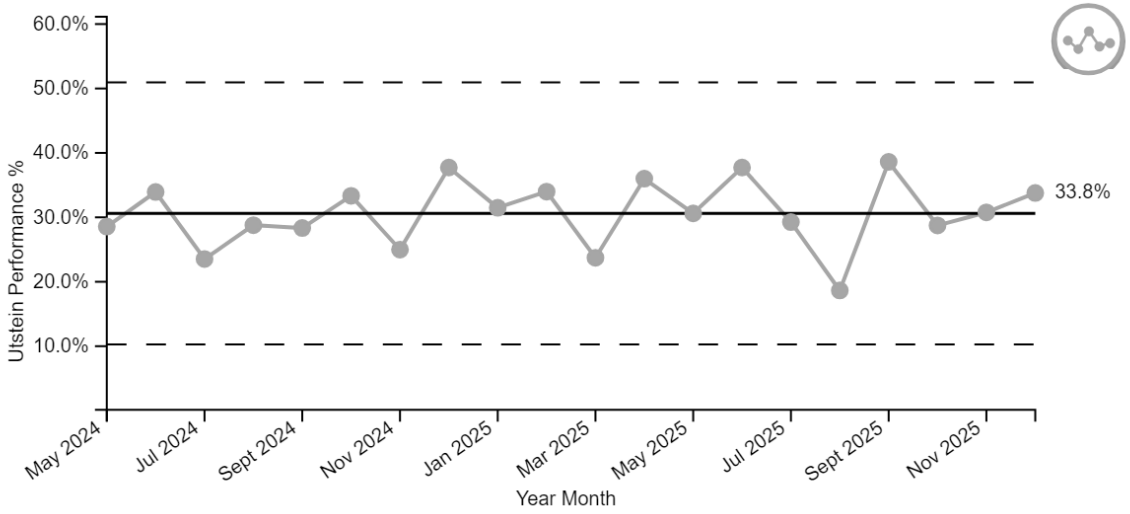
ROSC - Utstein Performance



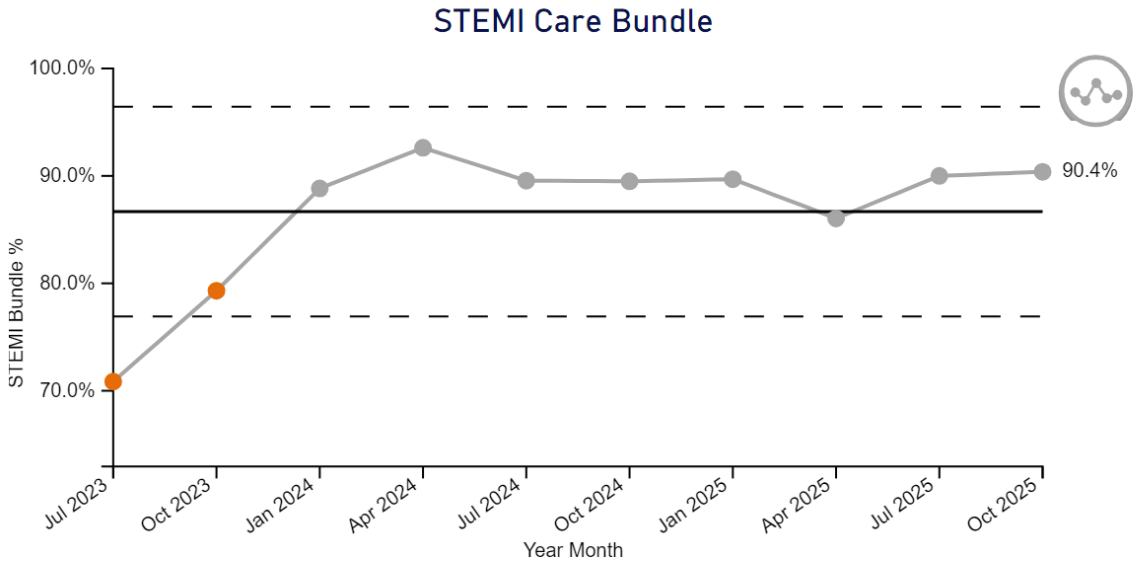
Survival at 30 Days Post Discharge - Overall Performance

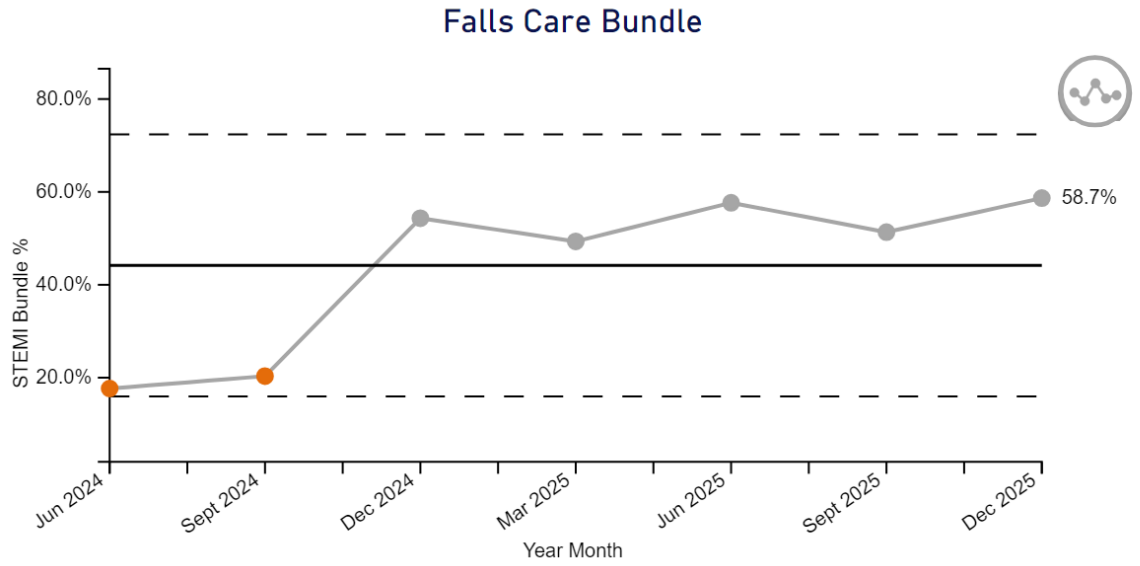


Survival at 30 Days Post Discharge - Utstein Performance



E2 Ambulance Clinical Quality Indicators (ACQI)

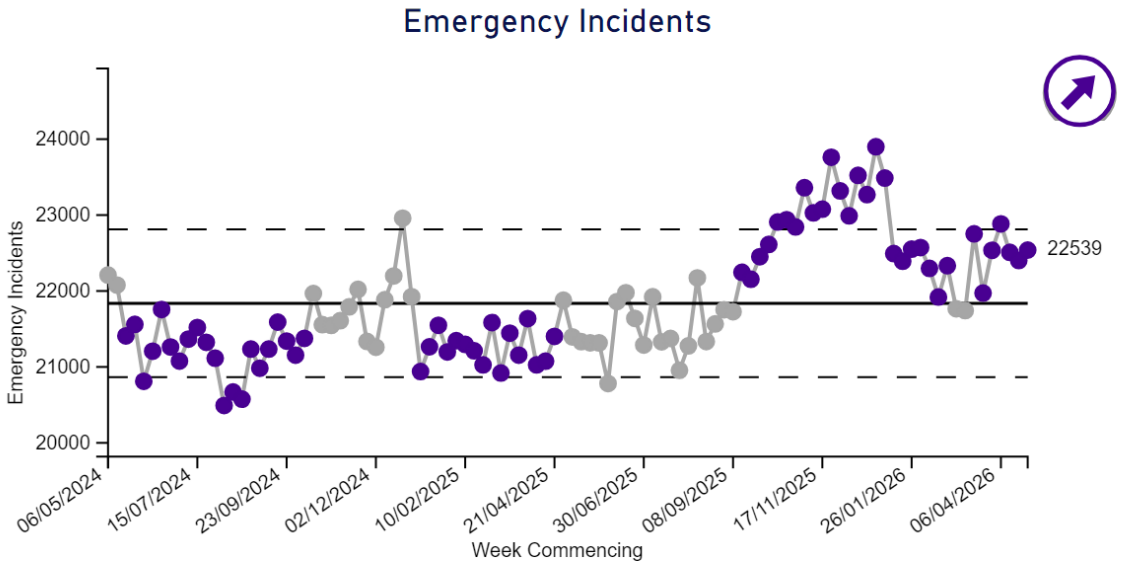


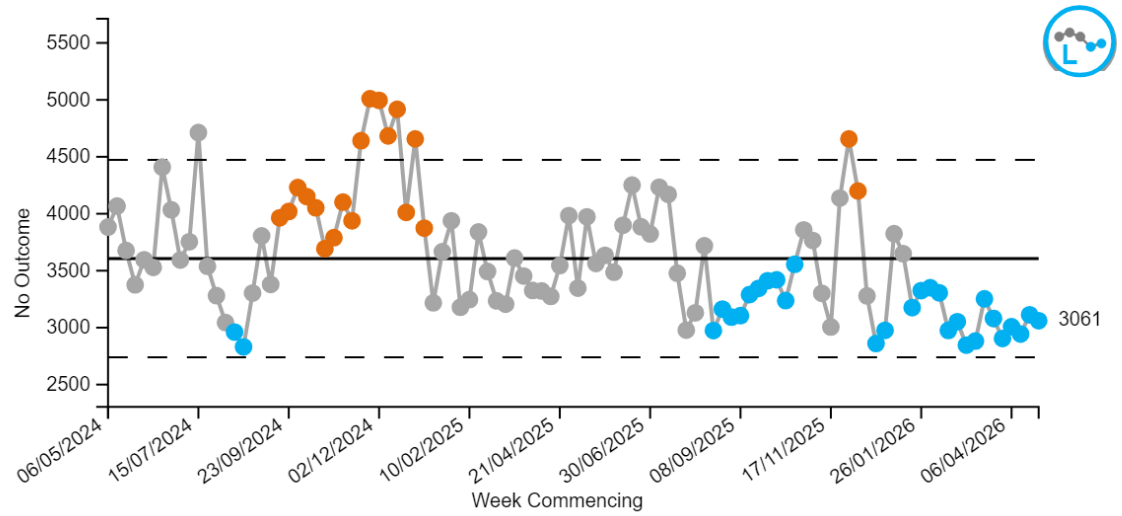


Summary:

- ROSC overall performance - last reported in Dec 25 (29.4%), **above** the national average of 27.6%.
- ROSC Utstein performance - last reported in Dec 25 (56.6%), **above** the national average of 52.6%.
- Survival at 30 days after discharge overall performance – last reported in Dec 25 (8.9%), **below** the national average of 9.0%.
- Survival at 30 days after discharge Utstein performance – last reported in Dec 25 (33.8%), **above** the national average of 29.3%.
- STEMI bundle - last reported in Oct 25 (90.4%), **above** the national average of 82.6%.
- Falls bundle – last reported in Dec 25 (58.7%), **above** the national average of 56.3%.

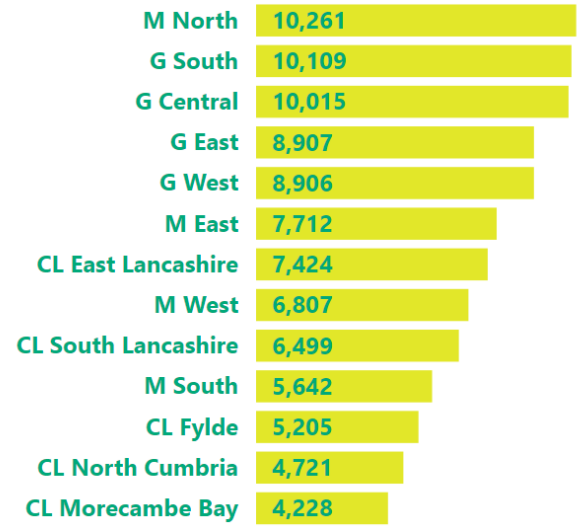
E3 Activity & Outcomes



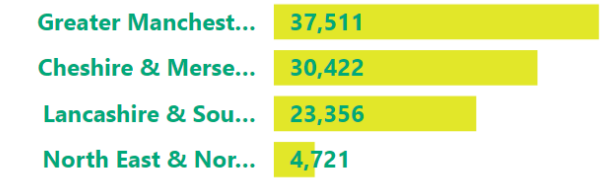


Emergency Incidents

Emergency Incidents by Operational Sector

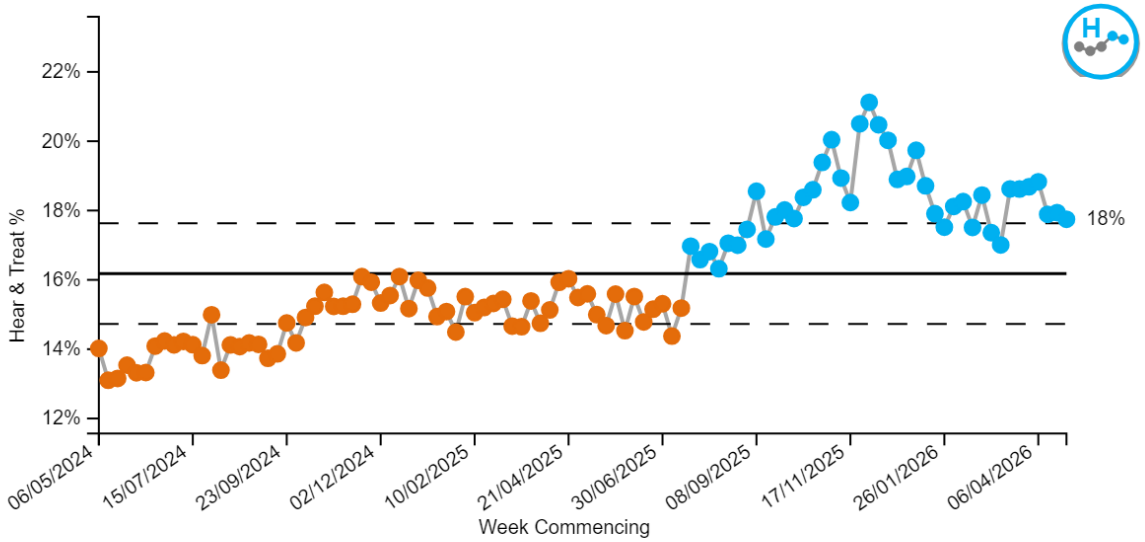


Emergency Incidents by ICB

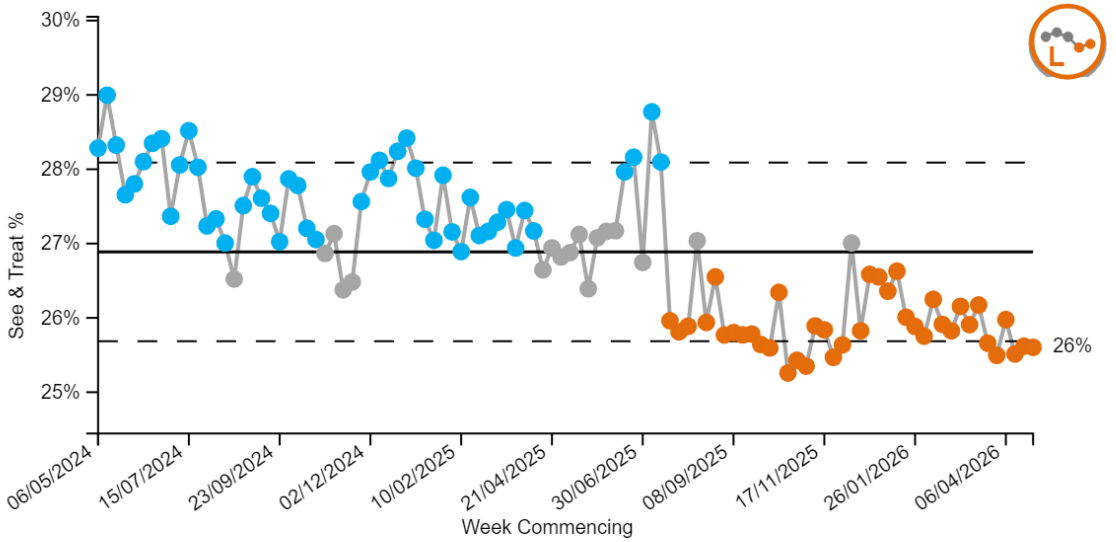


Calendar Year	Month	Calls	% Change from previous year	Incidents	% Change from previous year
2023	Apr	105,351	-19.96 %	90,075	0.91 %
2024	Apr	113,882	8.10 %	92,727	2.94 %
2025	Apr	113,135	-0.66 %	91,559	-1.26 %
2026	Apr	114,465	1.18 %	96,515	5.41 %

Hear & Treat (AQI)



See & Treat (AQI)



Months Hear & Treat by Sector

G Central	22.7%
CL Fylde	19.8%
CL East Lancashire	19.5%
CL South Lancashire	19.5%
G East	19.4%
M West	17.7%
G West	17.3%
M North	17.2%
M East	16.9%
G South	16.7%
M South	16.7%
CL Morecambe Bay	15.8%
CL North Cumbria	14.7%

Months Hear & Treat by ICB

Greater Man...	19.1%
Lancashire ...	18.9%
Cheshire & ...	17.2%
North East ...	14.7%

Months See & Treat by Sector

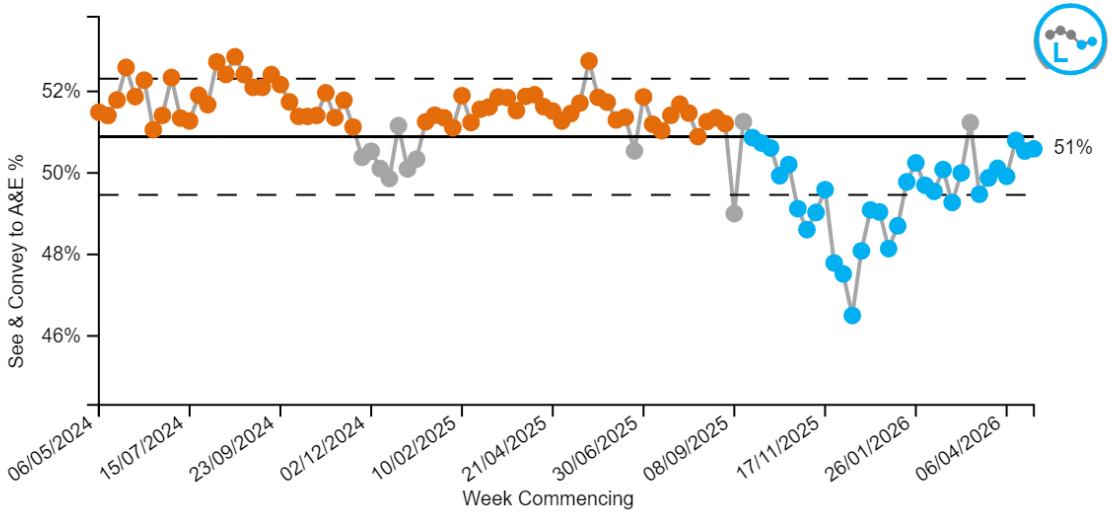
CL Morecambe Bay	30.8%
CL North Cumbria	30.8%
M South	28.2%
CL East Lancashire	26.3%
G East	26.0%
G West	25.9%
M West	25.3%
G South	25.3%
G Central	24.9%
CL Fylde	24.5%
CL South Lancashire	23.8%
M North	23.3%
M East	22.5%

Months See & Treat by ICB

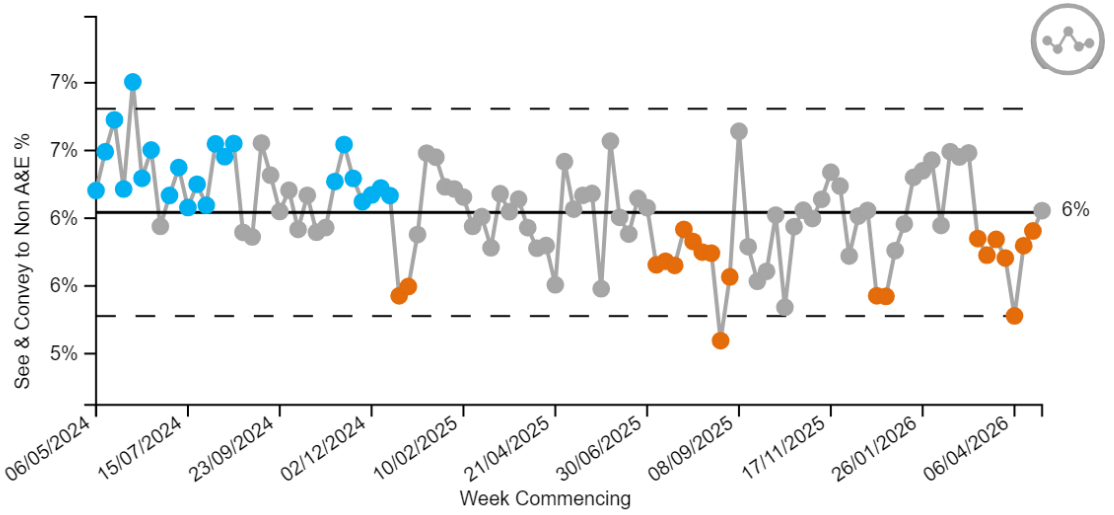
North East ...	30.8%
Lancashire ...	26.0%
Greater Man...	25.4%
Cheshire & ...	24.4%

BAF ID SR01

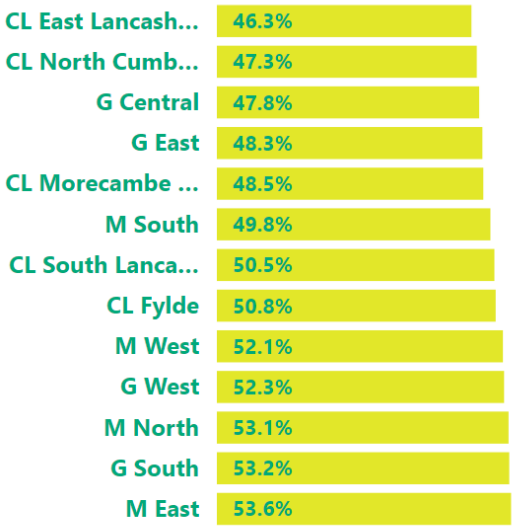
See & Convey to A&E (AQI)



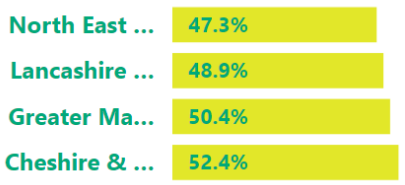
See & Convey to Non A&E (AQI)



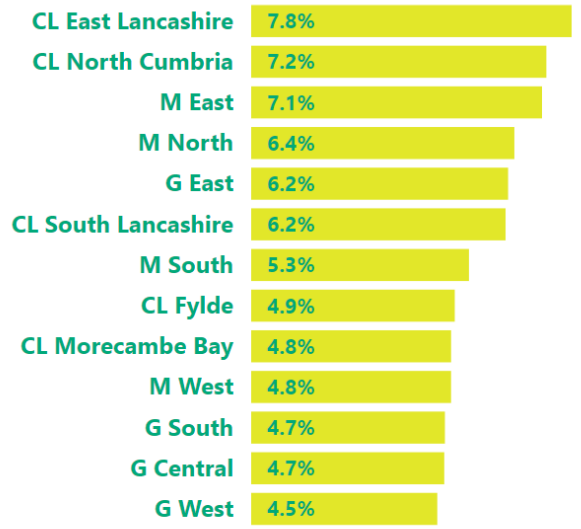
Months See & Convey (AE) by Sector



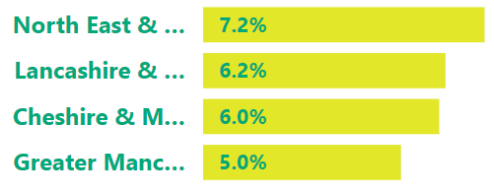
Months See & Convey (AE) by ICB



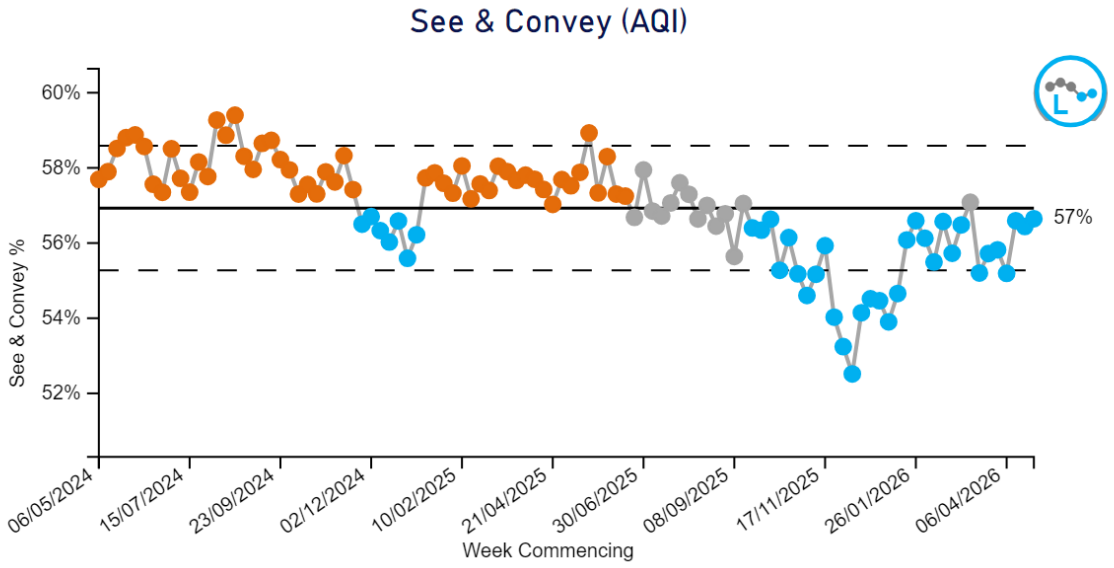
Months See & Convey (Non AE) by Sector



Months See & Convey (Non AE) by ICB



BAF ID SR01



Months See & Convey by Sector

G Central	52.4%
CL Morecambe Bay	53.4%
CL East Lancashire	54.1%
CL North Cumbria	54.5%
G East	54.6%
M South	55.1%
CL Fylde	55.7%
CL South Lancashire	56.7%
G West	56.8%
M West	56.9%
G South	57.9%
M North	59.5%
M East	60.6%

Months See & Convey by ICB

North East & ...	54.5%
Lancashire & ...	55.1%
Greater Manc...	55.5%
Cheshire & M...	58.4%

Activity & Outcomes

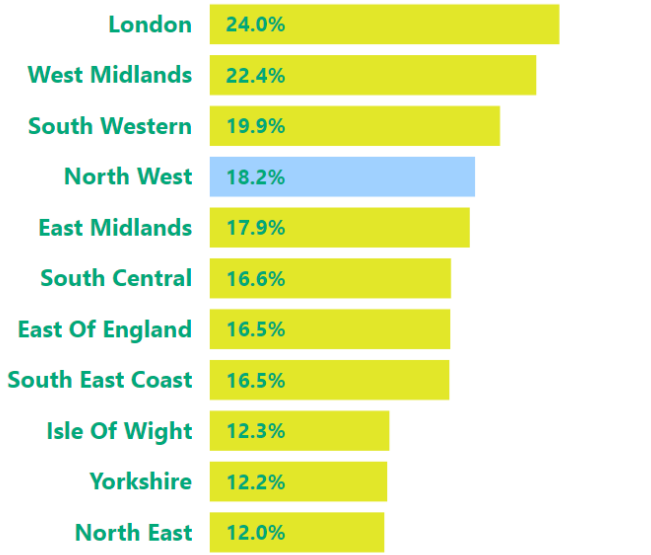
Summary: Of the 114,465 emergency calls received by the trust, 84.3% (96,515) became incidents. Emergency Incidents had continued to rise since September 25 but have slowed since mid January 26.

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

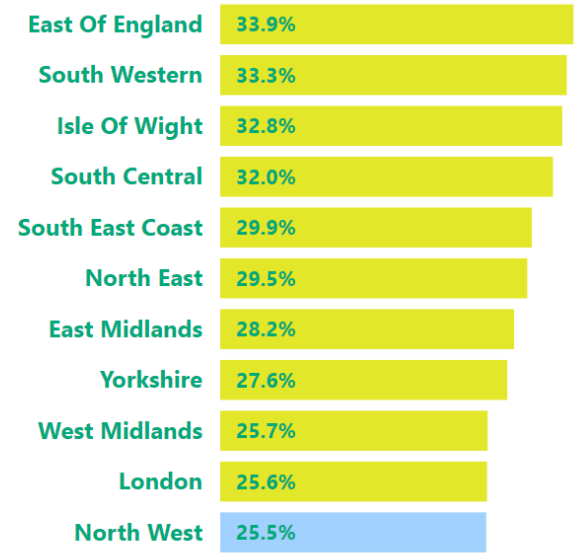
The H&T rate for April was 18% and S&T was 26%, equating to a non-conveyance rate of 44%. The Trust is currently ranked 4th for H&T and 11th for S&T.

Action:
Digital initiatives to aid call transcription are being explored, alongside refinements to current processes and workflows to improve clinical productivity and increase the number of incidents resolved over the phone. H&T productivity metrics continue to be monitored within the Trust's clinical delivery dashboard.

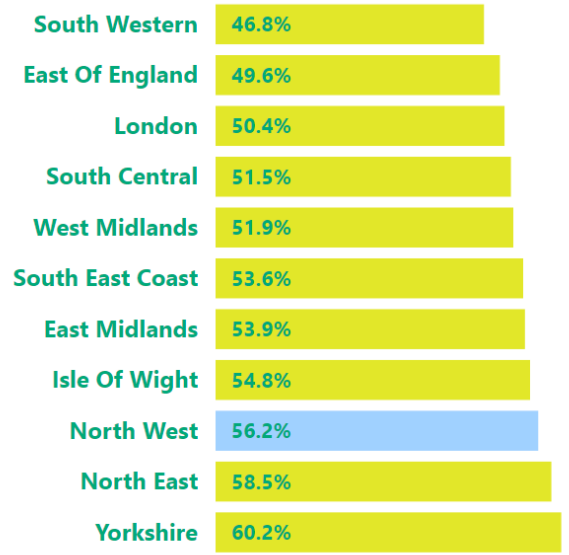
Hear & Treat % by Trust



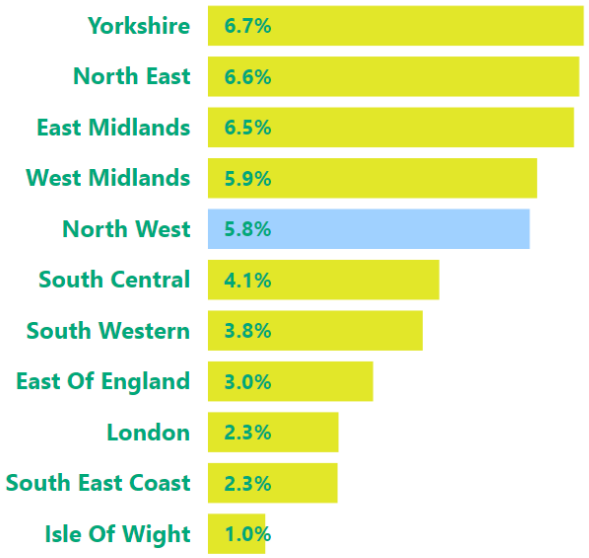
See & Treat % by Trust



See & Convey % by Trust



See & Convey non A&E % by Trust

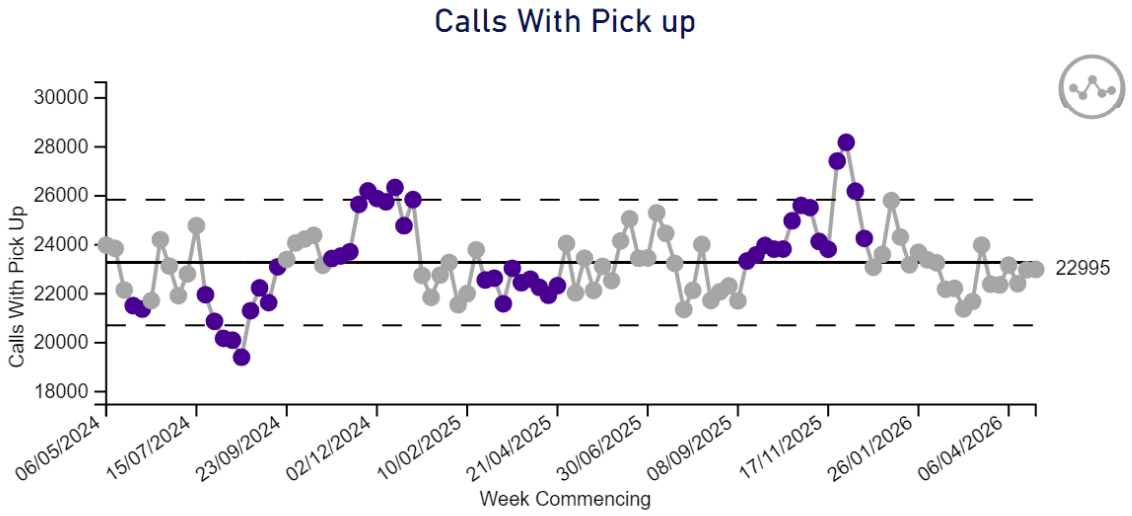


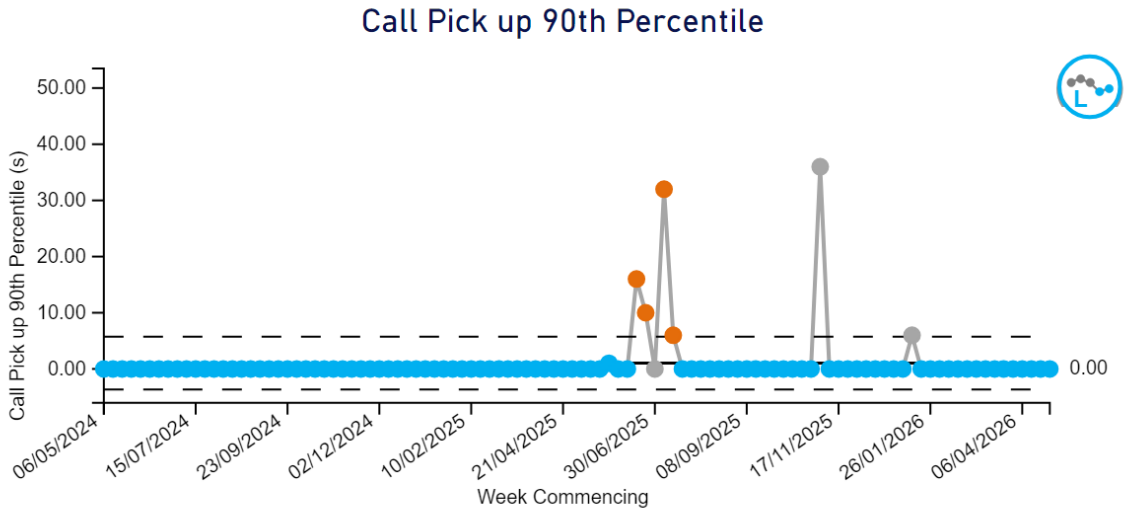
BAF ID SR01

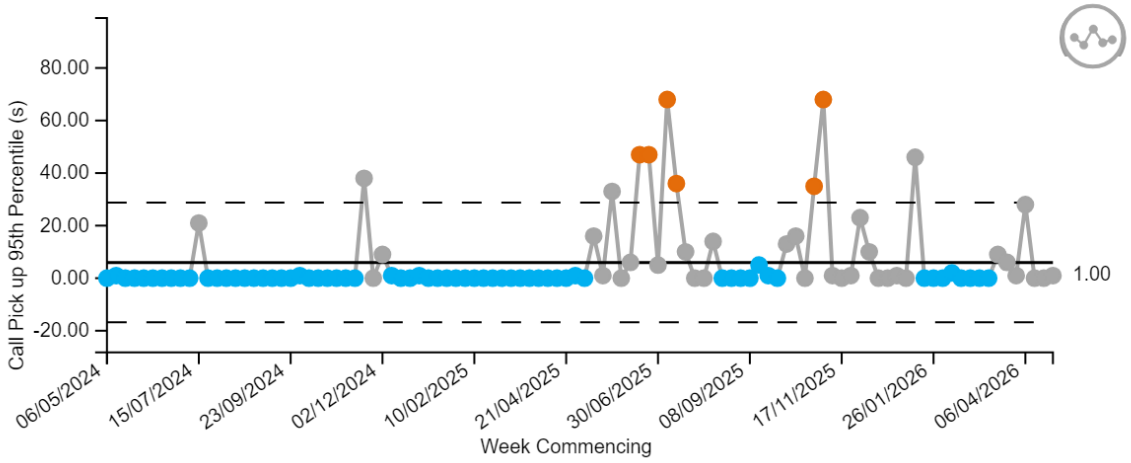
Operational

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	
Month	2
YTD	2
Ranking	5

Call Pick up 90th Percentile	
Month	0
YTD	0
Ranking	3

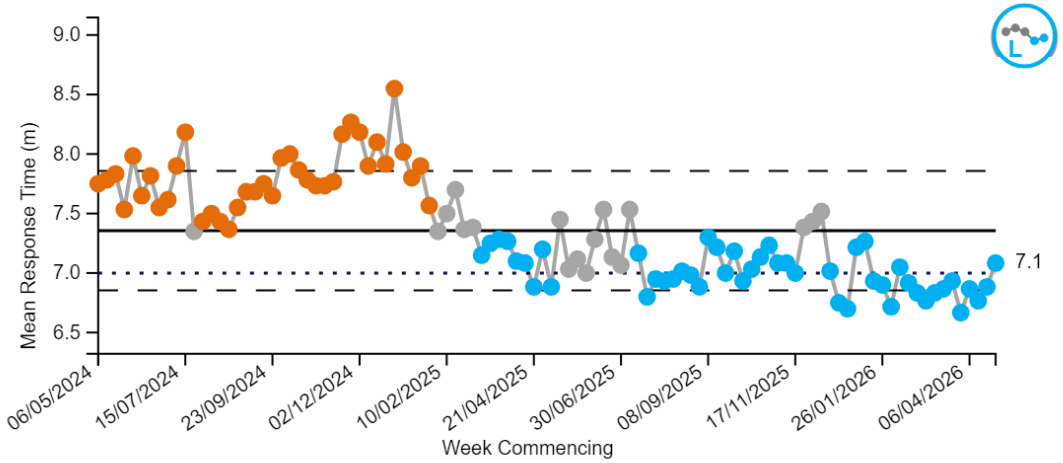
Call Pick up 95th Percentile	
Month	1
YTD	1
Ranking	2

In April, call pick-up volume reduced from 98,787 in March to 97,510. Weekly pick up is stable around the mean.

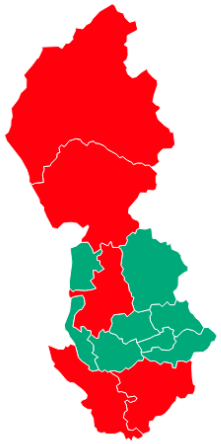
The average call pick up, 90th and 95th Percentile remained the same as the previous month.

O3 ARP Response Times

ARP C1 Mean



C1 Mean (Red =>7min)

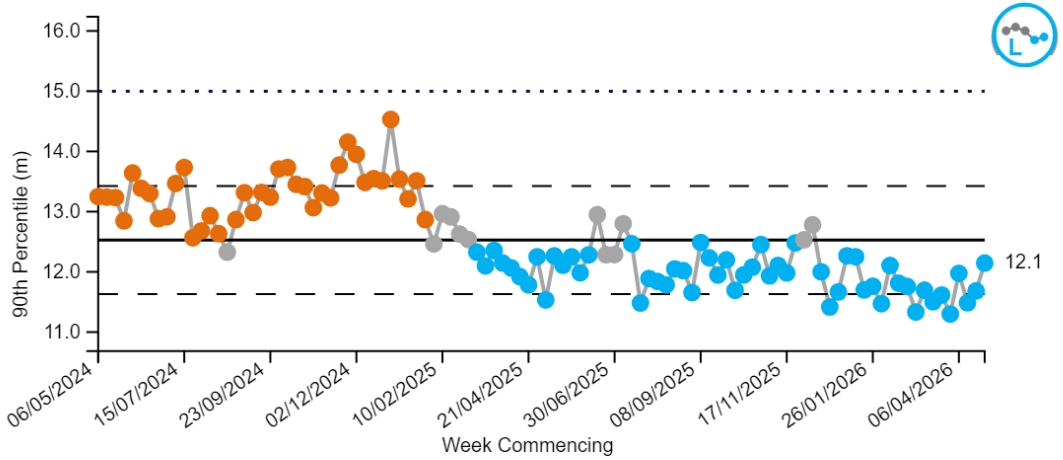


C1 Mean by Sector	
CL Morecambe Bay	00:08:20
CL North Cumbria	00:08:09
M South	00:07:56
M West	00:07:31
CL South Lancashire	00:07:13
M East	00:06:52
G East	00:06:46
CL East Lancashire	00:06:41
G West	00:06:38
CL Fylde	00:06:24
G Central	00:06:23
M North	00:06:15
G South	00:06:14

C1 Mean by ICB	
North East & Nort...	00:08:09
Lancashire & Sout...	00:07:02
Cheshire & Mersey...	00:06:55
Greater Manchester	00:06:28

C1 Mean	
Target	00:07:00
Month	00:06:50
YTD	00:06:50
Ranking	3

ARP C1 90th



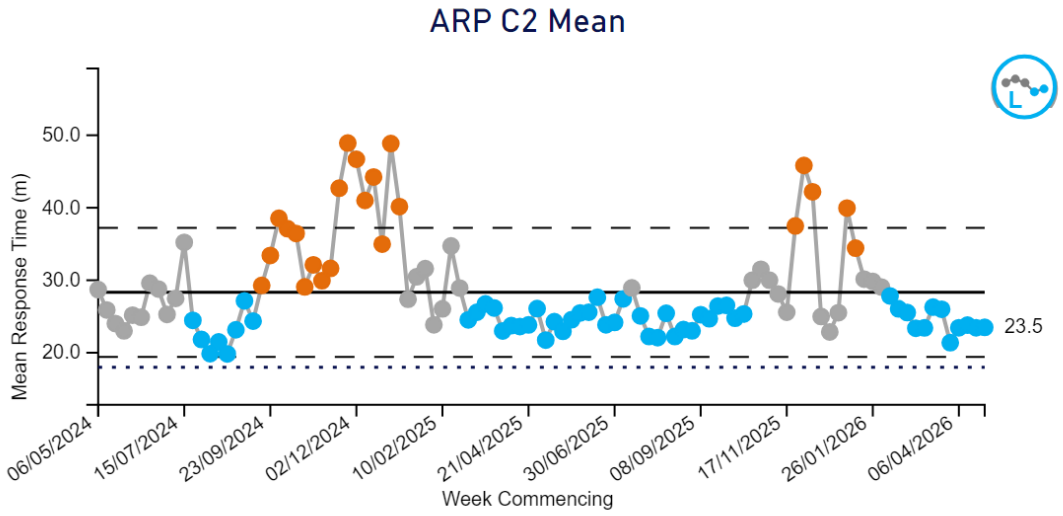
C1 90th (Red =>15min)

C1 90th by Sector	
CL Morecambe Bay	00:16:08
CL North Cumbria	00:15:02
M South	00:14:07
CL South Lancashire	00:13:21
M West	00:13:17
CL Fylde	00:11:57
CL East Lancashire	00:11:52
M East	00:11:16
G East	00:11:12
G West	00:11:01
G Central	00:10:51
G South	00:10:35
M North	00:10:13

C1 90th by ICB	
North East & N...	00:15:02
Lancashire & So...	00:12:44
Cheshire & Mer...	00:11:39
Greater Manche...	00:10:51

C1 90th	
Target	00:15:00
Month	00:11:46
YTD	00:11:46
Ranking	3

O3 ARP Response Times



C2 Mean (Red => 18min)

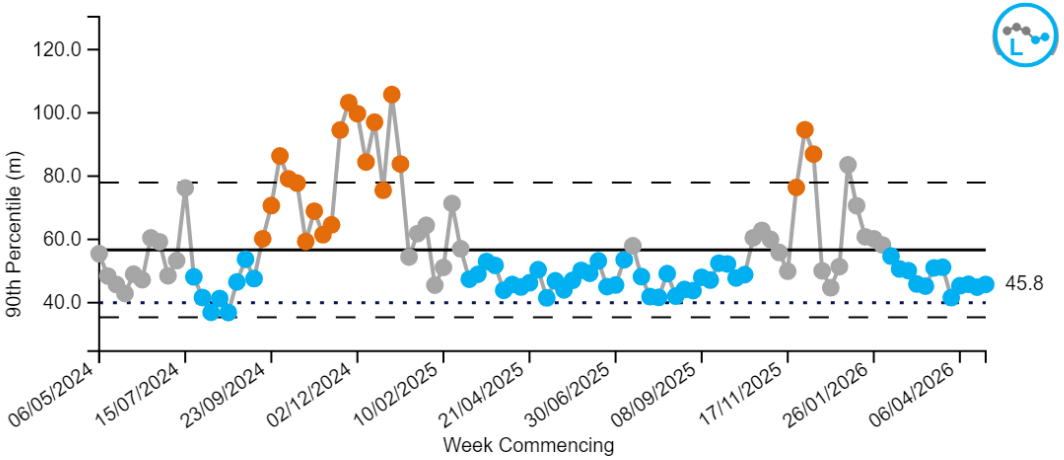
C2 Mean by Sector

M West	00:27:59
M East	00:27:39
CL Morecambe Bay	00:26:33
M South	00:26:17
M North	00:26:15
CL North Cumbria	00:25:03
CL South Lancashire	00:23:32
G East	00:21:22
CL East Lancashire	00:21:02
G West	00:20:51
CL Fylde	00:20:48
G South	00:19:33
G Central	00:19:21

C2 Mean by ICB

Cheshire & Mersey...	00:27:01
North East & Nort...	00:25:03
Lancashire & Sout...	00:22:40
Greater Manchester	00:20:10

C2 Mean	
Target (ARP)	00:18:00
Target (UEC)	00:25:00
Month	00:23:14
YTD	00:23:14
Ranking	5



C2 90th (Red => 40min)

C2 90th by Sector

CL Morecambe Bay	00:54:44
M West	00:54:37
M East	00:52:26
M North	00:51:35
M South	00:48:57
CL North Cumbria	00:48:49
CL South Lancashire	00:43:57
G East	00:40:10
CL Fylde	00:40:04
CL East Lancashire	00:40:01
G West	00:39:26
G South	00:37:43
G Central	00:36:58

C2 90th by ICB

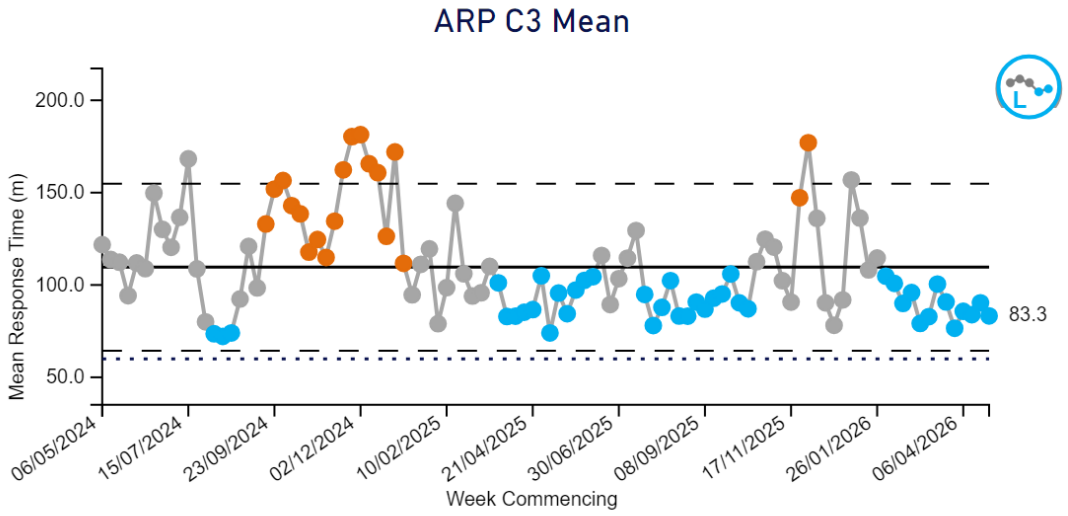
Cheshire & Mersey...	00:51:45
North East & Nort...	00:48:49
Lancashire & Sout...	00:43:52
Greater Manchester	00:38:23

C2 90th	
Target	00:40:00
Month	00:44:50
YTD	00:44:50
Ranking	3

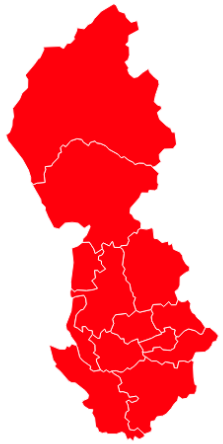
O3 ARP Response Times

BAF ID SR03

O3 ARP Response Times



C3 Mean (Red => 60min)



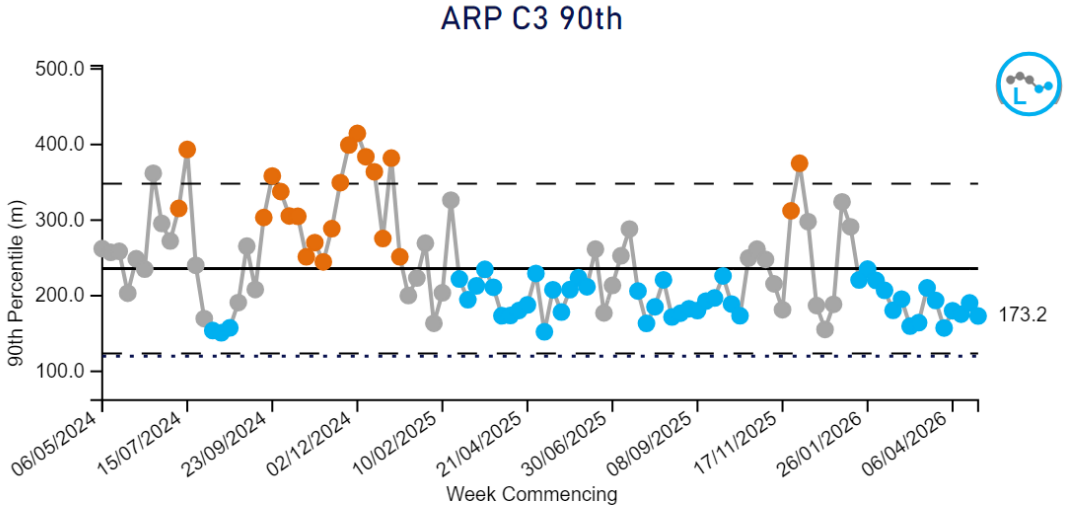
C3 Mean by Sector

M East	01:39:58
M North	01:38:31
M West	01:28:41
G West	01:26:33
G Central	01:25:27
G East	01:25:13
CL South Lancashire	01:23:18
CL Morecambe Bay	01:22:11
M South	01:18:25
CL North Cumbria	01:17:46
G South	01:16:11
CL East Lancashire	01:15:43
CL Fylde	01:09:33

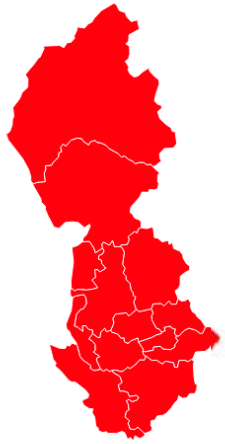
C3 Mean by ICB

Cheshire & Mersey...	01:32:15
Greater Manchester	01:23:18
Lancashire & Sout...	01:17:58
North East & Nort...	01:17:46

C3 Mean	
Target	00:60:00
Month	01:24:44
YTD	01:24:44
Ranking	5



C3 90th (Red => 2h)



C3 90th by Sector

M East	03:39:42
M North	03:29:08
M West	03:09:57
CL Morecambe Bay	03:07:15
G West	03:05:46
CL South Lancashire	03:02:29
CL North Cumbria	02:47:03
G East	02:46:14
M South	02:45:50
G Central	02:45:42
CL East Lancashire	02:43:04
G South	02:27:18
CL Fylde	02:23:57

C3 90th by ICB

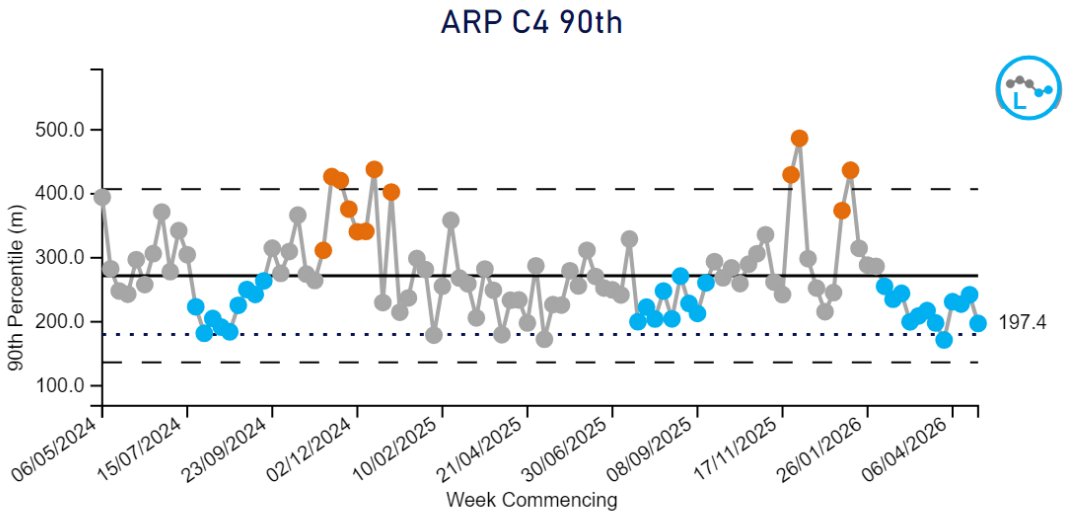
Cheshire & Mersey...	03:17:32
Lancashire & Sout...	02:49:56
Greater Manchester	02:47:28
North East & Nort...	02:47:03

C3 90th	
Target	01:30:00
Month	02:56:48
YTD	02:56:48
Ranking	4

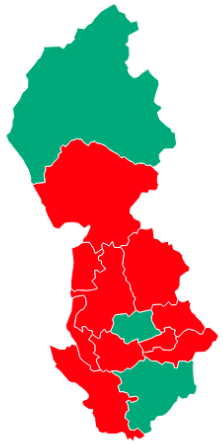
O3 ARP Response Times

BAF ID SR03

O3 ARP Response Times



C4 90th (Red => 3h)



C4 90th by Sector

M West	04:36:08
G South	04:24:30
G Central	04:10:13
G East	04:09:34
M North	03:41:16
M East	03:39:40
CL East Lancashire	03:31:30
CL South Lancashire	03:28:07
CL Fylde	03:10:34
CL Morecambe Bay	03:00:13
G West	02:59:21
M South	02:36:51
CL North Cumbria	02:13:31

C4 90th by ICB

Greater Manchester	04:05:29
Cheshire & Mersey...	03:25:23
Lancashire & Sout...	03:20:22
North East & Nort...	02:13:31

C4 90th	
Target	03:00:00
Month	03:41:12
YTD	03:41:12
Ranking	4

O3 ARP Response Times

Summary:

C1 mean remains unchanged from last month at 06m:50s and stays within target, despite a slight day-adjusted rise in activity. C1 mean response times peaked in the final week of April, reaching their highest weekly level since mid-January. However, the final week recorded the highest C1 activity since the final week of January. CL Morecambe Bay continues to record the highest C1 mean, though it has improved by 37 seconds to 08m:20s. C1 90th has increased by 16s since last month but remains within target (11m:46s).

Compared to April 2025, C1 mean has improved by 16s despite a 5% increase in activity, with twice as many sectors now meeting the target.

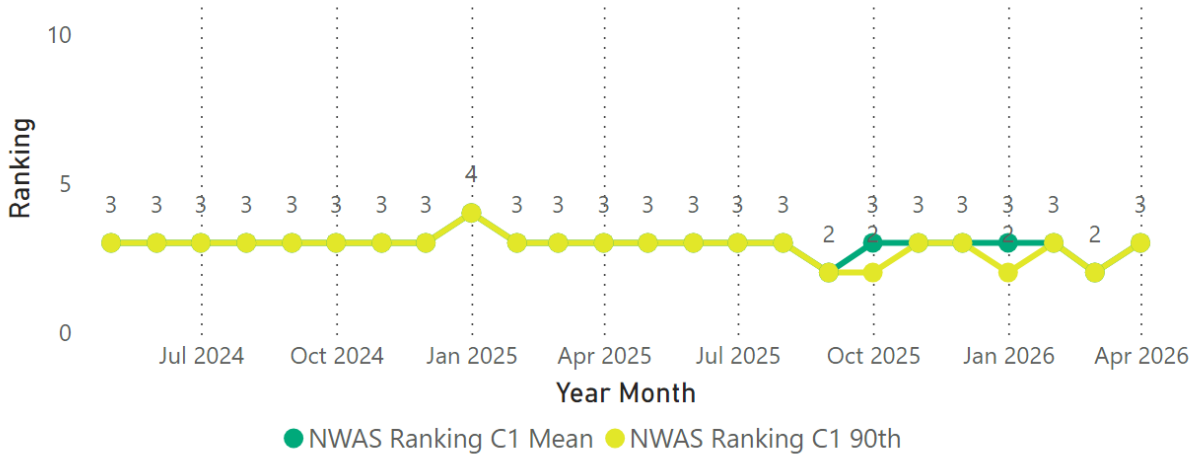
C2 mean has improved to 23m:14s but remains outside the ARP target, although it meets the new UEC target of 25m. All ICBs have reported an improvement in C2 mean compared to last month. C2 90th has reduced from 47m:52s to 44m:50s, but despite this improvement, the number of sectors meeting the C2 90th target has fallen from four to three. All ICBs have shown improvement in C2 90th compared to last month.

Despite increased day-adjusted activity, C3 mean has improved from 01h:27m:43s to 01h:24m:44s. C3 90th has also improved from 03h:00m:58s to 02h:56m:48s; however, all sectors and ICBs remain outside the target for both measures.

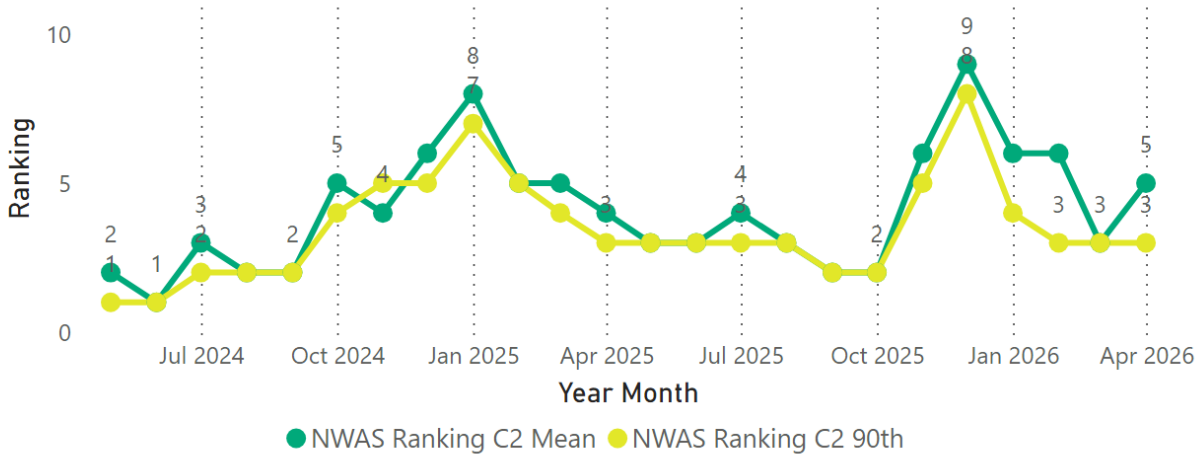
Despite lower activity, C4 90th has worsened by 00h:23m:17s compared to last month, with the M West sector recording a notable increase of 01h:22m:47s.

O3 ARP Provider Comparison

C1 Mean & 90th Percentile ranking over time



C2 Mean & 90th Percentile ranking over time



C1 Mean by Trust

North East	00:06:00
London	00:06:45
North West	00:06:51
Yorkshire	00:07:40
West Midlands	00:07:56
South Central	00:08:01
South East Coast	00:08:02
East Of England	00:08:04
East Midlands	00:08:42
South Western	00:08:57
Isle Of Wight	00:09:47

C1 90th by Trust

North East	00:10:16
London	00:11:37
North West	00:11:46
Yorkshire	00:13:13
West Midlands	00:14:05
South Central	00:14:46
South East Coast	00:14:57
East Of England	00:15:17
East Midlands	00:15:25
South Western	00:16:50
Isle Of Wight	00:17:26

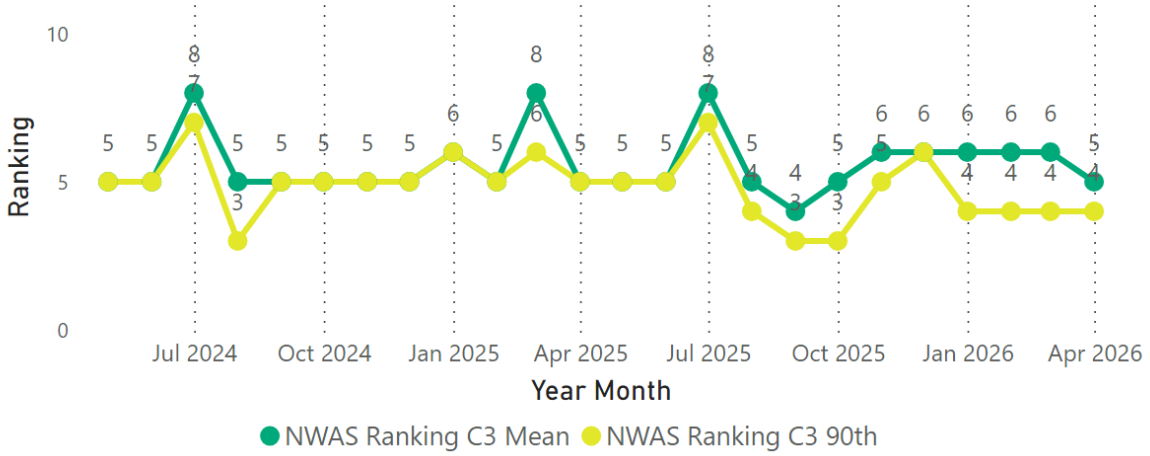
C2 Mean by Trust

West Midlands	00:16:58
North East	00:17:38
Yorkshire	00:22:27
South East Coast	00:22:28
North West	00:23:15
London	00:24:52
South Central	00:25:08
East Of England	00:27:21
Isle Of Wight	00:28:23
East Midlands	00:29:50
South Western	00:30:31

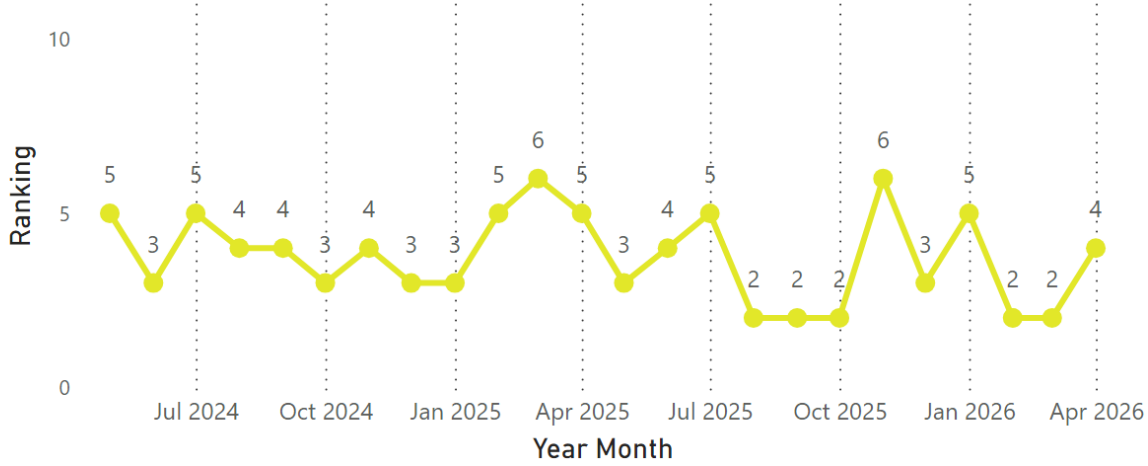
C2 90th by Trust

West Midlands	00:32:39
North East	00:35:27
North West	00:44:50
South East Coast	00:45:00
Yorkshire	00:45:49
South Central	00:48:06
London	00:51:20
East Of England	00:55:38
Isle Of Wight	00:59:07
East Midlands	01:00:56
South Western	01:01:43

C3 Mean & 90th Percentile ranking over time



C4 90th Percentile ranking over time



C3 Mean by Trust

North East	00:39:14
Yorkshire	01:04:48
London	01:11:09
East Of England	01:17:36
North West	01:24:45
West Midlands	01:25:05
Isle Of Wight	01:29:14
South Western	01:32:25
South East Coast	01:33:42
South Central	01:54:28
East Midlands	02:09:46

C3 90th by Trust

North East	01:31:40
Yorkshire	02:28:09
London	02:54:07
North West	02:56:48
East Of England	03:03:50
South East Coast	03:25:58
South Western	03:29:15
West Midlands	03:34:58
Isle Of Wight	03:44:31
South Central	03:54:35
East Midlands	05:00:17

C4 90th by Trust

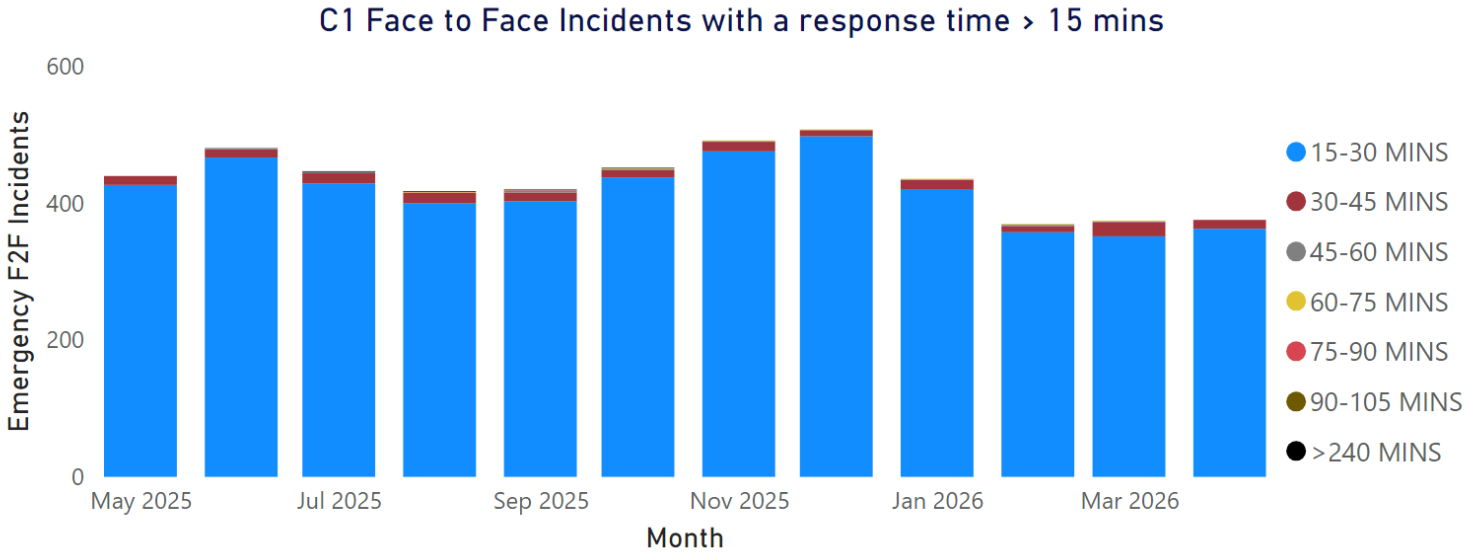
North East	02:23:56
Yorkshire	03:25:50
South East Coast	03:37:33
North West	03:38:26
East Of England	03:57:42
Isle Of Wight	04:13:58
West Midlands	04:36:41
London	04:41:19
South Central	04:56:35
South Western	05:11:13
East Midlands	05:42:10

Summary:
The Trusts national performance for C1 mean and C1 90th percentile has fallen slightly, from 2nd to 3rd nationally respectively.

C2 mean performance nationally is now ranked 5th from 3rd .C2 90th has remained 3rd nationally.

For lower acuity categories, C3 mean has improved to 5th from 6th whereas C3 90th has remained 4th. C4 90th performance has fallen to 4th from 2nd.

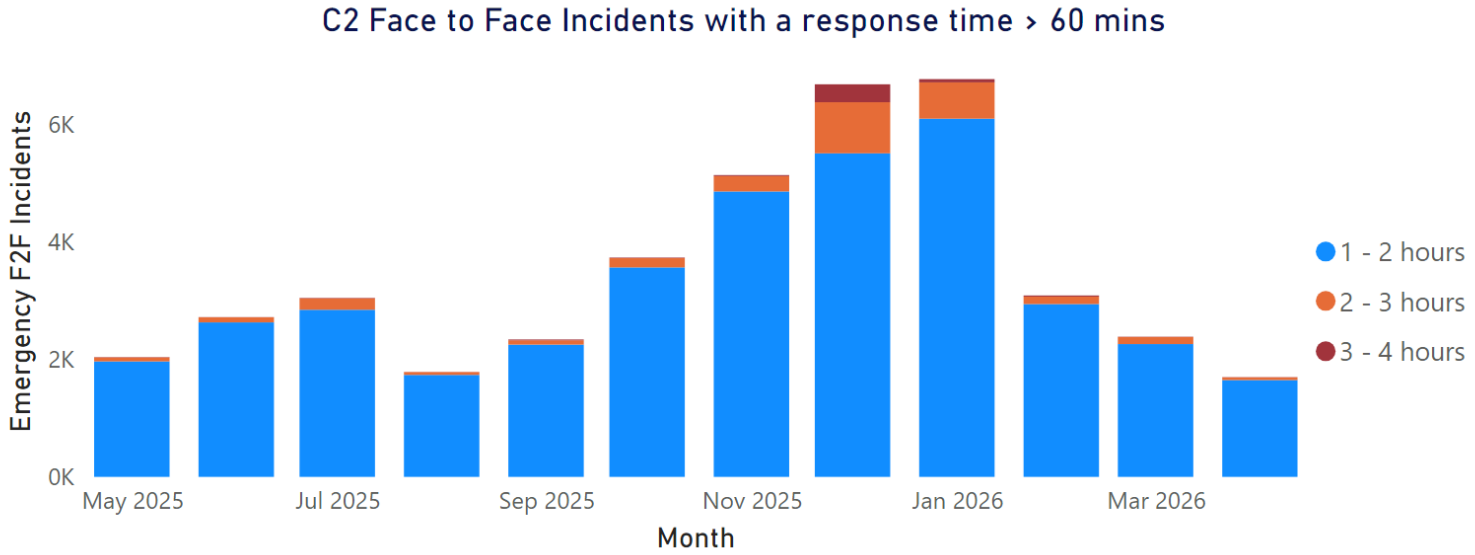
O3 Long Waits C1



Month Year	Total No. of C1 Long Waits
May 2025	439
Jun 2025	480
Jul 2025	446
Aug 2025	417
Sep 2025	420
Oct 2025	451
Nov 2025	491
Dec 2025	507
Jan 2026	435
Feb 2026	369
Mar 2026	374
Apr 2026	375

Summary:
C1 long waits remain stable at 375, just one higher than the previous month. Long waits in the 15–30 minute interval have increased (+11), with M West recording the highest volume in April (45), while G Central shows the largest percentage rise from the previous month (up 50%), despite recording less C1 activity.
Incidents in the 30–45 minute interval have decreased; however, CL Morecambe Bay still records the highest volume in this group, accounting for 61.5% of all long waits in this time interval.
There were no long waits recorded above 45 minutes, an improvement on the previous month.
CL Morecambe Bay, CL North Cumbria and M South have recorded the highest proportion of C1 long waits relative to total C1 emergency face-to-face incidents (11.9%, 9.9% and 7.1% respectively).

O3 Long Waits C2

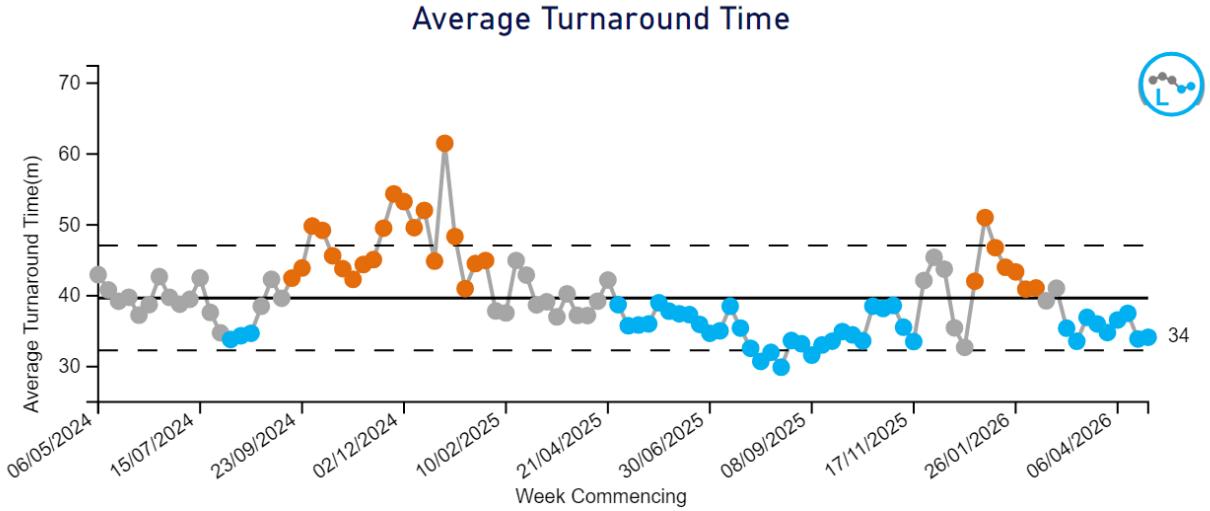


Month Year	Total No. of C2 Long Waits
May 2025	2,040
Jun 2025	2,719
Jul 2025	3,047
Aug 2025	1,787
Sep 2025	2,339
Oct 2025	3,733
Nov 2025	5,138
Dec 2025	6,683
Jan 2026	6,771
Feb 2026	3,088
Mar 2026	2,386
Apr 2026	1,698

Summary:

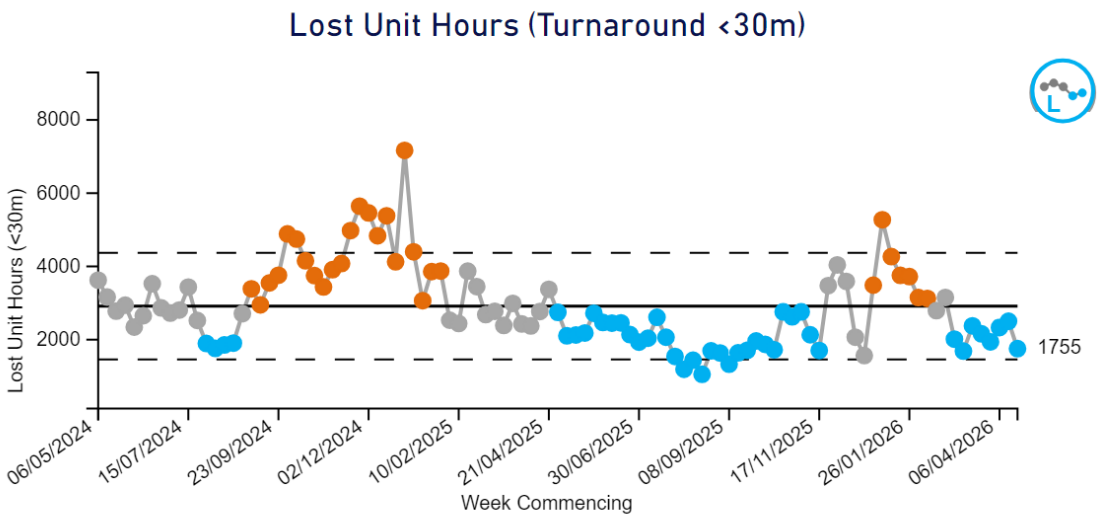
C2 long waits have reduced by approximately 29% to 1,698, the lowest level recorded over the past 12 months. CL Fylde (+13), CL East Lancs (+5), and G Central (+1) are the only sectors to have recorded increases in C2 long waits but notable reductions across many of the other sectors have been recorded.
M West, CL Morecambe Bay and M East recorded the highest proportion of C2 long waits relative to C2 emergency face-to-face incidents (7.5%, 7.3% and 6.6% respectively).

O3 A&E Turnaround



Month	Hospital Attendances	Average Turnaround Time(hh:mm:ss)	Average Arrival to Handover Time (hh:mm:ss)	Average Handover to Clear Time(hh:mm:ss)
Apr 2025	47,345	00:39:13	00:30:13	00:09:09
May 2025	49,476	00:36:25	00:27:13	00:09:17
Jun 2025	47,631	00:37:03	00:27:49	00:09:25
Jul 2025	48,832	00:35:33	00:26:14	00:09:24
Aug 2025	49,030	00:30:59	00:21:47	00:09:15
Sep 2025	47,966	00:32:55	00:23:42	00:09:17
Oct 2025	50,758	00:35:41	00:26:21	00:09:22
Nov 2025	48,975	00:37:19	00:27:55	00:09:26
Dec 2025	49,754	00:39:39	00:30:20	00:09:18
Jan 2026	50,184	00:46:41	00:37:37	00:09:02
Feb 2026	44,653	00:40:52	00:31:43	00:09:10
Mar 2026	49,398	00:35:28	00:26:14	00:09:14
Apr 2026	48,997	00:35:33	00:26:25	00:09:10

O3 A&E Turnaround



Month	No of patients wating outside ED for handover
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
Jan 2026	3592
Feb 2026	2303
Mar 2026	1676
Apr 2026	1840

Top 5 Trusts with most lost unit hours

Destination Short Name	Hospital Attendances to AE	Lost Time Turnaround >30m (h)	Mean at Hospital to Clear Time(hh:mm:ss)	Mean at Hospital to Handover Time(hh:mm:ss)	Mean Handover to Clear Time(hh:mm:ss)
Whiston	2,253	1148.01	00:55:38	00:45:27	00:10:38
Royal Liverpool University	2,455	946.08	00:50:05	00:40:30	00:10:03
Royal Preston	2,156	578.56	00:39:29	00:31:30	00:08:11
Warrington	1,720	558.42	00:44:35	00:33:25	00:11:19
Royal Lancaster Infirmary	1,349	516.59	00:48:25	00:39:52	00:08:18

Summary:

Hospital attendances fell in April to 48,997.

Compared with March, the average turnaround time increased by 5 seconds to 35m:33s and arrival to handover increased by 11s to 26m:25s.

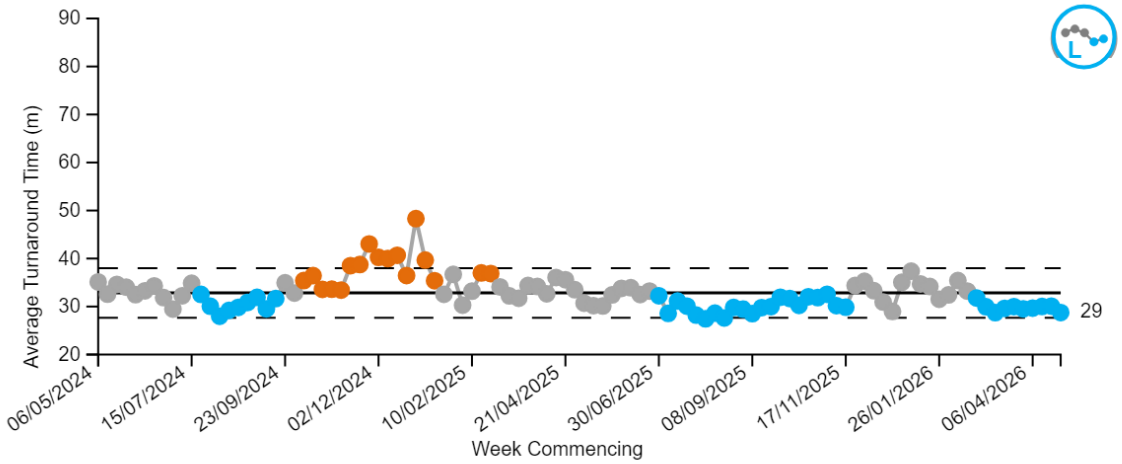
Weekly turnaround has been stable and has remained below the mean for the last 8 weeks.

Greater Manchester weekly turnaround fell in the last week of April just below the lower control limit, while Cheshire and Merseyside's turnaround time has stabilised. The last 9 weeks have all been below the mean.

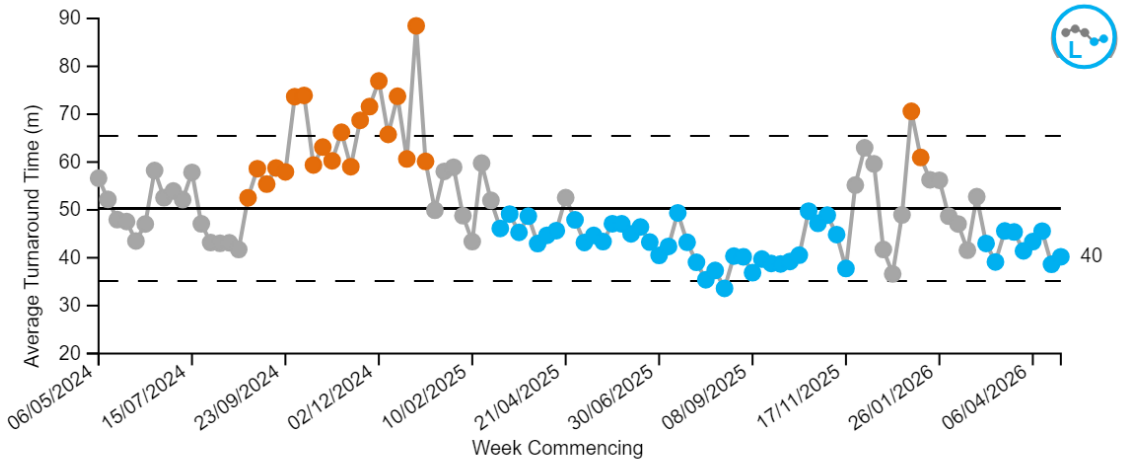
Whiston continues to record the highest lost unit hours.

O3 A&E Turnaround by ICB

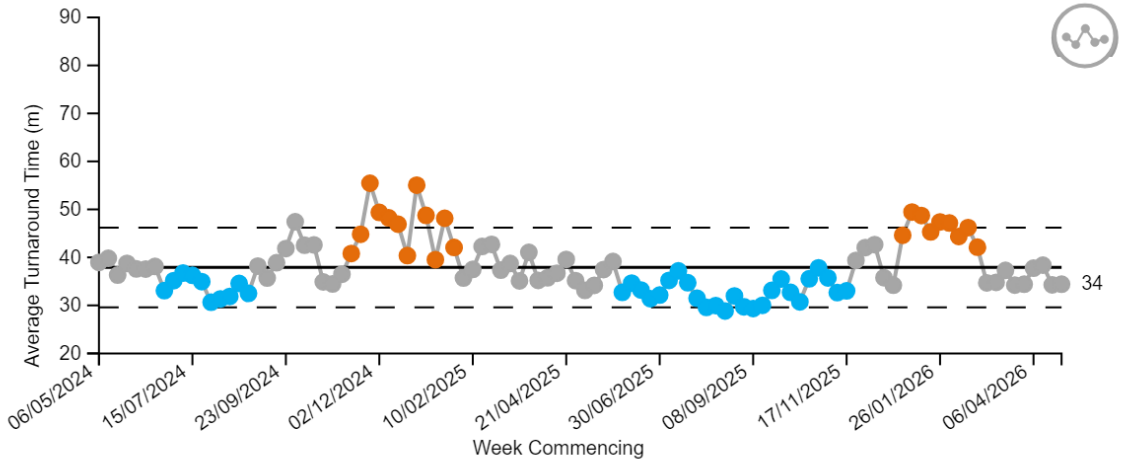
Average Turnaround Time - Greater Manchester ICB



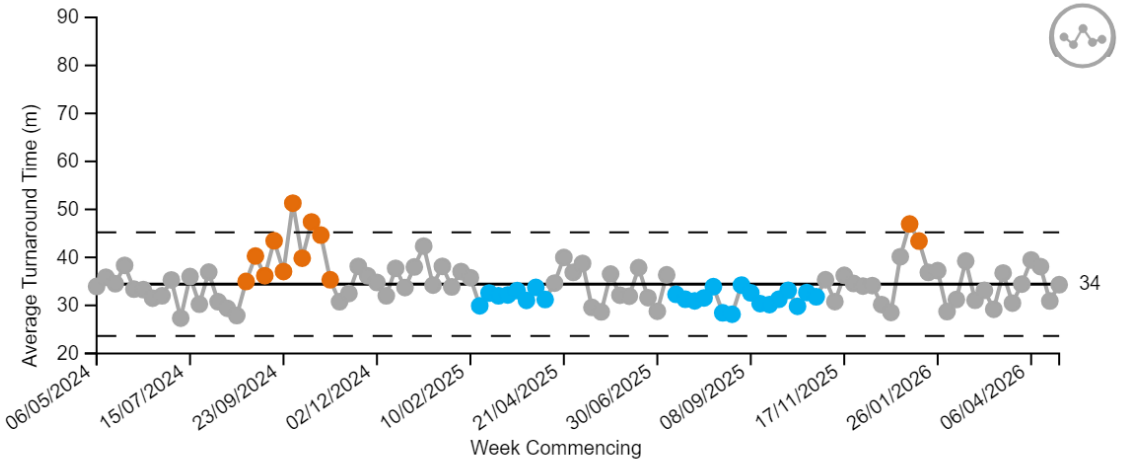
Average Turnaround Time - Cheshire & Mersey ICB



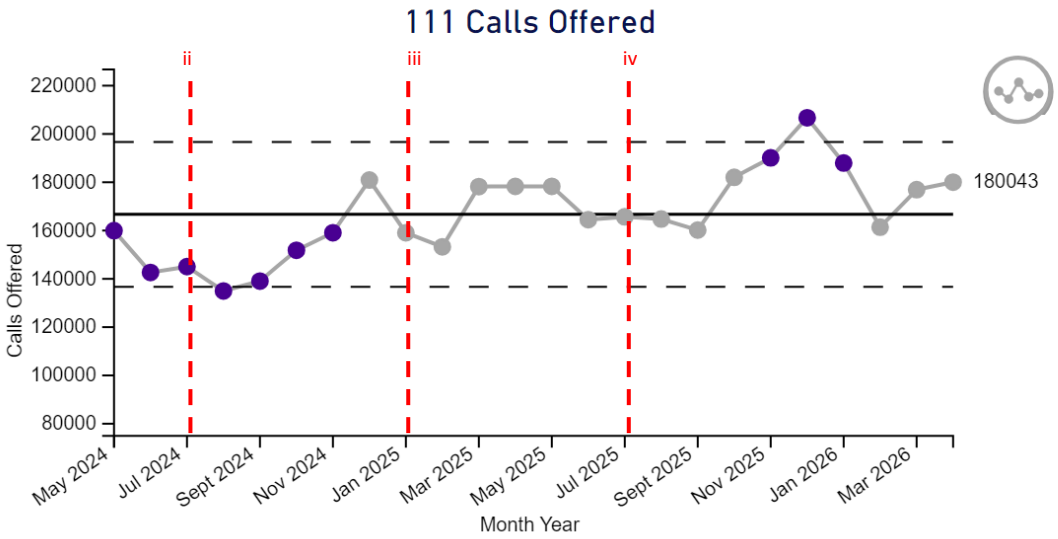
Average Turnaround Time - Lancashire & South Cumbria ICB

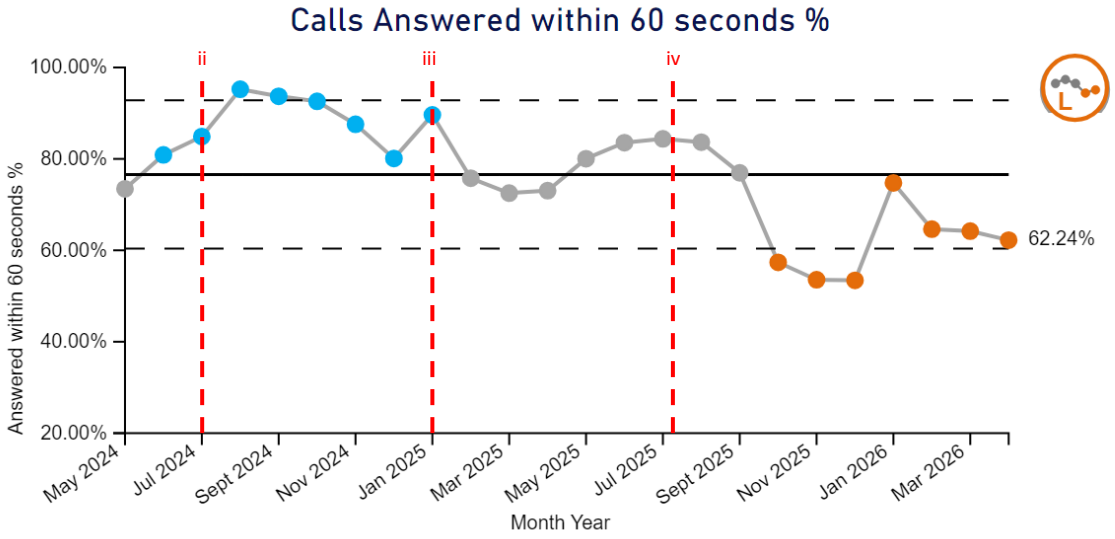


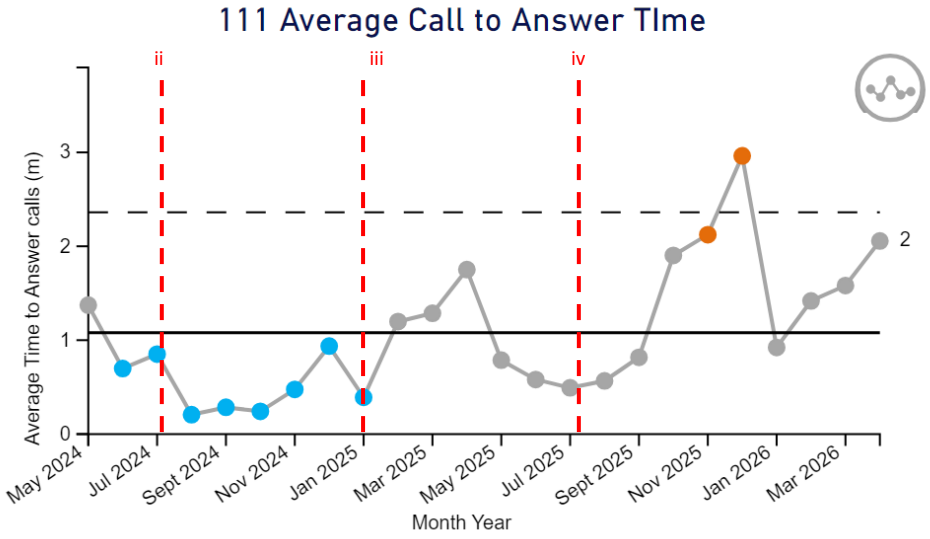
Average Turnaround Time - North East & North Cumbria ICB



04 111 Activity & Performance





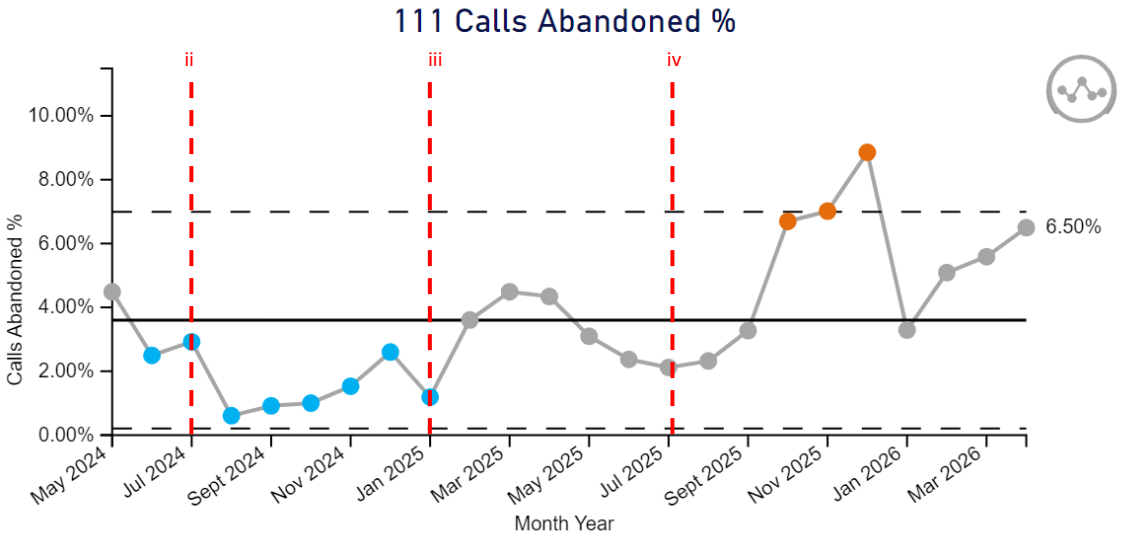


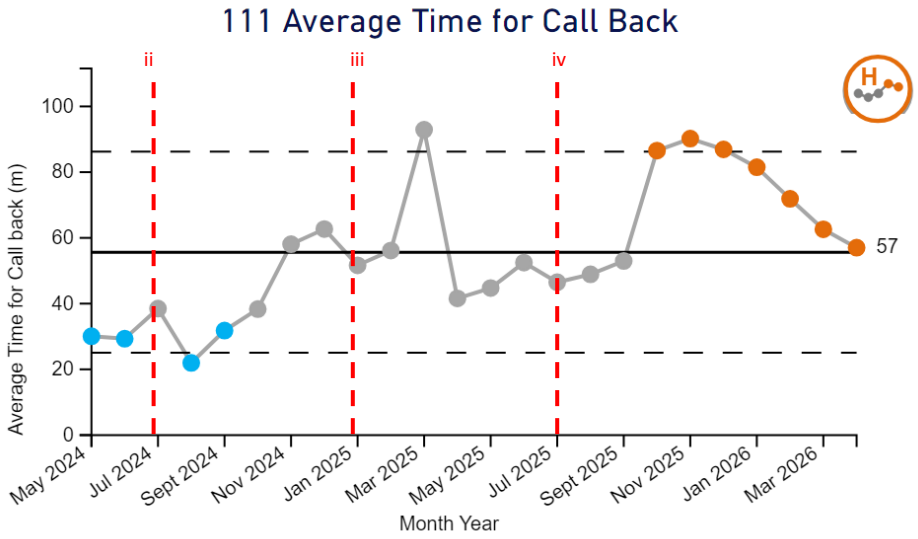
Calls Offered	
Month	180.04K
YTD	180,043

Calls Answered within 60 Seconds %	
Target	95%
Month	62.24%
YTD	62.2%
National	82.7%
Ranking	28

Average Call to Answer Time (s)	
Target	<20
Month	123
YTD	123
National	65
Ranking	26

i Start of 15% national contingency (March 24, no longer on charts).
ii Reduction to 10% National contingency
iii Removal of contingency
Iv 14th July Clinicians stopped taking front end calls





Calls Abandoned %	
Target	<5%
Month	6.50%
YTD	6.50%
National	3.2%
Ranking	27

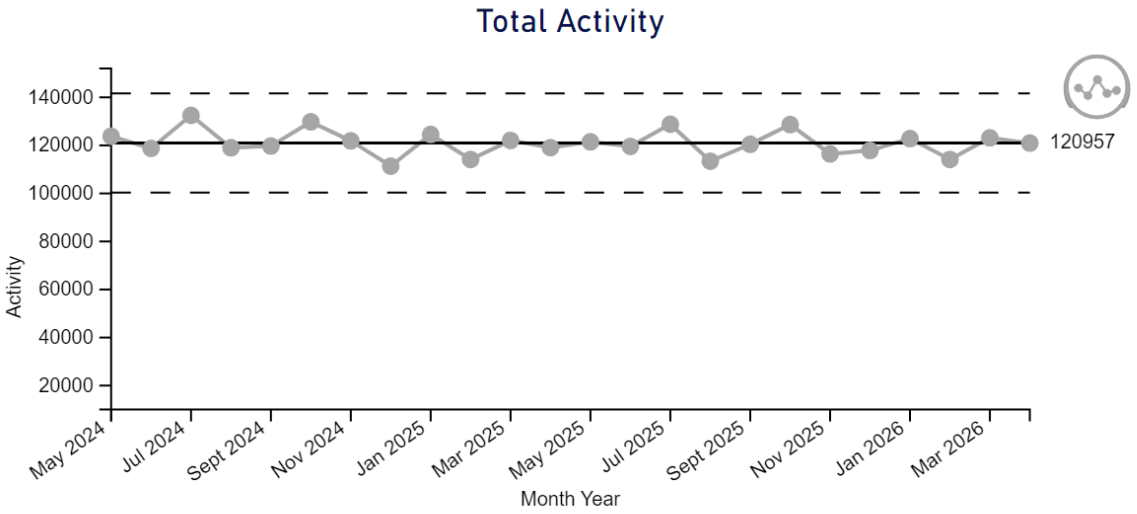
i Start of 15% national contingency (March 24, no longer on charts).
ii Reduction to 10% National contingency
iii Removal of contingency
Iv 14th July Clinicians stopped front end calls

Telephony performance indicators show a decline in April, primarily driven by increased demand over the Easter period. Performance was further impacted by exceptionally high levels of Service Advisor sickness absence.

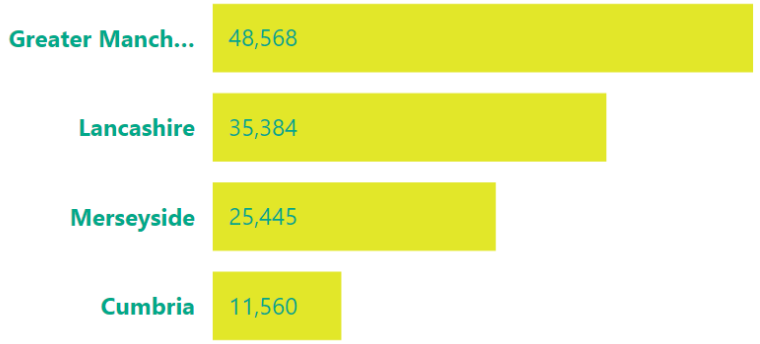
Calls offered rose to 180,043 in April from 176,927 in March. Call answering performance within 60 seconds improved for the third month to 62.2%, with an abandonment rate of 6.5%.

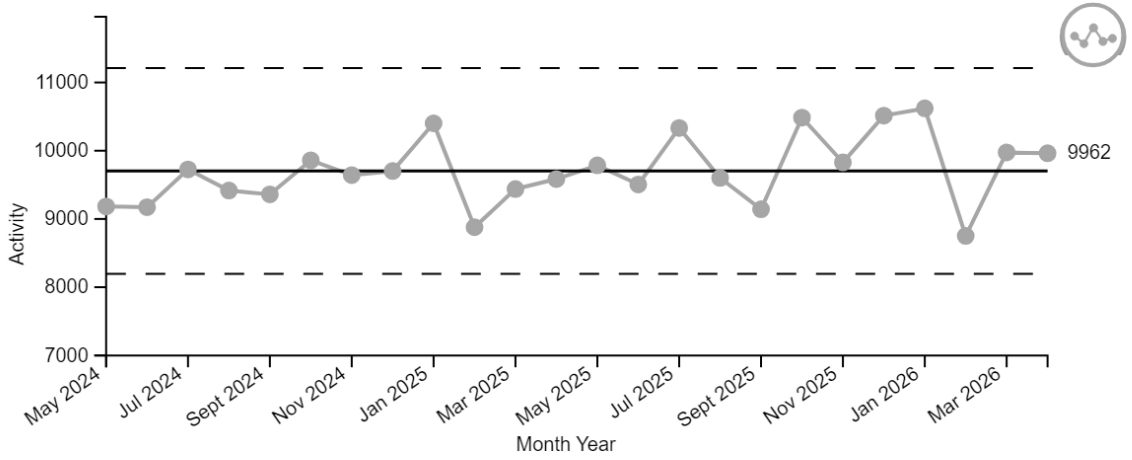
Average time for clinical call back has improved for the fifth month in a row, to 57 minutes.

05 PTS Activity

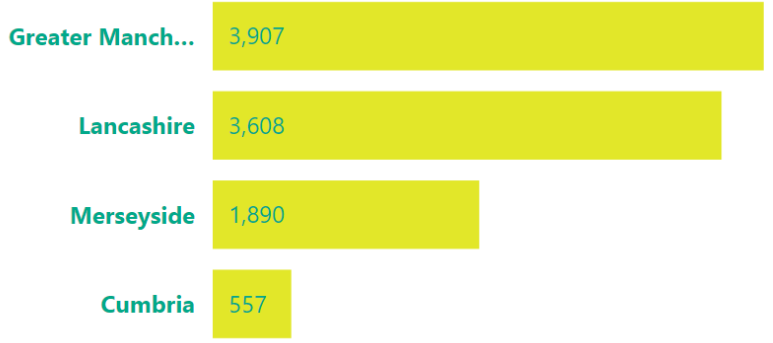


Total Activity by Contract

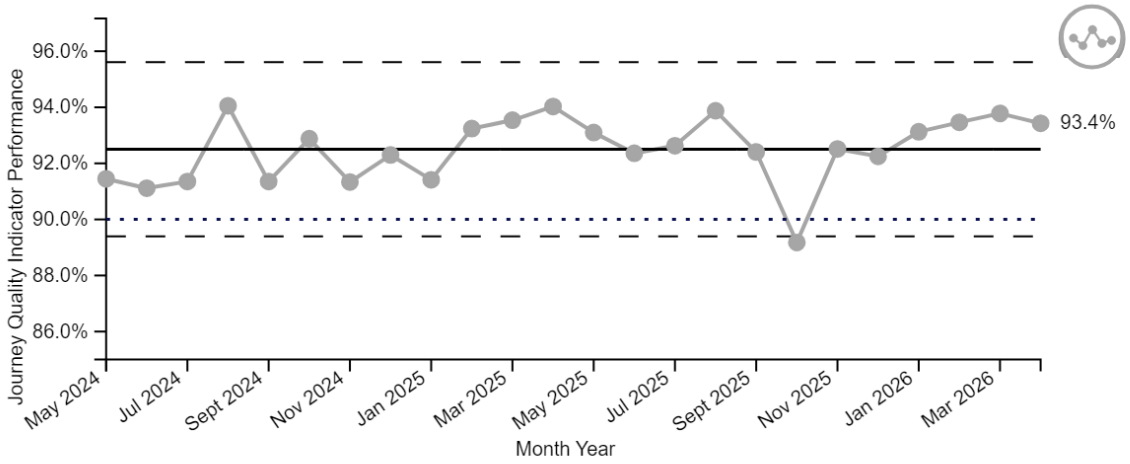




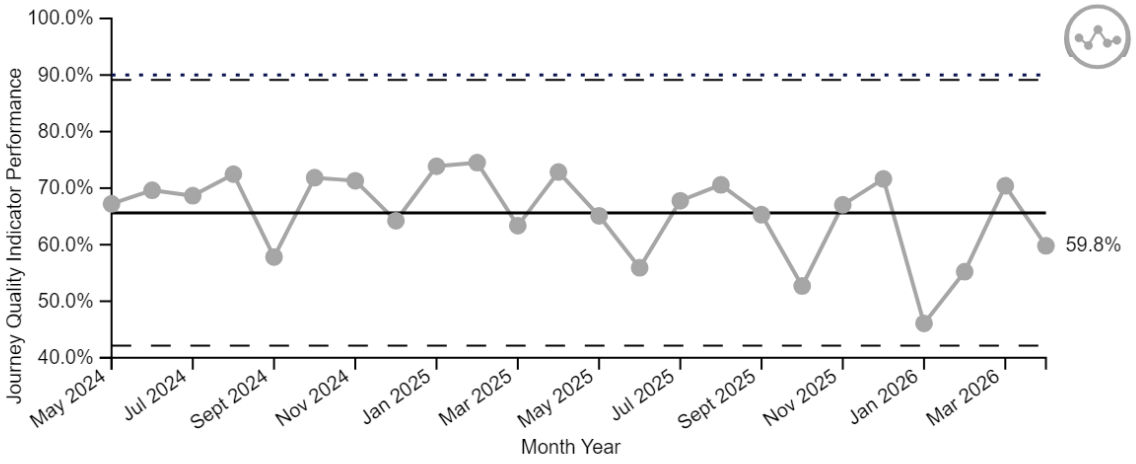
Unplanned Activity by Contract



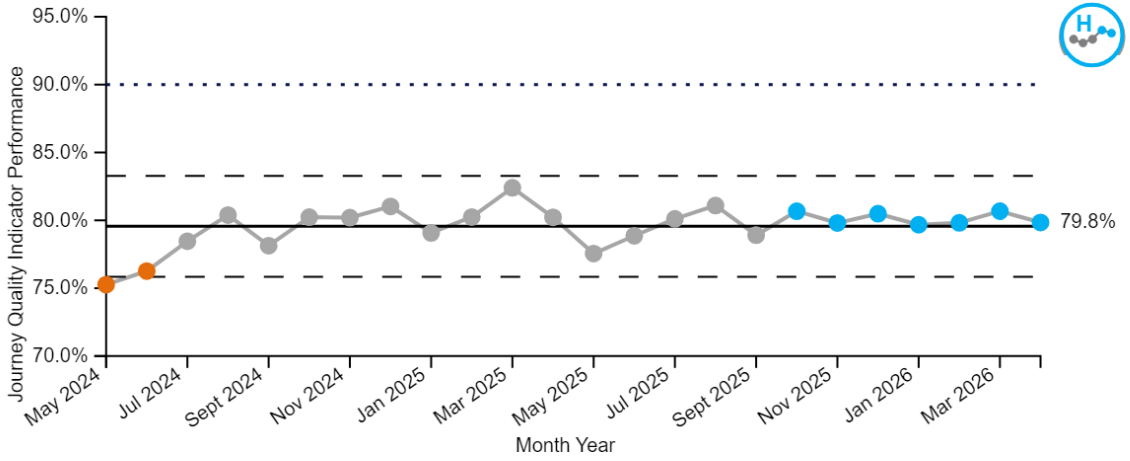
Collection after treatment (EPS) within 90 min



Collection after treatment (Unplanned) within 90 min



Collection after treatment (Planned) within 90 min



Summary:

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

Only EPS achieved the collection after treatment target of 90%

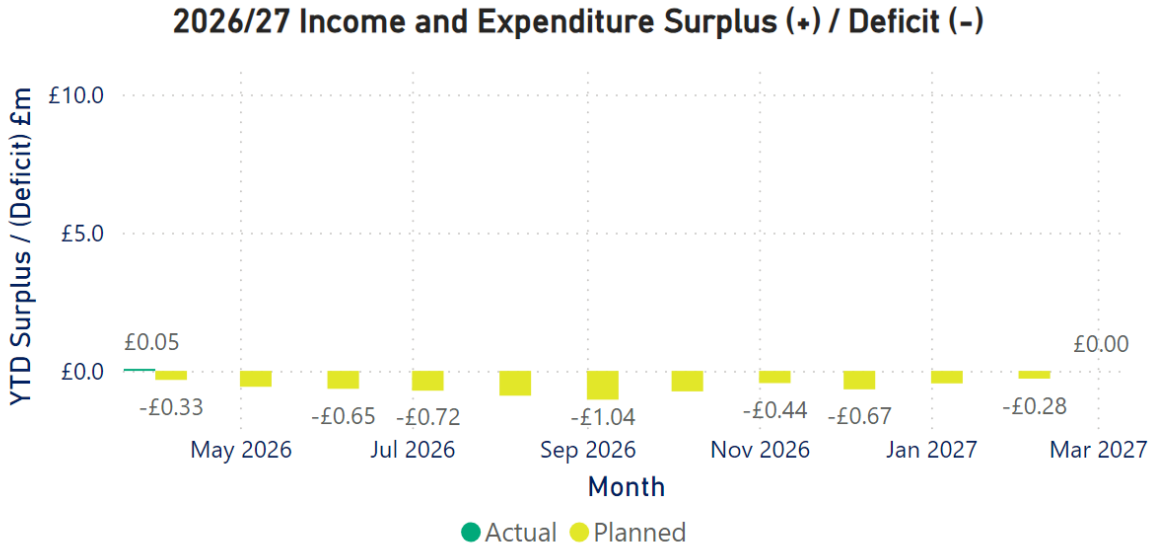
Actions:

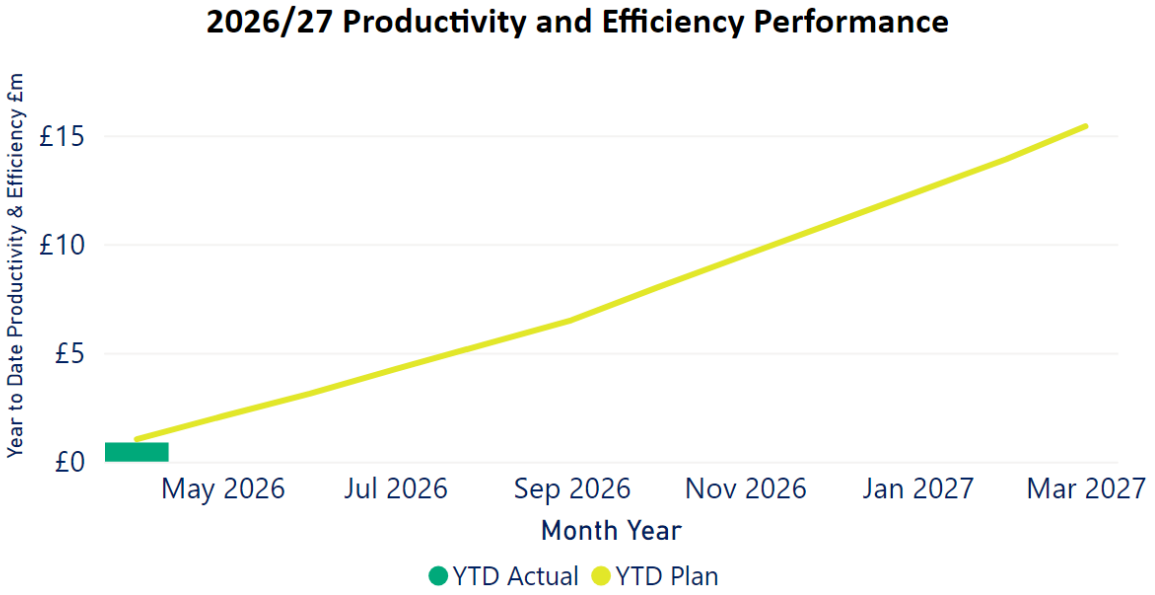
Operational and workforce improvement plans are in place

Finance

F1 Financial Score

F1 Financial Score



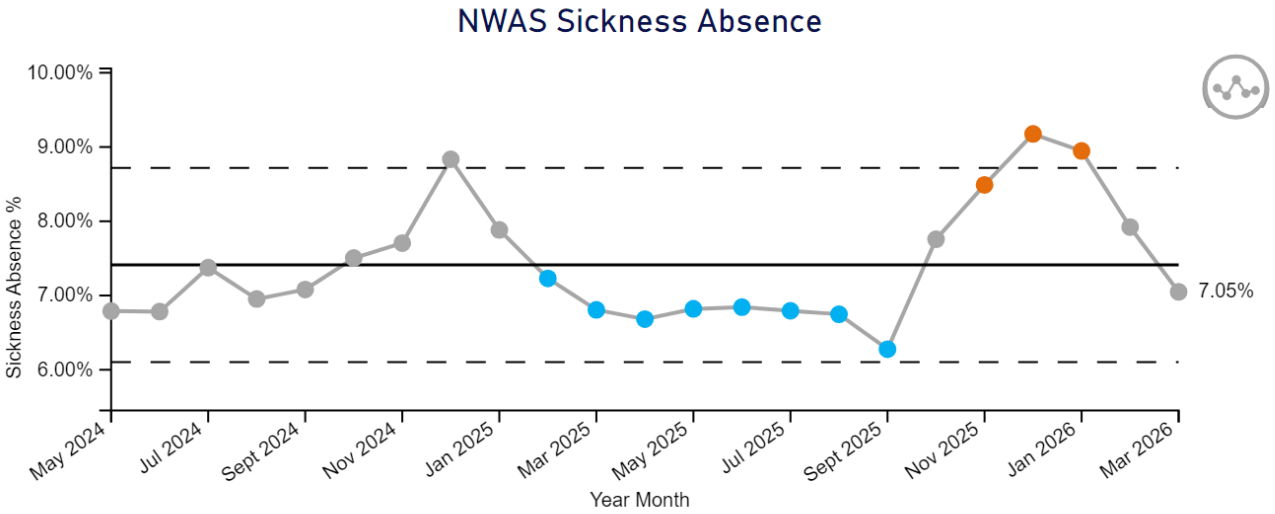


The financial position to 30 April 2026 (Month 01 2026/27) is a surplus of £0.047m, against a planned deficit of £0.327m. Productivity and efficiency savings are £0.149mn below plan. The CIP shortfall has been mitigated by pay underspends due to vacancies.

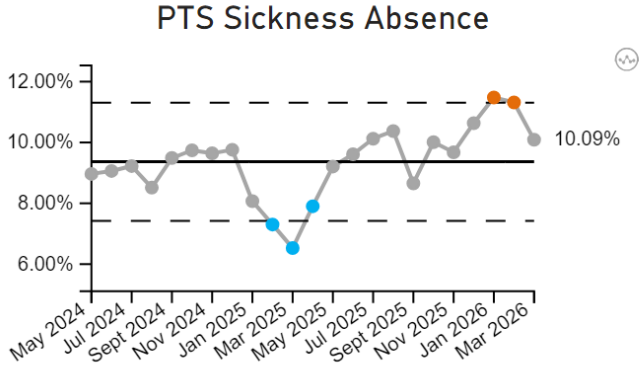
Organisational Health

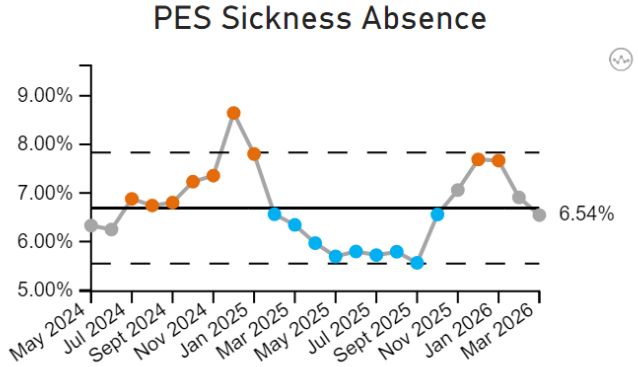
OH1 Staff Sickness
OH2 Staff Turnover
OH5 Vacancy Gap
OH6 Appraisals
OH7 Mandatory Training
OH8 Case Management

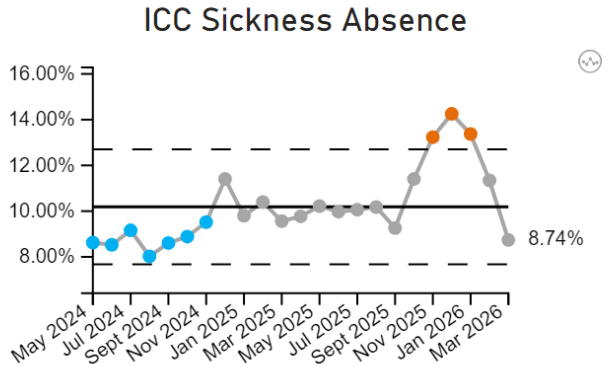
OH1 Staff Sickness



Month	NWAS	Amb. National Average
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%	7.39%
Dec 2025	9.18%	8.26%
Jan 2026	8.95%	7.88%
Feb 2026	7.92%	7.19%
Mar 2026	7.05%	





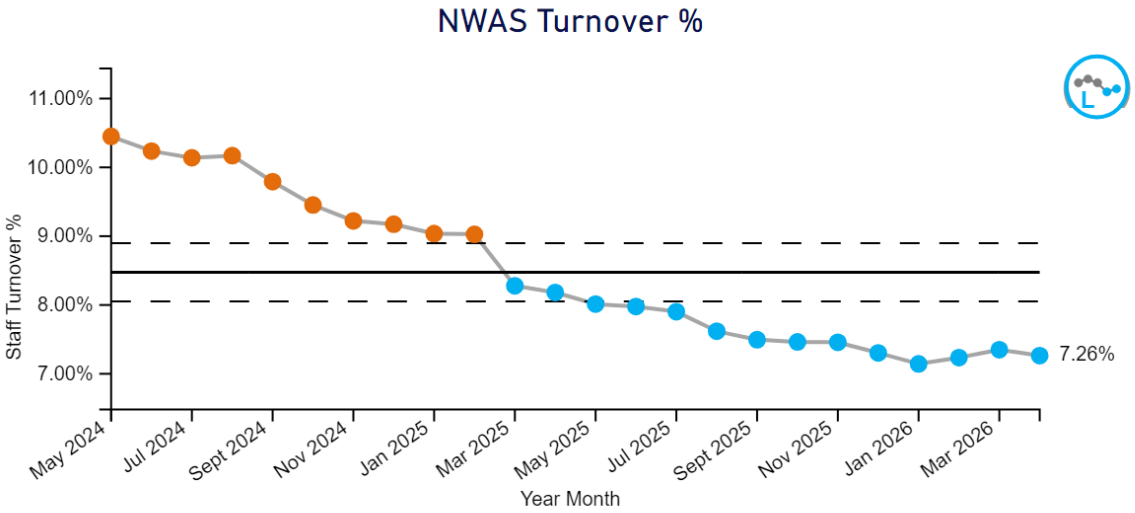


There is an overall reduction in sickness from 7.92% in Feb 26 to 7.05% in Mar 26. This follows the expected seasonal pattern. The pattern is reflected across all workstreams. PTS have reduced by over 1% from 11.32% to 10.09% but are still higher than other work areas.

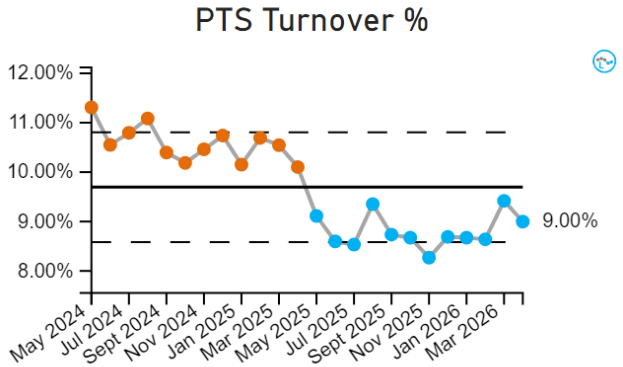
The end of year position is an average of 7.46% for 25/26 which is slightly higher than the previous year (7.32%). The 0.5% reduction target has not been met overall but has been met in the PES service line where average sickness was 6.41% for 25/26.

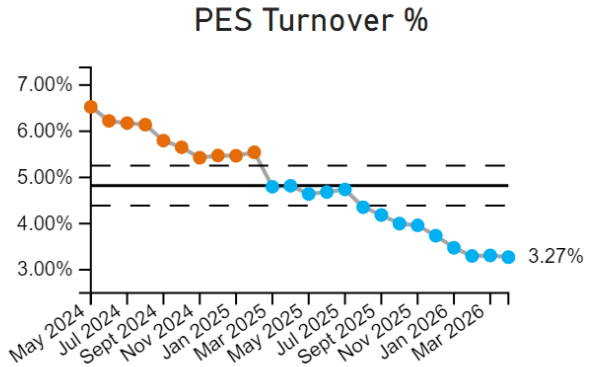
BAF ID SR04

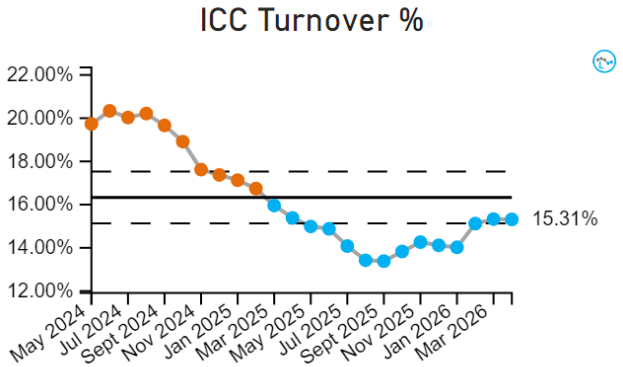
OH2 Staff Turnover



Month	NWAS	Amb. National Average
May 2025	8.01%	9.64%
Jun 2025	7.98%	9.09%
Jul 2025	7.90%	9.40%
Aug 2025	7.62%	9.35%
Sep 2025	7.50%	9.35%
Oct 2025	7.46%	9.18%
Nov 2025	7.46%	9.15%
Dec 2025	7.30%	8.99%
Jan 2026	7.14%	9.07%
Feb 2026	7.23%	9.10%
Mar 2026	7.35%	
Apr 2026	7.26%	





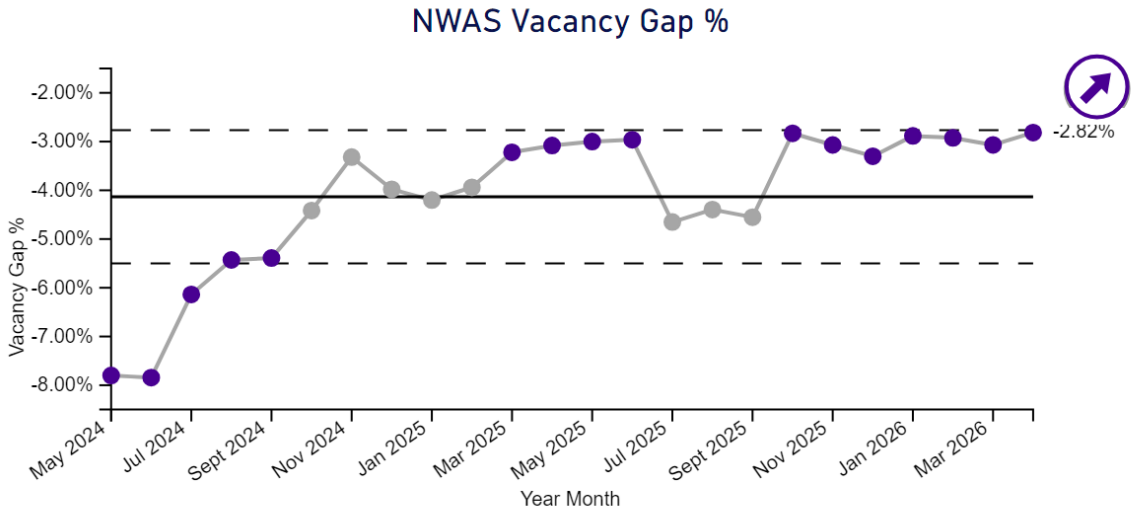


Turnover overall remains stable at 7.26% and below the National Ambulance Average.

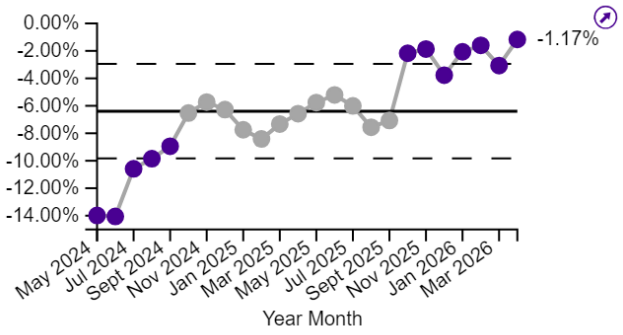
ICC has stabilised following a period of increase.

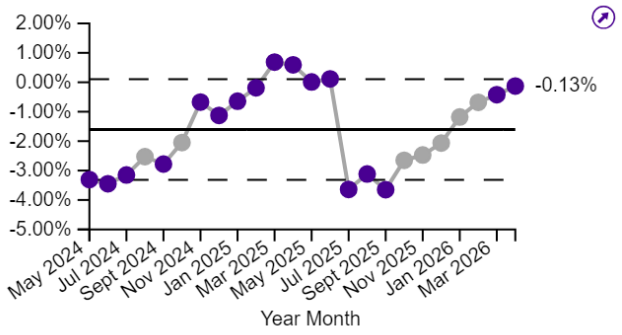
BAF ID SR05

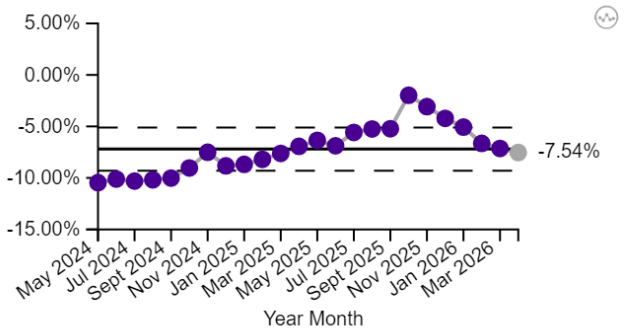
OH5 Vacancy Gap



Month	NWAS Total % Vacancy Gap
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%
Jan 2026	-2.88%
Feb 2026	-2.92%
Mar 2026	-3.07%
Apr 2026	-2.82%







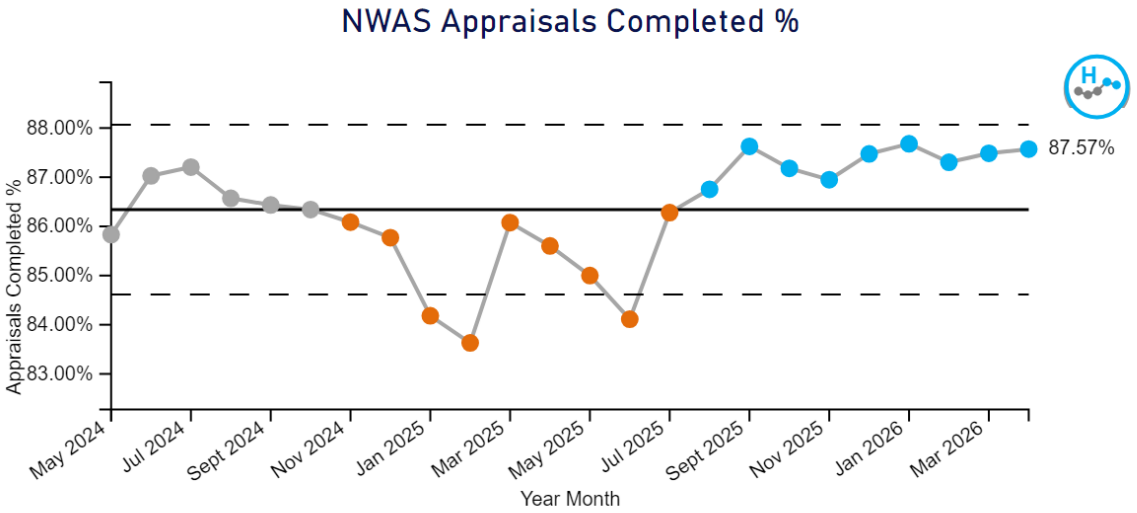
Vacancy Gap overall has reduced slightly.

PES is nearing full establishment but additional EMT1 positions are not yet incorporated into baseline.

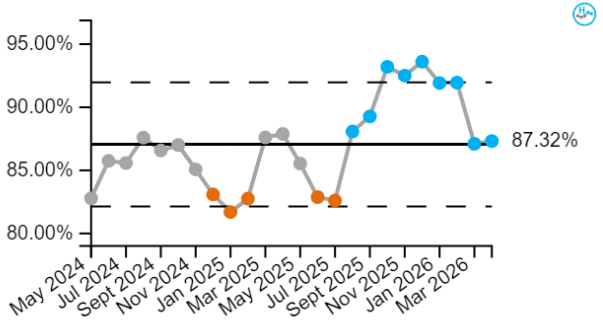
ICC has increased slightly but this is in part due to additional establishment WTE in Apr 26.

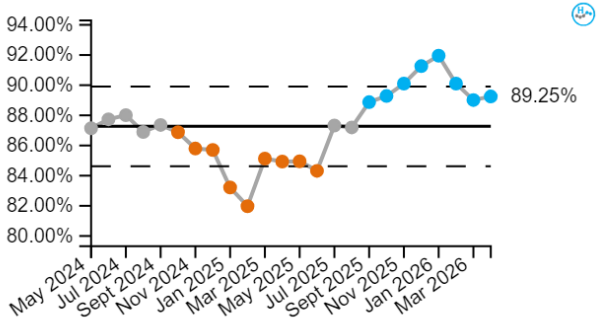
BAF ID SR04

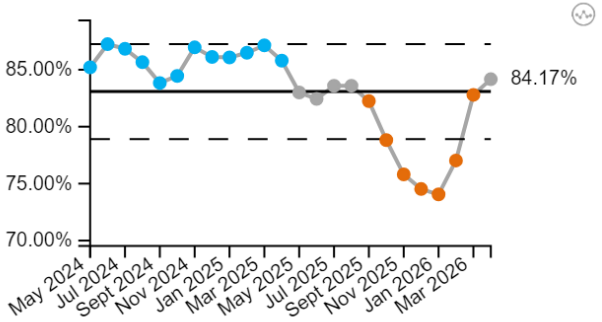
OH6 Appraisals



Month	NWAS Total % Complete Appraisals
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%
Jan 2026	87.68%
Feb 2026	87.30%
Mar 2026	87.49%
Apr 2026	87.57%







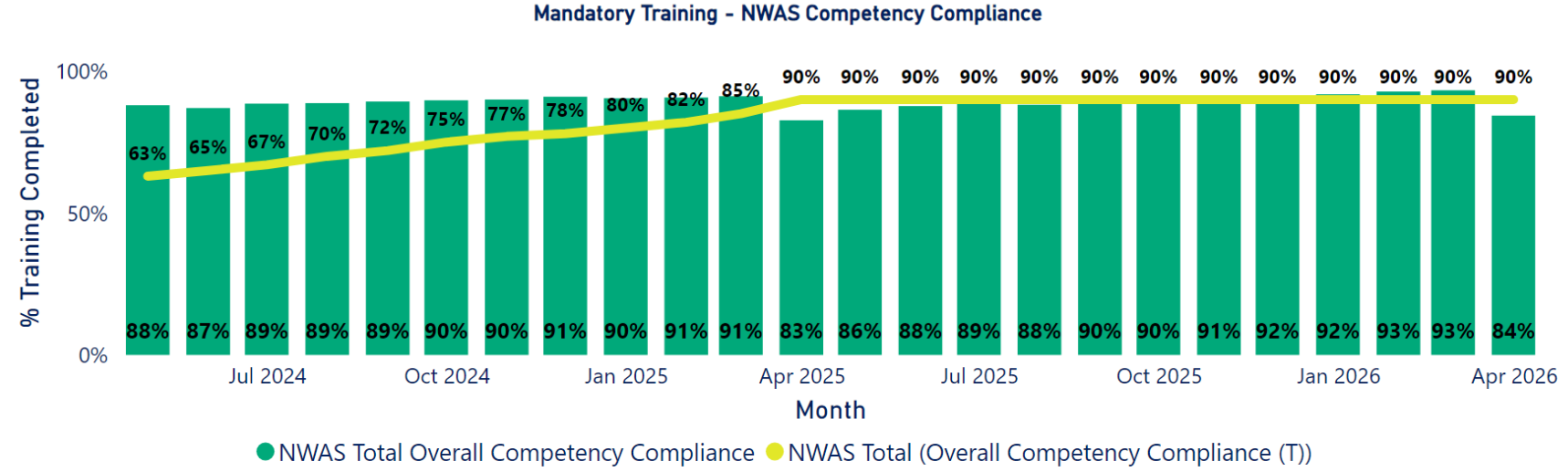
Overall compliance remains at just over 87.5%.

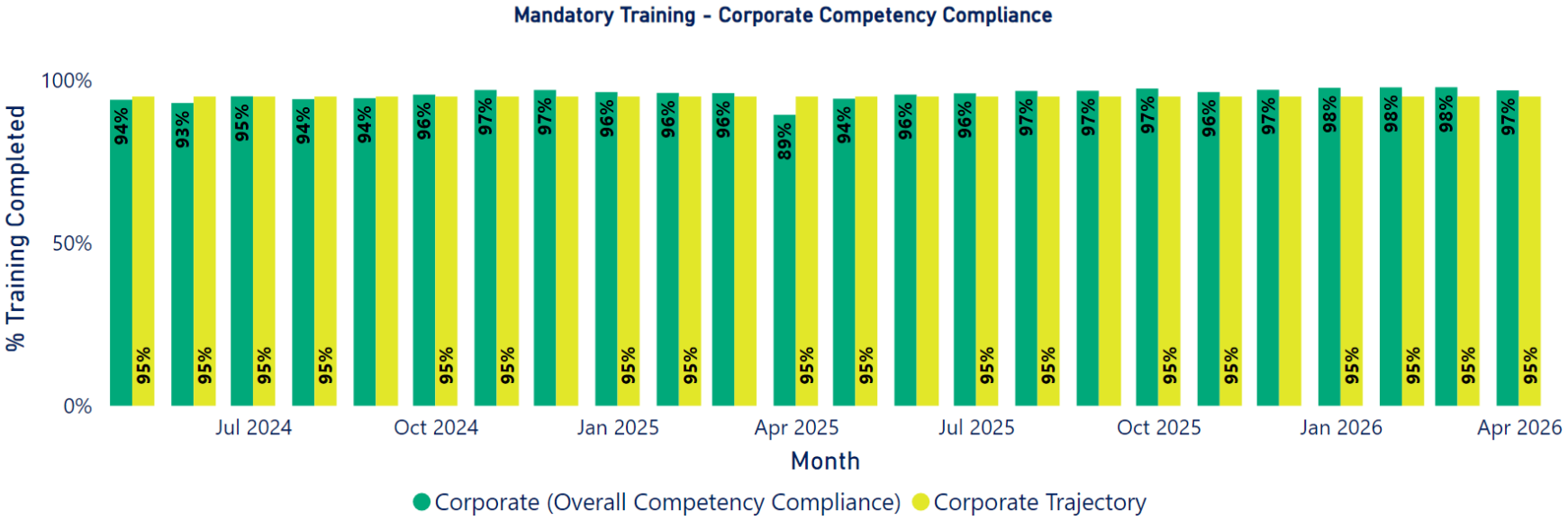
ICC have improved again and are now nearing their 85% target.

Corporate are below their 90% target. In the detail, Quality have dropped to 75% compliance and Corporate Finance are at 83% in Apr from 86% in Mar 26.

BAF ID SR05

OH7 Mandatory Training



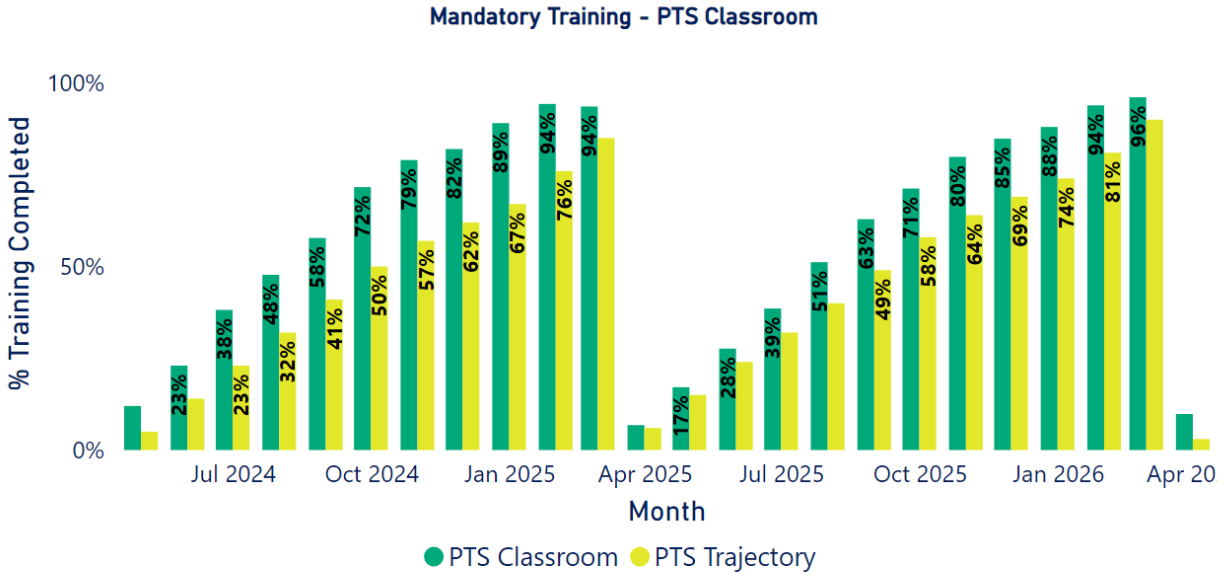


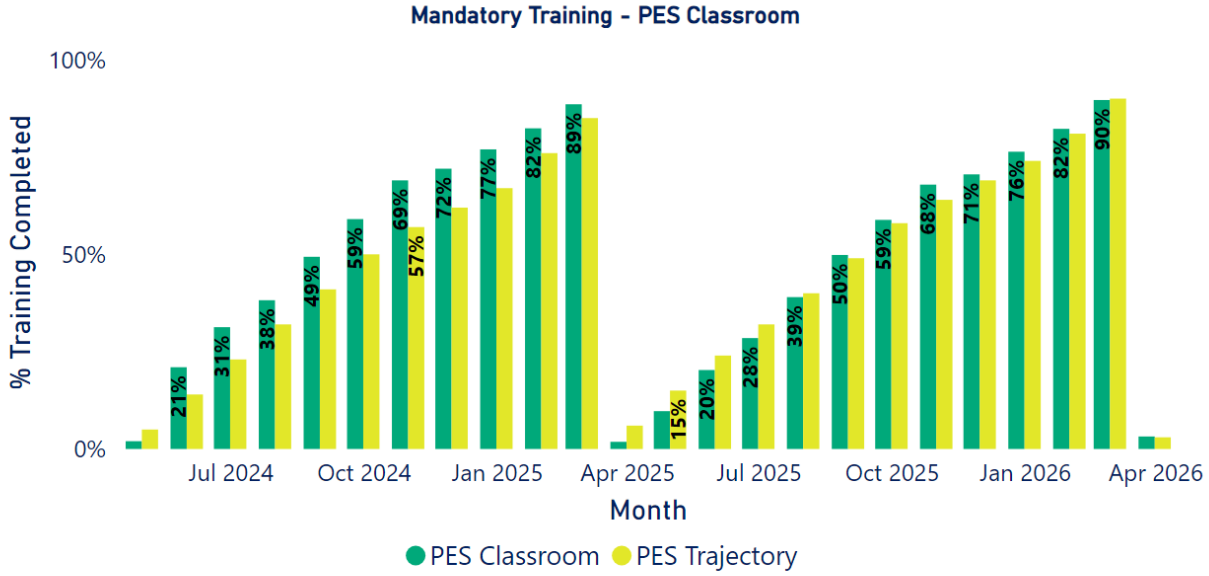
Overall competency compliance has dropped this month to 84.34%. This is due to new competencies being added to the offering, in Operations predominantly, in Apr 26 as part of the new cycle. We would expect to see this improve in the coming months as employees complete the outstanding competencies.

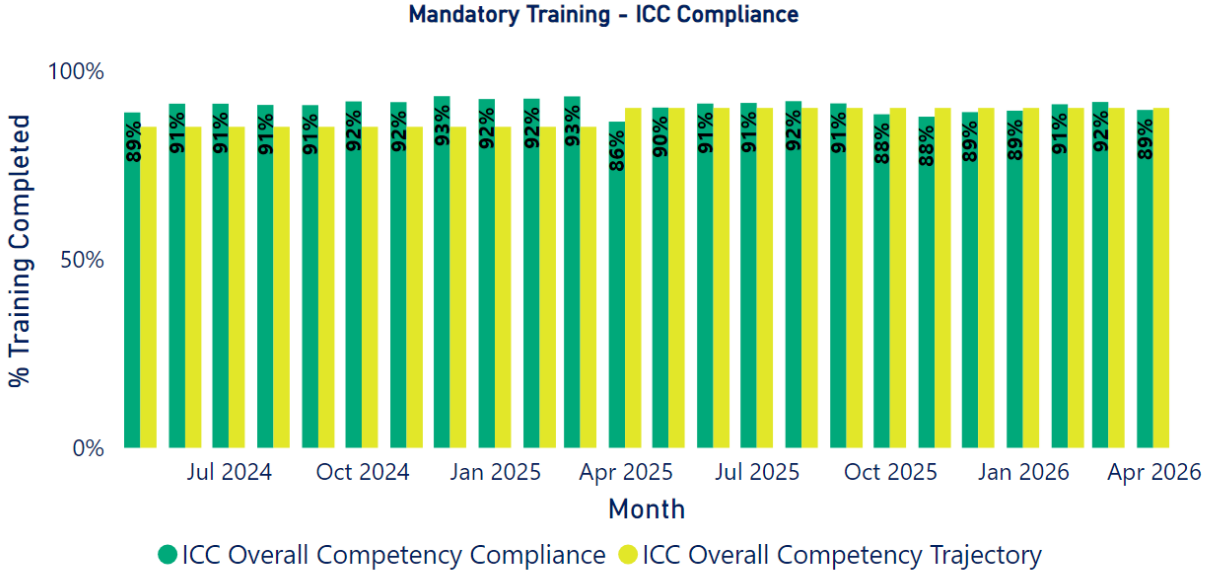
Corporate compliance remains above 95%.

BAF ID SR05 Risk Rating NA Strategy Goal NA

OH7 Mandatory Training







The new cycle for attendance has started in Apr 26.

Both PES and PTS have met the April 26 target of 3% classroom attendance.

Rolling 12 months classroom compliance remains high at over 90% for both PES and PTS.

ICC are just below their target of 90%.

BAF ID SR05 Risk Rating NA Strategy Goal NA

OH8 Case Management

NWAS Summary

Service Line	Live cases	Prevalence live cases (per 100 staff)	Cases closed in 12 months	Prevalance closed cases in 12 months (per 100 staff)	Avg weeks to close in 12 months (top 4 case type)
Operations ~ PES	**69**	**1.66**	**308**	**7.43**	**13.7**
PES CAL	25	1.96	115	9.03	11.6
PES CAM	27	1.97	103	7.52	16.3
PES GM	16	1.10	90	6.20	13.5
PES Other	1	1.94			
Operations ~ ICC	**47**	**2.78**	**182**	**10.77**	**10.5**
Operations ~ PTS	**22**	**3.10**	**72**	**10.16**	**11.1**
Operations ~ Resilience	**0**	**0.00**	**3**	**2.27**	**17.9**
Corporate	**13**	**1.63**	**58**	**7.27**	**12.5**
Other	**1**	**0.00**	**12**	**0.00**	**12.3**
Total	**152**	**2.03**	**635**	**8.50**	**12.4**

Notes
Other - count of incidents with several staff members, making it not possible to attribute incident to a specific service line.

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 and Grievance case types.

Date period for closed cases is May 2025 to Apr 2026

NWAS Summary

Case_Type	Live cases	Cases closed in 12 months	Avg weeks to close in 12 months (top 4 case type)
Dignity at Work	10	62	13.8
Disciplinary	70	161	23.8
Fact Finding	14	190	5.4
Grievance	27	145	8.4
Litigation	14	25	
Organisational Change	4	5	
Performance	13	47	
Total	**152**	**635**	**12.4**

Case Dismissals in last month

Case Type	Case Sub Type	Department	Outcome Date
ABS LTS	Non work related	GM - South	23/04/2026
Disciplinary	Gross misconduct	ICC Call Handling	01/04/2026
Performance	Stage 3 truncated	ICC Call Handling	27/04/2026

Live cases length of time open

Case Type	Under 3 Months	3 to 6 Months	6 to 12 Months	Greater than 12 Months	Total
Dignity at Work	8	2			**10**
Disciplinary	31	24	15		**70**
Fact Finding	12	2			**14**
Grievance	23	4			**27**
Litigation	4	2	3	5	**14**
Organisational Change		2	1	1	**4**
Performance	7	3	1	2	**13**
Total	**85**	**39**	**20**	**8**	**152**

New Litigation cases in last month

Case Type	Case Sub Type	Department	Received Date
Litigation			20/04/2026
Litigation	Discrimination	People	17/04/2026
Litigation	Unfair dismissal	ICC Clinical Delivery	29/04/2026

Most common opening reasons for Displinary cases in 12 months

Opening reason	Count
Inappropriate / Unprofessional Behaviour	34
Dereliction of duty	23
Sexual misconduct	15
Poor patient care	10
Conviction of a Criminal Offence	7
Police Investigation	7

Disciplinaries: Suspensions or alternative duties (live or in last month)

Status	Count
Alternative duties	0
Restricted practice (alt to suspension)	2
Suspension	21
Total	**23**

Overall live cases remain fairly stable at around 150 open cases.

Time to close has widened slightly but remains around 12 weeks in duration.

The prevalence of complex serious cases remains high with 23 suspensions/restricted practice in place. This represents 15% of total live cases and may impact on extended time to close with 15 disciplinary cases extending beyond 6 months in duration.

Highest prevalence remains in PTS and ICC although these tend to be lower level cases.

There have been three dismissals in the period and 3 new litigation cases.

NHS
North West Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Learning from Deaths - Summary Report and Dashboard Q3 2025/26
PRESENTED BY	Dr Chris Grant, Executive Medical Director
PURPOSE	Assurance

STRATEGIC AIM(S)	Deliver oustanding, inclusive care for everyone we serve							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☐	**SR03**	☐	**SR04**	☐
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board is asked to: • Support the quarterly dashboard (Appendix A) as the report to be published on the trust public account as evidence of the trust's developing engagement with a formal process of learning from deaths. • Acknowledge the impact of the SJR process in identifying opportunities for improving care. • Support the dissemination process as described in Section 4
XECUTIVE SUMMARY	The trust is required to publish on its public accounts a quarterly and then an annual summary of learning. The Q3 dashboard (Appendix A) describes the opportunities to learn from deaths. The main concerns raised internally and externally identified in DatixCloudIQ (DCIQ), were attributed to problems in ICC and PES, specifically around call handling and dispatch errors, equipment malfunction issues, and care and treatment. Of the close concerns, there were two incidents where causal factors were identified by the investigator. The peer review process now encompasses ICCs and as a result the trust is fully compliant with the national framework. The key areas for improvement in this quarter were focused on call taking – both within ICC and clinical delivery. This is similar to what was seen in Q2. Individual errors in call taking were seen, but in small numbers so no significant themes were found. The quality of patient records has

	improved this quarter, with 27% receiving a "poor" or "very poor" rating, compared to 44% in the previous quarter. Two cases received a "good" rating for documentation. This element of the SJR review process continues to be highlighted in all reports and with senior clinical colleagues as an area for improvement. The panel continues to welcome observers to help raise awareness of the project and embed learning from peer reviews. In Q3 the panel welcomed 11 observers from all areas of the trust. Improvements have been implemented to resolve the issues identified in Q2 relating to the extraction of relevant incidents and complaints from DCIQ. A reliable process is now established to ensure that deaths in care are consistently and accurately flagged to the Learning from Deaths team. As a result, the number of deaths with concerns recorded in Q3 appears lower but is considered accurate. A contingency extraction method remains available to identify any miscoded cases. Overall, moderate assurance can be provided at this stage, with continued monitoring recommended into Q4. During Q3, issues were identified with the BI export used to identify cases requiring Structured Judgment Review (SJR). The informatics team have resolved these issues, which were fully rectified after the completion of Q3 SJRs. As the corrected data will not be reflected until the Q4 monthly exports, the number of SJRs completed in Q3 appears lower than in previous years. Despite this temporary data limitation, the reviews undertaken continue to meet framework expectations and provide an appropriate sample for learning. Close liaison with clinical panel members has continued, ensuring panels remain quorate and appropriately composed to facilitate comprehensive case review and moderation. All cases within scope for this quarter have been successfully reviewed and moderated.
PREVIOUSLY CONSIDERED BY	Clinical & Quality Group
	Date: 3 March 2026
	Outcome: Accepted

1. PURPOSE

1.1 The purpose of this report is to meet the requirements of the 'National guidance for ambulance trusts on Learning from Deaths: A framework for NHS ambulance trusts in England on identifying, reporting, reviewing and learning from deaths in care' as referenced in the trust Learning from Deaths policy.

Appendix A is a summary dashboard of the Q3 2025/26 Learning from Deaths review, and it is proposed this document is published on the trust's public accounts by 1 June 2026 in accordance with the national framework and trust policy. The dashboard includes output from moderation panels held following the structured judgement reviews (SJRs) for Q3. Learning from the panels is discussed later in this paper.

2. BACKGROUND

2.1 Learning from deaths is an integral part of informing and developing the safest possible systems for the delivery of care to our patients. NWAS must identify suboptimal care and support the identification of areas for improvement. The methodology is available on request from the clinical audit team at Learning.FromDeaths@nwas.nhs.uk.

3. LEARNING FROM DEATHS COHORT SUMMARY

3.1 The number of patients whose deaths were identified as in scope for review was 42 (31 concerns raised in Datix and eleven (11) sampled for SJR).

3.2 Deaths raised in DCIQ Discussion

The data regarding DCIQ concerns was last accessed on 12/01/2026. Please note that due to the complexity, the granular updates for the previous quarters will be received within other patient safety reports and the thematic analysis will be captured within the annual learning from deaths report.

The breakdown of concerns raised:

- 24 internal concerns were raised through the Incidents module (Events).
- 6 external concerns were raised through the Patient Experience module (Feedback).
- One (1) concern raised both internally and externally

3.2.1 Internal Concerns

Of the 24 internal concerns, thirteen (13) were reviewed and closed. In two of these cases the investigation found that the trust had contributed in any way to the patient's death.

3.2.2 External Concerns

Of the 6 external concerns that have been reported, two are still in the early stages of review and so it is unknown at the time of writing if the care given was in line with best practice. Four concerns have been closed with no causal factors identified.

3.2.3 Outcomes from concerns raised

The outcomes and actions from outstanding concerns will be reported by the patient safety team once the investigations are complete. The themes identified from the closed concerns can be found in section 3.3.2 below.

3.2.4 DCIQ Updates

During Q2, issues were identified in the extraction of data relating to deaths from the DCIQ system. These issues resulted in the reported figures appearing lower than in previous Q2 and Q3 reporting periods. The discrepancy was linked to recent changes within the DCIQ modules, which altered the search criteria used to identify relevant cases and affected both the completeness and reliability of the extraction.

A solution has now been developed collaboratively with the DCIQ team, and the module leads for both Complaints and Incidents. This solution is designed to ensure that any known deaths in care are appropriately and reliably flagged to the Learning from Deaths team. In the event that numbers drop unexpectedly, the DCIQ team is able to run an alternative listing report to identify and "mop up" any cases that may have been miscoded, thereby ensuring continued accuracy and completeness of reporting.

3.2.5 Informatics Extract Issue

During Q3, issues were identified with the BI export used to identify cases requiring a Structured Judgment Review (SJR). These issues have since been resolved by the informatics team, although the corrections were implemented after the completion of Q3 SJRs. As a result, the number of reviews recorded in Q3 appears lower than in previous years and will not be fully reflected until the Q4 monthly exports. Despite this temporary data limitation, the SJRs undertaken continue to meet framework expectations and provide a sufficient and appropriate sample to support organisational learning.

3.3 SJR Stage 1 Outcomes

Eleven 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).

Four patients received appropriate care or above. The mid-range statement of 'adequate' practice is defined as the expected practices and procedures in compliance with guidance. Any practice identified as beyond expected practice is defined as 'good.' Any practice identified as not reaching expected practice is defined as 'poor.'

3.3.1 SJR Stage 2 Outcomes

Seven cases were identified as needing second stage review following Stage 1. The second stage review concluded that four deaths were not avoidable, and three cases were uncertain whether poor practice led to harm. The care experienced by these patients in terms of patient assessment and management plan were below expected levels.

As in previous quarters we have continued to ensure that any information that would be beneficial to the crew that attended the incident is fed back. This includes both areas for improvement and examples of good practice identified during case reviews. Feedback is delivered through the Sector Clinical Leads to ensure they maintain visibility of incident-related learning within their respective sectors. This approach supports continuous learning, promotes reflective practice, and reinforces positive clinical behaviours across the workforce.

Duty of Candour is considered in all cases that the panel deem appropriate, particularly with any cases that have a Stage 2 outcome. The relevant clinical and ICC leads are notified along with the Patient Safety Learning Team for their oversight.

3.3.2 SJR & Concerns Learning Themes

Detailed learning themes for concerns and SJRs can be found in the dashboard (Appendix A) and the Infographic (Appendix B). A summary of the themes which identified areas for improvement includes:

ICC:

- Incorrect coding of call
- Potential issue with crews being stood down for meal breaks at incorrect times
- Miscommunication between ICC and crews on scene

PES:

- Limited information regarding clinical assessment/examination
- Equipment failures reported
- Quality of EPR
- Poor communication with patients and families
- Incorrect pathway followed

Trust:

- Delays in allocation on category 2, and four calls which exceeded expected dispatch times. It is noted that this is at a similar level to the previous quarter and that these were attributed to hospital handover delays.

In this quarter there were also some areas of good practice identified within the SJR review process. These include:

PES:

- Good recognition and escalation of a critically unwell patient
- Patient centred decisions around frailty, comorbidities, and history
- Good recognition of EOL patients and empowerment of clinicians to make holistic decisions not to resuscitate

ICC:

- Good recognition and escalation of a critically unwell patient by EMA

3.3.3 **General Areas for Improvement**

Additional learning themes were also identified within the reviews that received an 'Adequate' rating. Whilst these were not necessarily 'Poor' or 'Good' themes, they were recurrently seen in reviews throughout Q3 and demonstrate where additional learning can be found, as well as highlighting more good practice. These include:

Areas for improvement:

- Lack of detail documented by EMA
- Frailty and pain scores not recorded within observations
- Detailed worsening advice not documented
- 12 lead ECG not completed for a patient who had fallen

Good practice:

- Good amount of probing by EMA
- Good use of Non-Clinical Advice Hunt by EMAs for escalation
- Dispatcher ensured quick and appropriate allocation of vehicles
- Clinicians using holistic decision making and advocating for patients' best interests

4. OUTCOME OF LEARNING THEMES

A commitment to disseminating and promoting good practice has been made by the clinical leadership team through the regional and local area learning forums (ALFs) and individual frontline staff. The Q3 Learning from Deaths infographic (Appendix B) will be shared with the clinical leadership team.

The opportunities for improvement identified as general themes from the Datix review and more specifically from the SJR review will be taken to ALFs.

We continue to welcome observers to our panels from all departments of the trust. We have recently had observers from ICCs, corporate teams and operational staff, and feedback from observers has continued to be positive.

Observers have continued to note that the SJR reviewers showed knowledge and professionalism whilst trying to recognise good practice and provide constructive criticism. They also noted the importance of writing a clear and detailed EPR and stated that they would take that into their own practice going forward. There has also been requests for clinicians to come back and participate in further panels to aid in their learning and practice going forwards.

5. RISK CONSIDERATION

There are no legal implications associated with content of this report and the data gathered to produce the dashboard has been managed in accordance with the Data Protection Act 2018.

6. EQUALITY/ SUSTAINABILITY IMPACTS

No equality or sustainability implications have been raised as a concern from this report.

7. ACTION REQUIRED

The Board is recommended to:

- Support the quarterly dashboard (Appendix A) as the report to be published on the trust public account as evidence of the trust's developing engagement with a formal process of learning from deaths
- Acknowledge the impact of the SJR process in identifying opportunities for improving care
- Support the dissemination process as described in section 4

NWAS Learning from Deaths Dashboard Q3 25/26

Overall Dashboard Description: This is a systematic dashboard that is a combination of those outlined in the guidance as 'must review' and those in the specified sample. These are described in more detail in the data-splits below.

Total Number of Deaths in Scope

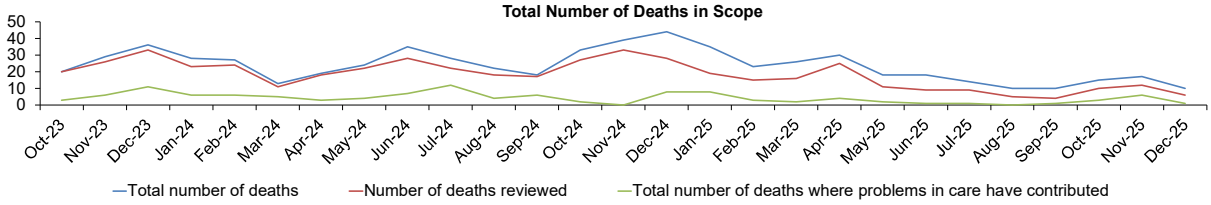


Figure 1

Concerns Raised in DCIQ

Internal Concerns

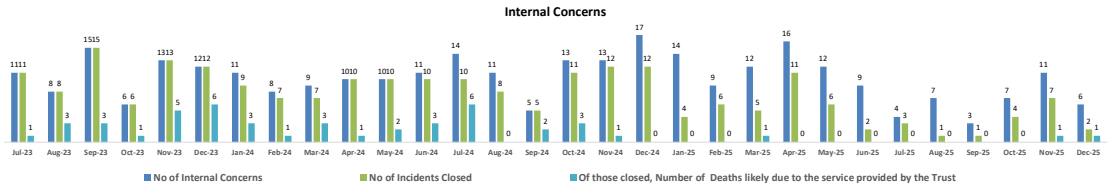


Figure 2

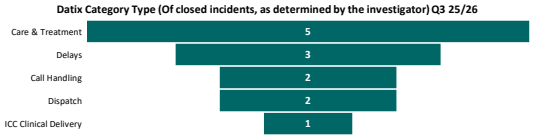


Figure 3

Learning Identified from all Internal Concerns raised in DCIQ

PES:

Care & Treatment
- Neonatal death reported under MNSI - no harm caused
- Clinician required coaching during BLS
- Multiple re-contacts for a patient who passed away - minor learning identified but no harm caused

Equipment
- Schiller defib froze following shock delivery
- Issues with applying defib pads due to razor not sufficiently shaving a patients chest
- No laryngoscope available in ALS bag

Trust:

Delays due to hospital handover wait times
- Category 2 - 1hr delay (x2)
- Category 4 - 5hr delay
- Resourcing issue - no enhanced resource available for a traumatic arrest

ICC:

Call Handling
- Incorrect coding of call (x3)
- Communication issue - misunderstanding between EMA and caller during end of call scripts

Dispatch
- No pre-alert passed due to misunderstanding between crew and ICC
- Updated information not passed to crew whilst enroute to scene
- Potential issue with crews being stood down for meal breaks at incorrect times (x2)

Clinical Delivery:
- Potential inappropriate referral to CAS provider (x2)
- Potential inappropriate disposition - patients sent via taxi & deteriorated enroute (x2)
- Red flags missed during assessment
- Incorrect call closure under WINFO policy

Table 1

External Concerns

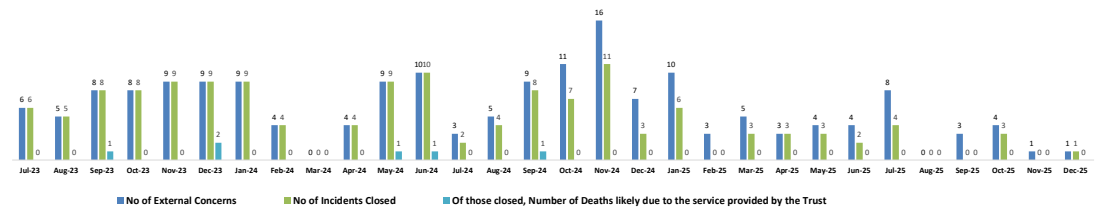


Figure 4

Learning Identified: PES

Problem with patient assessment:
- Full abdominal assessment not completed which could have identified issues

Problem with treatment & management plan:
- Incorrect pathway identified and followed, which subsequently led onto an incorrect pre-alert

Table 2

Learning Identified: PES

Problem with patient disposition:
- Re-contact incident where the patient passed away within 24hrs - no causal factors found
- Potential incorrect pathway used to transport patient to ED - no causal factors found

Problem with communication:
- Poor communication on scene between clinicians and patient/family (x2)

Table 3

Internal and External Concerns

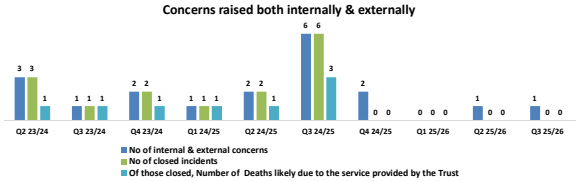


Figure 5

Data last exported: 12/01/2026; Data last cleansed: 16/02/2026

NWAS Learning from Deaths Dashboard Q3 25/26

Structured Judgement Review (SJR) Sample

Reporting Year	Incidents used for the sample criteria		Number of Deaths Reviewed	Total number of deaths where care is deemed to be less than adequate
23/24	Q4	24	21	9
24/25	Q1	23	14	5
	Q2	19	18	10
	Q3	33	26	5
	Q4	29	26	9
25/26	Q1	18	18	7
	Q2	9	9	2
	Q3	11	11	7
	Total	**166**	**143**	**54**

Table 4

SJR Scoring Key:

Adequate: Care that is appropriate and meets expected standards;

Poor/Very Poor: Care that is lacking and/or does not meet expected standards;

Good/Very Good: Care that shows practice above and/or beyond expected standards

SJR Stage 1 Overall Care Assessment for Year

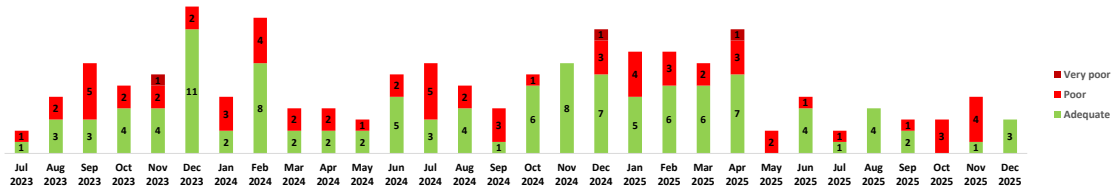


Figure 6

Initial Contact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)	4 or 5 - Good or Very Good
Right Time	Call Handling/Resource Allocation	3	7	1
Right Care	Patient Assessment Rating	2	8	1
	Management Plan/Procedure Rating	1	7	3
Right Place	Patient Disposition Rating	1	9	1

Table 5

Recontact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)	4 or 5 - Good or Very Good
Right Time	Call Handling/Resource Allocation	2	1	2
Right Care	Patient Assessment Rating	0	5	0
	Management Plan/Procedure Rating	0	4	1
Right Place	Patient Disposition Rating	0	5	0

Table 6

SJR Learning Themes

Evidence of Poor/Very Poor Practice

Findings identified from 'Poor' ratings

PES

Problem with patient assessment:
- Limited information regarding patient assessment
- No medical model used

Poor Quality of EPR (x3)

ICC
- No worsening advice provided by EMA
- Breathing assessment questions not answered correctly
- 2min 30 delay in obtaining category 1 response based on information provided
- Missed opportunity to allocate closer vehicle

Clinical Delivery

Problem with patient assessment:
- Limited information regarding patient assessment
- No medical model used
- BLS instructions not provided during TTA

Problem with treatment & management plan:
- Lack of clear management plan

Problem with patient disposition:
- No documentation of plan or worsening advice

Table 7

Evidence of Poor/Very Poor Practice

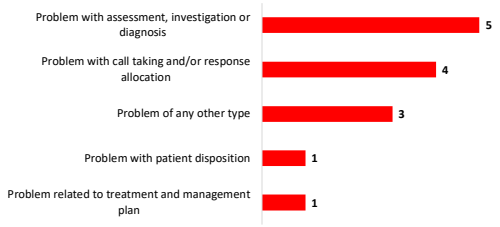


Figure 7

Evidence of Good/Very Good Practice

Evidence of Good/Very Good Practice

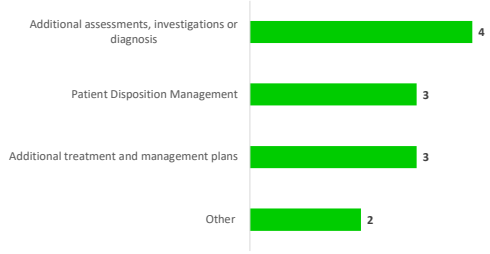


Figure 8

Findings identified from 'Good' ratings

PES

Additional assessments, investigations & diagnosis:
- Holistic decision made not to resuscitate patient
- Involvement of family in assessments using holistic decision making

Additional treatment & management plan:
- Holistic decision making
- Recognition of EOL and empowerment of clinicians to challenge the HCP plan & work in the patients best interest
- Good recognition & escalation of a critically unwell patient

Patient disposition management:
- Involvement of those important to the patient
- Patient centred decisions made

Good Quality of EPR (x2)

ICC
- Good recognition and escalation of a critically unwell patient by EMA (x3)

Table 8

Data last accessed 16/02/2026

NWAS Learning from Deaths Dashboard Q3 25/26

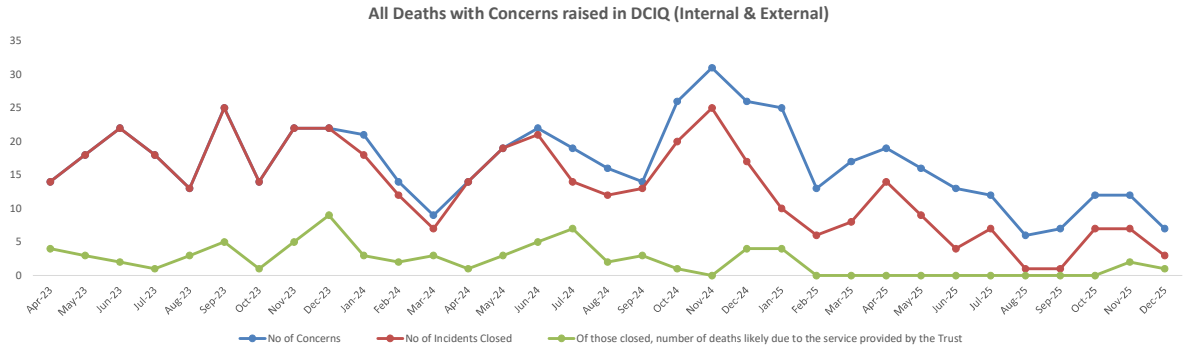


Figure 9

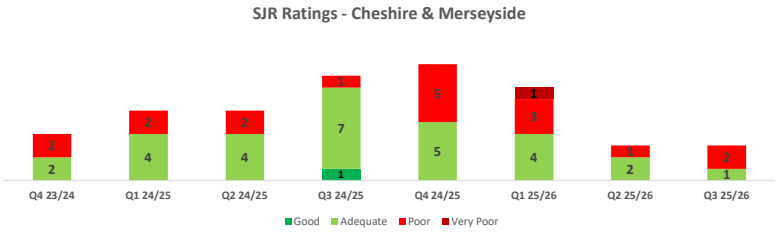


Figure 10

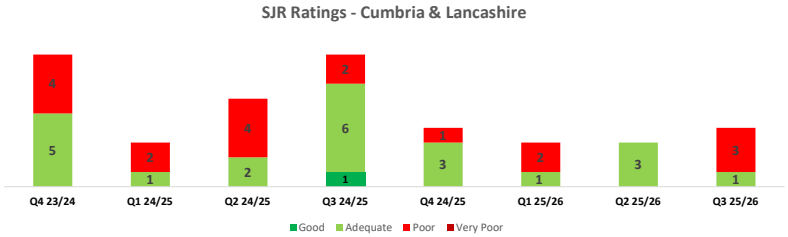


Figure 11

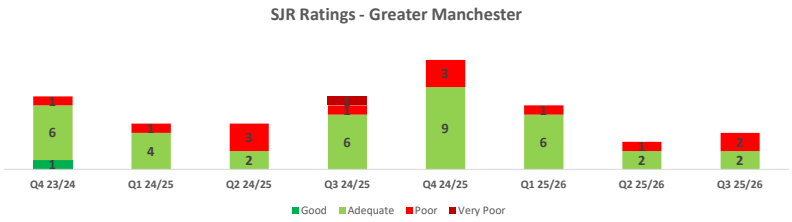


Figure 12

SJR Deaths by Deprivation Index		Quarter							
		Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
IMD Decile 1= most deprived 10= least deprived	1	2	8	1	6	3	3	1	1
	2	1	1	2	6	3	2	1	1
	3	3	0	5	2	2	1	1	0
	4	3	0	1	3	2	1	1	1
	5	3	0	0	1	4	4	0	1
	6	1	1	2	1	5	0	2	1
	7	3	3	3	2	1	1	1	1
	8	0	0	1	3	4	1	2	4
	9	0	0	2	1	2	4	0	1
	10	1	1	0	1	0	1	0	0

Key:

Most occuring

Second most occuring

Table 9

LEARNING FROM DEATHS

NHS North West Ambulance Service

Q3 2025/26 REPORT

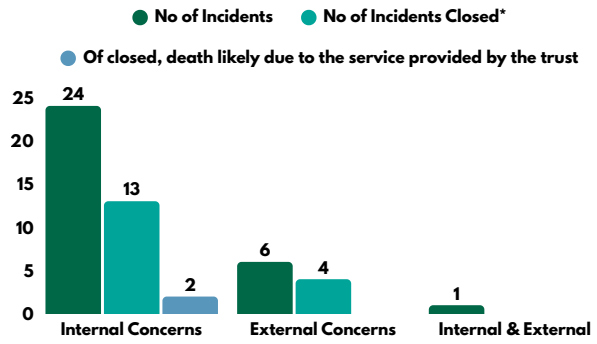
DEATHS WITH CONCERNS RAISED IN DATIX

Internal Concerns 24

External Concerns 6

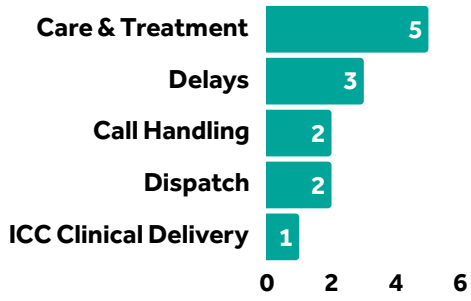
Internal & External 1

Concerns with casual factors



*94% of the closed incidents had no causal factors identified

Categories from closed internal incidents



Learning from Paramedic Emergency Service (PES)

Problem with treatment & management plan:

- Clinician required coaching during BLS
- Incorrect pathway followed (x2)
- Re-contact incident where the patient passed away - no causal factors found (x2)
- Full abdominal assessment not completed

Equipment:

- Schiller issue - defib froze following shock delivery
- Issues applying defib pads due to razor not sufficiently shaving patient

Communication:

- Poor communication between clinicians and patient/family

Other Learning Opportunities

Learning from ICC:

- Incorrect coding of call (x3)
- Potential issue with crews being stood down for meal breaks at incorrect times (x2)
- Miscommunication between ICC and crews on scene (x3)

Trust Learning:

- Cat2 - 1hr delay (x2)
- Cat4 5hr delay
- Resourcing issue - no enhanced resource available for a traumatic arrest

Other Learning Opportunities

Learning from Clinical Delivery:

- Potential inappropriate referral to CAS provider
- Potential inappropriate disposition - patients sent via taxi & deteriorated enroute (x2)
- Red flags missed during assessment
- Incorrect call closure under WINFO policy

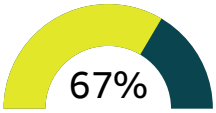
Structured Judgement Reviews (SJRs)

Patient Demographics

36% Female

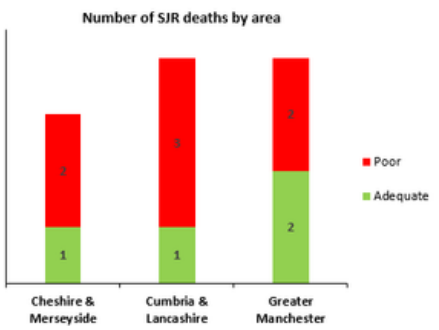
64% Male

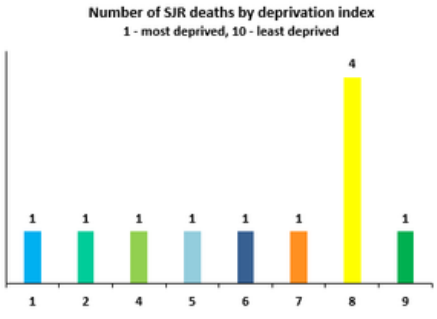
91% of the sample were over 65 years old



Majority of patients ethnicity recorded as White (British)
27% Not Documented

Incident Demographics





For more information contact: Learning.FromDeaths@nwas.nhs.uk

Structured Judgement Reviews (SJRs)

Deaths in Scope

Re-contact within 24hrs
5

Category 3/4 Deaths
1

Category 1/2 Delays
5

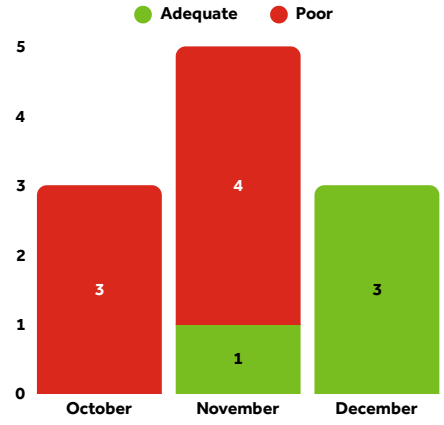
Deaths Reviewed

Total sample
N = 11

Excluded from review
Not moderated = 0

Included for review
n = 11**

SJR Stage 1 Care Assessment



**36% had no causal factors identified

Stage 2 = 7 incidents

No causal factors identified
4

Uncertain poor practice led to harm
3

Poor practice led to harm
0

SJR - Themes

- **Problem with call taking and/or response allocation**
- **Problem with patient assessment**
- **Problem with patient disposition**
- **Problem with treatment & management plan**

Stage 2 - Findings

Problem with call taking and/or response allocation:

- No worsening advice provided by EMA
- Breathing assessment questions not answered correctly
- Delay in obtaining cat1 response based on information provided
- Missed opportunity to allocate closer vehicle

Problem with patient assessment:

- Limited information regarding patient assessment

Stage 2 - Findings

Clinical Delivery:

- Limited information regarding patient assessment
- No medical model used
- BLS instructions not provided during assessment
- Lack of clear management plan
- No documentation of plan or worsening advice

Poor Quality of EPR (x3)

SJR GENERAL LEARNING THEMES

Areas for Improvement

- Lack of detail documented by EMA
- Detailed worsening advice not documented
- Frailty and pain scores missing from observations
- 12 lead ECG not completed for a patient who had fallen

Good Practice

- Good amount of probing by EMA
- Good use of Non-Clinical Advice Hunt by EMA for escalation
- Dispatcher ensured quick and appropriate allocation of vehicles
- Crews suing holistic decision making

SJR ACTIONS

- Positive feedback to be given to crew (x2)
- Learning feedback to be given to crew
- Dispatch decisions to be reviewed (x3)
- External out to be raised (x2)
- Raise case to take to CCRG for investigation
- EMA call audit requested and outcome fed back to staff member (x3)

SJR IMPROVEMENTS

- To continue to circulate learning points from Learning from Deaths to all staff networks and learning forums
- To continue to work with the PSIRF team to triangulate learning themes and identify areas for improvement
- To continue to welcome observers from all areas of the trust to the monthly panels - in Q3 11 colleagues attended and participated in discussions

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ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee				
Date of meeting	Monday, 27 April 2026			
Members present	Ms C Todd Ms A Cooper Mr G Chapman Ms A Wetton Mr D Ainsworth Dr C Grant Dr E Strachan-Hall	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director Director of Corporate Affairs Director of Operations Medical Director Director of Quality and Improvement	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- No alerts.

ADVISE:

- The Q&P Dashboard highlighted:
  - Complaints closures within agreed timeframe improved in March whilst incident reporting remained static
  - Patient Experience - the Friends and Family (FFT) scores fell marginally in March for PES but the FFT for PTS was stable
  - Calls activity in March was consistent with March last year but call pickup improved.
  - The number of 999 incidents were 4% higher than March last year and operational performance and category 1 response was within the constitutional standard
  - Category 2 performance for March was 24 minutes 32 seconds which positively contributed to the year-end position of 26 minutes 59 seconds which was within the UEC standard of 28 minutes and a 1-minute improvement on last year.
  - Category 3 and 4 performance improved in March but are still significantly outside constitutional standards.
  - Hear and Treat and See and Treat percentages remained stable in March at 19% and 25% respectively.
  - Metrics in the 111 and PTS service were static in March.

- The Committee reviewed the Effectiveness Survey results and recommended the updated Terms of Reference for Board approval. A further 6-month review of Committee effectiveness will take place mid-year.

- The Committee received the Research and Development Annual Report 2025–26 and noted the Trust's plans to continue expanding research activity and strengthening organisational links with higher education.

- The Committee received the Annual Designated Body Self-Assessment, completed with oversight from the NWAS Controlled Drug Subgroup and the NWAS Controlled Drug Accountable Officer, Executive Medical Director.

- The Committee received the Speaking Up – Annual Report 2025–26 and held an in-depth discussion on the interlinks and triangulation required between Freedom to Speak Up, DCIQ, HR and Staff Survey data.

- The Committee received the Mental Health Act 2025 Amendment report and noted the expected operational impact on ambulance trusts during early implementation, due to the shift from police-led crisis responses to increased use of health-based places of safety. The Act will be introduced gradually over 8–10 years, allowing time for community crisis services, workforce growth, and multi-agency pathways to develop.

ASSURE:

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

- Board Assurance Framework Q4 2025/6 and opening position 2026/27 Q1
- Complaints Assurance Report Q4 2025/26
- Well – led Assurance Report
- Maternity and Neonatal Care – Annual Report 2025-26
- Learning from Deaths Q3 2025/26

Extended discussions took place for each agenda item, with particular focus on the Complaints and Learning from Deaths reports, emphasising the need for effective data triangulation and the continued embedding of learning across the organisation.

RISKS

Risks discussed:

- Add

New risks identified:

- No new risks identified.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Trust Strategy 2022-2026: Year-End and End of Strategy Assurance Report
PRESENTED BY	Mike Gibbs, Executive Director of Strategy & Partnerships
PURPOSE	Assurance

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒
	SR05	☒	**SR06**	☒	**SR07**	☒	**SR08**	☒

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	Trust Board of Directors is asked to: • Note the progress made during 2025/26 and across the final year of the Trust Strategy 2022–2026; • Note the limitations of the previous strategy measurement approach, including the absence of agreed strategy-level outcome measures, baselines and trajectories; • Take assurance from the triangulated evidence of progress across the three strategic aims, recognising that the strength of assurance is limited by the absence of agreed strategy-level outcome measures, baselines and trajectories; and • Note the learning from the 2022–2026 strategy period, which has informed the Trust's approach to future strategic planning, delivery, measurement and assurance.

EXECUTIVE SUMMARY	The Trust Strategy 2022 - 2025, extended to March 2026, provided the strategic direction for NWAS through a period of significant operational pressure, recovery and system change. This report provides a final year-end and end-of-strategy assurance position, reflecting progress during 2025/26 and learning from the full strategy period. The strategy set out three strategic aims: to provide high-quality, inclusive care; to be a brilliant place to work for all; and to work together to shape a better future. Annual plans and supporting strategies have been used throughout the period to align delivery activity to these aims. The Board is asked to note that the original strategy did not include agreed strategy-level outcome metrics or trajectories. As a result, this final assurance position has been developed through triangulation of existing evidence, including annual plan assurance reports, committee reporting, the Integrated Performance Report, NHS Staff Survey results, the draft Quality Account and the Equality, Diversity and Inclusion Annual Report. On that basis, the Board can take assurance that progress has been made across each of the three strategic aims. There is evidence of improvement in patient safety, quality improvement capability, staff development, leadership, inclusion, 111 call handling and Category 2 response performance. Areas requiring continued focus include sickness absence, PTS performance and the ability to demonstrate a direct line of sight between strategic aims, delivery activity and measurable outcomes. The strength of assurance is limited by the absence of agreed strategy-level outcome measures, baselines and trajectories. The final year of the strategy has provided important learning for future strategic delivery. It has highlighted the need for clearer outcome measures, stronger alignment between strategy and annual planning, improved triangulation of performance and delivery evidence, and more consistent Board-level assurance on strategic progress. The Trust has now approved and launched its new strategy for 2026 - 2031. The learning from the previous strategy period has informed the development of the new strategic framework and will support a more mature approach to strategy delivery, measurement and assurance in future years.
PREVIOUSLY CONSIDERED BY		
	Date	
	Outcome	

1. BACKGROUND

1.1. Our Strategy 2022-2025 was approved by Trust Board of Directors in 2022 and sets out three strategic aims:

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

1.2. The strategy was subsequently extended by one year to March 2026, providing continued organisational direction during a period of significant operational pressure, recovery and wider system change.

1.3. Annual plans and supporting strategies have been used throughout the strategy period to align delivery activity to the three strategic aims. Progress has been reported through existing governance arrangements, including Planning Group, Trust Management Committee, Resources Committee and relevant Board committees.

1.4. This report provides the Board with a final year-end and end-of-strategy assurance position for the Trust Strategy 2022–2026. It summarises progress made during 2025/26, reflects on evidence of delivery across the three strategic aims, recognises the limitations of the historic measurement approach, and identifies learning to support future strategic delivery and assurance.

1.5. The report is not intended to re-present the new Trust Strategy 2026–2031, which has already been considered by Board. Its purpose is to close the previous strategy period with a balanced assessment of progress, assurance and learning. This learning will inform the work of the Strategy Measurement and Assurance Task and Finish Group, which is developing the measurement and assurance framework for the new strategy period.

2. ASSURANCE APPROACH AND LIMITATIONS

2.1 The Trust Strategy 2022–2026 did not include an agreed set of strategy-level outcome measures, baselines or trajectories. As a result, final assurance cannot be provided through a single strategy scorecard or through direct assessment against pre-agreed strategic metrics.

2.2 This report therefore draws on a triangulated assessment of progress using a range of existing evidence sources. These include annual plan assurance reports, relevant committee reporting, the Integrated Performance Report, NHS Staff Survey results, the draft Quality Account and the Equality, Diversity and Inclusion Annual Report.

2.3 This provides a reasonable basis for assessing progress across the three strategic aims, but the Board should recognise that the assurance is less direct than it would be under a fully developed strategy measurement framework. Some measures provide proxy evidence of progress rather than direct evidence of strategic outcome delivery.

2.4 This limitation is an important learning point from the 2022–2026 strategy period. While the strategy provided clear organisational direction, the absence of agreed measures and trajectories limited the Trust's ability to evidence consistently whether delivery activity was translating into the intended strategic outcomes.

2.5 On this basis, the assurance position in this report should be read as a balanced assessment of available evidence, rather than a definitive measurement of delivery against a pre-agreed strategy scorecard.

3. SUMMARY ASSURANCE POSITION

3.1 Overall, the Board can take assurance that progress has been made across the three strategic aims during the final year of the Trust Strategy 2022–2026. The strength of that assurance is limited by the absence of agreed strategy-level outcome measures, baselines and trajectories.

3.2 This assurance is based on the available evidence reviewed through annual plan reporting, existing committee assurance, performance reporting, staff survey results and relevant annual reports. It recognises that delivery has taken place during a period of sustained operational pressure, workforce challenge and wider system change.

3.3 This means the Trust can evidence areas of progress and improvement, but cannot provide a fully quantified assessment of delivery against the original strategic ambitions.

3.4 The table below summarises the overall assurance position against each strategic aim.

Strategic Aim	Evidence of Progress	Areas Requiring Continued Focus
Provide high-quality, inclusive care	Evidence of progress in patient safety, quality improvement capability, patient engagement, data use and targeted work to improve care for specific patient groups.	Sustaining improvement, reducing unwarranted variation, and strengthening evidence of impact on patient outcomes, experience and inequalities.
Be a brilliant place to work for all	Evidence of progress in staff development, leadership, inclusion, learner experience and turnover.	Sickness absence, attendance, wellbeing, workforce capacity and continued culture improvement.
Work together to shape a better future	Evidence of progress in integrated working, 111 performance, PES response improvement and partnership-based delivery.	PTS performance, variation across the NWAS footprint, system dependencies and consistently evidencing the impact of partnership work.

3.5 The overall position is therefore one of reasonable progress, with recognised limitations in measurement and areas requiring continued focus. The Trust can demonstrate that strategic activity has been delivered and that improvement has been achieved in several areas, but the ability to evidence direct strategic outcome delivery has been constrained by the design of the original strategy measurement approach.

4 PROGRESS AGAINST OUR STRATEGIC AIMS

4.1 Strategic Aim 1: Provide High-Quality, Inclusive Care

The Trust has made progress against the strategic aim to provide high-quality, inclusive care, particularly in relation to patient safety, quality improvement capability, patient engagement and use of data.

During the strategy period, the Trust implemented and embedded the Patient Safety Incident Response Framework, mobilised improvement programmes aligned to PSIRF priorities, introduced a learning dissemination toolkit and continued to deliver patient safety training. The Trust has also increased the number of staff trained in quality improvement methodology and continued to develop internal improvement capability through the NWAS Improvement Academy.

There is evidence of progress in reducing reported harm, with the number of incidents resulting in harm reported through PSIRF reducing by 26% compared to the average for the previous 12 months. This is a positive indicator, although it should continue to be considered alongside wider patient safety and quality intelligence.

The Trust has also improved the use of data and digital systems to support safer and more effective care. This includes migration to the Ambulance Data Set and progress with the Digital Pharmacy Stock Management System. Progress has also been made in patient-centred care, including the introduction of engagement leads, patient safety partners and strategic plans for mental health, learning disability and autism, and dementia.

Overall, there is evidence of progress under this aim. However, the absence of agreed strategy-level outcome measures limits the ability to assess the full impact of this work on patient outcomes, experience and inequalities.

4.2 Strategic Aim 2: Be a Brilliant Place to Work for All

The Trust has made progress against the strategic aim to be a brilliant place to work for all, particularly in relation to staff development, leadership, inclusion, learner experience and turnover.

During the strategy period, the Trust strengthened its health and wellbeing offer through the introduction of the wellbeing team and attendance improvement team, improved access to the Wellbeing Hub and self-service support through occupational health. The Trust has also strengthened its focus on staff safety and inclusion through the Stop, Speak, Support sexual safety campaign, the development of its first sexual safety policy, learner safety groups and continued work on dignity at work and anti-racism.

There is evidence of improvement in staff development and leadership. This includes reverse mentoring, a pre-apprenticeship route for Patient Transport Services staff, support for maths and English skills, recruitment of Paramedic Learning Facilitators, mandated Making a Difference leadership modules and a leadership development programme for Heads of Service. The 2025 NHS Staff Survey shows improved staff-reported access to career development and learning opportunities compared with previous years and the ambulance sector average.

Staff turnover has also improved, reducing from around 12% in 2022 to just over 7% in April 2026. However, sickness absence remains a significant area of challenge, particularly within Integrated Contact Centres and Patient Transport Services, and continues to require focused action.

Overall, there is evidence of progress under this aim. However, sickness absence, attendance, workforce capacity and sustained culture improvement remain areas requiring continued focus.

4.3 Strategic Aim 3: Work Together to Shape a Better Future

The Trust has made progress against the strategic aim to work together to shape a better future, particularly in relation to integrated working, NHS 111 performance, PES response improvement and partnership-based delivery.

During the strategy period, the Trust has progressed integration across contact centre services, enabling greater workforce flexibility across PES and NHS 111. The Trust has also reviewed the PES workforce model and started to embed new clinical support and leadership structures to strengthen operational delivery and clinical oversight.

There is evidence of significant improvement in NHS 111 call answering performance. In March 2026, the average time to answer calls was 85 seconds, compared with periods in 2022 where average answer times were often between five and ten minutes. Category 2 response times also improved, with March 2026 performance at 27 minutes and 08 seconds, compared with periods in 2022 where performance was frequently over one hour.

The position in Patient Transport Services is less consistent. While improvement activity has been undertaken through the PTS improvement plan, performance has fluctuated over the period and has not yet stabilised sufficiently to provide strong assurance of sustained improvement.

Partnership working has remained central to this strategic aim, with continued work across integrated care systems, provider collaboratives, commissioners and wider partners to support urgent and emergency care improvement. However, the impact of partnership work remains more difficult to evidence where delivery depends on wider system alignment, partner capacity and shared priorities.

Overall, there is evidence of progress under this aim. Areas requiring continued focus include PTS performance, variation across the Trust footprint and the ability to evidence the direct impact of partnership activity.

5. KEY LEARNING FROM THE STRATEGY PERIOD

5.1. The final year of the Trust Strategy 2022–2026 has highlighted several important learning points for future strategic planning, delivery and assurance.

5.2. First, the strategy provided clear organisational direction during a period of significant operational pressure and system change. The three strategic aims were sufficiently broad to remain relevant throughout the strategy period and provided a useful framework for annual planning, supporting strategies and organisational priorities.

5.3. However, the absence of agreed strategy-level outcome measures, baselines and trajectories limited the Trust's ability to provide direct and consistent assurance on strategic delivery. While

progress can be evidenced through a range of existing sources, the Trust has not been able to assess delivery against a single agreed set of strategic metrics.

5.4. Second, annual planning became the main mechanism for translating the strategy into delivery. This provided an important link between strategic aims and in-year objectives, but the line of sight between long-term strategic ambition, annual plan deliverables and measurable outcomes needed to be stronger. Future planning arrangements should continue to strengthen this alignment so that annual plans provide a clearer route for delivering strategic priorities over time.

5.5. Third, existing governance and reporting arrangements provided useful assurance on performance, quality, workforce, finance and delivery. However, these reports were not originally designed to provide full strategic outcome assurance. As a result, the final assessment of the strategy has required triangulation across multiple sources rather than direct reporting against an agreed strategy measurement framework.

5.6. Fourth, the strategy period has reinforced the importance of distinguishing between activity, delivery and impact. The Trust has delivered a significant programme of work across patient safety, quality improvement, workforce development, inclusion, operational performance and partnership working. Future assurance should more clearly demonstrate how this activity translates into sustained improvements for patients, staff, communities and partners.

5.7. Finally, the strategy period has highlighted the need for stronger integration between strategy, planning, delivery, improvement and assurance. Strategic delivery depends on clear ownership, agreed measures, realistic phasing, aligned resources and effective governance. These elements need to be considered together so that strategic ambition is matched by a deliverable and measurable implementation approach.

5.8. Overall, the key learning from the 2022–2026 strategy period is that strategic direction was clear, but the supporting measurement and assurance arrangements were not sufficiently developed at the outset. This has informed the Trust's approach to future strategic planning and will support a more mature, outcome-focused approach to strategy delivery.

6. Link to Future Strategic Assurance

6.1. The learning from the Trust Strategy 2022–2026 has informed the approach to future strategic planning, delivery and assurance.

6.2. The Trust has now approved and launched its new strategy for 2026–2031. The new strategy is supported by a clearer strategic framework, aligned strategic plans and a strengthened approach to measurement and assurance.

6.3. Future strategy reporting will provide a clearer line of sight between strategic aims, annual plan deliverables, outcome measures and Board assurance. This will support a more consistent assessment of progress, enable earlier identification of delivery risks, and provide stronger evidence of the impact of strategic delivery over time.

6.4. This report therefore provides a final assurance position on the previous strategy period and identifies learning to support a more mature approach to strategic delivery during the next strategy cycle.

7. RISK CONSIDERATIONS

7.1. The main risk highlighted through this final assurance report relates to the limitations of the historic strategy measurement approach.

7.2. While the Trust Strategy 2022–2026 provided clear organisational direction, the absence of agreed strategy-level outcome measures, baselines and trajectories has limited the Trust's ability to evidence delivery in a consistent and outcome-focused way. This means that final assurance has been drawn from triangulation of existing reporting sources, rather than direct assessment against a pre-agreed strategy measurement framework.

7.3. There are also continuing delivery risks linked to the areas highlighted in this report, including workforce capacity and sickness absence, variation in operational performance across the Trust footprint, sustained delivery of PTS improvement, and reliance on system partners to deliver shared urgent and emergency care objectives.

7.4. These risks are being managed through existing governance arrangements, including annual plan reporting, committee assurance, performance reporting and relevant operational and corporate oversight routes.

7.5. The learning from this strategy period has informed the Trust's future approach to strategic planning and assurance, with a stronger emphasis on measurable outcomes, clearer ownership, improved governance and earlier identification of delivery risks.

8. EQUALITY/ SUSTAINABILITY IMPACTS

8.1. The Trust Strategy 2022–2026 was designed to support positive equality and sustainability impacts through its strategic aims, particularly the commitments to provide high-quality, inclusive care, be a brilliant place to work for all, and work with partners to shape a better future.

8.2. Equality considerations have been progressed through a range of supporting strategies, programmes and workstreams during the strategy period. These include work to improve inclusive care, strengthen staff experience, support anti-racism, improve sexual safety, develop patient engagement and reduce variation in access, experience and outcomes.

8.3. Equality Impact Assessments have been completed in relation to individual workstreams and supporting strategies where required. The Trust's Equality, Diversity and Inclusion Annual Report 2025/26 provides further evidence of progress and compliance with the Public Sector Equality Duty under the Equality Act 2010.

8.4. Sustainability considerations have also been reflected through relevant supporting strategies and delivery plans, including work linked to service transformation, digital development, partnership working, estate utilisation and future sustainability. However, as with wider strategic assurance, the previous strategy did not include a single agreed set of sustainability

outcome measures. Future reporting should therefore continue to strengthen the evidence of impact across equality, inclusion, health inequalities and environmental sustainability.

ACTION REQUIRED

The Board of Directors is asked to:

- Note the progress made during 2025/26 and across the final year of the Trust Strategy 2022–2026;
- Note the limitations of the previous strategy measurement approach, including the absence of agreed strategy-level outcome measures, baselines and trajectories;
- Take assurance from the triangulated evidence of progress across the three strategic aims, recognising that the strength of assurance is limited by the absence of agreed strategy-level outcome measures, baselines and trajectories; and
- Note the learning from the 2022–2026 strategy period, which has informed the Trust's approach to future strategic planning, delivery, measurement and assurance.

NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Dashboard report: Communications, Engagement and Charity
PRESENTED BY	Mike Gibbs, Director of Strategy and Partnerships
PURPOSE	Assurance

STRATEGIC AIM(S)	All strategic aims							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☐	**SR03**	☐	**SR04**	☐
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

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	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. The dashboard demonstrates how activity aligns with the aims of the our organisational strategy, and the positive impact it has on staff, patients, and partners. In Q4, examples of this work included: Patient Engagement • Delivered eight targeted engagement sessions with diverse community groups, focusing on improving awareness, confidence, and access to ambulance services among underrepresented populations. • Hosted the third Ambulance Awareness Day with 141 attendees, supporting careers advice and safety education. • Strengthened ties with BME communities by facilitating CPR training and addressing concerns around cardiovascular health and emergency services. • Advanced the Patient Inclusion Project with multilingual CPR resources, including printed cards and instructional videos.

	Communications • Internal communications supported key operational initiatives, staff engagement, and the roll-out of new technologies and staff recognition programs. • The "Connected" manager bulletin achieved a 75% display rate, indicating strong reach and engagement. • External communications delivered 26 proactive media stories (target: 16), handled increased public affairs activity (18 MP letters), and managed high levels of social media and video engagement (10.4 million views, 373,941 engagements). • Freedom of Information compliance remains high at 97%, with a reduction in overall requests. Charity • Q4 income totalled £191,000, supporting staff recognition, community defibrillator installation, and key events (e.g., International Women's Day, Armed Forces Network). • NHS Charities Together grant-funded roles and projects concluded, having driven significant CPR training and community resilience work. • Charity communications grew organically, with notable increases in social media reach and engagement, and strong newsletter open rates (52%). 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.
PREVIOUSLY CONSIDERED BY	
	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 four of the financial year 2025/26 (January to March 2026). It demonstrates how the activity of the teams contributes to the strategic aims of our strategy.

2. DASHBOARD REPORT

2.1 PATIENT ENGAGEMENT

Aim – Provide high-quality, inclusive care

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

Eight engagement opportunities with organisations and community groups, including Stockport Disability, Lancashire Council of Mosques, Primus Disability Stockport, Lancashire Teaching Hospitals Carers Forum, Runshaw College, Meadowbank Primary School, and Emergency Services Day in Wythenshawe. Activity remained targeted towards communities where there is evidence of lower awareness, confidence or access to our services.

In February, we hosted our third Ambulance Awareness Day event of 2025/26. The event was aimed at young people but open to the wider local community, giving attendees the opportunity to learn life-saving skills, explore careers and volunteering opportunities, meet frontline colleagues and look around emergency vehicles. Attendance was strong, with 141 people attending out of 175 booked places, an attendance rate of 80.6%. Feedback from colleagues and partners was highly positive, with the event objectives met across careers advice, safety education and practical demonstrations.

The Patient Inclusion Project has also progressed. Multilingual CPR cards are now being printed, and Cantonese and Mandarin CPR instructional videos have been completed. These will be linked to the printed cards through QR codes, supporting accessibility and inclusion for communities where language may be a barrier to learning life-saving skills.

Patient experience surveys continue to be sent monthly to 1% of patients, with different approaches used to encourage returns and inform service improvements. In quarter four, the return rate was 8.5%, with a year-to-date cumulative return rate of 7.7%. Overall, 87.91% of service users rated the service they received as very good or good. This included 90.62% for PTS, 91.16% for PES and 82.33% for NHS 111.

The Patient and Public Panel received 11 new expressions of interest during the quarter, with eight new members joining. The panel now has 249 members. There were five new requests for panel involvement, and 12 structured or task-orientated involvement opportunities were delivered, supporting continued patient and public input into service improvement.

2.2 COMMUNICATIONS

Aim – Be a brilliant place to work for all.

The report includes statistical content and narrative to outline communications activity, including internal communications, campaigns, media, stakeholder communications, social media and freedom of information.

Internal communications activity continued to support staff engagement, operational awareness and priority trust programmes.

The second edition of Connected, the people manager bulletin introduced following feedback from the internal communications audit, continued to perform strongly. Across the quarter, Connected achieved an average display rate of 75% and an average click rate of 10%, showing that the channel is reaching managers and supporting them with timely information to brief and involve their teams.

The Bulletin remained a key channel for staff updates, with an average display rate of 54%. Editions with higher-than-average display rates covered topics including the pay uplift, vehicle refuelling and Star Award finalists, again reinforcing that staff are most likely to engage with content that is timely, relevant and clearly linked to their role or working life.

Film production continued to support key internal messages and patient stories. Six films were completed and 12 were underway, covering topics including hospital delays, transfer of medicines, staff survey results, missed patient medicines, attending Coroner's Court and CPR instructions translated into Cantonese and Mandarin.

2.3 **Aim – Work together to shape a better future**

External communications continued to support public understanding, reputation and system partnership working. During quarter four, the team handled 92 incident checks, issued 11 statements and briefings in response to media enquiries, supported 12 broadcast interviews and delivered 26 proactive stories against an internal target of 16.

Winter communications remained a major focus, with the team continuing to explain the full patient journey during a 999 call, from call handler to dispatcher, clinical call-back and ambulance crew response. The winter reel achieved more than 591,000 views across quarters three and four.

The team also secured access for BBC Blue Peter in March, giving one of its presenters the opportunity to experience what it is like to work in the ambulance service. This will be broadcast later in the year and will help showcase ambulance careers to a young audience, with content also available to support the ambulance academy website pages.

Social media continued to provide significant reach. The combined audience across Facebook, X, Instagram and LinkedIn grew by 2.4% to 210,600. Across the quarter, 290 posts generated 10.4 million views and 373,941 engagements.

Vertical video continues to be a priority format. Reels and videos achieved 1.3 million views in quarter four, an increase of 125.8% on the previous quarter. LinkedIn also showed steady growth, with views increasing by 13.1% and engagement increasing by 5.2%, demonstrating sustained interest in corporate, professional and recruitment-related content.

Public affairs activity increased during the quarter. The team responded to 18 MP letters, a 125% increase on the previous quarter, covering topics including resources in Tameside, mental health responses, 999 and PTS delays, CFRs using blue lights, taxi use for 999 responses, hands-only CPR instruction and ICC industrial relations matters. The team also facilitated ambulance ride-outs for the new chief executive of Manchester Royal Infirmary and Lisa Smart MP, prepared two MP briefings for meetings with the trust chair and supported attendance at a formal ceremony where the trust was awarded Freedom of the Borough in St Helens.

Freedom of Information activity remained high, with 125 requests received during the quarter. This was a 7% reduction compared with quarter three and a 14% reduction compared with quarter four of 2024/25.

CHARITY

2.4 The charity team provides comprehensive reports to the Charitable Funds Committee. The 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:

- Quarter four total income of £191,000 across restricted and unrestricted funds.
  Two Much Loved pages were set up in memory of loved ones, eight JustGiving fundraising pages were created and four Enthuse fundraising pages were set up for Great North Run participants.
- The spring raffle launched, with 106 tickets sold and winners due to be drawn in quarter one of 2026/27.
- Charitable funding used to support the 2026 Star Awards, the trust's annual reward and recognition event for staff.
- Twelve new or repaired defibrillators installed in Garstang following the *12 defibs of Christmas* fundraising campaign.
- Funding was provided for additional staff places at the International Women's Day event and Iftar event at the Royal Nawaab Pyramid, where guest donations and a raffle raised £750.
- Support provided to the Armed Forces Network conference, which helped strengthen relationships with the deputy lord lieutenant of Cheshire and other high-profile delegates.

Restricted NHS Charities Together funding for the ambulance grant roles ended on 31 March 2026. Over the last two years, these roles have supported CPR training across the North West, helped reinstate broken defibrillators and built community confidence in using CPR and public access defibrillators. In quarter four, the roles helped secure more than £70,000 of donations into the charity.

The NHS Charities Together recovery grant also ended on 31 March 2026. Since 2023, this funding has supported internal and external wellbeing improvements across NWAS sites. In quarter four, remaining funding supported a wellbeing initiative delivered by Manchester Stress Institute and aimed at operational colleagues.

Charity communications continued to grow organically, supported by a consistent social media planner and targeted content. Although no paid advertising was live

during quarter four, organic performance improved on key channels. Instagram views increased by 40%, reach increased by 324% and interactions increased by 62%.

3. RISK CONSIDERATION

There is a risk that feedback from patients, communities and panel members is not consistently used to inform service improvement, resulting in patients and communities feeling their involvement does not lead to change, thus reducing trust and future participation. To mitigate this, new annual plan objectives are being developed to strengthen links between engagement activity and service teams, improve access to feedback and identify barriers to turning insight into action.

There is a risk that high volumes of organisational change, operational pressure and competing messages may lead to communication overload, resulting in disengagement from key messages. To mitigate this, internal channels are constantly reviewed against analytics and stronger channel governance will be introduced in 2026/2027, along with a communications protocol to clarify how the trust shares key messages.

There is a risk that awareness of the charity's role and impact may remain limited among staff, supporters and local communities, which could reduce engagement and income. To mitigate this risk, the charity is strengthening its communications through regular newsletters, social media planning, supporter stories and closer alignment with trust-wide campaigns and events.

4. EQUALITY/ SUSTAINABILITY IMPACTS

All of our communications, engagement and charitable activities seek to promote diversity and ensure information is accessible to all.

Quarter four activity included targeted work with communities where language, confidence, health inequalities or understanding of ambulance services may affect access to care. This included multilingual CPR resources, engagement with BME and multicultural communities, CPR training with faith leaders, work with autistic people and people with learning disabilities, and further exploration of clearer PTS and wheelchair access information.

Dashboard: Communications, Engagement and Charity Teams

Q4 2025/26 (January, February and March 2026)

NHS North West Ambulance Service NHS Trust

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: Stockport Disability, Lancashire Council of Mosques, Primus – Disability Stockport, Lancashire Teaching Hospital – Carers forum,'New Futures week' at Runshaw College, Meadowbank Primary school and the Emergency Services day in Wythenshawe.

Ambulance Awareness Day Programme

In February, we hosted our third Ambulance Awareness Day (2025/26), welcoming young people from Merseyside to learn lifesaving skills and explore careers in the service.

New for this quarter, we attended two engagement sessions at Stockport Disability, a support group for individuals with autism and a day care service for users. The NWAS learning disability and autism practitioner attended both sessions to present an introduction about our services.

In response to feedback gathered at our engagement events with various groups, we have delivered CPR training to imams at Al Buraq Mosque, planned further CPR sessions with multicultural and autism support groups, linked the Sahara BME community with the public health team to support awareness of cardiovascular disease inequalities, and explored clearer guidance on PTS and wheelchair transport.

CPR cards for the Patient Inclusion Project are being printed in multiple languages. Multilingual CPR videos have also been completed and uploaded to YouTube, ready to be linked via QR codes on the cards. Videos are available in Cantonese and Mandarin, with and without subtitles, helping communities access clear CPR guidance in both printed and digital formats.

Patient feedback surveys

Surveys are sent to 1% of patients each month. Our Q4 return rate was 8.5% and our year-to-date return rate is 7.7%.

In Q4, 87.91% of service users rated the overall service received as 'very good/good'.

Feedback by service

PTS - 90.62% - "I have used the service four times, and each time the people have been very good and helpful."

PES - 91.16% - "They were friendly, professional and talked us through what they were going to do. This helped de-stress the situation. Definitely felt in good hands."

NHS 111 - 82.33% - "Nothing could have been done better... very caring. Thank you so much."

Patient and staff stories

Shared at the Board of Directors meeting: The staff story shared with the Board highlighted a senior paramedic's recent experience of giving evidence at Coroners Court and how daunting that is, particularly facing the patient's family in court.

The film captures the SP explaining the preparation and support he had from the Legal team and the importance of making timely notes at the time of the incident and how that helped to add weight to his evidence.

Patient and Public Panel

Membership overview

249	Total members (a further reduction due to membership cleanse)
8	New members joined
11	New expressions of interest
35%	Youth representation (target 30%)
37%	Ethnic diversity representation (target 40%)
5	New requests for involvement
12	Structured/task-based sessions delivered

Our PPP members supported a research study in conjunction with North West Air Ambulance exploring out of hospital organ donation. Research of this nature is complex and involves difficult ethical considerations, particularly around end-of-life care, consent, and how families are supported during some of the most challenging moments they will ever face. Getting this right is essential.

Through honest discussion and thoughtful challenge, PPP members helped to strengthen the research development, its proposal, and guide its approach to increase its chances of successful application and ultimately long-term impact.

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 – 92% (-1%)
- Emergency – 95% (-1%)
- Integrated Contact Centres - 84% (-2%)
- PTS – 79% (-6%)

The reduction comes after a 10% spike in engagement with PTS staff last quarter, so it is a natural balancing out of engagement rather than a drop across the board.

The Bulletin

Display rates for The Bulletin :

Highest: 67% Average: 54% Lowest: 49%

CEO Message

Display rates for the CEO message:

Highest: 57% Average: 50% Lowest: 45%

Connected

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

Displayed: 75% opened the email
Clicked: 10% of people who opened the email interacted

Better Health Better You

Display rates for our wellbeing publication:

Highest: 49% Average: 49% Lowest: 48%

Viewing figures from the Green Room:
The Handover – patient safety feature
January - 351 views
February - 157 views
March - 148 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.

358 people sent cards

Our 'Happy Birthday' card was the most popular, with 89 sent.

Campaigns and project support

Schiller defibrillator replacement – A new video and updated Green Room content supported the roll-out of Schiller defibrillators across Cheshire and Merseyside, helping staff understand the change, access training and adopt the new equipment safely.

Transfer of medicines – A new video was produced for the pharmacy team to provide clear, consistent guidance on transferring medicines, helping staff understand the process and their responsibilities.

2025 Staff Survey results – Results were shared with colleagues, supporting transparency and helping staff understand the key themes, areas of progress, and where further action is needed.

Connected manager news – The second edition of Connected was issued to people managers, providing clear talking points, updates and resources to support more consistent team conversations across the trust.

Career journey profiles – Career stories from Dan Ainsworth, John Collins and James Williams highlighted progression, development and different career routes within NWAS, supporting staff engagement and helping colleagues see opportunities for growth.

Clinical and ICC advice – Targeted communications supported meningitis advice for clinicians and ICC staff, helping ensure timely awareness of important clinical guidance and consistent messaging across relevant teams.

ICC transition – Communications supported ICC colleagues through the move from GRS to new Workforce Management and Sickness Absence Management tools, helping staff understand the changes and reducing the risk of confusion during transition.

Staff networks – Communications support for the Women's Network International Women's Day event and the Armed Forces Network annual meeting helped raise awareness of staff networks and their role in building an inclusive workplace.

Star Awards – Preparations for the upcoming Star Awards continued, supporting a major trust-wide recognition event that celebrates staff achievements and reinforces a culture of appreciation.

Film, photography & podcasts

6 completed Vs 14 in the previous time period

12 in progress

Film topics:

- Dr Chris Grant on hospital delays
- Transfer of medicines – patient Board story
- NWAS staff survey results
- Have you MISSED patient medicines?
- Attending Coroner's Court – staff Board story
- CPR instructions (translated into Cantonese and Mandarin)

There was a reduction in films produced this quarter due to the team filming and editing footage that will make up the individual and team Star Award nominee films which will be shown at the awards ceremony evening.

The team supported the first in a series of 'right care' podcasts with the Urgent and Emergency Care Improvement Team, and promoted a maternity learning podcast produced by the Education team.

Aim: Work together to shape a better future

Stakeholder engagement

18 MP letters (+125%)

Topics: Resources in Tameside. Mental health responses, 999 and PTS delays, CFRs using blue lights, taxi use for 999, hands-only CPR instruction and ICC dispute.

General letters = x4 letters to staff who had been assaulted, x2 letters to a first aid trainer regarding CPR instructions, verbal discussion with Justin Madders MP's office regarding a patient transfer, letter to the Oliver King Foundation, letter to London Hatzola condemning the arson attack and letter to a councillor living close to Oldham station regarding nighttime noise.

Parliamentary Question: Via NHSE, the Department of Health DHSC asked if we had been approached by the Epilepsy Society offering training and resources. We confirmed that we have, and that the NWAS CEO is meeting with them.

We also facilitated ambulance ride-outs for the new CEO of Manchester Royal Infirmary and Lisa Smart MP, prepared briefs for meetings with the trust's chair and arranged attendance at a formal ceremony in St Helens where the trust was awarded Freedom of the Borough.

Freedom of Information (FOI)

125 received (-7%)

97% compliance year-to-date against 20 day target

Topics included:

- Contracts
- Wait times
- Call out type

NOTE

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

Press and public relations

92	incident checks handled	-19%
11	statements prepared in response to media enquiries	-31%
12	positive broadcast media opportunities secured	-33%
26	proactive stories issued, against our target of 16	

In March, we gave access to BBC Blue Peter for one of their presenters to find out what it's like to work in the ambulance service. It's a great opportunity for us to showcase what we do to a young audience and potentially inspire the next generation. It will be broadcast on the BBC later this year, and we will also be able to share it on our ambulance academy website pages.

Our winter messaging was strongly supported by proactive press activity. We focused our efforts on this across the campaign to reach a range of audiences. This led to good coverage across local and national media, including Good Morning Britain.

During National Heart Month in February, we produced a series of educational reels aimed at increasing confidence in responding to cardiac emergencies. We also used this campaign to specifically engage communities where awareness and confidence in CPR is lower. Evidence indicates that people from some ethnic minority backgrounds are less likely to have received CPR training and may feel less confident intervening in an emergency.

To support this, we delivered a CPR awareness session for imams and faith leaders at a mosque in Blackburn, alongside representatives from other local mosques. To extend reach, we also secured editorial coverage in Asian Leader newspaper, a key publication for Asian communities across Greater Manchester and Lancashire, with a print circulation of 25,000 in addition to a digital audience.

Social media - Facebook, X, Instagram and Linkedin

NOTE

'Post views' was previously 'Impressions'; the number of times our content may have been seen by a member of the public

'Engagements' include all interactions with a post such as comments and shares.

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

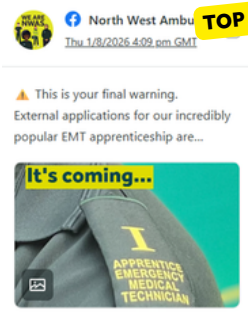
105.6k	Facebook followers	Audience growth
68.2k	X (Twitter) followers	**+ 2.4%**
23k	Instagram followers	
13.8k	LinkedIn followers	

Engagement

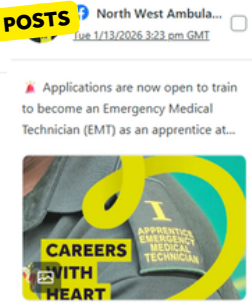
290	posts published on all channels (+16%)
10.4m	Post views (+8.2%)
373,941	engagements (comments, likes, retweets, shares etc) (+22%)
3.6%	engagement rate (+16%)
598,911	reel/video views (+88%)

LinkedIn continues to be a strong platform for us. As we do not use LinkedIn to share major incident updates, its performance is not influenced by the spikes typically seen during these events. In Q4, views increased by 13.1%, while engagement rose by 5.2%.
Vertical video is now the standard across social media, and we continue to prioritise this format across our channels. This is reflected in a strong Q4 performance, with 1.3 million views, an increase of 125.8% from the previous quarter.

TOP POSTS



Engagements 56k



Engagements 36k

TOP REELS

Views 340k

Views 278k

Digital communications

Website

306,901 users **443,777** page views

Most viewed
Careers – 221,550
PTS – 54,532
Locations –17,728

Devices used to visit our site
Mobile 58%
Desktop 39%
Tablet 3%

This quarter has seen an increase in users but a decrease in page views. While this could indicate that users are having a better experience on the page they need, we want to encourage more exploration of the site - developing this will be a focus in Q1.

Green Room

20,453 users **661,380** page views

Most viewed
Managers on duty – 133,626
HR Portal – 31,836
Bulletins - 23,280

Devices used to visit the Green Room
Desktop 74%
Mobile 15%
Tablet 12%

Views and users of the Green Room have remained steady from previous quarters with no significant increase or decrease to report. Due to the development of the new Green Room, no non-urgent updates were made to the Green Room this quarter.

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.

North West Ambulance Charity

Fundraising
Active fundraising platforms
- JustGiving: 8 active fundraising pages
- MuchLoved: 2 pages established
- Enthuse: 4 pages for Great North Run participants

Events and campaigns
- Spring Raffle - 106 tickets sold. Winner to be drawn in Q1.

Total income
- £191,000 (restricted and unrestricted).

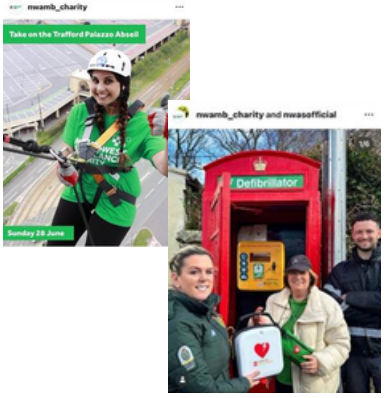
Engagement and events
The charity was represented at a range of community, volunteer and fundraising events, including:
- International Womens Day Event
- Defibrillator installations in Garstang following the '12 defibs of Christmas' fundraising campaign 12 new and broken units were installed in Garstang.
- Iftar Event at the Royal Nawaab Pyramid- The charity funded 50 additional places for staff to attend. Guests of NWAS staff were asked to donate £10 to cover the cost of their meal, this combined with the raffle on the night, raised a total of £750
- Armed Forces Conference – The charity contributed towards the event. The event proved beneficial to network with the Deputy Lord Lieutenant of Cheshire and other high-profile delegates in attendance.

Notable developments
- Community Resilience Grant - The NHSCT Community Resilience Project was due to commence in Q4. Due to delays with recruitment the project will now start in Q1 2026. The 12 month project includes a total of three new posts- 2x Defibrillator Officers and a Cardiac Arrest Project Lead and will support communities to bring offline defibrillators back online.
- Charity News - Three newsletters have been sent out in Q4 with an average open rate of 52%, shared with over 8,000 staff and over 700 external contacts.

Social media
Facebook:
216,420 views (-56%)
958 interactions (-53%)

Instagram:
37,534 views (+ 40%)
9,908 reach (+ 324%)
793 interactions (+62%)

LinkedIn:
9,953 impressions (+3.4%)
266 interactions (-12%)



No paid advertisements were live throughout Q4, which explains why engagement was lower compared to Q3. However, social media channels are doing better organically thanks to our consistent social media planner and targeted content.

Combined team priorities for Q1

- Develop new action plans across all teams for the 2026/27 year.
- Launch our 20 years of NWAS campaign in recognition of our 20th anniversary.
- The culmination of our new intranet project will see us launch a new SharePoint-built intranet.
- Delivery of the staff Star Awards.
- New and improved recognition scheme for staff including CEO commendations and recognition at retirement in the form of a CEO letter of thanks.
- Campaign to launch and embed the NWAS strategy for 2026-2031.
- Development of the North West Ambulance Charity's three-year strategy, fundraising plan and marketing plan.
- Launch the CPR card and supporting multilingual YouTube videos with the local community as part of the patient inclusion project.
- Consultation sessions on our Patient, Public and Community Engagement Framework for 2026-2031.
- Deliver the next phase of ambulance awareness events in the community.

NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 27 May 2026
SUBJECT	Bi-annual assurance report – Partnerships and Integration
PRESENTED BY	Mike Gibbs, Executive Director of Strategy and Partnerships
PURPOSE	Assurance

STRATEGIC AIM(S)	Provide a responsive care model through partnerships							
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☐	**SR03**	☐	**SR04**	☒
	SR05	☐	**SR06**	☐	**SR07**	☐	**SR08**	☐

Risk Appetite Statement *(Decision Papers Only)*	**Quality:** Cautious	☐	**People:** Open	☐	**Finance:** Open	☐
	Regulatory: Open	☐	**Reputation:** Open	☐	**Digital Innovation:** Eager	☐

ACTION REQUIRED	The Board of Directors is asked to: • Take assurance on Partnerships and Integration activity undertaken during the second half of 2025/26; • Note that areas requiring further maturity have been identified and are being managed through2026/27 management actions; • Note the relevance of these areas to current BAF risk SR04; and • Note the actions being taken during 2026/27 to strengthen partnership governance, system influence and organisational oversight.

EXECUTIVE SUMMARY	This biannual report provides assurance on Partnerships and Integration activity undertaken during the second half of 2025/26, including partnership engagement, system influence, service reconfiguration, neighbourhood health development and external stakeholder feedback. Overall, the Board can take assurance that NWAS remained actively engaged across key system forums and transformation programmes during the reporting period and continues to be viewed by partners as a credible and constructive strategic partner across the North West. The report also identifies areas where further maturity is required. These do not indicate unmanaged risk, but they do highlight areas where partnership governance, stakeholder mapping and evidence of strategic influence need to strengthen during 2026/27. These areas are relevant to the current Board Assurance Framework risk SR04. Management actions are being taken during 2026/27 to strengthen organisational oversight, partnership governance and evidence of system influence.	
PREVIOUSLY CONSIDERED BY		
	Date	
	Outcome	

1. BACKGROUND

1.1: This report provides assurance on the work of the Partnerships and Integration team during the second half of 2025/26 and highlights key developments, emerging risks and areas of focus since the previous Board update in September 2025.

1.2: The NHS operating environment has continued to evolve significantly during this reporting period, particularly in relation to neighbourhood health development, Integrated Care System (ICS) restructures, urgent and emergency care transformation and wider service reconfiguration activity. This continues to drive changes to commissioning, governance and neighbourhood arrangements across the North West, increasing the importance of effective partnership working, strategic engagement and system influence.

1.3: During this period, the P&I team has supported organisational engagement in neighbourhood development, pathway redesign and wider system transformation activity, helping coordinate representation, identify organisational risks and support strategic oversight across the Trust footprint.

2. STRATEGIC DEVELOPMENTS SINCE SEPTEMBER 2025

2.1: National Neighbourhood Health Implementation Programme (NNHIP)

Neighbourhood health development has been a significant focus during the second half of 2025/26. The P&I team has supported engagement with systems involved in Wave 1 neighbourhood development work, alongside wider discussions taking place across ICSs around neighbourhood models, prevention and community-based care. This has included supporting pathway development discussions, linking neighbourhood work to existing NWAS priorities around reducing avoidable conveyance and Single Point of Access (SPoA) development and coordinating operational and strategic engagement with system partners.

As this work has progressed, there has been increasing expectation from systems around ambulance service involvement in pathway design, operational delivery, data sharing and wider neighbourhood governance arrangements.

Variation in neighbourhood models, referral routes and local governance arrangements across ICSs risks creating fragmented pathways, inconsistent engagement approaches and increasing operational complexity for frontline services.

In response, the Trust is developing a clearer organisational framework for neighbourhood engagement to support consistency, proportionality and strategic oversight across the Trust footprint, whilst helping manage external expectations around the NWAS role within neighbourhood working arrangements.

This provides assurance that NWAS is increasingly recognised as a strategic partner within emerging neighbourhood health arrangements across the region. However, variation in local models and governance structures reinforces the need for a clearer organisational framework to support consistency, proportionate engagement and strategic oversight.

2.2: Advanced Foundation Trust (AFT) Readiness

During this reporting period, NHS England has continued to progress the emerging Advanced Foundation Trust (AFT) programme. The programme is intended to recognise high-performing organisations able to demonstrate strong governance, organisational maturity, financial sustainability and effective system leadership, whilst providing greater operational autonomy and reduced regulatory oversight.

For NWAS, the programme is particularly relevant given the Trust's role across multiple ICSs and the increasing expectation on ambulance services to act as strategic system partners, rather than solely service providers. This reinforces the importance of demonstrating strong organisational grip, partnership governance and system influence across the Trust footprint.

During the second half of 2025/26, preparatory work was undertaken to review the organisational implications of AFT arrangements and assess the Trust's readiness position against the emerging national framework.

The work identified that NWAS is operating from a strong baseline position in relation to partnership working, governance and regional system leadership. It also reinforced the increasing expectation on organisations to demonstrate consistent organisational oversight, strategic grip and maturity across system engagement activity.

Core evidence mapping and governance arrangements are now in place should the Trust be invited to participate in a future AFT application process.

2.3: Service Reconfiguration and System Change

During the second half of 2025/26, the P&I team has continued to support a significant range of service reconfiguration and pathway redesign programmes across the North West, with increasing requests for NWAS operational input, modelling and pathway assessment (Appendix 1).

A key objective during this period has been strengthening system understanding of the wider operational and clinical implications service changes can have for ambulance services. To support this, the P&I team developed a regional engagement approach and supporting materials to improve earlier engagement with system partners around service change activity.

This work has helped improve understanding of the impact service changes can have on operational capacity, patient flow, conveyance patterns, interoperability and workforce sustainability, whilst reinforcing the importance of involving NWAS earlier within pathway redesign discussions.

However, the scale and pace of reconfiguration activity across the region continues to create a risk that pathway or service changes progress through multiple system forums without consistent ambulance service input or clear organisational oversight.

3. EXTERNAL ENGAGEMENT MATURITY

3.1: External engagement maturity survey findings

The external engagement maturity survey provides valuable independent assurance regarding the effectiveness of NWAS partnership working arrangements and system relationships across the North West footprint.

Responses were received from a broad range of partners including NHS England, Integrated Care Boards (ICBs), provider organisations, emergency services, local authorities and VCSE representatives. The survey included both quantitative and qualitative insight into how NWAS is perceived as a system partner, including feedback from several executive-level stakeholders.

The findings showed that partners continue to view NWAS positively, particularly regarding attendance, seniority of representation and willingness to engage in wider system pressures and pathway challenges. Feedback consistently described NWAS as a credible and constructive strategic partner with strong system relationships and collaborative behaviours.

Whilst assurance was broadly positive, the findings identified several areas where organisational maturity and consistency require further strengthening. These included:

- consistency of deputisation arrangements
- variation in the quality and consistency of strategic contribution
- levels of organisational insight and assurance provided within some forums
- variability in communication and follow up arrangements
- inconsistent engagement across some systems and programmes

These themes align closely with the current SR04 gaps relating to consistency of engagement arrangements, stakeholder and influence mapping, neighbourhood governance and evidencing strategic influence within evolving system structures.

3.2: Partner engagement and strategic priorities

Alongside the survey work, NWAS also undertook wider stakeholder engagement activity during development of the Trust's 2026–2031 Strategy, supported by AQuA. This engagement reinforced many of the themes identified within the maturity survey and provided further insight into what system partners expect from NWAS as a regional ambulance service and strategic system partner.

This engagement reinforced the increasingly strategic role ambulance services now play within neighbourhood development, urgent and emergency care transformation and wider system planning arrangements.

The findings from both pieces of work have been used to inform improvement activity during 2026/27 and align closely with the Trust's new strategic aim of delivering a responsive care model through strong partnerships. Planned areas of focus include:

- strengthening organisational oversight of external engagement activity
- improving consistency of representation and deputisation arrangements
- developing clearer partnership principles and engagement expectations
- strengthening stakeholder and influence mapping arrangements
- strengthening how the organisation evidences strategic influence and partnership impact

This work will strengthen the Trust's position as a trusted and influential partner across multiple ICS footprints, whilst ensuring engagement activity remains aligned to organisational priorities, operational sustainability and delivery of the Trust's 2026–2031 Strategy.

3.3: Good Governance Institute (GGI) improvement work

Improvement activity undertaken during 2025/26 also supports delivery of recommendations arising from the Trust's Good Governance Institute well-led review, particularly relating to partnership governance, organisational oversight and external system engagement.

Planned work during 2026/27 will further strengthen these arrangements through development of a Partnership Operating Framework, refreshed stakeholder and influence mapping, and clearer governance arrangements supporting neighbourhood and system engagement activity.

4. KNOWLEDGE VAULT DEVELOPMENTS

4.1: Utilisation and oversight

Continued development of the Knowledge Vault platform is strengthening organisational visibility and oversight of partnership and system engagement activity.

Utilisation of the platform has continued to increase during 2025/26, with growth seen across uploads, document views and active users compared to 2024/25.

	2024/25	2025/26	% Change
Uploads Meetings/Documents)	846	962	+14%
Document Views	229	447	+95%
Meeting Upload Views	101	1908	+1789%
Active Users	55	64	+16%

These figures demonstrate increased utilisation of the Knowledge Vault and provide a stronger platform for organisational visibility and oversight of external engagement activity. Further work during 2026/27 will focus on strengthening how this intelligence is used to support assurance, decision-making and evidence of partnership impact.

4.2: Future developments

Migration of the platform to Microsoft SharePoint has been identified as a key objective for 2026/27 to improve accessibility, governance, reporting capability and long-term sustainability, whilst aligning more effectively with wider Trust digital infrastructure and ways of working.

5. AREAS OF FURTHER DEVELOPMENT DURING 2026/27

5.1: Partnership governance and system engagement

Planned management actions during 2026/27 will focus on strengthening how NWAS coordinates, governs and evidences the impact of partnership and system engagement activity across the region, ensuring the organisation is positioned to respond effectively to ongoing neighbourhood health development, ICS/ICB changes and urgent and emergency care transformation.

A key area of further development during 2026/27 will be establishing a clearer organisational approach to partnership working. This will include development of a NWAS Partnership Operating Framework and clearer organisational partnership offer to support coordinated engagement across system, place and neighbourhood structures, alongside improved organisational oversight and consistency of representation.

Work will also continue to strengthen stakeholder and influence mapping arrangements, with a focus on key governance routes, decision-making forums and areas where NWAS influence is most critical across evolving system structures.

5.2: Neighbourhood health and system transformation

The team will also focus on developing a clearer organisational position regarding the NWAS role within neighbourhood health and urgent and emergency care pathway development. This will improve consistency of engagement, support clearer organisational positioning and reduce the risk of fragmented approaches and increasing operational complexity. Alongside this, a more targeted and proportionate approach to neighbourhood engagement will be developed to ensure organisational capacity is focused on areas of greatest strategic importance, risk and opportunity.

5.3: Partnership impact and oversight

Development of the Knowledge Vault platform will continue during 2026/27, including planned migration to Microsoft SharePoint to strengthen accessibility, governance and organisational oversight of external engagement activity and system intelligence.

Further areas of development will include strengthening how the organisation demonstrates strategic influence, including examples where partnership engagement has shaped pathway development, system decisions or wider service redesign discussions. This will support stronger organisational grip across increasingly complex system and neighbourhood arrangements.

Collectively, these areas of further development support mitigation of SR04 relating to strategic regional partnership engagement and the potential impact of ineffective

system influence on urgent and emergency care reconfiguration and wider organisational delivery.

6. RISK CONSIDERATION

6.1: SR04 continues to reflect the risk that rapidly evolving system structures, neighbourhood governance arrangements and urgent and emergency care redesign could weaken the consistency and effectiveness of NWAS influence within regional decision-making unless organisational engagement arrangements continue to evolve alongside system change.

6.2: The work outlined within this report, alongside planned management actions for 2026/27, including development of a Partnership Operating Framework, strengthened stakeholder and influence mapping, improved governance arrangements and clearer organisational approaches to neighbourhood engagement, will strengthen organisational assurance, improve consistency of engagement arrangements and support stronger evidence of NWAS influence within system redesign and pathway development discussions.

6.3: Overall, the Board can take reasonable assurance from the partnership and integration activity undertaken during the reporting period. The work demonstrates positive partner relationships, active involvement in system transformation and improving organisational oversight. Further maturity is required during 2026/27 to ensure NWAS can evidence the impact of its system influence more consistently, particularly in the context of current BAF risk SR04.

7. EQUALITY/ SUSTAINABILITY IMPACTS

7.1: The Partnerships and Integration team will continue to ensure that Equality, Diversity and Inclusion considerations are reflected throughout partnership and engagement activity, with equality impact assessments undertaken where appropriate. The team remains committed to an inclusive approach to engagement across all system and stakeholder relationships.

ACTION REQUIRED

The Board of Directors is asked to:

- Take assurance on Partnerships and Integration activity undertaken during the second half of 2025/26;
- Note that areas requiring further maturity have been identified and are being managed through2026/27 management actions;
- Note the relevance of these areas to current BAF risk SR04; and
- Note the actions being taken during 2026/27 to strengthen partnership governance, system influence and organisational oversight.

Appendix 1 – Current Active Service Reconfiguration Activity

Area	Active Reconfiguration
Cheshire and Merseyside	• Shaping Care Together • University Hospitals of Liverpool Group – merging of bed base across UHLG sites • Stroke pathway changes – Merseyside • East Cheshire/Stockport NHSFT merge
Cumbria and Lancashire	• Lancashire and South Cumbria vascular network reconfiguration • Lancashire and South Cumbria stroke reconfiguration • Furness General level 3 intensive/critical care transfer vehicle • Lancashire and South Cumbria lower limb fracture pathway • S136 out of area admissions (North Cumbria) • North Cumbria lower limb fracture pathway
Greater Manchester	• Greater Manchester trauma network reconfiguration • East Cheshire/Stockport NHSFT merge

North West Ambulance Service NHS Trust

RISK APPETITE STATEMENT (RAS) 2026/27

The Risk Appetite Statement sets out the level and type of risk North West Ambulance Service (NWAS) NHS Trust is willing to accept in pursuit of its strategic aims. The long-term sustainability of the Trust depends on delivering these aims, working effectively with partners, and maintaining the confidence of our patients, communities, staff and stakeholders.

This statement provides clear guidance to the Board of Directors, senior leaders, and staff on how risk should be assessed, reviewed and managed. It supports good governance, transparency, and consistent, risk-based decision making.

The Trust has adapted definition for risk appetite and risk tolerance from the 'Orange Book – Risk Appetite guidance note', Government Finance Function (October 2020), which are stated below:

- **Risk appetite:** the level of risk with which the Trust **aims** to operate
- **Risk tolerance:** the level of risk with which the Trust is **willing** to operate. It is worth noting that these terms should not be used interchangeably.

The Trust's risk appetite ranges from ***averse*** (no appetite for risk) to ***eager*** (seeking opportunities with higher inherent risk where benefits justify the exposure). Due to the nature of the Trust and its responsibilities, a one-dimensional or heavily quantitative approach to risk appetite would not deliver the right outcomes. To promote consistency and enable staff to take well-judged risks that improve delivery when opportunities arise, whilst also recognising when a more cautious approach is needed to mitigate threats, each risk owner should identify the risk appetite category that best aligns with their risk.

All risks should be analysed with risk appetite in mind. Where target scores remain outside the agreed appetite level, additional mitigations must be proposed, or a decision taken by the Trust Management Committee (TMC) to tolerate a position of operating outside of appetite. In such cases, risks must be escalated to the TMC via inclusion and appropriate escalation through the Corporate Risk Register (CRR).

Each domain includes a graduated set of statements aligned to the following appetite levels:

- **Averse:** no appetite for risk and seeks to avoid all form of exposure
- **Minimal**: strong preference for very safe options carrying a low level of residual risk
- **Cautious:** safe option with a low level of residual risk and limited reward
- **Open:** consider a broad range of delivery options, accepting a balance level of risk
- **Eager/ Seek:** willing to pursue approaches, accepting a greater degree of residual risk.

Review

The Risk Appetite Statement will be reviewed at least annually, or earlier if required due to significant organisational or strategic changes.

	AVERSE NWAS has no appetite for risk and seeks to avoid all forms of exposure	MINIMAL NWAS has a strong preference for very safe options that carry a low level of residual risk and limited potential for reward	CAUTIOUS NWAS prefers safe options with a low level of residual risk and limited reward. Managed and well-understood risks may be accepted where necessary to achieve objectives.	OPEN NWAS is willing to consider a broad range of delivery options, accepting a balanced level of risk in pursuit of opportunities that deliver acceptable benefit.	EAGER / SEEK NWAS is willing to pursue innovative and ambitious approaches that offer higher potential rewards, accepting a greater degree of residual risk where appropriate controls exist.
Score	**1-3**	**4-5**	**6-10**	**12-15**	**≥ 15**
Quality	We have no appetite for decisions that may introduce uncertainty regarding quality outcomes.	We will avoid options that could adversely affect quality unless essential.	Our preference is for risk avoidance. We may accept decisions carrying a low degree of residual risk where there is potential for improved quality outcomes and appropriate controls in place.	We accept the possibility of short-term impacts on quality where longer-term improvements or innovations are anticipated.	We are prepared to pursue innovative approaches with higher residual risk where significant long-term quality gains may be achieved.
People	We have no appetite for decisions that could negatively impact on our workforce.	We will avoid workforce related risks unless unavoidable.	We may accept limited workforce risks arising from the nature of our services or from internal decisions to implement change, provided such changes are well planned, clearly understood, and appropriate controls in place.	We accept that some workforce risk is inherent in both service delivery and implementing internal changes. We are willing to introduce new ways of working and undertake change where clear benefits can be realised.	We are prepared to pursue innovative workforce approaches with higher inherent risk where there is clear potential for long-term benefit, supported by appropriate controls.
Finance	We have no appetite for decisions or actions that may result in financial loss.	We may accept only very limited financial risk.	We may accept limited financial risk, prioritising VFM and statutory break-even responsibilities.	We are prepared to accept some financial risk where appropriate controls are in place and decisions reflect a holistic view of VFM, with cost not being the sole determining factor.	We will invest in opportunities that offer the best possible return and accept the potential for increased financial risk.
Regulatory	We have no appetite for decisions that will compromise regulatory compliance.	We accept very limited residual regulatory risk	We may accept limited residual regulatory risk where robust evidence supports and defends our decisions.	We are prepared to accept some regulatory risk where the benefits outweigh any potential adverse consequences.	We are willing to pursue decisions that may invite regulatory intervention where the benefits outweigh the risks and justification is robust.
Digital Innovation	We have no appetite for decisions that elevate exposure to cyber fraud, data breaches, or related digital risks.	We will not prioritise digital innovation and will only adopt solutions that are established and widely proven to be effective.	We may accept limited digital risk and will consider innovation where there is strong evidence of successful application elsewhere.	We are prepared to accept some digital risks where there is potential to achieve improved outcomes for patients or staff, recognising that innovation may create short-term disruption.	We actively seek digital innovation opportunities that deliver significant benefits, accepting higher inherent risk within a controlled project management environment. Risks will be identified early and managed appropriately and in line with defined risk appetite.
Reputation	We have no appetite for decisions that could increase external scrutiny or public attention.	Our appetite is limited to risks where there is no possibility of significant reputational consequences.	We may accept limited reputational risk where effective controls are in place to mitigate potential adverse impacts.	We are prepared to accept some reputational risk where improved outcomes for stakeholders are achievable.	We are willing to make decisions that invite external scrutiny and will actively promote innovation and new ideas where potential benefits outweigh the associated reputational risks.