



**NHS**

North West  
Ambulance Service  
NHS Trust



# Our Strategy

2026 - 2031 <



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# Foreword

from our chair and chief executive

Every day, thousands of people across the North West rely on us at some of the most critical moments of their lives. It is a responsibility we hold with respect for the trust placed in us. Our new strategy for 2026 - 2031 has been shaped by the insight, experience and ambition of our people, patients, volunteers and partners, and reflects what matters most to those we serve.

Despite significant pressure across the urgent and emergency care system, we have delivered meaningful progress. We have strengthened the quality and safety of our care, improved access to our services, and invested significantly in our workforce. The integration of our 999 and NHS 111 contact centres, the expansion of clinical pathways and the growth of our digital capability have created stronger foundations for the future. These achievements belong to our 7,500 colleagues and more than 1,200 volunteers whose dedication to helping people when they need us most never wavers.

As we look ahead, we do so with realism and optimism. Demand for urgent and emergency care continues to rise, inequalities across our region remain stark, and national policy is shifting towards more community based, connected and digitally enabled models of care. As the only regional provider working across five integrated care systems, we have a unique leadership role in shaping how urgent and emergency care evolves over the next five years.

Our refreshed strategy sets out four clear aims:

- Provide outstanding, inclusive care for everyone we serve.
- Build a safe, supportive and inclusive culture together.
- Deliver a responsive care model through partnerships.
- Embed continuous improvement and innovation for a sustainable future.

These aims reflect what our patients and staff told us they value: safe and compassionate care, a positive culture, coordinated services, and a commitment to learning, sustainability and innovation.

Tackling health inequalities is central to this strategy. The diversity and complexity of the North West means that where people live, work and grow up still shapes their health outcomes. Our new Health Inequalities Framework will guide how we target our efforts and work with partners to ensure access, experience and outcomes improve for those who need us most.

We also recognise that our people are at the heart of achieving our ambition. This strategy reinforces our commitment to their wellbeing, development and representation, ensuring everyone feels valued, supported and able to thrive.

By 2031, our ambition is clear: to be a trusted, high performing and forward thinking ambulance service that delivers safe, inclusive and person-centred care, works seamlessly with partners, and remains sustainable for the long-term. We want to thank everyone who contributed to shaping this strategy. Your insight has informed a shared vision for the future - one we are proud to lead.



**Julia Mulligan,  
Chair**



**Salman Desai KAM,  
Chief Executive**

**Together,  
we will continue  
to help people  
when they need  
us most.**

# Understanding our context

About NWAS

Where we are today

Progress against our 2022 - 2025 strategy

Forces shaping our strategy

The strategic challenge

# 01

# About N WAS



We are a team of more than **7,500 people** working in **300 different roles**. Most of us work directly with patients; supporting people when they call 999 or 111, responding to emergencies, and helping them get safely to and from hospital appointments.

Others work behind the scenes, providing expertise and vital services to make sure all parts of the organisation are well-run and have the right support.

We operate from over **100 sites** across the North West with over **1,000 vehicles**. We have more than **1,200 volunteers**, including some who respond to emergencies in their communities and others who help vulnerable people get to and from important hospital and clinic appointments.



## Our teams

### Service Delivery

Paramedic Emergency Service  
Patient Transport Service  
Resilience  
Integrated Contact Centres  
Volunteers

### Quality and Improvement

Mental Health  
High-Intensity Users  
Safeguarding  
Infection Prevention and Control  
Quality Improvement  
Regulatory Compliance

### Clinical

Clinical Safety  
Research and Development  
Public Health and Prevention  
Freedom to Speak Up  
Medicines Governance and Optimisation  
Clinical Audit  
Clinical Learning and Improvement

### Finance

Finance  
Procurement  
Estates  
Fleet and Facilities Management  
Digital, Data and Technology

### People

Education and Training  
Learning and Organisational Development  
Human Resources  
Staff Experience and Culture

### Corporate Affairs

Legal Services  
Corporate Governance  
Incidents and Risk Management  
PALS and Resolutions  
Health and Safety  
Violence Prevention and Reduction

### Strategy and Partnerships

Communications  
Patient Engagement  
Charity  
Strategy and Planning  
Programme Management Office  
Urgent and Emergency Care Improvement  
Partnerships and Integration

# The service we provide

## Contact

**1.43m** 999 calls  
**1.87m** 111 calls  
**1.53m** PTS contacts



## Assessment

**1.7m** 111 assessments  
**164,000 patients** care resolved over the phone (hear and treat)



## Response

**308,480 patients** discharged at scene (see and treat)  
**604,176 patients** conveyed to ED  
**40,273** to non-ED  
**1.4m** PTS journeys



# Where we are today

## Our population and geography

We serve a population of over 7.5 million people across 5,400 square miles in the communities of Cumbria, Lancashire, Cheshire, Merseyside, Greater Manchester and Glossop (Derbyshire). We cover a mix of major cities, towns, coastal and rural communities.

The factors that might impact on health and social care needs are different in each area we cover.



### Cumbria and Lancashire

**North Cumbria**  
510,680 population  
2 place-based partnerships  
1 trust  
9 primary care networks

**Lancashire and South Cumbria**  
1,443,153 population  
4 place-based partnerships  
5 trusts  
42 primary care networks

### Cheshire and Merseyside

2,615,425 population  
9 place-based partnerships  
17 trusts  
50 primary care networks

### Greater Manchester

3,082,709 population  
10 place-based partnerships  
9 trusts  
65 primary care networks

## Health inequalities in the North West\*

The diversity in our region makes the North West a unique place to live but also presents some challenges. We know from our data that the overall health of our region's population has a huge effect on demand for our services.

- In the North West, 32% of people live in the most deprived communities in England which affects health outcomes, healthcare experience and life expectancy compared with the general population.
- Life expectancy is significantly lower than the national average in areas such as Blackpool and Knowsley. People in these communities are more likely to suffer from long-term illnesses or have higher need for emergency care services.
- The North West has a higher prevalence of chronic conditions, and a larger percentage of its population with long-term conditions (30%) compared to all other regions.

## Demographic changes\*

- 19% of the North West population are aged 65+ (nearly 1.4m people).
- By 2040, the 65+ population in the North West is likely to increase by 36% to 1.8m people.
- People aged 90+ will have increased by 93%.

## What this means

These inequalities and demographic changes put extra pressure on health services, including ambulance services, as demand is often greater in deprived areas.

We are seeing rising urgent care demand, increasing clinical complexity and greater variation across communities.

By actively addressing health inequalities, we can help improve patient outcomes, reduce pressure on emergency services, and support a more sustainable healthcare system.



\*Sources: North West Analysis (2024), State of Health Ageing in the North West (2022).



# Progress against our 2022 - 2025 strategy

## What have we achieved?

### For our patients

Over the last three years, we have delivered meaningful improvements to the experience and outcomes of the people we serve.

**Key highlights include:**

- Integrated 111 and 999 triage systems
- Improved call handling and response performance
- Expanded community referral pathways
- Above national average performance in Ambulance Clinical Quality Indicators
- Increased opportunities for patients and public engagement

### For our people

We have continued to invest in and support our people, ensuring colleagues have the skills, confidence and leadership they need to deliver excellent care.

**Key highlights include:**

- New leadership structures and area directors introduced
- CPD and Learning Hub launched
- Violence prevention team established
- Ofsted rated our education provision as Good
- Launch of sexual safety campaign and anti-racism statement

### For our organisation and partners

We have continued to develop into a more collaborative and future focused organisation.

**Key highlights include:**

- Stronger partnerships across five integrated care systems
- Mobile data and vehicle solutions implemented
- Smart programme pilots and digital innovation initiatives
- Nationally recognised performance through the NHS Oversight Framework

These achievements provide a strong platform, but the health and care environment is changing rapidly and new challenges are emerging.

# Forces shaping our strategy

We operate in a rapidly changing health and care environment. A combination of population need, system pressures and national reform is reshaping how urgent and emergency care must be delivered across the North West. These forces will shape our role over the coming years.

## Population health and inequalities

The North West experiences some of the highest levels of deprivation and poorest health outcomes in England. Higher prevalence of long-term conditions and lower life expectancy increase demand for urgent and emergency services.

## Growing and ageing population

The number of people aged 65 and over is expected to increase by 36% by 2040. Older populations are more likely to live with multiple long-term conditions, increasing the complexity of care.

## Urgent and emergency care system pressure

Demand for urgent and emergency care continues to rise while capacity across hospitals, community services and primary care remains constrained.

## National reform and changing care models

The NHS 10 Year Health Plan sets out three major shifts:

- Hospital → Community
- Analogue → Digital
- Treatment → Prevention

## Digital and data opportunity

Advances in digital technology and analytics enable:

- Improved clinical decision support
- Better demand insight
- More coordinated care pathways.

## Workforce sustainability

Like the wider NHS, ambulance services face recruitment, retention and wellbeing challenges, requiring a skilled, flexible and resilient workforce.



Together, these forces are reshaping the role ambulance services play in urgent and emergency care. We must continue to evolve - strengthening partnerships, improving how patients access care and developing new ways of working to meet the needs of the population we serve.

# The strategic challenge

The forces shaping urgent and emergency care create a set of strategic challenges for us. To meet the needs of the population we serve, we must evolve how we deliver care, work with partners and use our resources.



## Demand is increasing faster than system capacity

Demand for urgent and emergency care continues to grow while capacity across hospitals, primary care and community services remains constrained. This places sustained pressure on ambulance response and patient flow.

## The role of ambulance services is expanding

Ambulance services are increasingly expected to act as system co-ordinators, helping patients access the most appropriate care rather than defaulting to hospital conveyance.

## Digital and data capability will become critical

Better use of data, digital tools and clinical decision support will be essential to anticipate demand, support clinicians and improve patient outcomes.

## Greater collaboration is required across systems

Working across multiple systems within a complex and evolving health and care landscape. Partnership working will be essential to improve pathways, reduce variation and support integrated urgent and emergency care.

## Workforce sustainability

Changing models of care require a flexible and skilled workforce able to adapt to change and supported by a culture which enables them to deliver the highest quality of care.

## Delivering sustainable services

We must continue improving quality, productivity and innovation to ensure services remain sustainable in a financially constrained NHS.

In response to these challenges, this strategy sets out our purpose, our vision for the future and the strategic aims that will guide how we evolve over the coming years.



# Our strategic direction

## Our strategy 2026 - 2031

- Our purpose
- Our values
- Our vision
- Our strategic aims

## Aims

- Provide outstanding, inclusive care for everyone we serve
- Build a safe, supportive and inclusive culture together
- Deliver a responsive care model through partnerships
- Embed continuous improvement and innovation for a sustainable future

# 02

Our strategy 2026 - 2031

# Our purpose

We have kept our purpose statement and values unchanged in the updated strategy because they continue to provide a clear anchor for everything we do, reminding us why our organisation exists and what unites us across all roles and services.

Whatever our role, we all share a common purpose: **To help people when they need us most.**



We aim to achieve the best possible physical and mental health outcome for each person who needs us. We will provide high-quality emergency care to save lives and make a difference to people with life-threatening illnesses or injuries.

For those with less serious conditions, we will tailor our response to each person's needs. This may include urgent clinical assessment, advice over the phone, referring them elsewhere or alternative transport for scheduled appointments.



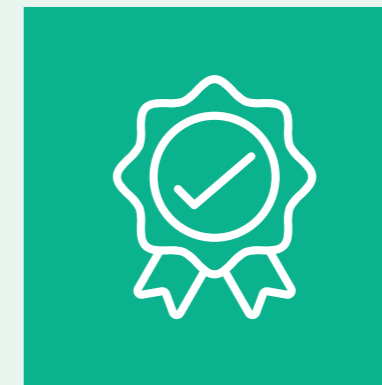
Our strategy 2026 - 2031

# Our values



## Working together

We work together to understand and value every role in achieving our shared purpose. We live and breathe inclusivity; everyone matters.



## Being at our best

We challenge ourselves to be the best we can be. We are curious and push boundaries to improve everything we do.



## Making a difference

We make a difference through doing the right thing by our staff, patients, partners and communities. We act with compassion and kindness.



Our values are the behaviours that underpin all that we do. They describe how we should approach our work. They can be found in our systems and processes, from appraisal paperwork to planning tools for large-scale projects for change.

Putting our values into practice supports us to provide compassionate care and improve outcomes and experiences for our people, patients and communities.

Our strategy 2026 - 2031

# Our vision

In 2022 we set out our vision to deliver the right care, at the right time, in the right place; every time. We include a vision statement because it provides a clear picture of the future we are working towards, helping to align our priorities, guide long-term decision-making and ensure that our collective ambition remains the driving force behind our actions.

Through our engagement on this strategy refresh, our staff and patients told us that they felt this vision statement remained relevant and therefore we have kept it the same but broken down each element to demonstrate what our ambition is between now and 2031.



Delivering the **right care**, at the **right time**, in the **right place**; **every time**.

**Right care**

Patients receive care that is safe, effective and personal. Our teams have the skills, tools and information needed to make the best clinical decisions.

**Right time**

Patients receive a rapid and reliable response when they need urgent help. We will meet or exceed national standards for emergency response and NHS 111.

**Right place**

More patients receive care in the most appropriate setting. We will work with partners to reduce unnecessary emergency department attendance.

**Every time**

Our services are reliable, consistent and sustainable. Continuous improvement and innovation will help us deliver high-quality care across the region.

Where we want to be in **2031**

By 2031, we will be a trusted provider and partner in urgent and emergency care, working closely with others to design services that are responsive and focused on patients. We will keep learning and improving every step of the way.

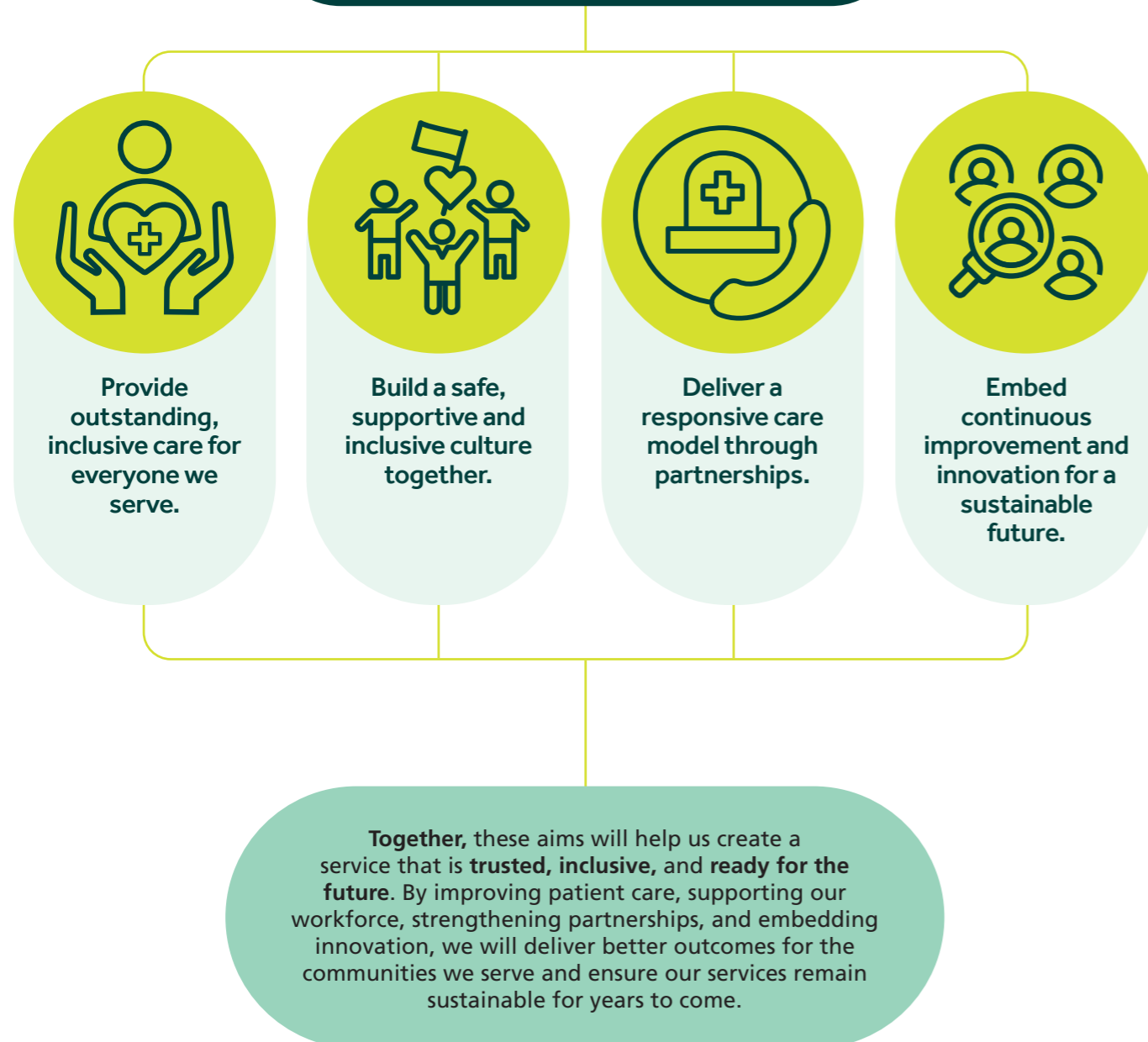


Our strategy 2026 - 2031

# Our strategic aims



To achieve our vision, we will focus on four strategic aims that will guide our priorities and decisions over the next five years.



# Aims

## Provide outstanding, inclusive care for everyone we serve

### What is our ambition for 2031

We will provide consistently high-quality, safe and compassionate care for our communities, reducing unwarranted variation and tackling health inequalities. Our population will experience timely access to care, strong clinical outcomes and a service that listens and improves using their feedback.

### What are our areas of focus

**Safety**

Deliver our Patient Safety Incident Response Framework (PSIRF) priorities and reduce avoidable harm.

**Effectiveness**

Improve clinical outcomes and raise performance to the top quartile of ambulance quality indicators.

**Health inequalities**

Identify and address areas where patients experience sub-optimal care due to recognised health inequalities and take targeted, measurable remedial action.

**Patient experience**

Drive year-on-year improvement in experience alongside ongoing engagement with communities and volunteers to help co-design services.

### How will we measure progress

**Safety**

30% reduction in avoidable harm (notifiable incidents) across PSIRF priorities; learning actions completed and sustained.

**Effectiveness**

Performance in Ambulance Clinical Quality Indicators (ACQIs) and other clinical indicators in the top quartile; fewer unwarranted variations across geographies and clinical groups.

**Health inequalities**

Reduction in identified outcome and access gaps for priority population and clinical groups; evidence of targeted interventions and impact reviews, improve against Association of Ambulance Chief Executives (AACE) maturity assessment tool.

**Patient experience**

≥5% improvement in FFT/complaints compliments ratio and thematic improvements from patient feedback; response and resolution times.



@NWAmb\_LGBT



# Build a safe, supportive and inclusive culture together

## What is our ambition for 2031

Our leaders create a compassionate, inclusive and supportive workplace culture, where everyone has a voice, can be at their best and is supported to improve and develop.

## What are our areas of focus

### Attraction and welcome

Attract and retain a representative workforce with effective onboarding and sustained support.

### Leadership and management

Develop confident and inclusive leaders with the skills and tools to lead through complexity; use digital tools to release time.

### Developing for the future

Develop high-quality, accessible opportunities for career development and progression, supported by high-quality education and CPD, embrace future roles and changing care delivery models.

### Wellbeing, culture and inclusion

Develop an inclusive, supportive and safe culture across the employee lifecycle.

### Listening and involvement

Staff and learners are active partners in improving how we work and the care we provide.

## How will we measure progress

### Attraction and welcome

Increase in ethnic minority representation to 10% of the workforce, reduce Workforce Race Equality Standard (WRES) 'shortlisting to appointment' indicator to below 1.25, streamlined recruitment processes and improved retention in first year of appointment.

### Leadership and management

Increased levels of representation of women and ethnic minorities in leadership positions, staff survey leadership scores in top 3 in sector, 90% compliance with leadership induction, increased uptake of coaching and mentoring.

### Developing for the future

OfSted exceptional rating for 3 out of 5 standards, staff survey 'We are always learning' theme in top 3 in sector, learning evaluation measures, traffic to learning hub increased.

### Wellbeing, culture and inclusion

NHS Staff Survey 'We are Safe and Healthy' theme and experience of negative behaviours in top 3 in sector; absence reduced to 5%, improving staff safety culture and narrowing of WRES and Workforce Disability Equality Standard (WDES) staff experience indicators to below 5%.

### Listening and involvement

NHS Staff Survey 'Engagement' and 'Morale' themes in top 3 in sector, continuous improvement in learner feedback.



# Deliver a responsive care model through partnerships

## What is our ambition for 2031

We will optimise our delivery model and work closely with partners so that care is coordinated, equitable and responsive to population needs.

## What are our areas of focus

### Contact

Deliver an integrated, technology-enabled contact model that improves accessibility, reduces inequality, and enhances efficiency and patient experience.

### Assessment

Deliver safe, consistent, and personalised triage and assessment that identifies risk early, reduces variation, and ensures patients receive the right care first time.

### Response

Deliver a resilient, efficient, and patient-centred response model that uses technology, workforce optimisation, and system collaboration to provide the right care, in the right place, at the right time.

## How will we measure progress

### Core standards

Meet and sustain all national performance standards for urgent and emergency response, patient transport and Emergency Preparedness, Resilience and Response (EPRR).

### Flexible care delivery model

Capacity sustainably meets changing demand, reduced waiting times, improved accessibility to our services, increased productivity and resilience within our operational model, sustained resource optimisation.

### Clinical assessment

Optimised clinical decision-making and risk stratification, increased agility of clinical workforce.

### Hospital to community

Increase in access to and use of alternative care pathways, technology-enabled direct booking, information sharing, increase in telephone/virtual triage and treatment and sustained reduction in unnecessary conveyance to emergency departments.



# Embed continuous improvement and innovation for a sustainable future

## What is our ambition for 2031

We will embed a culture of learning and improvement that drives productivity and delivers clinical, operational, workforce, financial and environmental sustainability.

## What are our areas of focus

### Improvement focused

Embed a consistent improvement management system that connects strategy, priorities and operations; build improvement capability from Board to frontline.

### Value for money

Secure long-term financial sustainability and deliver high value, cost effective services through strong financial governance and disciplined investment.

### Digitally enabled

Create a sustained digital shift by using trusted digital tools, strong data, and innovation to improve services.

### Environmentally sustainable

Progress towards achieving net zero carbon by 2040 through delivery of our Green Plan.

## How will we measure progress

### Improvement focused

Improved NHS IMPACT self-assessment, increased uptake of improvement training, increase in adoption of improvement tools and methods.

### Value for money

Delivery of recurrent financial savings included in the medium-term financial plans, reduce non-recurrent measures in CIP programmes.

### Digitally enabled

Improved digital literacy, increased access to and use of data insights, more resilient and reliable digital foundations including management of digital disruption and cyber risks, digital tools supporting safer care, clinical decisions and improved patient outcomes.

### Environmentally sustainable

Year-on-year improvement against Green Plan indicators.

# Core themes

Introducing our core themes

Theme 1: Health inequalities

Theme 2: Equality, diversity and inclusion

Theme 3: Improvement

# 03

# Introducing our core themes



Our strategic aims are underpinned by three core themes that guide our decision-making and shape our services. The themes are health inequalities, equality, diversity and inclusion, and continuous improvement. They are not standalone priorities but are integral to every strategic aim and objective: shaping how we design our services, utilise our resources and measure our success. Each strategic plan will consider and address these core themes.



Tackling health inequalities is a national priority and each strategic plan will address how we can reduce gaps in access, experience and outcomes, ensuring all the communities we serve can benefit from improved health and wellbeing. Our new Health Inequalities Framework will inform this work and provides direction for each of the strategic plans.



We are committed to an active approach to equality, diversity and inclusion where it informs our service design and the equity of the care we provide. Taking visible and meaningful steps to eliminate discrimination; to improve the diversity of our thinking through better representation in our workforce and to create an inclusive environment which enables our people to be at their best.



We strive to become an improvement organisation, meaning that we will empower our people to apply improvement methods to continuously learn, adapt and enhance the quality of our care and services. This improvement approach will become the method or 'the how' through which we deliver our strategic aims and the detail of 'the what' we will improve should be embedded into every strategic plan.



# 01 Health inequalities

## Reducing health inequalities

Our Health Inequalities Framework explains where we think we can make the biggest difference. It's based on evidence, data and conversations with the people we serve and work with.

The framework follows the Core20PLUS5 principles, and presents the vulnerable groups for targeted and coordinated action:

### Equality of access

The ambulance service is the access point for urgent, emergency and planned care, and we need to ensure that our population feels safe to access our care and there are no barriers (such as communication difficulties) which might affect the quality of service we provide.

### Clinical groups

Aligned to Core20PLUS5, ICB priorities across our region, and our top-demand reasons – frailty, respiratory disease, mental health, cardiovascular

disease and maternity. These are the clinical areas where we feel we can have the most impact on health inequality over the period of this strategy.

### Inclusion health groups

Identifying unwarranted variation and working with our system partners on initiatives which support patients living in areas of highest deprivation, calling us with end-of-life care needs, patients with learning disabilities and neurodiversity, children and young people, and patients facing homelessness.

### Culturally aware care and patient experience

We need to ensure that our people are confident and competent to deal sensitively with the individual needs of their patients. We will also actively engage with our patients to listen and learn from their experiences. Importantly, we need to continue to work in collaboration with our system partners to achieve these.



# 02 Equality, diversity and inclusion

Creating a truly inclusive culture for our workforce is critical to delivering high-quality inclusive care and improving health inequalities. This core theme identifies two underpinning priorities for improvement: improving representation and inclusive culture.

Core to delivery of improvement in these areas is the effective capture and analysis of diverse data and the use of impact assessment tools to identify and eliminate inequality. These principles and tools will underpin our approach across all our strategic plans.

## Improving representation

To deliver high-quality, inclusive care we need a workforce which reflects the diversity of our population at all levels. This enhances the diversity and creativity of our thinking, helps us to deliver social value and improves the life opportunities for our communities.

Our data tells us that our workforce does not represent our community profile, especially in relation to race, and that staff with different backgrounds and genders are not fairly represented in leadership positions. Our recruitment processes are not always valuing diversity, and our people do not feel that career progression is fair.

### Our priorities in this area are therefore:

#### Representative recruitment

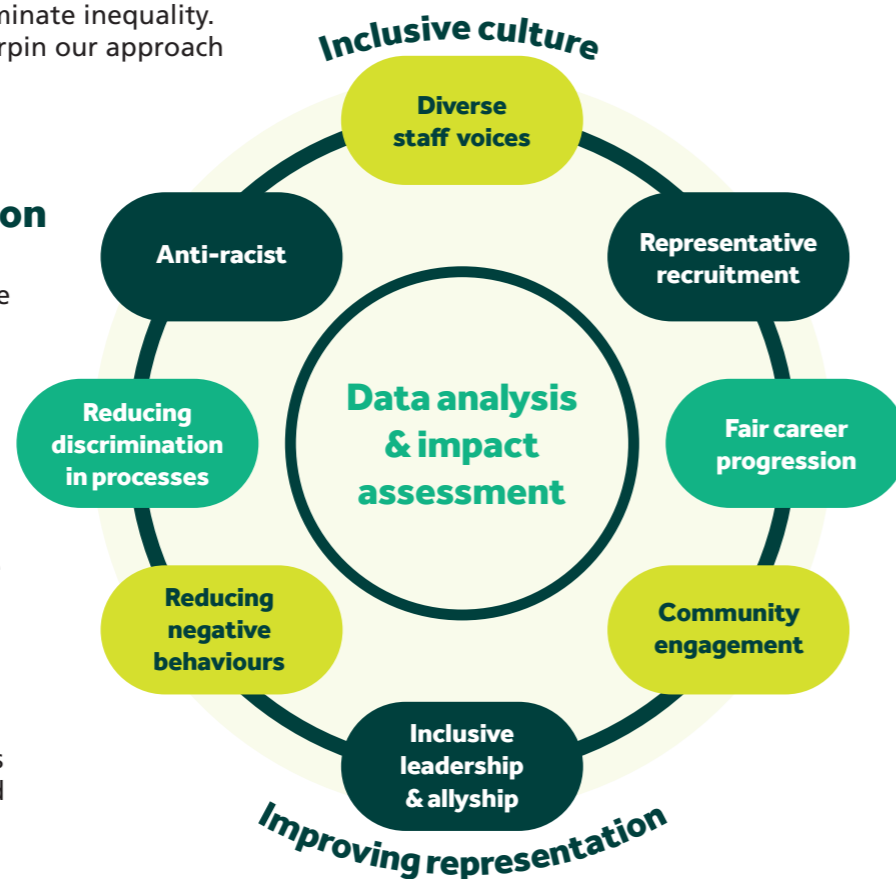
Improving the attraction of diverse groups; eliminating discrimination in our recruitment processes and taking positive action to improve representation.

#### Fair career progression

Improving development opportunities for all; ensuring our processes for career progression are fair and equitable; removing barriers to progression; increasing flexibility in leadership roles.

#### Community engagement

Actively promoting careers within our communities; creating employment opportunities for under-represented groups.



## Building an inclusive culture

Our aim is to develop an environment where diversity is truly valued. We recognise that discrimination exists in society, in our workplaces and in healthcare. Our commitment is to take proactive steps to address inequalities. The creation of an inclusive culture where everyone can thrive, is a responsibility shared by everyone at NWAS.

Our data currently tells us that the experiences of our staff with different protected characteristics (such as age, gender, disability and sexual orientation) is different. Exposure to negative experiences such as bullying, harassment, discrimination or sexual misconduct remains too high. Turnover in some groups is higher than the average. Entry into management processes such as discipline and performance management is higher for people from ethnic minority backgrounds and disabled staff. This leaves some of our people feeling under-valued and unfairly treated. They cannot give their best to patients unless the culture and environment support them and value them.



### Our priorities in this area are therefore:

#### Inclusive leadership and allyship

Our leaders should be visible role models for inclusion and act as positive allies. Inclusion needs to be at the heart of our leadership development, building confidence and competence to support their diverse teams. We also need to hold our leaders to account for the environments they create.

#### Reducing negative behaviours

We will continue to build confidence in speaking up; taking positive action to address negative behaviours such as bullying and harassment; sexual safety and discrimination.

#### Reducing discrimination in processes

We will actively measure the differing impacts of our processes and take steps to address inequalities which are identified.

#### Anti-racist

We aim to bring our anti-racism statement to life. To confront racism in any form. To actively identify, challenge and change policies, systems, attitudes and beliefs that perpetuate racist ideas and actions.

#### Diverse staff voices

We will engage our staff in change and the decisions that affect them; ensuring that the voices of all groups are actively sought out and that our staff networks are vibrant and supported.



# 03 Improvement

## Embedding an improvement culture



Improvement should be a core theme across all our strategic aims because it helps us create an organisation where everyone feels able to make a positive difference in their everyday role. When improvement is part of how we work, not an isolated project or specialist activity, we build a culture where ideas are encouraged, problems are solved early, and better ways of working spread naturally across teams and services.

Making improvement a core theme also means we can develop capability from the Board to frontline colleagues, giving everyone the skills, confidence and tools to make changes that benefit patients, our people and the wider system. When leaders model and support this approach, and teams feel empowered to test ideas and learn from experience, improvement becomes something we all share and contribute to.

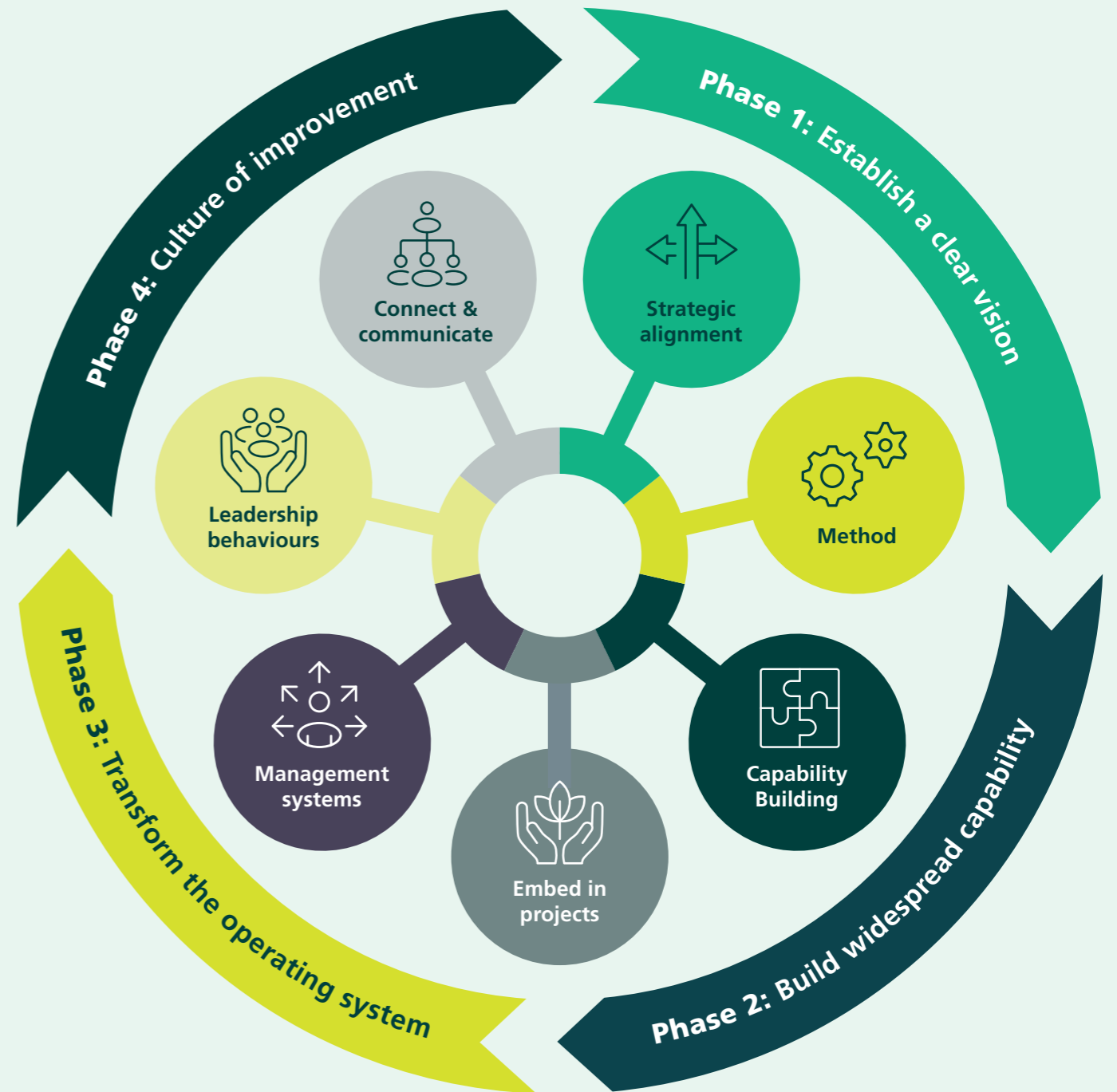
Embedding improvement across all our aims also helps us work more consistently. A single, shared way of approaching change, supported by good data, clear priorities and simple methods, makes it easier to align efforts, build on what works and ensure progress is sustained. This strengthens collaboration across services and helps us use our resources more effectively.

Above all, having improvement as a core theme supports a culture of continuous learning and curiosity. It enables us to keep adapting, keep getting better, and keep focusing on what matters most for our patients, our people and the communities we serve.

Over the next five years, we will make continuous improvement part of how we work at NWAS, so we can deliver our ambitions and provide the best possible care for patients.

**Our improvement journey will move through four stages:**

1. Set a clear vision for improvement, with visible leadership commitment.
2. Build the skills, tools and support our people need to improve services and deliver meaningful change.
3. Make changes to how we operate based on improvement expertise.
4. Embed improvement into everyday practice, so it becomes part of our culture and the way we work.



# Delivering our strategy

Implementation and delivery



# 04

# Implementation and delivery

## Our strategy

Our five-year **strategy** outlines where we are now, where we want to be and the areas we want to focus on to achieve our vision. We all share responsibility for the aims and must work together to achieve success.

## Strategic plans

We have four **strategic plans** which each align to one aim and provide detail on specific delivery objectives and key measures of success. These plans also include a roadmap which shows the sequencing of objectives and outcomes over the next three to five years.

## Enabling plans

We also have **enabling plans** which crosscut all our aims. These plans focus on digital, estates and fleet, improvement and environment. They outline more specific pieces of work which will be undertaken to help support delivery of our plans.

## NHS England medium-term plan

The **NHS England medium-term plan** is a mandated external submission which is refreshed annually. It uses key information from our strategic plans plus updated modelling assumptions to provide a triangulated view of delivery and assurance that we will achieve key performance targets.

## Annual plans

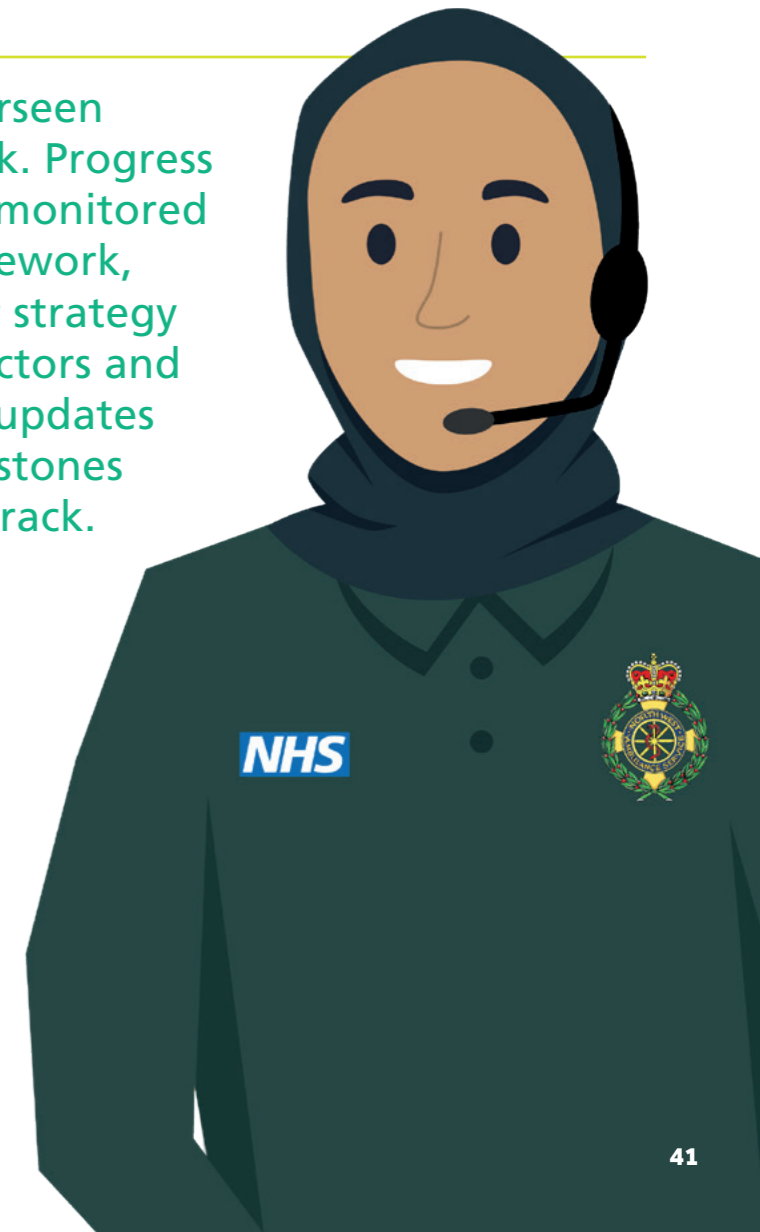
Each year, we will develop an **annual plan** which shows what the projects, milestones and measures will be for the coming year. This plan will also assess whether we have the right capacity, expertise and resource to deliver our objectives. The annual plan should also be used to shape directorate, team and individual objectives and ensure we're all working towards a shared set of priorities.

## Assurance and accountability

We must have a way of providing **assurance** to our Board of Directors that we are making year-on-year progress towards achieving our strategy.



Delivery of the strategy will be overseen through our governance framework. Progress against strategic objectives will be monitored through the Board Assurance Framework, performance reporting and regular strategy delivery reviews. The Board of Directors and its committees will receive routine updates on progress, risks and delivery milestones to ensure the strategy remains on track.



# Appendices

Appendix 1: How we developed our strategy

Appendix 2: Glossary of terms

# 05

Appendix 1:

# How we developed our strategy

## Working with our stakeholders

It's essential that our strategy reflects the diverse perspectives of our stakeholders, including staff, patients, and system partners. To achieve this, we collaborated with key leads to identify the most effective ways to engage these groups and ensure the strategy is truly representative.

To support the development of the strategy, we undertook targeted engagement with key stakeholders. This included a combination of structured workshops, focused discussions, and one-to-one sessions designed to build on themes identified during the diagnostic phase.

Workshops were held to discuss the following themes: people, digital, staff safety, patient safety, and health inequalities.

### Further targeted engagement

Additional discussions with subject matter experts explored emerging priorities such as environmental sustainability, our future care delivery model, value for money, quality, and infrastructure requirements.

### Leadership engagement

Strategic input was also gathered through focused discussions with our senior leadership group, executives and non-executive directors.



## External engagement

We have shared our draft strategic ambition with partners from across our geographical footprint to ensure that we are aligned and clear on how trusted partnerships will support delivery of our strategy.

In total, the sessions engaged a broad range of stakeholders, including over 270 colleagues from across key areas and system partners, ensuring diverse perspectives were represented throughout the process.

Using insights from our stakeholders, we have developed a refreshed set of strategic aims which reflect the major themes identified through consensus building. These aims have been re-tested with stakeholders to ensure they resonate with the organisation's purpose, vision, and values and that they provide a clear framework for our underpinning strategic plans.



Appendix 2:

# Glossary of terms

## Our strategy

Term	Definition	Example
<b>Purpose statement</b>	A purpose statement is a clear, concise sentence that explains why something exists or is being done.	To help people when they need us most.
<b>Values</b>	Our values underpin everything that we do and guide our people, decisions, actions and behaviours.	Working together, being at our best, and making a difference.
<b>Vision</b>	A vision is a clear statement of what an organisation or person strives to achieve in the future.	Delivering the right care, at the right time, in the right place; every time.
<b>Strategic aim</b>	Our strategic aims are long-term, yet high-level goals which will translate vision into tangible reality.	Provide outstanding, inclusive care for everyone we serve.

## Strategic plans

Term	Definition	Example
<b>Strategic objective</b>	Each plan outlines a set of specific, measurable objectives that support the delivery of the organisation's strategic aims.	Attract and recruit a representative workforce, providing effective onboarding and support to retain them.
<b>Deliverables</b>	Activities which will ultimately deliver an objective.	Deliver a talent management framework to enable us to grow our talent.
<b>Measures of success</b>	Sets out how we will measure achievement of our strategic objectives.	Improvement against workforce race equality indicators.

## Annual plan

Term	Definition	Example
<b>Annual priorities</b>	Summarises the organisation's delivery priorities for each financial year and aligns with workforce, financial and operational planning assumptions.	Embed new operational leadership structures and ensure leaders have the skills to deliver their roles effectively.



## Other key terms

Term	Definition	Example
<b>ICB</b>	Integrated care boards are statutory NHS organisations responsible for planning, funding and coordinating health services within a defined local area.	Our service covers five ICBs - Cheshire and Merseyside, Greater Manchester, Lancashire and South Cumbria, North Cumbria and Derby and Derbyshire (Glossop).
<b>Place-based partnerships</b>	These are collaborative groups involving a range of health and care providers within a local area who collectively influence population health and wellbeing.	Partners include NHS organisations, local authorities, voluntary and community organisations, social care providers and other public sector partners.
<b>Primary care networks (PCNs)</b>	PCNs bring together general practices (GPs) with other health services to improve access and provide more integrated care for local populations.	There are 166 PCNs across the North West footprint.
<b>Core20PLUS5</b>	Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.	<ul style="list-style-type: none"> <li>- Core20: identify the most deprived 20% in the population.</li> <li>- PLUS: locally identified groups who experience poorer access or outcomes.</li> <li>- 5: five key priority clinical areas identified for accelerated improvement.</li> </ul>



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