AGENDA

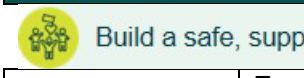
NHS North West Ambulance Service NHS Trust

Board of Directors
Wednesday, 25th November 2026
9.45am – 12:45pm
In the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Item No	Agenda Item	Time	Purpose	Lead
PATIENT STORY				
BOD/2627/088	Staff Story	09:45	Information	Chief Executive
INTRODUCTION				
BOD/2627/089	Apologies for Absence	10:00	Information	Chair
BOD/2627/090	Declarations of Interest	10:00	Decision	Chair
BOD/2627/091	Minutes of the previous meeting held on 30th September 2026	10:00	Decision	Chair
BOD/2627/092	Board Action Log	10:05	Assurance	Chair
BOD/2627/093	Register of Interest	10:05	Assurance	Chair



BOD/2627/094	Chair & Non-Executive Directors' Update - *verbal*	10:10	Information	Chair
BOD/2627/095	Chief Executive's Report, including TMC 3A reports: • 21st October 2026 • 18th November 2026	10:20	Assurance	Chief Executive
BOD/2627/096	Board Assurance Framework Q2 2026/27	10:35	Decision	Director of Corporate Affairs
BOD/2627/097	Interim Review of Risk Appetite Statement 2026/27 & Future Direction	10:45	Decision	Director of Corporate Affairs
BOD/2627/098	Integrated Performance Report	10:55	Assurance	Director of Quality and Improvement
BREAK 11:15 – 11:25				



BOD/2627/099	Freedom to Speak Up Bi-Annual Report	11:25	Assurance	FTSU Guardian

Provide outstanding, inclusive care for everyone we serve.

BOD/2627/100	Thirlwall Report	11:35	Discussion	Director of Quality and Improvement
BOD/2627/101	Learning from Deaths Q1 2026/27	11:45	Assurance	Medical Director
BOD/2627/102	Quality and Performance Committee 3A report from the meeting held on 26th October 2026	11:55	Assurance	Ms C Todd, Non-Executive Director

Deliver a responsive care model through partnerships.

BOD/2627/103	Communications, Engagement and Charity Q2 2026/27 Report	12:00	Assurance	Interim Director of Strategy and Partnerships
GOVERNANCE				
BOD/2627/104	Board and Board Committee Corporate Calendar 2027/28	12:10	Decision	Director of Corporate Affairs
BOD/2627/105	Use of Common Seal Bi-Annual Report	12:20	Assurance	Director of Corporate Affairs
BOD/2627/106	Charitable Funds Committee 3A Report from the meeting held on 21st October 2026	12:25	Assurance	Mr N Gower, Non-Executive Director
BOD/2627/107	Audit Committee 3A Report from the meeting held on the 23rd October 2026	12:30	Assurance	Mr N Gower, Non-Executive Director
BOD/2627/108	Resources Committee 3A report from the meeting held on 19th November 2026	12:35	Assurance	Mr N Gower, Non-Executive Director
CLOSING				
BOD/2627/109	Any other business notified prior to the meeting	12:40	Decision	Chair
BOD/2627/110	Risks Identified	12:40	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

27th January 2027 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, 30th September 2026
Oak Room, Ladybridge Hall, Trust Headquarters

Ms A Cooper	Non-Executive Director (Vice-Chair)
Mr S Desai	Chief Executive
Mr D Ainsworth	Director of Operations
Mr C Butterworth	Non-Executive Director
Mr M Gibbs	Director of Strategy and Partnerships
Dr C Grant	Medical Director
Dr E Strachan-Hall	Director of Quality and Improvement
Ms C Todd	Non-Executive Director
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

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

Observers:
None

Minute Ref:
BOD/2627/065 Patient Story

The Chief Executive introduced a film, which referred to the patient story featuring a 64-year-old Advanced Clinical Practitioner working at Mary Hewetson Community Hospital, Keswick, who suffered a dislocated hip on 2 December 2025 while on a work break. After being helped back inside the hospital, an ambulance was requested at 11:09 hrs. Although the incident was initially upgraded to a Category 2 response by a healthcare professional, clinical triage assessed it as Category 3.

A series of operational issues delayed the response, including the diversion of two allocated ambulances to higher-acuity incidents, a vehicle fault, and road closures. An ambulance eventually arrived at 17:49 hrs. During the wait, the patient received Oramorph from a GP and later IV morphine from a local A&E consultant.

Given her clinical experience, the patient was aware of the risks associated with prolonged hip dislocation, which increased her distress during the wait. The crew transported her to Cumberland Infirmary, arriving at 19:20 hrs, with further delay caused by hospital handover pressures.

A complaint was received on 8 December 2025. While clinical review confirmed the Category 3 assessment was appropriate, the response did not meet ARP standards. The audit also identified opportunities to improve the initial clinical assessment and consideration of alternative pathways. Having discussed the operational pressures facing the ambulance service, the patient accepted that NWAS had done what it could with the resources available and chose to share her experience to support service improvement.

The case illustrated how operational demand, prioritisation of higher-acuity incidents, vehicle availability, geography and wider system pressures can contribute to prolonged waits, while highlighting learning opportunities in the assessment and management of falls patients.

This patient story provided an important opportunity to reflect on the clinical assessment and management of patients following a fall, the experience of patients waiting for an ambulance during periods of significant operational pressure, and the cumulative effect that repeated reallocations and wider system pressures can have on an individual patient's journey.

The Board noted the learning points from the story on individual, service level and organisational level and a discussion followed.

Ms C Butterworth sought assurance regarding the potential for permanent harm arising from the extended ambulance wait and queried whether the national triage system adequately recognises such risks. She also questioned whether the incident reflected a wider system issue or a series of exceptional circumstances that contributed to the delay.

The Chief Executive confirmed the call was correctly categorised. The delay resulted from a combination of operational factors affecting the Trust’s ability to deploy an ambulance resource, including sustained demand pressures, resource reallocation and the geographical challenges associated with service delivery, rather than any issue with the triage process itself.

The Director of Strategy and Partnerships noted that the patient had been waiting within a hospital setting, which is generally regarded as a safe environment, and questioned whether the length of the wait may have differed had the patient been located at home. In response, the Director of Operations explained that, historically, there had been concerns regarding assumptions about places of safety; however, the current framework does not take the patient’s location into account when determining response priorities, and this was therefore not a contributory factor in the incident.

Ms C Todd highlighted the positive feedback provided by the patient regarding the professionalism and support demonstrated by the attending paramedics once the ambulance arrived. She asked whether increasing demand and delays

in reaching patients were having a detrimental impact on staff wellbeing and sickness absence. The Director of Operations acknowledged that prolonged delays can have a significant impact on both Integrated Contact Centre and operational staff when they are unable to meet expected response times. He confirmed that these pressures can contribute to increased sickness absence and that such issues are routinely considered through service line debrief and wellbeing processes.

The Director of Quality and Improvement undertook to review how extended ambulance waits, which exceed four hours, are reported through the Integrated Performance Report.

Ms A Cooper emphasised the importance of the Trust maintaining a clear understanding of the implications and risks associated with prolonged waits, particularly in anticipation of increased operational pressures during the winter period.

The Board:

- Noted the content of the story.

BOD/2627/066 Apologies for Absence

Apologies were received from: Ms J Mulligan, Chair and Mr N Gower, Non-Executive Director.

BOD/2627/067 Declarations of Interest

All standing declarations were recorded within the Register.

BOD/2627/068 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 29th July 2026 were agreed as a true and accurate record of the meeting with addition of Director of Finance to the present members section. With this omission amended, the minutes were approved.

The Board:

- Approved the minutes of the meeting held on held on 29th July 2026.

BOD/2627/069 Board Action Log

Action 12–25/26 and 2–26/27 were Green and agreed as completed for removal.

- 1-26/27 – Jess's and Martha's rules – systemic review for the Quality and Performance Committee

The Director of Quality and Improvement provided an update on progress against the action, advising that discussions had been held with the Medical Director. It was noted that the application of Jess's Law and Martha's Rule is primarily focused on inpatient settings, which presents some complexity when considering relevance to the Trust's services. Further consideration is ongoing,

and the matter will be discussed with the Chair of the Quality and Performance Committee to determine the appropriate approach.

- 5-26/27 – action relating to IPC BAF item on compliance relating to respiratory powered hoods,

The Director of Quality and Improvement reported that compliance currently stood at 54%, with further work underway to increase compliance. She emphasised that clear understanding of the Trust's current position was more significant and the risk remained low. The partial compliance rating was considered appropriate. The Board noted the update and agreed that the action could be closed.

BOD/2627/070 Committee Attendance

The Board noted the Committee attendance.

BOD/2627/071 Register of Interest

The Board noted the Register of Interests presented for information.

BOD/2627/072 Chair & Non-Executives' Update

On behalf of the Trust Chair, the Vice-Chair reported on the following activity and engagement undertaken by the Trust Chair for the reporting period.

The Trust Chair had received a visit from the Chair and Chief Executive Officer of North Cheshire and Mersey NHS Foundation Trust on 24 August 2026, which had provided a valuable opportunity for both organisations to learn from one another. The Trust Chair had joined a meeting with Louise Shepherd during her visit to the Trust and had arranged a follow-up one-to-one meeting.

The recruitment process for a new Non-Executive Director had progressed, with further details to be announced in due course and an induction programme being arranged. The Trust Chair thanked Ms A Cooper for her assistance and the executive colleagues who had supported the stakeholder panel.

The Trust Chair had attended the Annual General Meeting and three long-service award ceremonies. These had provided an opportunity to recognise the contribution of staff, understand the important role played by the teams represented and welcome support from the Lieutenancy across the different counties, which had helped to make the ceremonies particularly meaningful.

Following the Board development programme, the Trust Chair had followed up with most colleagues and invited any further reflections to help shape the next session. Informal catch-up meetings had also taken place, or were scheduled, with Non-Executive and Executive Board colleagues. The Trust Chair thanked colleagues for their time and contributions to these discussions.

The Trust Chair had held one of her regular discussions with Anna Parry from AACE and welcomed the progress of the Non-Executive Director ambulance network, which Anna Parry had been instrumental in establishing.

A meeting had also taken place with Mike Thomas to discuss changes to the Provider Collaboration Board in Lancashire. The Trust Chair welcomed the opportunity for the Board to work with the Trust as services were reshaped, particularly at an operational level, and had shared the discussion with Dan and Matt. Regular meetings with Mike Thomas would continue. Once the Non-Executive Director team was in place, consideration would be given to how the Trust should engage collectively with system leaders across the geographical area.

The Trust Chair had met with Naeem Younis from Strasys, which worked with partner organisations across the North West to support the development of strategic thinking. A follow-up discussion was planned, including consideration of whether Naeem Younis might contribute to a future Board development day.

Finally, the Trust Chair had met with former colleague Tracey Bleakley, who was working with Lancashire and South Cumbria Integrated Care Board as Chair of its newly established Commissioning Committee. The discussion had provided an opportunity to hear how the Committee's plans were developing. The Trust Chair had also received an invitation to contribute to the development of the Integrated Care Board's new strategy and confirmed that she would engage in that process.

The Board:

- Noted the Chair and Non-Executive Directors 'updates.

BOD/2627/073 Chief Executive's Report

The Chief Executive presented a comprehensive report covering activity from 23 July – 22 September 2026 including updates on performance, internal matters, regional and national issues, and other organisational information. The Executive Summary highlighted key points relating to people and culture, medical and quality.

The Chief Executive provided an update on the review of access to patient records following instances of inappropriate access to confidential medical records relating to victims and survivors of the July 2024 Southport incident. It was noted that the Trust had undertaken a comprehensive review and had agreed to complete this process before progressing any disciplinary action where inappropriate access was confirmed. A parallel review was also being undertaken by NHS England. The Chief Executive reported that a range of additional measures and controls had been implemented to reduce the risk of recurrence, recognising that such risks could not be entirely eliminated. The importance of robust safeguards, monitoring and audit processes was emphasised.

The Chief Executive provided an update on a cyber security incident affecting Beacon CRM, a customer relationship management system used by the North West Ambulance Charity. The incident involved unauthorised access to Beacon CRM systems and affected a number of charities across the UK.

The Board noted the publication of the national NHS Leadership and Management Code and Framework. It was reported that the framework aligned closely with the Trust's existing Be Think Do Leadership Framework and would support further development of improvement, inclusion, leadership accountability and a shared leadership approach across the NHS.

The Board congratulated recent cohorts of paramedic apprentices on their graduation. It was noted that 38% of graduates had achieved First Class Honours compared with 33% nationally, and that 78% of NWAS graduates had achieved either First Class or 2:1 honours since the programme began.

The Chief Executive reported that the Digital Pharmacy Stock Management System had gone live successfully in September 2026. The implementation had been completed as planned, with pharmacy and operational teams maintaining business continuity and ensuring frontline vehicles remained stocked throughout the transition.

The Board noted the launch of the Introduction to Improvement module on ESR, providing colleagues with an accessible introduction to improvement principles and approaches.

An update was provided on the Patient Transport Service contract procurement. The Greater Manchester contract had been awarded to HATS Group, whilst no award had been made for the Cheshire and Merseyside or Cumbria and Lancashire contracts. The Trust was awaiting confirmation of arrangements beyond April 2027.

The Board noted the publication of the Thirlwall Inquiry Report and the request from NHS England for Boards to review the findings and provide assurance regarding culture, governance and escalation arrangements. A paper would be presented to the Board in November to support further discussion and assurance.

The Chief Executive also reported that NHS England had agreed that ambulance trusts could align Hear and Treat reporting methodologies retrospectively to 1 April 2026. The Trust was implementing the change and would report the impact on performance measures and NOF once the revised data had been validated.

The Chief Executive concluded by highlighting the staff announcements set out within the report.

The Board:

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

BOD/2627/074 Mid-Year Confidence Assessment

The Director of Strategy and Partnerships presented the Trust's response to the request from NHS England's North West regional team for assurance regarding delivery of the 2026/27 plan, preparedness for winter 2026/27 and commencement of planning for 2027/28. The assessment drew on existing

planning, performance and assurance arrangements, supported by executive input on operational, financial and workforce matters.

The Board noted the proposed assurance ratings of Assured with Managed Risks for delivery of the 2026/27 plan, Partially Assured for winter preparedness and Fully Assured for commencement of planning for 2027/28. It was noted that the winter preparedness rating reflected unresolved system dependencies relating to same-day emergency care provision and hospital handover arrangements, which continued to create risks to Category 2 response performance despite the Trust's internal preparations.

The Board discussed the proposed submission and assurance ratings.

Ms C Butterworth queried whether sufficient information was made available to Board the proposed assurance rating for planning for 2027/28. The Director of Operations advised that the assessment was based on the previously approved Three-Year Plan, with no material deviations from the assumptions set out within it. He noted that the assumptions also aligned with Urgent and Emergency Care recovery planning which is monitored through the Quality and Performance Committee. The Director of Strategy and Partnerships added that the assessment was also informed by the Annual Plan.

Ms C Todd sought assurance that the proposed Partially Assured rating for winter preparedness was proportionate, noting the significant system-wide dependencies outside the Trust's direct control and questioning whether other ambulance trusts would reach similar conclusions. The Director of Operations advised that, while demand pressures were common across ambulance services, regional variation existed, particularly where hospital handover performance was stronger. The Director of Corporate Affairs noted that, although individual risks were manageable, the cumulative impact of those risks supported the proposed rating and a candid assessment of the Trust's position.

The Medical Director highlighted that the patient story presented earlier in the meeting demonstrated the importance of timely resource availability. He noted that the partial assurance rating reflected the ongoing impact of system constraints, particularly ambulance handover delays, and advised that additional ambulance capacity alone would not resolve the issue if resources remained tied up outside hospitals. By way of illustration, he reported that approximately 30% of ambulance resources had been awaiting handover outside hospitals on the previous evening.

The Chief Executive emphasised the importance of providing an accurate assessment to NHS England and noted that the proposed rating appropriately signalled the need for continued system intervention. The Director of People commented that the issues raised would be reflected throughout a number of items on the Board agenda.

The Board:

- Reviewed and approved the Mid-Year Review Board Self-Assessment at Appendix 1, including the proposed assurance ratings for delivery of the

2026/27 plan, winter preparedness and commencement of planning for 2027/28.

- Confirmed that the ratings and supporting commentary reflect the Board's collective level of confidence, including any material risks and mitigating actions.
- Approved the Board certification and authorise Chair and Chief Executive sign-off and submission to NHS England by 2nd October 2026.

BOD/2627/075 Provider Capability Assessment

The Director of Strategy and Partnerships presented NWAS's 2026 Provider Capability Self-Assessment for Board approval prior to submission to NHS England by 2 October 2026. The assessment builds on the previous submission made in October 2025, which resulted in a Green capability rating confirmed in March 2026.

The Board noted that the revised assessment framework retains six domains and requires organisations to assign a Green, Amber-Green, Amber-Red or Red rating for each domain. The updated guidance places greater emphasis on cyber security, digital maturity and Board oversight of staff wellbeing, and requires Boards to demonstrate the effectiveness of governance arrangements, describe changes since the previous assessment and identify any concerns, development needs and associated actions.

The assessment was developed using the previous submission as a baseline and was informed by updates from executive leads across their respective portfolios. The supporting evidence drew on existing Board and committee assurance, performance information, audit findings and external reviews.

The proposed assessment was Green across five domains and Amber-Green for Access and Delivery of Services. The Amber-Green rating reflected positive performance across a number of urgent and emergency care indicators, offset by ambulance production shortfalls, demand levels above plan, increasing hospital handover delays and limited alternative care pathways. It was noted that recovery actions were in place, although significant system dependencies remained.

Ms C Butterworth sought clarification on whether the Provider Capability Framework provided an opportunity to assess the impact of actions arising from the previous review. The Director of Strategy and Partnerships confirmed that this had been addressed through the preceding agenda item and recognised it was a new requirement.

Ms C Butterworth acknowledged that the proposed Amber-Green rating for Access and Delivery of Services reflected a number of system dependencies outside the Trust's direct control but sought further clarification on how the rating had been determined.
The Director of Operations explained that the majority of areas within the Trust's control were progressing as planned. However, uncertainty remained regarding system delivery, particularly in relation to hospital handovers, alongside demand levels that were significantly above plan and approximately 3.5% higher than

projected. He advised that the Amber-Green rating appropriately reflected these system-level gaps and dependencies.

The Chief Executive noted that the Executive Team had undertaken detailed discussion regarding the proposed rating and had revisited the assessment criteria to ensure consistency and accuracy.

The Director of Strategy and Partnerships advised that the proposed rating was consistent with the previous year's submission and noted that the domain also included health inequalities, an area in which the Trust had made good progress.

Ms C Todd highlighted the Trust's active engagement with system partners and questioned whether the submission understated the Trust's contribution and influence within the wider system. The Director of Strategy and Partnerships confirmed that system engagement was reflected within Domain One and agreed that this aspect could be given greater prominence within the narrative.

The Vice-Chair noted that the Executive Team had held a robust discussion regarding the assessment and confirmed that strengthening the narrative on system engagement would not alter the proposed rating.

The Director of Quality and Improvement advised the Board that an MIAA audit of the Patient Safety Incident Response Framework (PSIRF) was currently underway. She confirmed that this did not affect her confidence in the proposed Green rating.

The Board:

- Reviewed and approved the 2026 Provider Capability Self-Assessment at Appendix 1, including the proposed rating for each of the six domains.
- Confirmed that the assessment reflects the Board's collective view of organisational capability, including the supporting evidence, areas requiring development and actions to address them.
- Authorised Chair and Chief Executive sign-off and submission to NHS England by 5pm on 2nd October 2026.

BOD/2627/076 Resources Committee 3A Report from the meeting held on 24th September 2026

Ms C Butterworth, Non-Executive Director, introduced the report, which was taken as read. The Board noted one area rated as an alert relating to sickness absence, which would be considered in more detail under the Integrated Performance Report item.

Ms C Todd reported on her attendance at the Resources Committee for the first time and commented positively on the quality of the reports and the value of the discussions and assurance provided.

The Board:

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

BOD/2627/077 Trust Management Committee 3A Report from the meetings held on 19th August and 23rd September 2026

The Chief Executive presented the Trust Management Committee (TMC) 3A report from the meeting held on 19th August and advised there was one alert and several advisements, approvals and assurance reports, as listed within the report. The alert related to UEC productivity and workforce and an associated improvement plan was received by TMC as well. It was also noted the UEC recovery was also tracked through the Q&P Committee and workforce aspects such as vacancies, through the Resources Committee.

The Chief Executive provided an overview of the TMC meeting held on the 23rd September. The Board noted three alerts and a number of advisements, approvals and assurance reports, as listed within the report. The alerts related to rejection of proposed procurement of 10 additional electric ambulances, UEC productivity and workforce, winter assurance and handover.

In terms of the TMC decision not to progress the procurement of 10 EVs, the Board noted that TMC members agreed that the existing vehicles already in place should be used for robust testing and evaluation before any further commitment to purchasing additional electric ambulances is made.

The Board:

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

BOD/2627/078 Future Workforce Solution

The Director of People reminded the Board that NWAS had been offered the opportunity to become an early adopter of the programme in January 2026 and that Board approval had previously been granted to proceed with Phase 1, the foundational readiness assessment. The Board noted that the Trust had completed all required submissions within Phase 1 by the deadline of 30 June 2026.

The Director of People advised that, following submission of the Phase 1 scoping document, NWAS had received formal confirmation that it had successfully passed the first programme milestone and had been approved to progress to the next phase of the project, subject to formal Board approval by 30 September 2026.

The Board noted that the programme, now referred to as the People Portal, had been subject to revised national timescales, including an additional readiness phase running from July to November 2026. This will be followed by a design and testing phase through to Q4 2027/28 before go-live. It was noted that the programme includes key decision points and safeguards to enable the Trust to review its involvement if required.

The Director of People advised that a full Project Initiation Document (PID) would be developed as part of the Foundational Readiness 2 phase and submitted by the end of November 2026, with approval planned through the Corporate Programme Board in early November. The project structure was in place to

ensure full oversight of the project through the Corporate Programme Board with this project being reported alongside large-scale projects reporting through Resources Committee.

The Board noted the risks outlined within the report and the Director of People's assurance that the benefits of early adopter status continued to outweigh the identified risks.

Ms C Butterworth, Non-Executive Director, supported the recommendations and noted that the Resources Committee had discussed the inclusion of gateway review points within the PID, enabling the programme to be paused if required. The Director of People confirmed that appropriate controls would be in place to manage progression of the project.

The Director of Quality and Improvement sought early indications of the transformational impact of the programme. The Director of People advised that the full functionality of the system was not yet known; however, it was expected to provide staff with greater access to records, AI-enabled support and increased automation of manual processes. The next phase would provide opportunities for operational input to maximise benefits. While enhanced capability and functionality were anticipated, the full extent of the transformation remained to be determined.

The Director of Quality and Improvement also queried the revised programme timescales and the potential impact on capacity for other transformation initiatives. The Director of Finance advised that digital and finance input would be critical to delivery alongside other programmes, including ICS developments, and highlighted opportunities for wider system integration and alignment.

The Director of People advised that existing commitments remained in place and that additional funding would provide specialist capacity to support delivery of the People Portal. Whilst some pressure was anticipated as staff undertook testing activities alongside operational responsibilities, workload demand was expected to fluctuate throughout the programme. Digital teams were embedded within the project to support system integration, and substantial feedback was being provided to the national team regarding programme impacts. Despite these pressures, confidence remained that programme deadlines would be achieved.

The Board:

- Approved the Trust proceeding into Foundational Readiness Phase 2.
- Supported the delegation of future project decisions to the Corporate Programme Board.

BOD/2627/079 Disciplinary Policy and Fast Track Disciplinary Procedure Review

The Director of People presented the reviewed Disciplinary Policy and Procedure and associated Fast Track Disciplinary Procedure, which had been updated in line with the three-year review cycle. Minor amendments had been made following the major revision of the Disciplinary Policy and introduction of the Fast Track Procedure in 2022/23. The policies continue to reflect the HPMA

Avoiding Harm principles, with an emphasis on early resolution, proportionality, consistency and employee wellbeing. Both documents were approved by the Trust Policy Group in July 2026. Board approval remained a requirement for the policy.

The Director of People reported that, following approval of the policy with the Trade Unions in July, a late objection had been raised regarding the wording relating to inappropriate access to staff or patient records. The policy had subsequently been considered by TMC and the Resources Committee, both of which strongly supported making the wording more explicit. Tracked changes within the Board paper reflected the amendments arising from those discussions.

Ms C Todd supported the proposed amendment, noting recent national attention on the issue and agreeing that inappropriate access to records should be categorised as gross misconduct. She emphasised the importance of ensuring staff understand this when the revised policy is communicated.

The Director of People advised that national guidance had been adapted for the ambulance service context and communicated to staff as part of an ongoing commitment to prevent inappropriate access to records. The matter would also be reinforced through mandatory training from next year.

The Director of Quality and Improvement, whilst not present at the TMC discussion, expressed strong support for its recommendation. Ms C Butterworth noted that the Resources Committee had also discussed opportunities to make greater use of the Fast Track Disciplinary Procedure where appropriate.

Ms H Khan-Davey queried the continued use of the term BAME within NHS documentation and noted that many organisations had adopted alternative terminology, including Global Majority. She asked whether representatives from those communities had been involved when the terminology was agreed. The Director of People advised that the policies had been shared through staff networks and that this issue had not previously been raised.

The Chief Executive advised that the terminology was determined nationally across the NHS and offered to continue the discussion outside the meeting. Ms H Khan-Davey reiterated the importance of individuals being able to influence how they are described, particularly in the current social context. Ms C Todd suggested revisiting the discussion, and Ms A Cooper proposed linking it to the Trust's Staff Networks and anti-racism work.

The Board:

- Approved the revised Disciplinary Policy and Fast Track Disciplinary Procedure.

BOD/2627/080 2026/27 Flu Campaign

The Director of People introduced the report and highlighted that NHS England has set an ambitious target for 2026/27 of vaccination of 60-65% healthcare

staff. This target represented a substantial increase and therefore a significant challenge.

The Board noted that NWAS would continue to use a peer-led vaccinator model and had incorporated learning from the previous campaign. The Director of People added that uptake was lower among younger staff, a group that had formed much of the workforce growth, and that communication will focus on professional accountability and the impact on patients, as well as individual benefit. The campaign builds on the lessons from 2025/26 and introduces targeted measures aimed at increasing uptake and reducing inequalities across staff groups.

The Director of People highlighted the Board assurance checklist included at Appendix 1 and advised that progress against the flu vaccination campaign would continue to be reported through the Resources Committee.

Ms C Butterworth recognised the ambition of the revised target and the significant work required to deliver the annual campaign. Whilst acknowledging the value of the report, she queried whether future updates should be incorporated within the Integrated Performance Report rather than being presented as a separate Board paper. The Director of Corporate Affairs advised that reporting formed part of the National Oversight Framework and therefore required Board oversight. The Chief Executive added that flu vaccination remained a key national priority and it was important that all Board members remained sighted on progress.

Ms C Todd sought assurance that staff vaccinations received externally, such as through GP practices or pharmacies, were captured accurately. The Director of People advised that some discrepancies between systems had been identified during the previous campaign, resulting in incomplete recording of vaccination status; however, actions had been implemented to mitigate this risk. In response to a query from the Vice-Chair, the Director of People confirmed that staff were able to self-report vaccinations, although some discrepancies had remained despite this process.

The Director of Operations noted that, whilst a robust delivery plan was in place, achieving the revised target would require approximately 1,000 additional staff vaccinations compared with the previous year, representing a significant behavioural shift. He emphasised the challenge of securing this increase both nationally and within the Trust. The Director of People added that vaccination fatigue following the pandemic continued to have an impact and noted that Trade Unions continued to promote vaccination as a matter of personal choice.

Ms C Todd queried whether sickness absence data could be used to identify flu-related absence specifically. The Director of People advised that flu was grouped with other illnesses, such as colds, within the reporting categories, although line managers may be able to identify this locally. She offered to confirm whether more detailed information was available centrally. Members noted that any analysis should be treated with caution given the subjective nature of self-reported illness descriptions.

The Board:

- Received assurance that there are plans in place to deliver the 2026/27 flu campaign
- Note that reporting of progress will be made through workforce indicators reports to future Resources Committee meetings.

BOD/2627/081 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 August 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:

- Quality indicators remain broadly stable.
- Patient experience scores remain stable.
- Ambulance Clinical Quality Indicators (ACQIs) show Falls and STEMI bundle compliance remaining above the national average, with STEMI performance at 98.3%.
- Hear and Treat performance improved to 19.5%, representing the strongest performance seen in recent months, while See and Treat reduced slightly to 25.1%.
- Operational performance improved during August as activity reduced across all response categories. Response times improved across Categories 1 to 4, with Category 1 performance remaining strong and Category 2 performance returning to achievement of the UEC standard.
- NHS 111: demand increased during August, with performance improving across all key measures despite higher call volumes. However, performance remains below national standards and continues to be a key focus, supported by ongoing workforce planning and monitoring.
- PTS: activity remains stable, although some performance metrics remain below contractual standards. Operational and workforce improvement plans remain in place.
- Organisational Health indicators remain broadly stable. Workforce resilience within PES remains a key risk, with increasing sickness levels, and recruitment and training plans operating at maximum capacity.
- Turnover pressures also continue to present workforce planning challenges across PES and PTS.
- The Trust reported a Month 05 surplus of £0.186m against a planned deficit of £1.074m.

The Director of Quality and Improvement added that a potential data quality issue affecting incident reporting remains under investigation with work ongoing to identify the cause.

The Director of Corporate Affairs sought assurance that the Board had sufficient visibility of clinical performance within the NHS 111 service, noting ongoing underperformance. The Director of Operations advised that analysis of deteriorating call answering performance had not identified an increase in clinical incidents, although patient experience had declined. He noted the wider system

risk that patients unable to access the service within expected timescales may self-direct to other services, with previous surveys indicating that some would consider attending A&E.

Ms A Cooper sought reassurance regarding the relationship between call answering times and clinical risk. The Medical Director advised that the NHS 111 triage process is designed to identify and exclude serious clinical incidents at the earliest opportunity. He noted that underperformance within NHS 111 could create additional pressure elsewhere in the system and emphasised the importance of a well-resourced service in directing patients to the most appropriate care pathway. The Chief Executive added that, whilst the distinction between NHS 111 and 999 services was generally well understood, some patients may underestimate the seriousness of their symptoms and contact NHS 111 inappropriately.

In response to a query from the Vice-Chair regarding improvement actions, the Director of Operations advised that workforce planning and performance management activity continued, although improvement remained constrained by funding limitations and increasing winter demand. The Director of Finance added that the current funding position was fixed and reflected an existing contract arrangement. She noted that previous NHS England reviews had concluded that the service was insufficiently resourced to meet demand and that the Trust continued to highlight the wider system impact of this issue. The Vice-Chair emphasised the need for a robust negotiating position when the contract is next renewed.

On behalf of Mr N Gower, Ms C Todd sought assurance regarding Category 3 and Category 4 response delays and whether improvement plans were in place. The Director of Operations advised that improvement actions were ongoing, although national focus remained on Category 2 performance and a balance across all performance measures was required. He noted that improvements in Hear & Treat performance should also support Category 3 and Category 4 outcomes. The Medical Director added that some Category 3 incidents could involve significant clinical need and advised that the Trust was contributing to a national review of Categories 2 and 3.

Ms C Todd queried whether prolonged Category 3 and Category 4 waits received sufficient scrutiny through the Quality and Performance Committee and suggested that a more detailed report would be beneficial ahead of winter pressures. The Director of Operations advised that performance was currently monitored through complaints reporting and urgent and emergency care assurance processes.
The Medical Director added that a range of safeguards were in place to support patients awaiting a response and keep them safe. The Vice-Chair noted that extended waiting times were not routinely covered within the Integrated Performance Report and requested a future deep dive for Q&P Committee to provide additional assurance in light of the patient story and associated risks.

The Director of Operations provided additional context to the Integrated Performance Report, referencing the winter assurance discussion. He reported that hospital handover times had increased by four minutes between August

2025 and August 2026 and noted a significant increase in the number of NWAS ambulances delayed outside emergency departments. Whilst acknowledging the scrutiny faced by acute providers in relation to corridor care, he advised that assurance could not yet be provided that the 45-minute handover standard was being achieved consistently.

The Vice-Chair sought an update on the Trust's position regarding urgent and emergency care funding, noting the overall performance improvements reported through the Integrated Performance Report. The Director of Operations advised that Quarter 2 appraisal was due to take place shortly and that most performance metrics, including Hear & Treat, workforce and productivity measures, had been achieved. However, handover performance and DCA production remained behind trajectory. He noted that a robust UEC recovery plan was in place, although winter pressures presented a risk to delivery. A meeting with the region was scheduled for the following week to review progress.

The Chief Executive noted that summer periods had historically provided a degree of operational relief through lower demand and improved performance, but that multiple heatwaves during the summer had created additional pressures across the NHS system. The Vice-Chair noted the assurance provided that all reasonable actions were being taken to manage the position.

Ms C Butterworth referred to the revised violence and aggression reporting measures and requested that the impact of the changes be reviewed later in the year to identify trends, hotspots and learning opportunities once the methodology had become established. The Director of Corporate Affairs advised that this would be reported through the Health, Safety, Security and Fire Annual Report and through updates provided to the Health, Safety, Security and Fire Non-Executive Director Champion.

Ms C Todd sought an update on work relating to psychological safety. The Director of Quality and Improvement advised that activity was progressing through the Freedom to Speak Up workstream and other related programmes. A meeting with the Medical Director was planned to further develop how this work could be supported and progressed.

The Board:

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

BOD/2627/082 2026 Winter Assurance Plan

The Director of Operations presented the revised Winter Assurance Plan, which will provide the strategic framework to support NWAS areas in reviewing and refining their local tactical winter plans. He advised that the plan forms part of the wider assurance provided to NHS England and aligns with the Board Assurance Framework previously shared with Non-Executive Directors.

The Board noted the plan will underpin the development of detailed local arrangements aimed at supporting staff wellbeing, maintaining operational resilience, ensuring patient safety, maximising workforce availability and

sustaining service continuity throughout the winter period. It is aligned to NHS England requirements and supports approval, monitoring and escalation through established Trust and system governance arrangements.

The Director of Operations advised that, as highlighted earlier in the discussion, the plan identifies a number of key risks, including hospital handover delays, inconsistent provision alternative to conveyance, rising demand and patient acuity, adverse weather, workforce sickness and staff fatigue.

In response to a query from the Vice-Chair regarding approach taken to the development of the plan, the Director of Operations explained that a formal debrief is undertaken following each winter period to identify lessons learned and inform future planning. He advised that updates had been made to the Clinical Safety Plan and that the Trust was moving to more robust command arrangements to strengthen its winter response.

The Board:

- Approved the 2026/27 Winter Assurance Plan.

BOD/2627/083 Emergency, Preparedness, Resilience and Response (EPRR) Core Standards Annual Assurance

The Director of Operations explained that the report is presented to the Board for oversight of the proposed submission before it was formally submitted. Further assurance will be provided after submission.

The Director of Operations presented the 2026 EPRR Core Standards Assessment, reporting that NWAS remained substantially compliant with the Core Standards and partially compliant with the Interoperable Capabilities Standards. Areas of partial compliance related primarily to SORT deployment arrangements, ICC training and control room readiness, commander assurance, and HART estate, staffing and reporting requirements.

The Board members noted that the Trust had maintained the core arrangements required to discharge its EPRR responsibilities, including risk assessment, planning, training, exercising, command and control, specialist response, business continuity and multi-agency engagement. Areas of partial compliance were understood, supported by identified improvement actions and monitored through established governance arrangements.

In response to query from the Vice-Chair regarding the reporting arrangements, the Director of Operations advised that the annual assurance process was overseen through the EPRR Group, which reported quarterly to the Trust Management Committee (TMC), with any matters requiring escalation reported onwards to the Board through TMC's 3 As reporting arrangements. He added that the Quality and Performance Committee also received this report bi-annually.

The Board:

- Received assurance on NWAS readiness, preparedness and EPRR activity during the reporting period.

- Noted the principal risks, gaps and improvement priorities.
- Was satisfied that governance and resource arrangements are sufficient for the Trust to discharge its EPRR duties.

BOD/2627/084 Learning from Deaths Q4

The Medical Director presented the Q4 2025/26 Learning from Deaths report, noting that the Trust is required to publish quarterly and annual learning summaries. The report, previously discussed at the Quality and Performance Committee, highlighted opportunities for learning from deaths, with concerns identified both internally and externally relating primarily to ICC and PES, including call handling errors, equipment malfunction and care and treatment issues. One closed incident was identified where a death was likely attributable to the service provided by the Trust.

The Medical Director advised that key improvement work during the quarter focused on call taking and patient assessment. Structured Judgement Reviews continued to identify issues relating to the level of probing undertaken during calls, although examples of good probing and active listening were also identified, indicating improvement.

The Board noted that patient record quality had improved during the quarter, with a reduction in poorly rated records and an increase in documentation assessed as good quality. Whilst this represented positive progress, documentation quality remained an improvement priority. Good practice examples had been identified and would be used to support further learning and improvement.
Various approaches to strengthen the impact of learning continue to develop. Any incidents which meet one of the PSIRF priorities are triangulated across teams and contribute to PSIRF learning.

The Vice-Chair welcomed the continued progress in demonstrating the impact of learning, noting the increasing alignment between Learning from Deaths and PSIRF, and encouraged this approach to continue.

The Director of Strategy and Partnerships welcomed the clear linkage within the executive summary between the report, Trust strategies, objectives and deliverables, noting that this strengthened the overall narrative.

The Director of Quality and Improvement advised that work was progressing through the Regional Clinical Learning Forum to further develop organisational learning arrangements, with a defined process expected to be in place by the end of November.

The Board:

- Supported the quarterly dashboard (Appendix A) as the report to be published on the Trust's public website as evidence of the Trust's developing engagement with a formal process of learning from deaths.
- Supported publication of the annual dashboard for 2025/26 (Appendix B).
- Acknowledged the impact of the Structured Judgement Review (SJR) process in identifying opportunities for improving care.

- Support the dissemination process as described in Section 4.

BOD/2627/085 Quality and Performance Committee 3A Report from the meeting held on 7th September 2026

Ms C Todd, Non-Executive Director, introduced the report, which was taken as read. The report contained one alert together with a number of advisories and assurances. She noted that the key issues considered by the Quality and Performance Committee had also been discussed elsewhere on the Board agenda.

The Board noted the alert relating to the Statutory Duty of Candour. Findings from the review of organisational quality and compliance had identified opportunities for further improvement, and a progress update would be presented to the Quality and Performance Committee in February 2027.

Ms C Todd welcomed the continued development of the Committee and commented positively on the quality of reports presented, noting their stronger focus on assurance and risk.

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

BOD/2627/063 Any Other Business Notified Prior to the meeting

None advised.

BOD/2627/064 Risks identified

The Chair confirmed there was no additional risks identified for BAF and the application of Risk Appetite Statement was discussed during the meeting.

Date and time of the next meeting –
25th November 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
1 - 26/27	29.07.26	2627/039	Patient Story	The Board reflected on Jess's Rule and Martha's Rule in the context of Patient Story and noted the issues raised extended beyond the individual case, noting a theme of staff failing to recognise what is 'the normal' for a patient, which was also evident in complaints. A wider review of the systemic issues was proposed, which would be reported to the Quality and Performance Committee for further scrutiny and discussion. The Director of Quality and Improvement will consider timing for review by the Quality and Performance Committee.	Director of Quality and Improvement	Jan-27	Jan-27	**BoD 30th Setpember 2026** The Director of Quality and Improvement provided an update on progress against the action, advising that discussions had been held with the Medical Director. It was noted that the application of Jess's Law and Martha's Rule is primarily focused on inpatient settings, which presents some complexity when considering relevance to the Trust's services. Further consideration is ongoing, and the matter will be discussed with the Chair of the Quality and Performance Committee to determine the appropriate approach.	
3 - 26/27	29.07.26	2627/047	Chief Executive's Report	The Board discussed the Advanced Foundation Trust process. The Chair requested an update including details of the anticipated timetable and the scale of work required.	Director of Strategy and Partnerships	Nov-26	Jan-27	A dedicated AFT update session for the Board has been arranged for the 19th January 2027.	
4 - 26/27	29.07.26	2627/053	Charitable Funds Committee 3A Report from the meeting held on 23 July 2026	The alert brought to Board attention requested the Board to schedule appropriate time during 2026/27 to discuss the future strategy and direction of the NWAS Charity.	Director of Strategy and Partnerships	Nov-26	Nov-26	A dedicated Charity session for the Board has been arranged for the 25th November 2026.	
6 - 26/27	30.09.26	26/27/065	Patient Story	The Director of Quality and Improvement undertook to review how extended ambulance waits, which exceed four hours, are reported through the Integrated Performance Report.	Director of Quality and Improvement	Jan-27	Jan-27		

7 - 26/27	30.09.26	26/27/065	Disciplinary Policy and Fast Track Disciplinary Procedure Review	A discussion took place regarding the use of BAME terminology in NHS documents. It was agreed that advice should be sought from the Trust's Staff Networks and through its anti-racism programme to inform the preferred terminology.	Director of People	Jan-27	Jan-27	The position of the Trust is being reviewed with the Staff Network and benchmarking across other Trusts.	
8 - 26/27	30.09.26	26/27/081	Integrated Performance Report	Board requested Q&P Chair to determine if long waits (including Cat 3 and Cat 4) have sufficient oversight and mitigations in place	Director of Quality and Improvement/ Medical Director	Dec-26	Dec-26	Noted for discussion at Q&P Committee 14th December	

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	17th December 2026	
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.
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.
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.

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	
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
			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	**7th July 2026**	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
David	Thompson	Non-Executive Director	Director, Midland Blue Limited - Own company supplying advisory services in the Law Enforcement / Security Sector	√				Directorship	Dec-22	Present	No conflict
			Deloitte LLP Consultancy - Client of Midland Blue Limited; provision of strategic policing advice	√					Mar-23	Present	No conflict - advise not provided to health sector
			BOND - US based supplier of employee security - Client of Midland Blue Limited	√					Sep-26	Present	No direct conflict not selling to NHS sector
			Public Service Ombudsman, The complaints body for government and the NHS - Non Executive Director (Renumerated).	√			√		Jan-25	Present	I do not engage in complaint cases and will recuse myself if there is a NWAS complaint.
			Invictus Games Birmingham 2027 Limited- The delivery charity and company for delivery of the Invictus Games in the UK - Trustee and Company Director (senior independent) (unremunerated).			√			Nov-24	Present	No conflict
			United by 2022 - The Birmingham Commonwealth Games Legacy Charity - Trustee (unrenumerated).			√			Sep-22	Mar-27	No conflict
			Public Service Honours Committee Deals with honours for a number of government departments (does not include NHS) - Cabinet Office - Independent Member - Not renumerated.			√					No conflict
Clare	Todd	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.

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	
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.
Graeme	Chapman	Non-Executive Director (Left 24/7/2026)	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		.

NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 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 the Board of Directors with an overview of key organisational developments between 23 September 2026 and 19 November 2026, demonstrating progress against the Trust's strategic aims as well as providing key national, regional and system updates. The format of this report has been revised to provide a clearer link to the Trust's strategic aims and strengthen the reporting and assurance provided to the Board of Directors.
PREVIOUSLY CONSIDERED BY	

Date	
Outcome	

DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

1. BACKGROUND

1.1 This report provides an overview of key organisational developments between 23 September 2026 and 19 November 2026, demonstrating progress against the trust's strategic aims as well as providing key national, regional and system updates since the last report to the Board of Directors on 30 September 2026.

2. UPDATES AGAINST THE TRUST'S STRATEGIC AIMS

2.1 Deliver outstanding, inclusive care for everyone we serve

Defibrillator Roll Out
Phase 3 of the defibrillator roll out programme was completed across Cheshire and Merseyside with 223 devices deployed and 1400 staff trained. The final phase is due to commence in early 2027 across parts of Cumbria and Lancashire.

Student Paramedic Induction
In November, all first-year undergraduate paramedics attended all-day induction events in their respective placement areas to mark the start of their clinical placements with the Trust. The events brought together clinical, operational, training and education teams, alongside higher education partners, with a focus on instilling the values and behaviours expected of all students.

2.2 Build a safe, supportive and inclusive culture together

Staff Networks engagement – 4 November
Earlier this month, I met with the Chairs of the staff networks to discuss progress, the challenges they are facing and the support they require from me and the Executive Team. While the networks reported positive progress in several areas, capacity, protected time and sustaining core group attendance remain common challenges. Opportunities to refresh and reposition the networks will be considered in the new year, with executive leads continuing to provide support and sponsorship to help each network achieve its aims.

Recognition
The trust has recently launched its new recognition framework. Last year's staff survey results, coupled with engagement activities across the year, have told us that we need to do more to recognise the contribution of staff and enable them to feel valued for the work they do. The framework brings together existing recognition methods into a single place, as well as filling gaps in the framework such as improving recognition at retirement.

It focuses on making recognition part of the everyday, providing practical guidance for managers on what they can do to celebrate individuals and teams, for the ordinary, as well as the extraordinary. It provides clear structure from peer recognition of the people you work with, through immediate line management and senior management recognition to organisational and national celebrations. The impact will be measured through quantitative use of recognition options such as e-cards, and through staff survey results.

Leadership and Management Framework
The trust has commenced the transition from its Be Think Do leadership framework to the nationally released NHS Leadership and Management Framework. Whilst there are lots of synergies between the frameworks, adopting the national

competencies enables us to access a range of emerging national resources and leadership development. It also strengthens competencies around inclusion and improvement which aligns closely with our strategic objectives.

The Code and Framework have been launched at our Senior Leadership Group, encouraging senior leaders to familiarise themselves with the framework through use of the self-assessment and development discussions with their own line managers. This will provide the foundations for wider roll out in Q4. Existing leadership development offers and appraisal processes will be aligned with the new framework over the next 18 months.

Beacon

Continuing its focus on supporting prevention of ill health, the trust is rolling out Beacon, its wellbeing app, following a successful pilot. The wellbeing app provides the opportunity for staff to self-assess their wellbeing and identify what supports their continuing wellness. It enables access to a range of self-help resources and also supports navigation to the wider trust wellbeing offer, including the ability to reach out directly to the wellbeing team for further support and signposting. The app is entirely anonymised, but the trust can access key themes and areas of risk which will enable further development of the offer in the future.

2.3 **Provide a responsive care model through partnerships**

Public Service Ombudsman (PSO) Visit – 3 November

On 3 November 2026, I welcomed an informal visit from the Public Service Ombudsman, Paula Sussex, Rebecca Hilsenrath, Chief Executive Officer and Steve Hannay, Stakeholder Engagement Manager.

I was joined by the Director of Corporate Affairs, Deputy Director of Corporate Affairs and Resolution Manager. The visit provided an opportunity to discuss organisational overview, challenges, the potential implications of changes within NHS England and the NHS 10-Year Health Plan, complaint volumes and emerging themes, our approach to learning from complaints, and feedback on engagement with Ombudsman caseworkers. The PSO showed particular interest in the Trust's Patient Public Panel, and further information about its role and involvement was shared following the visit.

2.4 **Embed continuous improvement and innovation for a sustainable future**

Maternity Assessment and Management in the Ambulance Service (MAMAs)

Our MAMAs project has been highly commended at the HSJ Patient Safety Awards 2026, in the Digital Clinical Safety Initiative of the Year category.

The project brought together frontline staff, maternity specialists, digital and quality improvement teams, auditors and patient representatives to develop a digital maternity decision tool within our ePR (OneResponse). The tool gives clinicians access to guidance when assessing women who are pregnant or have recently given birth, helping them identify risks and get women to the right place of care, first time.

The tool has been used in more than 85% of maternity incidents in its first three months, helping support consistent decision-making and safer care. A huge congratulations to everyone involved in this fantastic achievement.

NHS PeoplePortal Transformation Programme

The trust continues to actively participate in the national large scale change project to replace the current NHS Electronic Staff Record system. The project has concluded its second phase of readiness and the trust is waiting for approval to move into the build, testing and implementation phase which will take place across 2027/28.

Implementation offers a great opportunity to be at the forefront of this exciting project which will enable us to improve staff experience through greater self-service and visibility of staff records; improve efficiency for staff and managers and support us to transform processes.

I was fully briefed on the Programme at an Early Adopter CEO update meeting held on 2 November.

Improvement Oversight

Over the coming months the trust is introducing Improvement Oversight Meetings, to test an important element of our Improvement Management System. The meetings are intended to bring the trust's strategy and supporting plans to life through supportive, improvement-focused conversations that help teams succeed. Pre-meets have taken place to inform colleagues about the new process, with the first oversight meeting scheduled to take place on 2 December with GM colleagues.

The meetings will provide a regular opportunity to discuss what matters most, review a small number of key improvement priorities, share learning, celebrate progress and identify where support is needed. Open, constructive conversations will focus on collaboration and problem-solving to make delivery easier. The approach will evolve through feedback, with particular emphasis on evaluating how the meetings feel for all parties, ensuring they add value for teams and strengthen our ability to improve together.

North East Ambulance Service (NEAS) visit – 10 November

On 10 November 2026, we welcomed NEAS colleagues to learn about NWAS' approach to improvement. Our improvement team shared our journey, ambitions and alignment with the trust's strategy, alongside practical ways to embed improvement through leadership development and organisational culture. The opportunity to share our approach and methodology with other organisations reflects the fantastic progress made and the team's contribution and commitment to improvement.

Quality Directorate Consultation

The quality directorate consultation began on 2 November which seeks to improve patient safety event management and improvement processes. All three UEC Improvement Team members will transfer to the quality directorate at the end of November 2026.

3. OTHER UPDATES

3.1 National

Manchester Arena Inquiry

NHS England's Chief Operating Officer has confirmed a nationally led investment programme to strengthen major incident preparedness following the Manchester Arena Inquiry. Key priorities include additional HART capacity, enhanced training and exercising arrangements, and expanded SORT capability. NHS England has committed funding, subject to an agreed delivery plan, with implementation now

progressing through the Emergency Capabilities Unit in partnership with ambulance trusts.

Protecting patients from unauthorised access to health records

The Information Commissioner's Office (ICO) has written to health leaders across the UK following concerning incidents of unauthorised access to patient records. The letter highlights the distress caused to patients and families and the risk to public trust. It asks Chief Executives to satisfy themselves personally that effective arrangements are in place to prevent, detect and respond to unauthorised access, supported by clear leadership, staff expectations and a culture of confidentiality.

Assurance is requested across four areas: effective access controls, including the granting, review and removal of access; audit and monitoring arrangements capable of identifying and supporting investigation of unauthorised access; regular and effective staff training; and prompt, consistent investigation and action when concerns arise. This includes considering the impact on affected individuals, obligations to notify individuals and the ICO, and appropriate disciplinary, professional, regulatory or other action where wrongdoing is established.

Work is being undertaken to provide assurance to the ICO by 27 November that the organisation has reviewed these four areas within the previous six months and that I am personally satisfied with the arrangements. Where a review has not taken place, or arrangements are not satisfactory, the letter requests completion of a review within the next three months.

The ICO has also indicated that it will take appropriate enforcement action where compliance concerns are identified.

Alan Milburn's Report on Young People and Work

The publication of Alan Milburn's report reflects a growing national focus on reducing the number of young people not in education, employment or training. The report highlights the role of the NHS in providing earlier mental health support, strengthening prevention, expanding neighbourhood services and working more closely with partners to help young people access and remain in education, training and employment. While the recommendations have not been adopted by Government, they are consistent with wider policy direction around prevention, neighbourhood health and tackling health inequalities.

Neighbourhood Health and Care Teams

At the King's Fund Annual Conference, the Secretary of State highlighted neighbourhood health services as a key delivery priority, with a focus on three population groups: early years and maternity services, young people experiencing mental distress, and frail and vulnerable people at greatest risk of hospital admission. The Government has announced plans for Integrated Care Boards to commission a new care management service for the highest-risk patients from 2027, initially covering around 600,000 people nationally and expanding over time. The model will provide coordinated support through a named team and personalised care plan, with the aim of reducing avoidable admissions and emergency bed use.

3.2 **Regional**

NHS North West Festival of Leadership 2026 – 22 October

The NHS North West Festival of Leadership, held on 22 October at The Edge, Wigan, had 300 registered delegates from across the region's health and care system. The

programme focused on shared leadership challenges, cross-organisational relationships and practical learning, with anti-racist leadership embedded throughout.

I was invited to contribute to the panel, “Leading with a heightened level of accountability”, exploring collective responsibility across complex systems and how to foster an inclusive culture of learning rather than blame. The programme also included workshops on neighbourhood leadership, digital leadership and political partnerships.

3.3 **Sector**

AACE/Kings Fund Workshop: Our Place in Neighbourhood Health – 6 October

On 6 October, Lisa and I attended the “Our Place in Neighbourhood Health: Creating the Principles for Ambulance Service Engagement” workshop at The King’s Fund in London. The agenda focused on the ambulance service’s role in neighbourhood health, including existing practice, system barriers and potential risks. Facilitated discussions explored the distinctive contribution ambulance services can make and where they should lead, support or step back, with a focus on developing a shared narrative to guide engagement.

3.4 **System**

NW System Leaders – 7 October

On 7 October 2026, I attended the North West System Leaders meeting at The Edge in Wigan hosted by NW NHSE. The agenda focused on delivery in the second half of the year, drawing on lessons from the Mid-Year Review to identify opportunities and priority actions. It also covered ICB commissioning intentions and principles for developing 2027/28 plans, including a focus on the ‘3 BIG LEAPS’. The meeting aimed to align regional priorities and secure shared commitments to delivery and planning across the North West.

3.5 **General**

North West Performance Accountability Framework Assessment

Louise Shepherd confirmed that the Trust has been assessed at PAF Level 1 for Q3 26/27 under the North West Performance Accountability Framework, recognising delivery against key priorities and the strength of Board oversight. No additional regional oversight arrangements are required beyond routine accountability processes.

Deputy Director of Quality

I am pleased to welcome Sally Arnold-Jones as Deputy Director of Quality. Sally joined the trust on 2 November and will support in the delivery of the quality and improvement agenda across the organisation.

Director of Strategy & Partnerships

I am pleased to welcome Shirley-Ann Carvill as Interim Director of Strategy & Partnerships from 9 November. She will support the trust following Mike Gibbs’ departure until a substantive appointment is made.

Recruitment to the substantive role is underway, with the stakeholder panel and interviews scheduled for 14 December 2026.

On behalf of the Board of Directors, I would like to thank Mike Gibbs and wish him well as he takes up his new role with the Countess of Chester at the end of November 2026.

Senior Managers' Briefing – 20 October

The year's third senior managers' briefing took place on 20 October 2026. Updates covered the Leadership and Management Framework and Staff Standards, learning from our equality, diversity and inclusion data (WRES/WDES), and Right First Time and CQC risks. Jemma Barton, Senior Consultant at AQuA, also gave a brief introduction to Human Factors & Ergonomics. The next session is planned for 19 January 2027 and will conclude the programme for 2026/27.

In Our Thoughts

It is with sadness that I bring news of the death of a former colleague, Glen Ousby. Glen worked as a paramedic – the first qualified paramedic in Cumbria - based at Distington Ambulance Station. His funeral will take place on 24 November. I have written to Glen's family to offer our condolences on behalf of the trust.

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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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee			
Date of meeting	Wednesday, 21 October 2026		
Members present	Mr S Desai, Chief Executive (chair) Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs Dr C Grant, Medical Director Dr E Strachan-Hall, Director of Quality and Improvement Mr M Gibbs, Director of Strategy and Partnerships Ms J Wood, Integrated Contact Centres Director Ms S Wimbury, Area Director – Greater Manchester Mr I Moses, Area Director – Cheshire & Merseyside Mr M Jackson, Chief Consultant Paramedic In attendance Mrs L Dunn, Associate Chief Information Officer Mrs L McConnell, Deputy Head of People Mrs V Glover, Head of Finance (part) Mrs J Turk, Executive Business Support Manager (minutes)	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- **Annual plan delivery and SR09** – The Q2 Annual Plan assessment provided limited assurance, reflecting delivery slippage, gaps in evidence and forecasting, and growing pressure on Q3 and Q4 commitments. The TMC agreed that strategic commitments require further prioritisation, with potential deferral or deselection. The wording and status of SR09 will be reviewed ahead of the Board paper, with adoption into the Board Assurance Framework recommended following review.

- **UEC delivery and winter pressures** – September Category 2 performance was delivered within the monthly target despite demand being approximately 3.5% above an already increased plan. DCA production remained marginally below plan. The TMC noted the risks associated with entering the winter period behind trajectory, together with the continuing deterioration in regional hospital handover performance, which will erode production gains. Recovery actions remain in place to improve DCA production, Hear and Treat performance, and the use of alternatives to conveyance.

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- **999 call handling and workforce pressures** – Call pick-up performance had deteriorated, particularly on Friday and weekend nights. The TMC endorsed the improvement plan, including revised staffing arrangements, and requested monitoring of call abandonment, unanswered calls and calls routed to other services. Further work is required to demonstrate the impact of dispatch staffing pressures on patient outcomes and safety.

- **Regulatory assurance and accreditation** – The CQC self-assessment identified areas for improvement. The TMC approved high-level regulatory improvement actions and requested regular progress updates, with reporting arrangements to be confirmed.

- **QAV Redesign to Accreditation Process** - The proposed replacement accreditation approach required further work with Area Directors to address resourcing, proportionality and implementation considerations. In the interim, identified gaps continue to be managed through oversight from senior leaders.

ADVISE:

- **Board Assurance Framework Q2 2026/27** – The TMC recommended the Q2 position to the Board of Directors, subject to the review of SR09 highlighted above.

- **St Helens Estate Project** – Engagement with NHS England will continue on the revised timeline and capital funding profile, including the risk that available in-year capital may not be spent within the financial year.

- **Incident Response Plan** – Version 9.2 was approved for go live on 2 November 2026, subject to final assurance checks, including terminology and confirmation of action-card expectations. Staff briefings, proportionate testing and embedding activity were supported, with material issues to be escalated through the EPRR Group. A full review was planned for March 2027.

- **Performance reporting changes** – Revised See and Treat submissions from April were expected to change the reported year-to-date position and would be included in November's Board pack. The TMC requested clear explanatory narrative for reporting changes.

ASSURE:

The TMC received and discussed the following reports for assurance:

- **Finance report month 06** – A £0.412m surplus was reported against a planned deficit of £1.274m, with a forecast breakeven position. Productivity and efficiency savings of £6.390m had been achieved, £0.108m behind plan. The projected risk-

adjusted savings shortfall was £0.863m in year and £0.457m recurrently. Release of the second tranche of UEC funding remained outstanding.

- **Integrated Performance Report** – Quality metrics remained stable and STEMI performance continued to improve. Category 2 mean response time improved, but long waits and rising hospital turnaround times remain areas of concern. A slight reduction in incident reporting was being reviewed for possible data-flow issues. Sickness absence rose from 6.5% to 8.5% and was noted as high for the time of year.

- **Policy Management Framework** – Policy compliance remained at 96%, with four overdue policies and a further 13 due for review within six months. Oversight arrangements remained in place to monitor review and renewal activity.

- **Corporate service benchmarking** – The TMC noted opportunities to identify efficiencies through peer comparison and agreed that benchmarking should inform cost improvement and efficiency programmes.

- **NHS IMPACT reassessment** – The proposed approach and timeline were approved. The Improvement Team would use existing information, supported by nominated senior representatives, to minimise duplication.

- **AFT update** – Evidence collection was progressing, with 34% of returns received by mid-October. Gaps within yellow-rated areas were being addressed. The programme remained on track against its revised timetable, with completion now expected to extend from the end of Q4 into Q1.

The TMC received the following Escalation & Assurance reports:

- **Health, Safety, Security and Fire Group – 8 September** – Increasing stress indicators were highlighted; work continued to refine the distinction between work-related and other causes.

- **Planning Group – 7 October** – Executive leads were to confirm appropriate strategic objective metrics; the 2027/28 planning and prioritisation process was progressing.

- **EPRR Group – 12 October** – JESIP compliance exceeded required standards. A quality assurance process for National Occupational Standards was planned for the following year; no new risks were identified by the group.

RISKS

The overall corporate risk profile remained stable, with no material change since the previous report. The TMC reviewed the adequacy of controls, assurances and mitigating actions.

Vehicle step injuries – Risk ID 852: Incidents continued despite mitigation measures. The TMC concluded that the residual risk required further consideration and agreed to maintain active mitigations while additional reasonably practicable controls are assessed.

Strategic delivery – SR09: The wording and status of the risk will be reviewed for the Board paper in light of limited assurance on annual plan delivery and the need to prioritise strategic commitments.

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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 18 November 2026		
Members present	Mrs L Ward, Director of People (chair) Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs Dr C Grant, Medical Director Dr E Strachan-Hall, Director of Quality and Improvement Mrs SA Carvill, Interim Director of Strategy and Partnerships Mrs J Wood, Integrated Contact Centres Director Mr I Moses, Area Director – Cheshire & Merseyside Mr M Jackson, Chief Consultant Paramedic Mr D Ainsworth, Director of Operations Mrs J Wharton, Chief Information Officer Ms S Rose, Integrated Contact Centres Director Mr M Cooper, Area Director – Cumbria & Lancashire (part) In attendance Mrs J Turk, Executive Business Support Manager (minutes)	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- **Flu vaccination compliance -** Uptake marginally behind last year, but off trajectory to meet the target for 26/27 which is 60%. Lancashire & South Cumbria ICB has rated the trust amber, triggering additional scrutiny. The TMC discussed steps to maximise uptake.
- **Urgent and Emergency Care performance** – Assurance received that recovery actions have resulted in UEC internal measures now being on trajectory, with DCA production and Hear and Treat above plan in October. However a challenging summer period means category 2 year to date performance, whilst on track, offers limited contingency as we enter the winter period and given current system pressures.

ADVISE:

- **2027/28 financial planning** – The first draft plan identified an underlying exit run-rate deficit, driven by fuel price inflation, and a £14.1m cost improvement programme requirement. The TMC endorsed the proposed planning actions.
- **St Helens Estate Project** – Progression of the project discussed with recommendations made to part 2 Board.

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- **Capital education costs** – proposals for capital spend to support educational delivery approved.
- **Risk Appetite Statement** – TMC received interim review of Risk Appetite statement supporting its continuing use 2026/27. A simpler, principles-based approach to strategic risk appetite was being developed for Board consideration for 2027/28.
- **Radio Infrastructure** - proposals for enhancing radio infrastructure at Middlebrook TOCC approved.
- **Co-Pilot Premium pilot** – Update provided on early stage pilots. Evaluation of potential benefits and opportunities to scale use to be progressed through the Financial Sustainability Group.
- **Call handling** - proposal approved in relation to some additional support for call handling resilience over winter.

ASSURE:

The TMC received and discussed the following reports for assurance:

- **Finance report month 07** – A £0.653m surplus was reported against a planned deficit of £0.981m, with a forecast breakeven position in line with financial plans. Savings of £7.941m had been achieved. The projected risk-adjusted savings shortfall was £0.480m in year and £0.056m recurrently which is an improvement on the month 6 position.
- **Capital programme and medium-term plan** – The TMC approved the revised 2026/27 capital plan for recommendation to Board.
- **Policy Management Framework** – The Trust continues to demonstrate good policy compliance was 98%, with three policies overdue and 14 due for review within six months. The TMC were assured oversight arrangements remained in place to monitor policy review and renewal activity.
- **Integrated Performance Report** – The TMC noted increased Hear and Treat performance, prior to implementation of changes to measurement, and continuing system pressures impacting on performance. Call pick up and 111 pressures noted. Continuing sickness pressures and pressures across PTS workforce indicators arising from contractual position noted.
- **Cyber security and information governance** –Cyber security remains a significant organisational risk but positive assurance received on strengthening of arrangements in line with NHS England letter of June 2026. The TMC noted the recent Microsoft outage highlighted some vulnerabilities in business support functions, although IT systems needed for patients continued to operate. Business continuity testing and validation remain trust priority.
- **North West Air Ambulance** - assurance received in relation to the delivery of Helicopter Emergency Medical Services

The TMC received the following Escalation & Assurance reports:

- Information & Cyber Governance Group – 13 October
- Service Delivery Group – 27 October
- Clinical and Quality Group – 3 November
- Diversity & Inclusion Group – 5 November
- People & Culture Group – 10 November

RISKS

The TMC reviewed the eight risks on the Corporate Risk Register and the adequacy of controls, noting the corporate risk profile, relevant sensitive risks and ongoing management actions. No new risks were reported.

Maternity services – Risk IDs 440, 498 and 675: The TMC agreed to tolerate risk ID 440. Risk IDs 498 and 675 would be reviewed to determine whether the articulated risks still existed, with further clinical review and NHS England liaison as appropriate.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Board Assurance Framework: Proposed Q2 Position 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: • Approve the Q2 position of the Board Assurance Framework 2026/27. • Approve the inclusion of strategic risk **SR09** in the Board Assurance Framework, noting that its proposed initial score of 12 remains provisional pending full evaluation of controls, assurances and gaps in control.	
EXECUTIVE SUMMARY	This paper presents the Quarter 2 (Q2) 2026/27 review of the Board Assurance Framework (BAF) as detailed in Appendix 1. Following review and assessment by Executive Leads, there are no proposed changes to the strategic risk scores. The paper also proposes adding strategic risk SR09 in response to the Board's September discussions about the scale and cumulative impact of the Trust's major change programmes. Section 3 sets out the proposed risk and its provisional initial assessment, which remains subject to full evaluation of controls, assurances and gaps in control.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee and Audit Committee	
	Date	21st October 2026 and 23rd October 2026
	Outcome	TMC Recommended to Board for approval

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1. BACKGROUND

The Board Assurance Framework (BAF) is the Trust's principal strategic risk management tool. It sets out the key risks that could impede the achievement of the Trust's strategic aims and provides oversight of the adequacy and effectiveness of the controls and assurances in place to manage those risks.

This report presents the Quarter 2 2026/27 position of the Board Assurance Framework and provides the Board of Directors with an overview of the Trust's strategic risk profile, with the full framework included at Appendix 1. The report summarises proposed amendments to strategic risks and associated controls, assurances and risk scores arising from reviews undertaken through the Board's committee structure during the reporting period.

The Board Assurance Framework maintains clear alignment between strategic risks, the Trust's strategic aims, risk appetite and annual plan objectives. It also identifies links to Corporate Risk Register risks scored at 15 or above, ensuring effective oversight of risks that may have the greatest impact on the delivery of the Trust's strategic objectives.

2. PROPOSED 2026/27 Q2 POSITION

In considering the Q2 position, the Board is asked to test whether the evidence in Appendix 1 supports the unchanged scores, whether any gaps in controls or assurance require further action, and whether the resulting exposure is consistent with the Trust's risk appetite.

3. PROPOSED NEW STRATEGIC RISK

Following discussion at the Board of Directors meeting in September 2026, the executive team was asked to consider whether there was an emerging strategic risk around the scale, complexity and cumulative effect of the Trust's major change programmes.

The Trust Management Committee (TMC) discussed and evaluated a proposed new strategic risk in October. Its initial wording focused on capacity to deliver, however, review of the current portfolio of major projects did not identify capacity as a current risk.

However, a slight change to the articulation has resulted in the following for the Board to consider with an initial risk score of 12:

SR09: There is a risk that the interdependencies and cumulative impacts arising from the scale and complexity of the Trust's major change programmes are not identified, coordinated and managed effectively, resulting in disruption to strategic delivery and failure to realise intended benefits.				**Exec Lead** S Desai
Opening Score 01.04.2026	**Q1 Risk Score**	**Q2 Risk Score**	**Q3 Risk Score**	**Q4 Risk Score**
		12 4x3 CxL		

Full evaluation of controls, assurances and gaps in control remains outstanding. Following review by the Trust Management Committee, the proposed initial risk score is therefore provisional at 12 (consequence 4 x likelihood 3). The factors informing the assessment of potential exposure are:

- The scale, complexity and cumulative demands of the Trust's major change portfolio;
- Competing priorities and programme interdependencies could place pressure on organisational capacity and disrupt change delivery if not coordinated and managed effectively; and
- The potentially consequences of such disruption for operational performance, achievement of strategic priorities and benefits realisation.

4. RISK CONSIDERATION

The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) remain the Trust's principal mechanisms for oversight of strategic and key operational risk.

By identifying key risks, controls and sources of assurance, they support the Board and its committees in monitoring exposure and determining where further mitigation is required.

5. EQUALITY/ SUSTAINABILITY IMPACTS

5.1 Equality impacts

The Board Assurance Framework supports oversight of equality and inclusion through strategic risks covering health inequalities, workforce culture, inclusion and equitable access to services.

5.2 Sustainability impacts

The Board Assurance Framework supports organisational and environmental sustainability through the identification and oversight of strategic risks that could affect the Trust's long-term resilience and delivery of its strategic objectives.

Environmental sustainability is recognised as a strategic risk area, and the framework reinforces the need for effective controls, assurance, management of dependencies and monitoring of benefits realisation to support sustainable service delivery.

North West Ambulance Service NHS Trust

Board Assurance Framework 2026/27

Proposed Q2 Position

Board of Directors – Part 1

25th November 2026

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BOARD ASSURANCE FRAMEWORK DASHBOARD 2026/27							
BAF RISK	**Committee**	**Executive Director Lead**	**01.04.26**	**Q1**	**Q2**	**Q3**	**Q4**
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.	Quality & Performance	Director of Quality & Improvement	**9** 3x3 CxL	**9** 3x3 CxL	**9** 3x3 CxL		
SR02: There is a risk that if we do not develop an inclusive culture this may limit our ability to attract, retain, and maintain a diverse, thriving workforce and increase negative staff experiences impacting on patient care.	Resources	Director of People	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL		
SR03: There is a risk that system-wide Urgent & Emergency Care pressures across the region may limit our ability to improve national UEC performance standards, which could impact our financial and workforce plans and the quality of patient care.	Quality & Performance	Director of Operations	**10** 5x2 CxL	**15** 5x3 CxL	**15** 5x3 CxL		
SR04: There is a risk that if we do not engage effectively with strategic regional partners, we will miss opportunities to influence UEC reconfiguration and improvement, which could affect the delivery of our medium & long term plans.	Resources	Director of Strategy & Partnerships	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL		
SR05: There is a risk that the Trust is unable to deliver long-term financial sustainability, this may lead to increased regulatory scrutiny, which will impact on our ability to deliver our long-term plans and strategy.	Resources	Director of Finance	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL		
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.	Quality & Performance	Director of Quality & Improvement	**6** 3x2 CxL	**6** 3x2 CxL	**6** 3x2 CxL		
SR07: There is a risk that if we do not fully address environmental sustainability within our strategic priorities, we will reduce our positive impact on local communities and limit our contribution to NHS Net Zero targets.	Resources	Director of Finance	**8** 2x4 CxL	**8** 2x4 CxL	**8** 2x4 CxL		
SR08: There is a risk of a cyber incident that could impair operational continuity, compromise sensitive information, and adversely affect our ability to deliver safe and effective services.	Resources	Director of Finance	**20** 5x4 CxL	**15** 5x3 CxL	**15** 5x3 CxL		
NEW PROPOSED RISK SR09: There is a risk that the interdependencies and cumulative impacts arising from the scale and complexity of the Trust's major change programmes are not identified, coordinated and managed effectively, resulting in disruption to strategic delivery and failure to realise intended benefits.	Resources	Chief Executive			**12** 4x3 CxL		

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 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.	**Executive Director Lead:**	Director of Quality & Improvement
	Strategic Aim:	Deliver
	Committee:	Quality & Performance

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ Safer & equitable care, better clinical outcomes, stronger patient voice & learning culture.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Reduce avoidable harm by 30% for our PSIRF priorities. ▪ Identify and address improvement needs for patients experiencing sub-optimal care linked to recognised health inequality. ▪ Achieve top-quartile performance in national ambulance quality indicators. ▪ Strengthen patient experience by ensuring patient voice actively shapes clinical services.	This risk reflects a long-term, structural challenge driven by changing population demographics, increasing deprivation, and persistent health inequalities that disproportionately affect vulnerable patient groups. While the Trust has established a clear Quality Strategic Plan and priority programmes aligned to known inequality areas, the control environment remains developmental. Key sources of avoidable harm and the scale of inequality are not yet fully quantified. The work to identify the source of actual harm and scale of avoidable harm has commenced and therefore starting to be quantified.-Early horizon scanning and PSIRF scoping activities act as important early-warning indicators; however, the absence of consistent baselines, and routine organisational reporting on inequalities constrains strategic assurance. A draft methodology for the review of health inequalities has been created and will be tested over the next quarter.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
9	9	Static	9	Static		Choose an item.		Choose an item.
3x3	3x3		3x3					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score reflects the work to scope the impact of health inequalities on patient safety and outcomes, combined with current uncertainty regarding the scale of inequality, associated harm and achievable improvements. Although improvement activity is underway across priority areas, controls remain at an early stage of maturity and are largely actively focussed rather than outcome based. Assurance is currently limited by gaps in quantification and establishment of consistent organisational reporting, and improvement plans which identify and outline the approaches to address inequalities are at an early stage of development.

CONTROLS	ASSURANCES		EVIDENCE
Scaling mechanism for successful improvement foundations	**Level 1:** Improvement methodology and spread plans embedded within Improvement approach	Adequate	TMC/2627/114
Quality strategic plan	**Level 2:** Oversight of the 5 priority programmes focused on improving safety and reducing inequality	Adequate	QPC/2627/059 QPC/2627/065 QPC/2627/066 QPC/2627/067 TMC/2627/124 &183
PSIRF implementation	**Level 2:** Oversight of PSIRF priorities, commissioned reviews and learning responses to identify sources of avoidable harm	Adequate	QPC/2627/064

Targeted improvement initiatives	**Level 2:** Executive oversight of improvement activity delivery addressing known inequality areas	**Adequate**	TMC/2627/124 & 183
Clinical Audit Activity	**Level 2:** Oversight of clinical audit activity of mandated national AQIs and local clinical audit programme.	**Adequate**	QPC/2627/059
Duty of Candour	**Level 2:** Committee oversight of review of organisational quality and compliance against statutory requirements	**Adequate**	QPC/2627/063

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Size and severity of health inequalities and associated avoidable harm are not yet fully quantified	Complete systematic scoping of inequality hotspots and baseline harm by Q1, with validated datasets by Q3	Director of Quality & Improvement	Q3	Quality & Performance Cttee	In Progress
Limited assurance on the effectiveness and scale of improvement interventions in reducing inequalities	Define clear outcomes measures and sustained improvement metrics for each priority programme, including inequality reduction	Director of Quality & Improvement	Q2/Q3	Quality & Performance Cttee	In Progress
Absence of benchmarking against peers or system-level inequality indicators or agreed improvement plans which clarify quantifiable aims.	Introduce benchmarking and comparative analysis to inform prioritisation and assurance	Director of Quality & Improvement	Q2	Quality & Performance Cttee	In Progress
Health inequality reporting is not yet embedded at organisational level	Embed routine organisational reporting on health inequalities and improvement impact from 27/28	Director of Quality & Improvement	To be confirmed	Quality & Performance Cttee	Pending
Duty of Candour Enactment	Duty of Candour review completed. Actions in progress.	Director of Quality & Improvement	Q3	Quality & Performance Cttee	Completed

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR01						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
There are no operational risks scored 15+ aligned to this risk						

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK SR02: There is a risk that if we do not develop an inclusive culture this may limit our ability to attract, retain, and maintain a diverse, thriving workforce and increase negative staff experiences impacting on patient care.	**Executive Director Lead:**	Director of People
	Strategic Aim:	Build
	Committee:	Resources

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ Inclusive & representative, well-led & supported, health, safe & thriving, skilled & future-ready, connected, empowered & engaged, productive & sustainable.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Attract & retain a representative workforce through strong onboarding & support. ▪ Develop inclusive, capable leaders who enable staff to thrive. ▪ Provide accessible development and career pathways that support better patient care. ▪ Foster an inclusive, supportive, and safe culture across the employee's lifecycle. ▪ Build a listening culture where staff and learners help drive improvement.	This risk represents a long-term, cumulative people and culture challenge. Externally, evolving national people policy and regulatory oversight are raising expectations of inclusive leadership, staff experience and cultural competence. Labour market pressures and evolving models of delivery may also impact on workforce stability. Internally, sustained focus on performance and finance can limit capacity for cultural investment. While leadership stability provides continuity, limited leadership turnover may slow the pace of embedding new behaviours at scale, and trade union volatility, both nationally and locally remains an ongoing contextual influence. Although current controls provide reasonable assurance at present, sustainable efforts to address gaps in controls will take effect over the longer term through the People and Culture Plan delivery. Key deliverables within the plan reflect current gaps in controls. Workforce intelligence triangulation, leadership competence and consistency of staff experience and workforce engagement mean the risk is assessed as static in the short term, with continuing progress to deliver strategy requirements providing the potential to improve over the medium to long term. Embedding of people metrics within national oversight and clear strategic commitment to prioritise cultural improvement mitigates current risks.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
12	12	Static	12	Static		Choose an item.		Choose an item.
4x3	4x3		4x3					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score reflects the mitigations for this risk which are inherently long-term and cultural, meaning improvements are expected to be incremental and non-linear rather than rapid. Current controls reduce the likelihood of short-term deterioration and provide adequate assurance, however controls need to be embedded and strengthened further to ensure that emerging risks are identified early and that efforts to improve culture keep pace with expectations which may be heightened by national policy expectations. Early indications of stress in the system are emerging as we head into winter with pressure on sickness absence and turnover. The PTS contractual context is also placing increased pressure on this risk with uncertainty likely to be an influence on this service line over the medium term. Work is required to ensure consistency of experience and to address emerging themes. For these reasons, the risk score appropriately remains elevated, recognising both the strategic significance of the risk and the time required for sustained cultural change to translate into measurable outcomes.

CONTROLS	ASSURANCES		EVIDENCE
Equality, Diversity and Inclusion	**Level 2:** Board oversight of equality, diversity and inclusion	Adequate	BOD/2627/056 RC/2627/043 RC/2627/076

	Level 2: TMC oversight through regular reporting against EDI activities and strategic priorities	**Adequate**	TMC/2627/058 TMC/2627/127
People & culture strategic plan	**Level 2:** Board oversight through regular reporting of workforce indicators and assurance on delivery of people and culture priorities	**Adequate**	BOD/2627/057 & 081 RC/2627/038 & 075 RC/2627/080
	Level 2: TMC oversight through regular reporting against people and culture strategies and plans	**Adequate**	TMC/2627/184
Leadership capability	**Level 2:** Board oversight through reporting on delivery and impact of the leadership & management development, including appraisals	**Adequate**	RC/2627/039 RC/2627/078
Workforce offer, reward, and wellbeing	**Level 2:** Board oversight on recruitment, retention, flexible working and wellbeing indicators	**Adequate**	RC/2627/038 & 075 RC/2627/041 BOD/2627/057 & 081
Absence management	**Level 2:** Board oversight of workforce indicators and attendance improvement	**Adequate**	RC/2627/038 & 075 BOD/2627/057 & 081
Recruitment and retention	**Level 2:** Board oversight of workforce indicators including vacancy gap	**Adequate**	RC/2627/038 BOD/2627/057 & 081
Sexual Safety	**Level 2:** Committee oversight of work undertaken to improve sexual safety	**Adequate**	RC/2627/040

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Workforce intelligence is not consistently triangulated to provide early warning of emerging culture, engagement of inclusion risks	Strengthen workforce intelligence and insight with focus in 2026/27 on improved triangulation of workforce data to inform performance oversight and support earlier identification of emerging risks	Director of People	March 2027	Resources Cttee	In Progress
Delivery and impact of people and culture interventions are inconsistent across leadership teams due to geographic challenges and variation in leadership competence, confidence and accountability, limiting assurance that inclusive behaviours are embedded consistently.	Enhance leadership accountability by embedding clearer performance expectations and assurance mechanisms with focus in 2026/27 on aligning leadership and management competence with the NHS leadership and management framework and increasing compliance with leadership induction	Director of People	March 2027 / 2027/28	Resources Cttee	In Progress
Staff continue to experience negative behaviours with less confidence in reporting than other parts of the NHS, increasing the risk that attendance improvement targets will not be delivered and turnover will rise.	Strengthen understanding of expectations of behaviour and inclusive culture ensuring improved confidence and consistency of experience with focus in 2026/27 on continued reduction in experience of unwanted sexual behaviour, embedding understanding of anti-racism and strengthened framework for wellbeing.	Director of People	March 2027	Resources Cttee	In Progress

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR02						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
There are no operational risks scored 15+ aligned to this risk						

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK SR03: There is a risk that system-wide Urgent & Emergency Care pressures across the region may limit our ability to improve national UEC performance standards, which could impact our financial and workforce plans and the quality of patient care.	**Executive Director Lead:**	Director of Operations
	Strategic Aim:	Provide
	Committee:	Quality & Performance

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ More responsive, integrated, efficient, clinically effective and resilient.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Deliver a tech-enabled contact model that improves access, reduced inequality, and boosts efficiency and experience. ▪ Provide a safe, consistent, personalised triage that identifies risk early and gets patients the right care first time. ▪ Deliver a resilient, efficient, patient-centred response model using technology, workforce optimisation and system collaboration.	Externally, sustained financial pressures across providers, significant growth in incidents and 999 call volume has been broadly consistent through Q2, however accentuated through periods of hot weather. Some of the UEC trajectories are below target, specifically, DCA production, conveyance and call pick up. Some of this is offset by improvements to availability and on scene times and recovery of hear and treat. Cat 2 mean is 30 seconds off plan but historically by the end of Q2 position, we would be ahead of plan. External factors, specifically variation and limitations in alternatives to conveyance are increasing hospital attendance, alongside variation in clinical assessment service (CAS) commissioning and deteriorating CAS performance. In response to the DCA production issue, a recovery plan is now in place. The plan focuses on three areas i) recruitment of graduate paramedics into vacant EMT roles ii) a rapid review of DCA production data and iii) changes to private provision contracts in order to increase deployment of private vehicles. NWAS Area Directors, supported by the ICC Director are engaged with ICBs and CAS providers to ensure improvements to productivity and hear and treat. We have limited assurance in respect to further commissioning of alternatives to conveyance services and this is a risk to delivery of UEC conveyance trajectories. This has also been reflected in NWAS' mid-year review and winter board assurance statement. NWAS are a pilot service for the proposed Cat 3A segmentation which presents opportunities to increase hear and treat and improve Cat 2 response standards. Additionally, NHSE have confirmed in year changes to hear and treat reporting which will increase NWAS' hear and treat AQI performance. This will be beneficial to the NOF framework but will not influence 26/27 UEC plan. Projecting forward to Q4 26/27 and Year 2/3, a demand and capacity review will commence early in Q3 (due to complete end of Q4) which will provide a strategic plan aimed to optimise operational resources and improve productivity and performance.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
10	**15**	Improving	**15**	Static		**Choose an item.**		**Choose an item.**
5x2	5x3		5x3					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score has remained at a score of 15 due to increased demand, production of operational resources and conveyance being below plan. Cat 2 mean is 30 seconds behind plan but historically by the end of Q2, the position would be better than plan. Periods of extreme heat have significantly increased call volume and overall demand, this is not anticipated to continue through the remainder of the year. In summary, a number of UEC deliverables are behind plan and recovery of all metrics will be challenging.

CONTROLS	ASSURANCES		EVIDENCE
Clinical triage and alternative pathway escalation	**Level 2:** Executive oversight of non-conveyance performance and pathway utilisation	Adequate	QPC/2627/059 BOD/2627/057 & 081 TMC/2627/123 & 180
Workforce plan aligned to recruitment capacity	**Level 2:** Executive oversight of workforce trajectory and private provider dependency management	Adequate	TMC/2627/145 TMC/2627/123 & 180
3-year UEC operational and workforce programme	**Level 2:** Board assurance on delivery of Year 1, and readiness for Years 2 and 3	Adequate	QPC/2627/050 BOD/2627/077
UEC performance oversight and assurance	**Level 2:** Enhanced oversight and assurance of UEC Delivery	Adequate	QPC/2627/060 TMC/26227/111 TMC/2627/172 BOD/2627/077 BOD/2627/057 & 081 TMC/2627/123 & 180
Emergency, Preparedness, Resilience and Response (EPRR)	**Level 2:** Board oversight and annual assurance of Trust's EPRR against statutory and legislative requirements.	Adequate	BOD/262/083
Winter Assurance Plan	**Level 2:** Board approval of Winter Plan 2026	Adequate	BOD/2627/074 BOD/2627/082 BOD/2627/080
NHS England regulatory reporting	**Level 3:** Board Self-Assessment and Certification to NHSE for delivery of the 2026/27 plan and winter preparedness	Adequate	BOD/2627/074
Private Providers	**Level 2:** Committee oversight and assurance of private provider provision	Adequate	RC/2627/070 QPC/2627/062

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Reliance on system partners to expand and sustain alternative pathways creates uncertainty in achieving non-conveyance trajectories	Strengthen joint assurance on pathway scalability and resilience with system partners	Director of Operations	March 2027	Quality & Performance Cttee	At Risk
Medium-term recruitment risk beyond 26/27 may impact delivery of planned workforce growth	Scenario-based workforce modelling and contingency planning across the next 3-5 years	Director of Operations	March 2028	Quality & Performance Cttee	In Progress
Dependency on private provider market stability remains a single point of vulnerability	Ongoing market intelligence and development of contingency capacity controls	Director of Operations	March 2029	Quality & Performance Cttee	In Progress
System financial pressures may reduce flow resilience, increasing ambulance queuing risk	Strengthen escalation routes and system-level early warnings	Director of Operations	March 2027	Quality & Performance Cttee	In Progress

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR03						
COMMERCIALLY SENSITIVE						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
799	Operational/Emergency Preparedness	Sensitive Risk	20 High	15 High	⬇	5 Low

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK SR04: There is a risk that if we do not engage effectively with strategic regional partners, we will miss opportunities to influence UEC reconfiguration and improvement, which could affect the delivery of our medium & long term plans.	**Executive Director Lead:** Director of Strategy & Partnerships
	Strategic Aim: Deliver, Build, Provide & Embed
	Committee: Resources

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ Drives system-wide improvements, strengthens regional resilience, shared accountability for outcomes, enhances patient experience & safety across the whole care pathway.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Co-design pathways and integrating alternative care models. ▪ Enhanced system navigation & alternative care. ▪ Joint digital development. ▪ Integrated volunteer & third-sector contribution.	The risk continues to be driven by external system change rather than ineffective current engagement. ICB operating models, strategic commissioning arrangements, provider collaboration and neighbourhood health development remain in transition and are not yet fully stabilised. While NWAS has strong and trusted relationships across the system, there is a risk that urgent and emergency care pathway redesign and wider service changes could progress through multiple forums without consistent ambulance service input unless our engagement model evolves in step with system redesign. During Q2, a draft Partnership Operating Framework and proposed approach to neighbourhood working have been developed, progressing actions scheduled for completion beyond Q2. Both will be brought to the Board development session at the end of October for discussion and agreement on the proposed approach. These will help ensure NWAS can anticipate, prioritise and shape emerging system change rather than respond once decisions are already embedded.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
12	12	Static	12	Static		Choose an item.		Choose an item.
4x3	4x3		4x3					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score remains at a 12 and reflects the continuing external uncertainty affecting strategic partnerships, commissioning arrangements and system decision-making across the North West. Significant change continues through ICB development, neighbourhood health policy, provider collaboration and evolving urgent and emergency care models. Current controls provide reasonable assurance that NWAS is well engaged in existing structures, but they do not yet fully mitigate the future-state risk that decision-making routes become more complex, diffuse or locally variable. This could reduce the consistency of NWAS influence over pathway redesign and service development. Established system relationships and regular horizon scanning provide assurance over current engagement. A partner engagement survey has been issued, with findings and wider partnership intelligence to be presented through the biannual partnership report to Board in November. Development of the Partnership Operating Framework and neighbourhood approach during Q2 strengthens the planned response. The score will be reviewed following the October Board development session, taking account of agreement on the approach, implementation arrangements and emerging evidence of NWAS influence, supplemented by the November report.

CONTROLS	ASSURANCES		EVIDENCE
System intelligence and horizon scanning	**Level 1:** Regular engagement through system boards, partner meetings, policy scanning and internal intelligence processes	Adequate	BOD/2627/036
Formal system engagement and governance	**Level 2:** Board reporting on partnership engagement and system working, & key external developments supported by internal intelligence and insight	Adequate	BOD/2627/036

Executive & senior led relationship management	**Level 3:** External partner feedback and independent facilitation provide assurance that NWAS is seen as a credible and constructive strategic partner.	Adequate	BOD/2627/036

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Partnership engagement arrangements are not yet formalised into a consistent operating framework that is resilient to changing system structures and decision-making routes	Develop and implement a Partnership Operating Framework setting out engagement principles, internal ownership, escalation routes and decision-making interfaces across regional, ICB and place-based structures	Director of Strategy & Partnerships	October 2026	Resources Cttee	In Progress
Stakeholder and influence mapping does not yet fully reflect emerging ICB arrangements, neighbourhood structures and key forums where future UEC and service redesign decisions may be shaped	Develop a refreshed Partnership Roadmap and influence map aligned to system transition milestones, identifying priority forums, decision-makers and points where NWAS influence is most critical	Director of Strategy & Partnerships	November 2026	Resources Cttee	In Progress
Clarity and shared understanding of NWAS's role within emerging neighbourhood health arrangements and wider UEC models is not yet fully established, limiting assurance that service changes across the system are developed with appropriate consideration of ambulance service impacts	Develop and socialise a clear NWAS position on its role within emerging neighbourhood health arrangements and wider UEC pathway redesign, including key principles, expected areas of contribution and factors that should be considered in local service change discussions.	Director of Strategy & Partnerships	October 2027	Resources Cttee	In Progress
Current assurance does not consistently evidence how partnership engagement is influencing system-level decision-making, pathway design, or commissioning discussions	Introduce a simple, consistent approach to capturing and reporting strategic influence, including examples where NWAS engagement has shaped decisions, mitigated risk or secured ambulance service consideration in system redesign	Director of Strategy & Partnerships	March 2027	Resources Cttee	In Progress

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR04						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
There are no operational risks scored 15+ aligned to this risk						

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK SR05: There is a risk that the Trust is unable to deliver long-term financial sustainability, this may lead to increased regulatory scrutiny, which will impact on our ability to deliver our long-term plans and strategy.	**Executive Director Lead:**	Director of Finance
	Strategic Aim:	Embed
	Committee:	Resources

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ Financially sustainable, efficient & productive, accountable, investment-ready, resilient.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Secure long term financial sustainability through recurrent efficiencies, strong governance, and disciplined, value for money investment in modern services.	This risk reflects the medium to long term challenges rather than an immediate in year financial threat. Horizon scanning indicates sustained national efficiency requirements at 2% recurrent savings per annum for at least the next three years, alongside increasing demand pressures and performance volatility, particularly within urgent and emergency care. From 2026/27, the regulatory environment will shift decisively from system-level oversight to direct NHS England provider scrutiny. Triangulation of monthly finance return, CIP delivery and forecast model by NHSE NW presented no issues or concerns from NHSE. While NWAS currently maintains a strong financial position and has fully identified and embedded recurrent CIP within the 2026/27 plan, the strategic risk emerges from the cumulative impact of non-delivery over time. Inability to deliver recurrent efficiencies compounds year on year, progressively eroding financial resilience and increasing the likelihood of regulatory intervention.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
12	**12**	Static	**12**	Static		**Choose an item.**		**Choose an item.**
4x3	4x3		4x3					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score reflects the strategic significance of long-term financial sustainability, balanced against the Trust's current strong financial grip and delivery confidence. The potential risk is assessed as less than 1% of annual turnover and <£1m, but with high strategic importance due to compounding effects over time and the evolving regulatory landscape. Although NWAS is on track for 2026/27, at the end of Q2 the risk adjusted forecast for recurrent CIP delivery is at 97%. Current assurance arrangements provide confidence on in year control but offer more limited forward assurance that future efficiencies will be identified early enough and embedded at operational level.

CONTROLS	ASSURANCES		EVIDENCE
Operational financial capability development	**Level 1:** Education programmes to strengthen financial management capability and CIP delivery ownership at local level	**Limited**	
Efficiency and productivity oversight	**Level 2:** Enhanced oversight of productivity and efficiency performance, aligning delivery with financial sustainability	**Substantial**	RC/2627/046
Future sustainability strategic plan	**Level 2:** Oversight of recurrent efficiency expectations, aligned to national requirement & 2% recurrent savings per annum	**Substantial**	RC/2627/046
Financial governance and reporting framework	**Level 2:** Board oversight of financial performance, recurrent CIP delivery and emerging financial pressures	**Substantial**	RC/2627/045 TMC/2627/139 RC/2627/067 RC/2627/046

Capital Programme	**Level 2:** Committee and Board oversight of capital allocations and programme for 2026/27	**Substantial**	RC/2627/068 PBM/2627/46
NHS England regulatory reporting	**Level 2:** Weekly reporting on CIP performance, providing external visibility, scrutiny & early regulatory assurance	**Substantial**	RC/2627/045 TMC/2627/139 RC/2627/046 RC/2627/067
	Level 3: Board Self-Assessment and Certification to NHSE: mid year assessment of financial plan delivery	**Adequate**	BOD/2627/74

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
CIP identification is currently weighted towards early-year opportunities, with less assurance over identification and delivery of more complex efficiencies required in later years	Strengthen forward CIP pipeline development, including earlier identification of transformational and predictivity-based efficiencies beyond the 'easier wins'	Director of Finance	November 2026	Resources Cttee	In Progress
Variable operational ownership and accountability for financial control and CIP delivery across service lines limits assurance that efficiencies will be sustained as business as usual	Reframe and clarify the accountability framework for financial management, embedding clear ownership for CIP identification and delivery within senior management teams and operational service lines	Director of Finance	To be confirmed	Resources Cttee	Pending
Assurance arrangements currently focus on in-year delivery rather than predictive confidence in future-year sustainability	Enhance assurance to test readiness for future years, including depth of CIP pipelines, leadership behaviours, and organisational maturity for sustained efficiency	Director of Finance	November 2026	Resources Cttee	In Progress

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR05						
Risk ID	**Risk Type/ Subtype**	**Risk Description**	**Initial Risk Score**	**Current Risk Score**	**Trend Analysis**	**Target Risk Score**
821	Financial/People	If revised national job evaluation requirements are implemented without sufficient planning and resource alignment, then workforce capacity, employee relations, and financial sustainability may be adversely impacted	**16 High**	**16 High**	⟷	**8 Moderate**
COMMERCIALLY SENSITIVE						
317	Operational/People	Sensitive Risk	**20 High**	**15 High**	⬇	**10 Moderate**

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK 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.	**Executive Director Lead:**	Director of Quality & Improvement
	Strategic Aim:	Embed
	Committee:	Quality & Performance

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☐	Improving	☒
▪ Systematic, skilled, data-driven, adaptive, learning-orientated, sustainable.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Create a clear, consistent improvement system that aligns strategy, priorities, and operations demonstrates progress against the NHS Impact framework. ▪ Strengthen improvement capability across NWAS by building skills, sharing learning, celebrating success, and enabling effective spread and sustainability.	This risk represents strategic challenges arising from national expectations for demonstrable improvement capability, learning maturity and impact, alongside an accelerating pace of change across the NHS. With improvement now a national priority, peers are investing rapidly in structured improvement infrastructure and external expertise. There is a material risk that NWAS is unable to mature its improvement capability at the pace required to meet future system and regulatory expectations. While the Trust has a clear ambition to be a learning and improvement organisation, understanding and application of 'improvement' is not yet consistent across the organisation, creating risks of fragmented adoption and variable engagement. There is a significant strategic opportunity, the introduction of a Trust-wide Improvement Management System, not yet widely embedded within the ambulance sector, provides NWAS with a strong potential differentiator and foundation for sustainable transformation. Realising this opportunity is conditional on improvement governance, capability, and assurance maturing in parallel however the position has improved due to an increase in the improvement resource and a programme of improvement projects.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
6	6	Static	6	Static		Choose an item.		Choose an item.
3x2	3x2		3x2					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score reflects the strategic importance of improvement capability to the Trust's long-term sustainability, balanced against early-stage controls and developing infrastructure. While NWAS has a clear improvement ambition, leadership commitment and emerging systems, the improvement management system is still in early development and will be tested in late Q3/4. Improvement maturity, governance and assurance are not therefore yet embedded to provide confidence of consistent, organisation-wide impact at pace. Operational pressures, variable understanding of improvement, reliance on a central improvement function and the absence of a defined assurance framework increase the likelihood of slow or uneven progress.

CONTROLS	ASSURANCES		EVIDENCE
Trust-wide improvement management system	**Level 2:** Oversight of improvement activity, aligned to strategic aims, enabling structured delivery and progress tracking	Adequate	TMC/2627/114
Co-production with Service Delivery	**Level 2:** Phased implementation of the improvement management system across areas and sectors to support adoption and learning	Adequate	TMC/2627/114
External engagement	**Level 2:** Oversight of external engagements to maintain currency and external perspective	Limited	QPC/2627/038
Set up Improvement faculty	**Level 1:** Oversight of improvement faculty	Limited	

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Trust-wide assurance framework for improvement activity, capability, culture and impact	Develop and implement a clear improvement assurance framework, including defined metrics, reporting frequency and escalation routes	Director of Quality & Improvement	December 2026	Trust Management Cttee	In Progress
Improvement reporting focuses on activity and inputs rather than capability, culture or sustained impact	Agree a balanced set of improvement metrics covering delivery, capability, culture and outcomes aligned to the NHS Impact Framework	Director of Quality & Improvement	March 2027	Quality & Performance Cttee	In Progress
Absence of in-year cultural measurement limits early warning of improvement adoption and behavioural change	Introduce in-year cultural sensing mechanisms to compliment the annual NHS Staff Survey and provide timely assurance.	Director of Quality & Improvement	December 2026	Trust Management Cttee	Completed

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR06						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
There are no operational risks scored 15+ aligned to this risk						

BOARD ASSURANCE FRAMEWORK 2026/27

BAF RISK SR07: There is a risk that if we do not fully address environmental sustainability within our strategic priorities, we will reduce our positive impact on local communities and limit our contribution to NHS Net Zero targets.	**Executive Director Lead:**	Director of Finance
	Strategic Aim:	Embed
	Committee:	Resources

Strategic Outcomes/ Benefits:	**Strategic Foresight:**	Deteriorating	☐	Static	☒	Improving	☐
▪ Greener, resilient, efficient, responsible and future-ready.							

2026/27 Annual Plan:	**Strategic Foresight Rationale:**
▪ Progress towards achieving net zero carbon by 2040 through delivery of our Green Plan.	Horizon scanning indicates no new discrete external threats. The Trust has a clear strategic direction, supported by a Board approved Green Plan and Climate Adaptation Plan, and sustainability initiatives remains financially and operationally constrained. Net zero compliant solutions, including electric doubled crewed ambulances and low carbon estate schemes, currently carry higher capital and whole-life costs than traditional alternatives. In addition, National Grid capacity limitations in part of the North West restrict the pace and scale at which electric charging infrastructure can be deployed, increasing dependency on external factors beyond Trust control. Organisational ownership of sustainability is variable, with progress largely driven by a small group of committed individuals rather than fully embedded across decision-making functions. While environmental sustainability considerations are referenced within impact assessments, there is limited assurance that sustainability and affordability trade-offs are consistently and systematically evaluated.

BAF RISK SCORE JOURNEY:

01.04.26	Q1	Assurance Rating	Q2	Assurance Rating	Q3	Assurance Rating	Q4	Assurance Rating
8	8	Static	8	Static		Choose an item.		Choose an item.
2x4	2x4		2x4					
CxL	CxL		CxL		CxL		CxL	

RATIONALE FOR RISK SCORE:

The Q2 risk score reflects the high strategic impact associated with our inability to deliver environmental sustainability ambitions, balanced against current mitigating actions and governance arrangements. While the Trust has approved plans, reporting mechanisms and active workstreams in place, the likelihood of delivery slippage remains material due to cost pressures, infrastructure capacity constraints and uneven organisational ownership.

CONTROLS	ASSURANCES		EVIDENCE
Green Plan	**Level 2:** Update against delivery of Green Plan	Adequate	RC/2627/071 TMC/2627/182

Gaps in Control/ Assurance	Required Action	Action Lead	Target Completion	Oversight	Progress
Dependency on external infrastructure	Introduce forward-looking delivery risk and dependency reporting, including external constraints	Director of Finance	November 2026	Resources Cttee	Pending
Sustainability risks not consistently embedded into decision-making processes	Strengthen governance requirements to explicitly test sustainability, affordability and infrastructure assumptions	Director of Finance	December 2026	Resources Cttee	Pending
Variable organisational ownership and reliance	Embed sustainability accountability across directorates and senior leadership roles	Director of Finance	December 2026	Resources Cttee	In Progress

OPERATIONAL RISKS SCORED 15+ ALIGNED TO BAF RISK: SR07						
Risk ID	Risk Type/ Subtype	Risk Description	Initial Risk Score	Current Risk Score	Trend Analysis	Target Risk Score
785	Operational / Health, Safety, Security and Fire	If repairs are not carried out to the roof/atrium at Ladybridge Hall there is potential for the atrium roof to collapse resulting in staff harm and continued failing of the main roof with further water ingress resulting in business interruption.	20 High	15 High	⬇	5 Low
786	Operational / Health, Safety, Security and Fire	If identified failings from fire safety risk assessments, including issues with building compartmentation and fire doors, are not rectified, then in the event of a fire there is an increased risk of fire and products of combustion spreading throughout the premises, resulting in harm to staff and disruption to service delivery.	15 High	15 High	⟷	5 Low
867	Operational / Health, Safety, Security, and Fire	If trees located on Trust grounds are not adequately inspected and maintained through an established arboricultural survey and tree management programme. There could be a tree or branch failure which may result in injury to staff, visitors, contractors or members of the public, potential damage to Trust or third party property, service disruption, financial loss and reputational damage.	15 High	15 High	⟷	10 Moderate

NHS
North West Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Interim Review of Risk Appetite Statement 2026/27 & Future Direction
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: • Note the findings of the interim review of the 2026/27 Risk Appetite Statement; • Confirm that the current RAS will remain in place for the remainder of 2026/27; and • Endorse the emerging direction of travel towards a simpler, principles-based approach to risk appetite for consideration by the Board of Directors for 2027/28.	
EXECUTIVE SUMMARY	The Board of Directors approved the Trust's Risk Appetite Statement (RAS) for 2026/27 in March 2026 with a request to review its effectiveness mid-year. The review highlighted that risk appetite adds greatest value as a high-level Board governance tool supporting strategic judgement, rather than through the application of predetermined appetite categories across individual risk domains.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee (TMC)	
	Date	18 November 2026
	Outcome	For Information

DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

1. BACKGROUND

The Board of Directors approved the Trust's Risk Appetite Statement (RAS) for 2026/27 in March 2026. The revised RAS represented a significant development from the previous approach, introducing a more structured framework aligned with the Government's Orange Book and articulating risk appetite across a number of risk domains.

In approving the revised framework, the Board requested an interim review during 2026/27 to consider how effectively the RAS was supporting strategic decision-making in practice and whether any further refinement would be beneficial.

The review has now been partly undertaken through discussion with Non-Executive Directors and has informed the emerging direction of travel set out in this paper.

2. KEY FINDINGS FROM THE REVIEW

Discussions with Non-Executive Directors (NEDs) provided an opportunity to reflect on how the current RAS is operating in practice. Feedback recognised the progress made in developing the Trust's approach to risk appetite, while identifying opportunities to simplify its application and strengthen its focus on strategic Board decision-making.

The following key themes emerged:

2.1 Risk Appetite as a Strategic Board Tool

The review highlighted that strategic decisions rarely relate to a single risk domain – often having implications across quality, workforce, finance, regulation, digital and reputation, as well as wider organisational objectives.

In this context, predetermined appetite categories or individual domain positions can only provide part of the picture. Risk appetite is most useful when it supports Board judgement about strategic choices, risks, opportunities and trade-offs. This should include consideration of the consequences of acting or not acting, together with the strength of available controls and assurance.

The review therefore supports positioning risk appetite as a high-level Board governance tool, rather than as a detailed framework for categorising individual operational risks.

2.2 Distinction Between Strategic Risk Appetite and Operational Risk Management

The review also reinforced the importance of distinguishing between strategic risk appetite and operational risk management.

Risk appetite should provide the overarching principles within which the Board considers strategic risk-taking in pursuit of the Trust's objectives. Operational risks, controls, tolerances and escalation should continue to be managed through the Trust's established Risk Management Framework and governance arrangements.

This distinction would help ensure that the RAS remains focused on its primary purpose: supporting strategic Board judgement and oversight, without duplicating the arrangements through which individual risks are identified, assessed and managed.

3. EMERGING DIRECTION OF TRAVEL

The review has identified an opportunity to further evolve the Trust's approach through the development of a simpler, principles-based approach to risk appetite from 2027/28.

Rather than assigning fixed appetite levels to individual domains, the proposed approach would establish a small number of overarching principles to guide Board judgement about the strategic risks the Trust is prepared to accept in pursuit of its objectives.

This approach would align risk appetite more closely with strategic decision making. It would also encourage greater consideration of opportunity and innovation alongside traditional risk management approaches.

Importantly, this approach would not remove the need for robust risk management arrangements. It would strengthen the distinction between strategic risk appetite, owned by the Board, and operational risk management, delivered through the Trust's established governance framework. This will ensure that risk appetite remains focused on supporting strategic decision-making, oversight of strategic risks and delivery of the Trust's long-term objectives.

4. RISK CONSIDERATION

The review has confirmed that the current RAS remains appropriate for the remainder of 2026/27 and no changes to the existing appetite positions are proposed.

A simpler, principles-based approach would reduce the risk of complex strategic decisions being considered primarily by reference to predetermined appetite categories or artificial domain boundaries. Instead, it would support proportionate Board judgement informed by context, opportunity, potential consequences, trade-offs, controls and available assurance.

The RAS is a matter reserved to the Board of Directors.

5. EQUALITY/ SUSTAINABILITY IMPACTS

A principles-based approach would enable these considerations to form part of the wider context in which strategic risk-taking is considered.

NHS
North West Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Integrated Board Report
PRESENTED BY	Elaine Strachan-Hall, Director of Quality and Improvement
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 **October 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. **Quality** Quality performance remains broadly stable. Higher-risk complaints and patient experience remain areas of focus, with actions continuing to address timeliness and key themes. Care & Treatment remains the largest patient incident category, with further analysis identifying professional standards, conveyance to ED and clinical treatment as the main sub-themes. Incident figures have been revised following a data quality review. October patient experience scores were 90.2% for PES, 90.3% for PTS and 86.0% for NHS 111. Positive feedback centred on compassion and professionalism whilst patient concerns centred on delays and communication.

In terms of outcomes the return of spontaneous circulation was above the national average and compliance with the STEMI bundle remained is strong at 98% but the Utstein measure, 30-day survival and Falls Bundle were below national averages.

Hear & Treat was 20.3% and See & Treat 25.4% in October, giving a combined non-conveyance rate of 45.7%. However, following NHSE guidance, a revised methodology has recently been introduced which counts activity at the point of referral rather than outcome. On this basis, Hear & Treat would be 25.7% and See & Treat 23.7%, giving a combined rate of 49.4%. The outcome charts in this report continue to use the existing methodology pending publication of the full AQI resubmission, while national data has applied the revised methodology from October. National and NWAS figures are therefore temporarily not directly comparable.

Operational Performance

Operational pressure increased during October. Category 1 mean was 7 minutes 6 seconds, narrowly missing target. Category 2 mean was 24 minutes 44 seconds, meeting the UEC care target but remaining outside of the 18-minute ARP standard. Category 3 and Category 4 performance deteriorated. Category 2 long waits rose by 8%, with the 95th percentile response time reaching 2 hours 1 minute 8 seconds. Hospital handover pressure also increased.

Turnaround: Average turnaround rose to 39 minutes 10 seconds and arrival-to-handover to 30 minutes 4 seconds. The number of patients waiting outside emergency departments, rose to 3,631, up 24% from September 2026 and 152% from October 2025.

NHS 111: Calls offered rose by 12%. Performance fell to 26.58% within 60 seconds; average answer time reached 6 minutes 35 seconds and abandonment 17.88%, all below national standards.

PTS: Activity overall remained stable. EPS remained above standard at 90.8%, but planned collections fell to 77.3% and unplanned collections to 50.2%.

Finance

The Trust reported a Month 07 surplus of £0.653m against a planned deficit of £0.981m. Savings were slightly behind plan at £7.941m against £7.990m. Further plans are being developed to support a break-even year-end position.

Organisational Health

Sickness rose across all services. PTS turnover is showing special cause variation, perhaps reflecting job insecurity arising from contract changes. There are also signs of a rising trend within ICCs.

PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	18th November 2026
	Outcome	Discussed in detail with attention to operational pressures

NHS
North West
Ambulance Service
NHS Trust

Integrated Performance Report

Board of Directors November 2026

nwas.nhs.uk

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**).

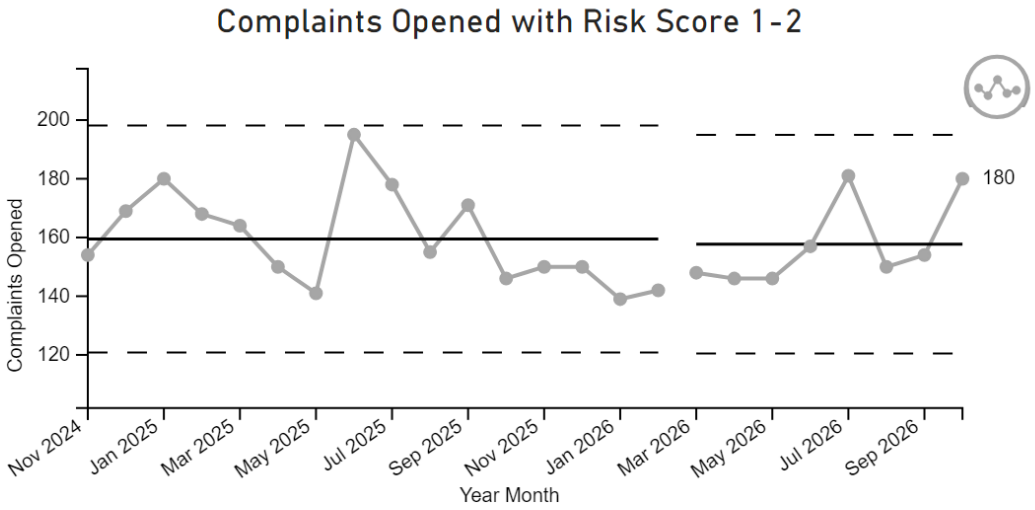
Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator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

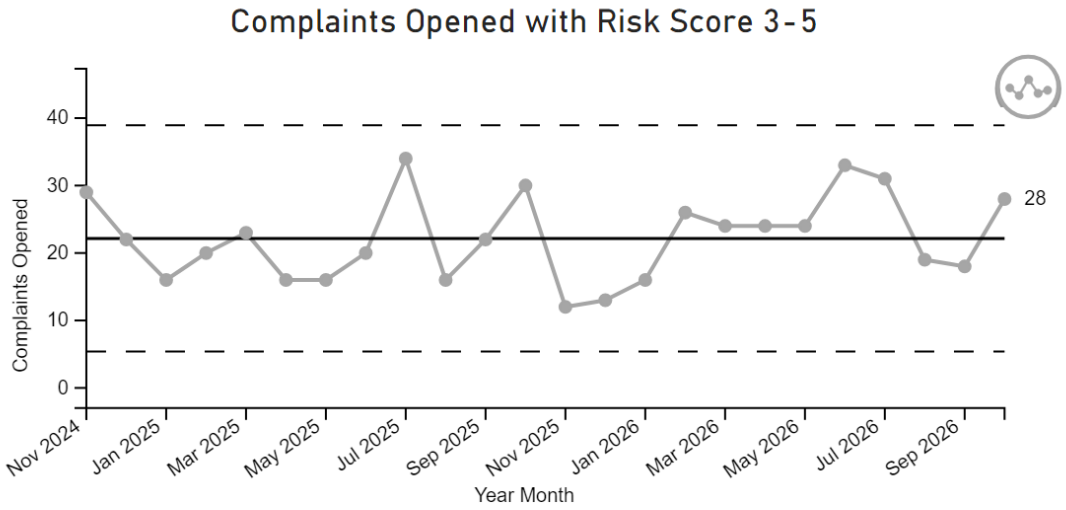
N.B. purple indicates non performance related indicator with arrow indicating direction of travel 

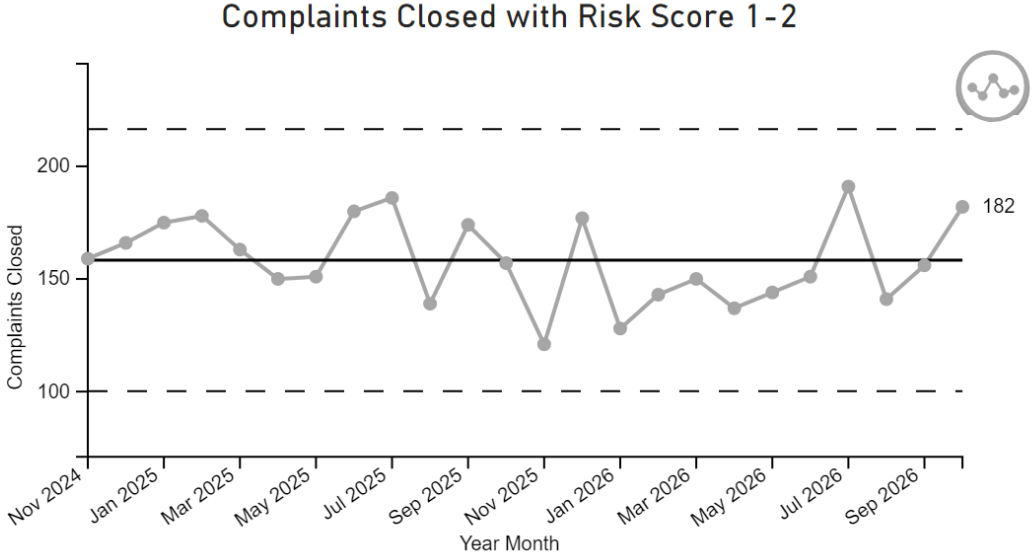
Quality & Effectiveness

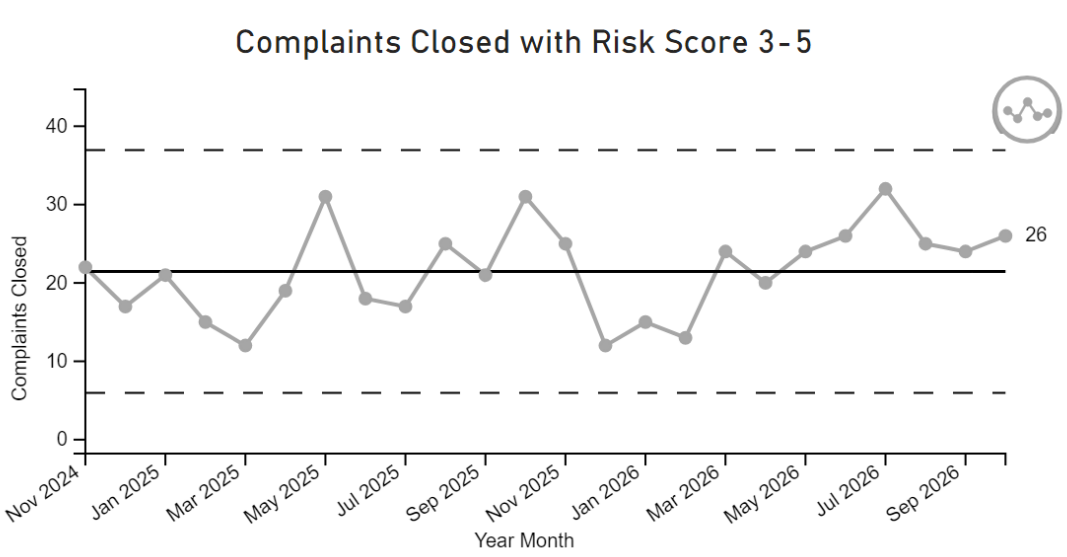
Q1 Complaints
Q2 Incidents
Q3 Safety Alerts
E1 Patient Experience
E2 Ambulance Clinical Quality Indicators (ACQI)
E3 Activities and Outcomes

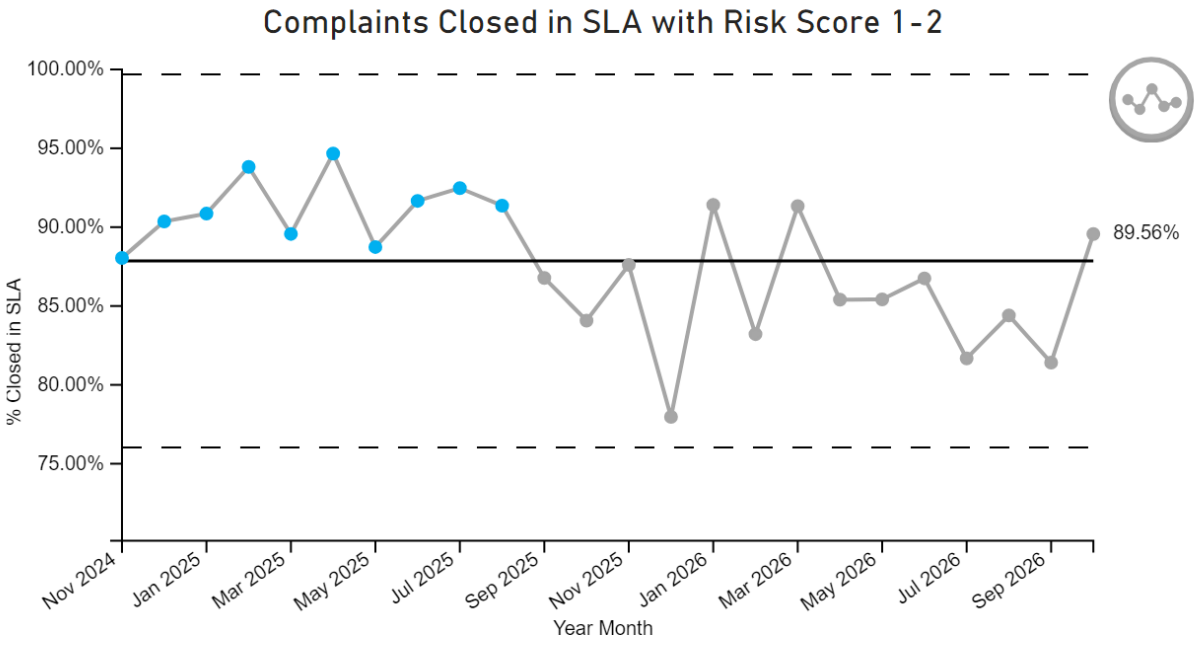
Q1 Complaints

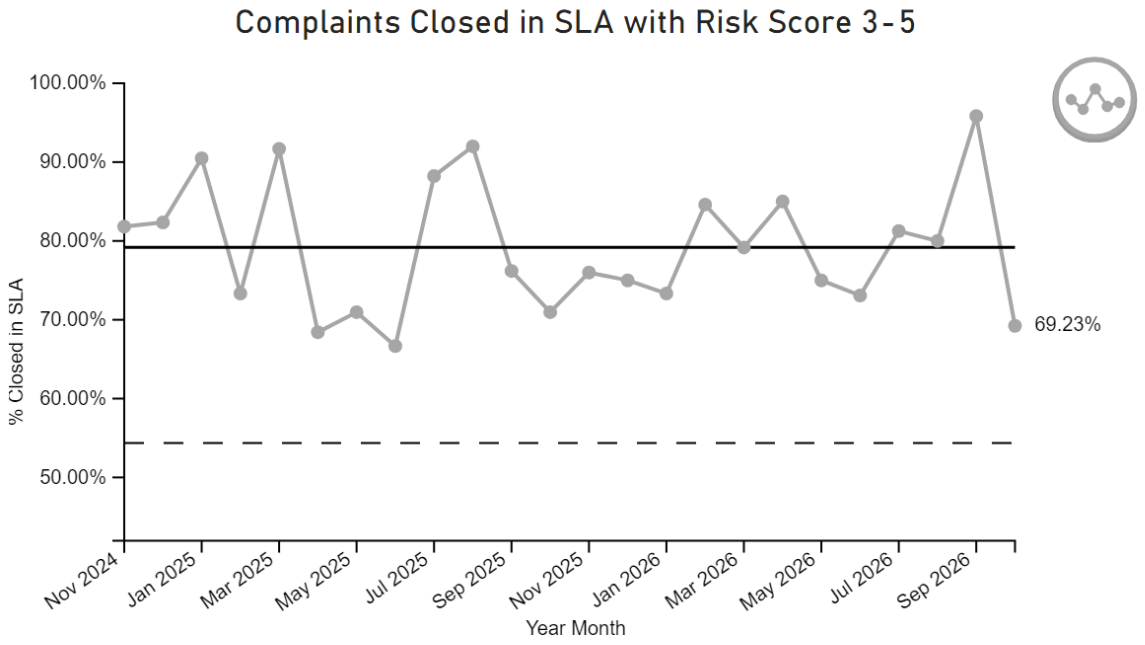








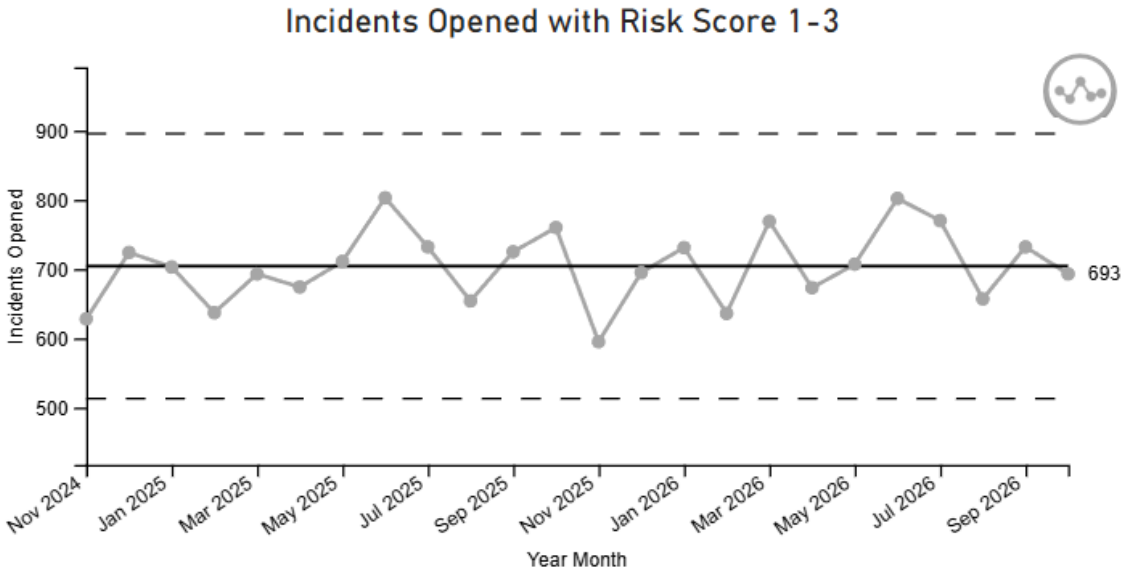


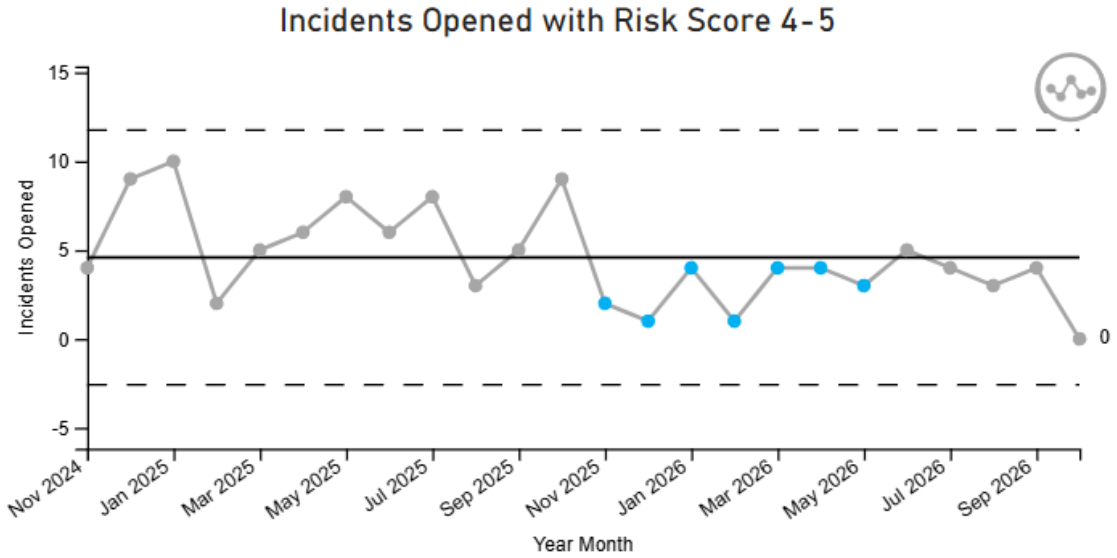


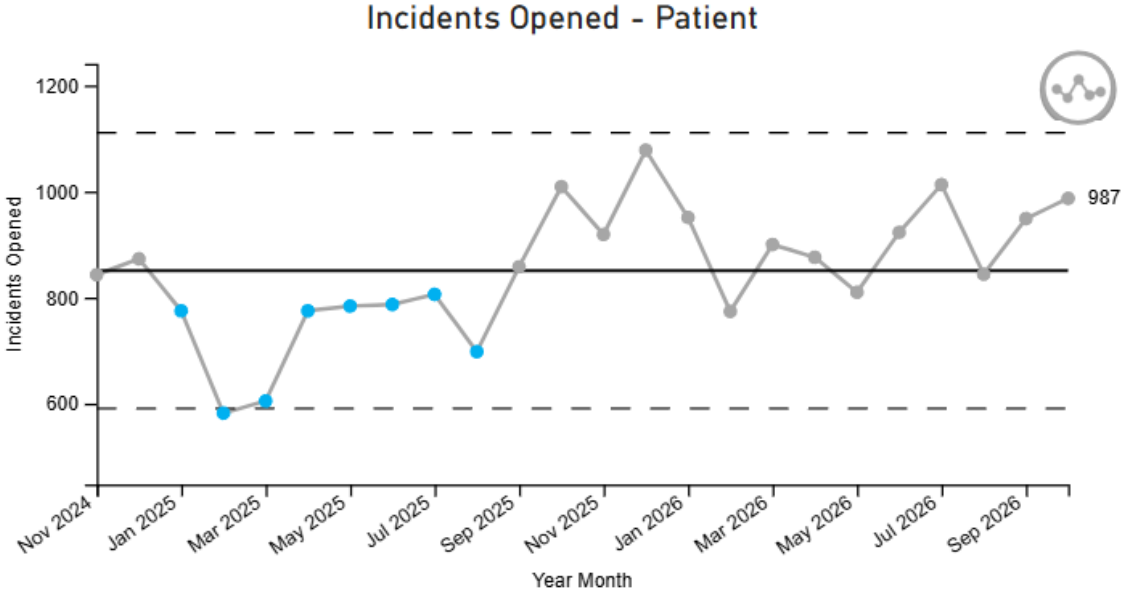
Summary: Complaint volumes remained broadly stable in October. A total of 180 lower-risk complaints (risk scores 1–2) were opened, compared with 182 closed. For higher-risk complaints (risk scores 3–5), 28 were opened and 26 were closed. SLA performance for lower-risk complaints improved to 89.6%, following several months of fluctuation. However, performance for higher-risk complaints reduced significantly to 69%, following a marked improvement in October. The reduction indicates continued challenges in progressing more complex investigations within the required timescales.

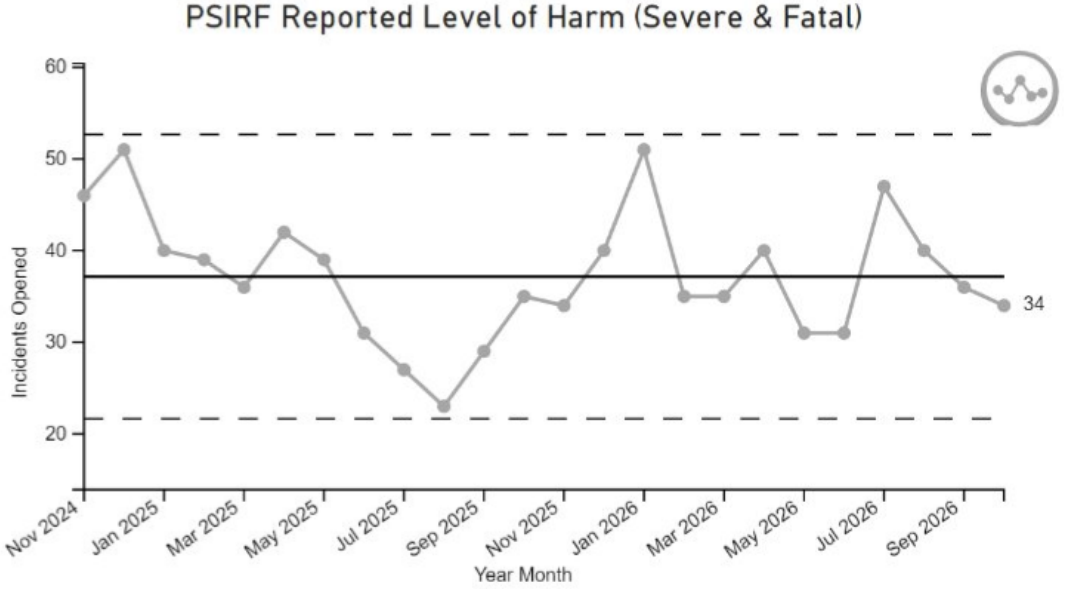
Actions: Maintaining a focus on early assessment, proactive engagement with complainants and the timely resolution of lower-risk complaints, particularly those approaching key SLA milestones. Increased oversight of higher-risk complaints will help address factors affecting performance, while close working with clinical and operational investigating officers will support prompt allocation, investigations and supporting information. Delays will be escalated where required, with recovery actions agreed and monitored.

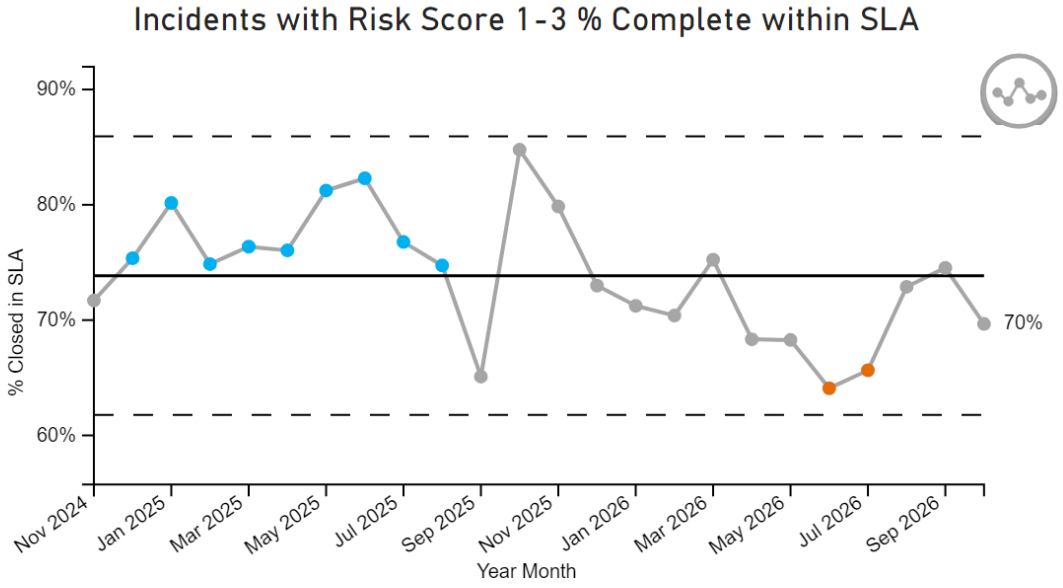
Q2 Incidents

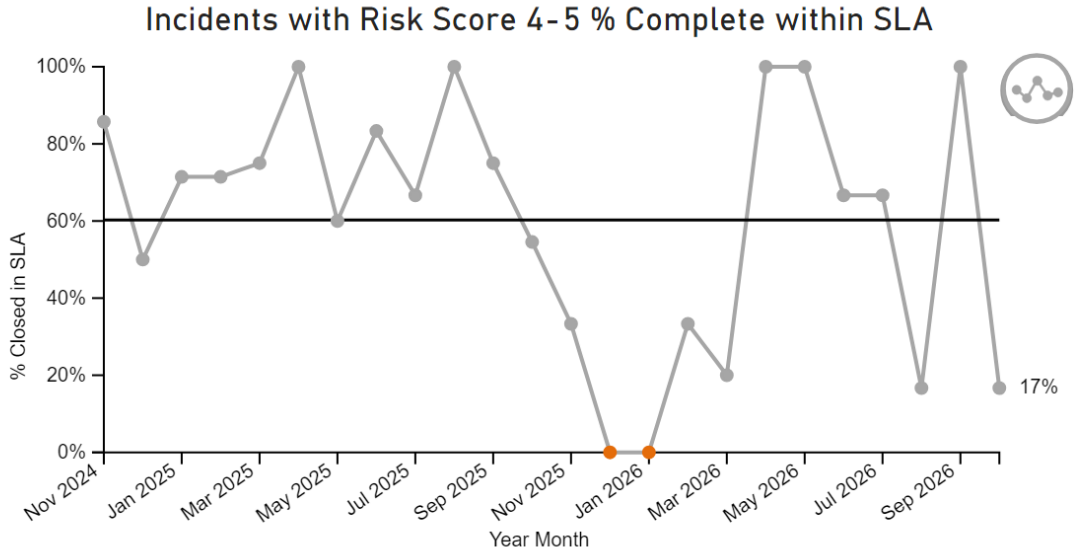








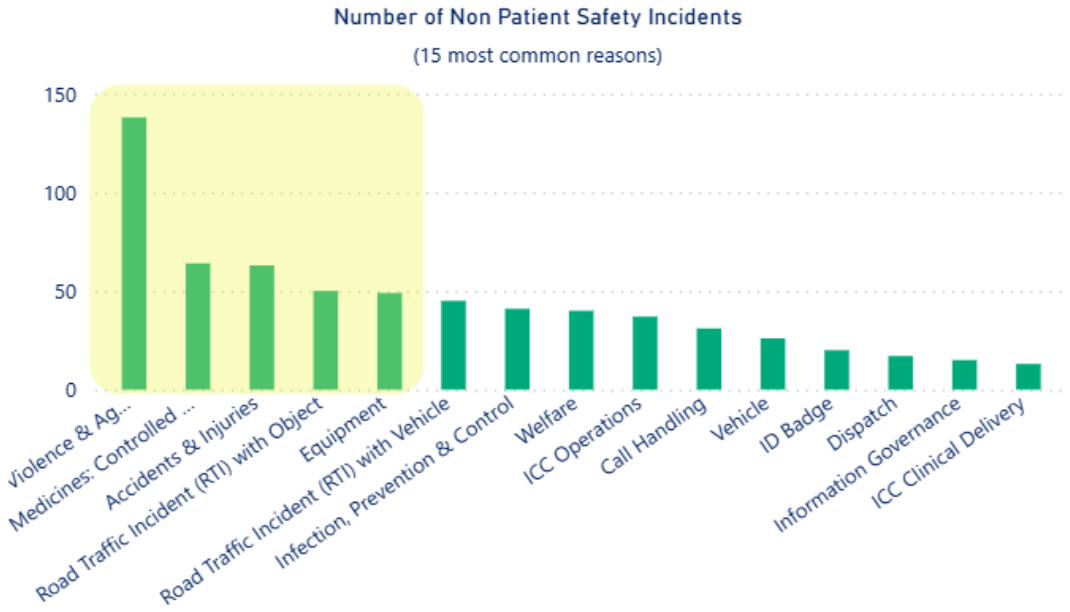


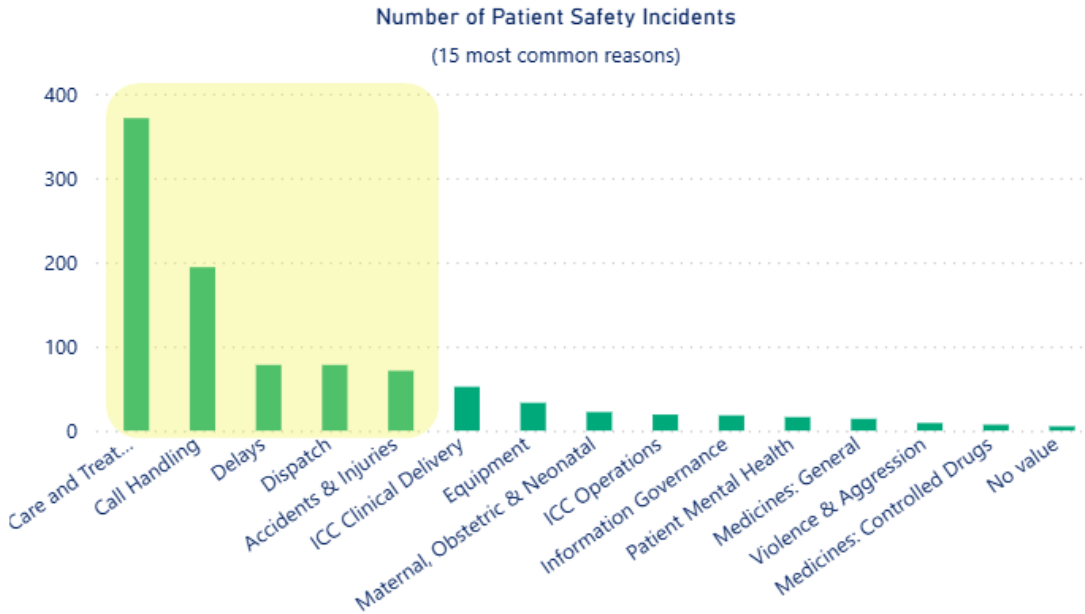


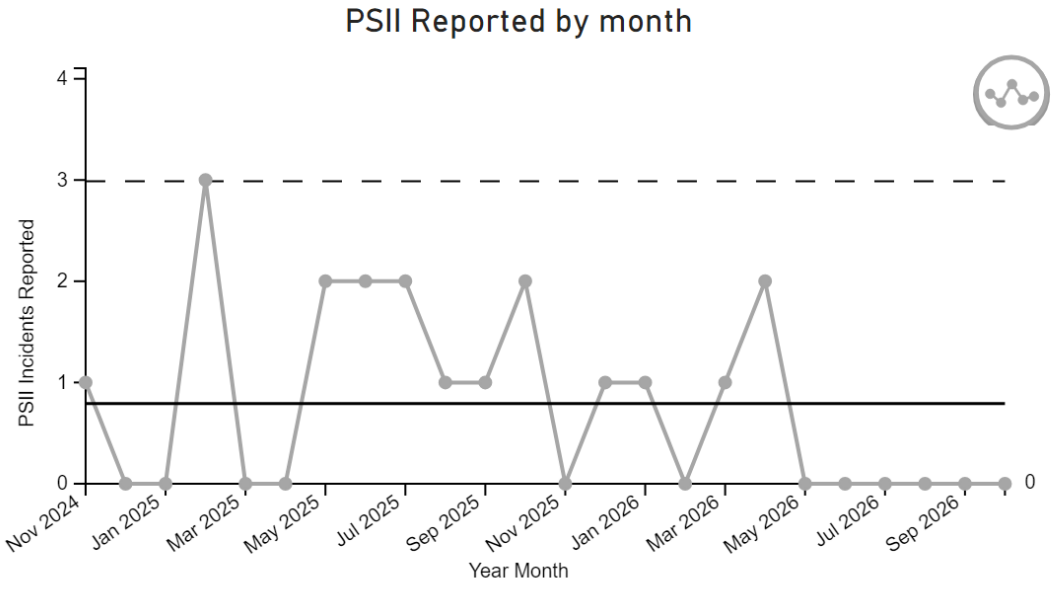
Summary: Incidents opened with a risk score of 1–3 are stable, and currently at 693 in October 2026. Patient incidents opened have increased for the 3rd month running since August 2026, and are now reporting at 987. Incidents opened with a risk score 4-5 is at 0 for the month of October 2026. There were 6 incidents closed with a risk score of 4-5 last month: 3 Major Incidents (Standby), 2 Major Incidents (Actual) and 1 RTI with Patient on board a PTS ambulance.

Actions: Further identification of improvement opportunities, including reducing delays in patient care, improving clinical decision-making and strengthening communication and information sharing.

Please note: Incident figures have been revised in this report following a data quality review







Summary:
Further analysis of the broad Care & Treatment category has identified professional standards, conveyance to ED and clinical treatment by NWAS as the leading sub-categories. Work is ongoing to understand the underlying themes, link these to existing improvement programmes and identify any residual areas of risk.

V&A remains the most frequently reported non-patient safety incident, predominantly driven by verbal abuse. Reporting remains at expected levels and continues to provide insight into trends, repeat perpetrators and operational hotspots.

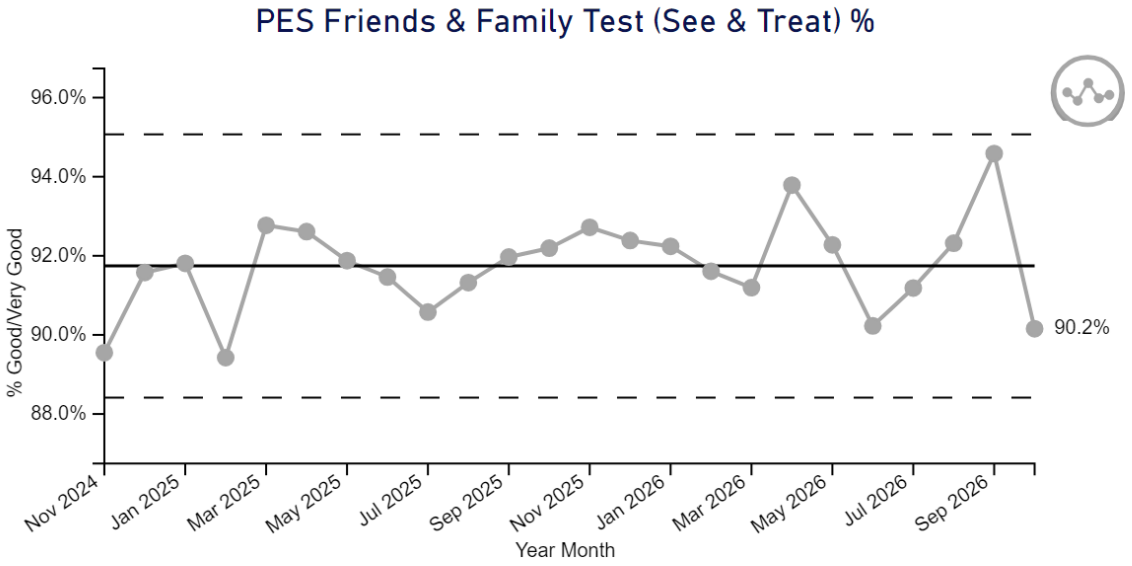
Actions:
The focus will be on continued detailed analysis of Care & Treatment incidents, identifying where risks are already addressed through improvement programmes and where further action may be required. V&A incident intelligence will be used to target prevention and earlier intervention, including monitoring the revised 111 Abusive Caller SOP, warning markers, partnership working and local violence reduction activity.

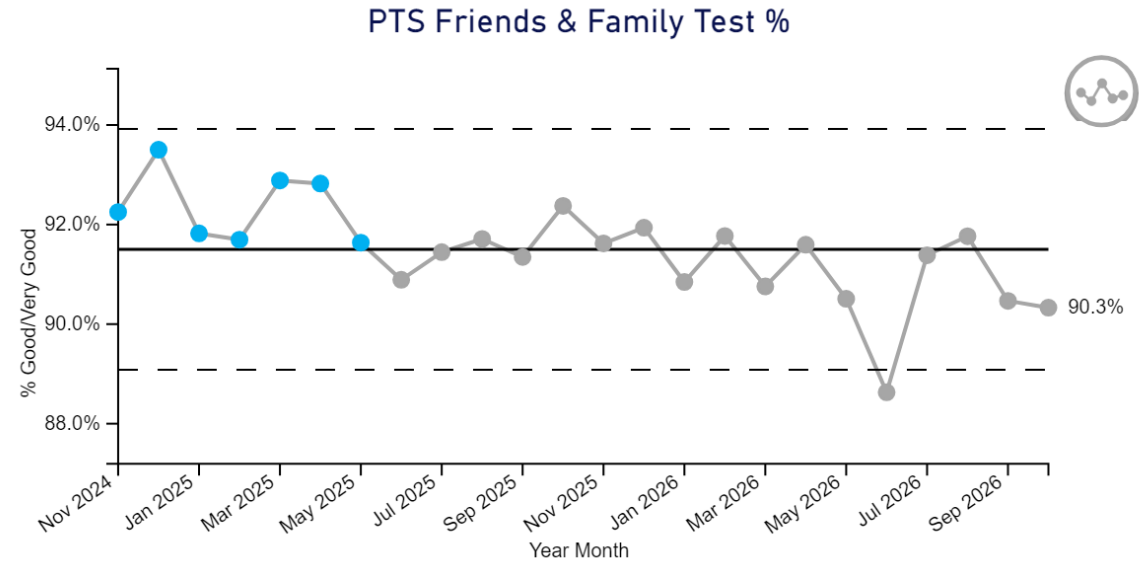
Q3 Safety Alerts

Safety Alerts	Alerts Received (Nov 2025 - Oct 2026)	Alerts Applicable (Nov 2025 - Oct 2026)	Alerts Open	Notes
CAS Helpdesk Team	0	0	0	
National Patient Safety Alert – UKHSA	0	0	0	
National Patient Safety Alert– NHS England Patient Safety	2	1	0	Description NatPSA/2025/006/NHSPS. Harm from incorrect recording of a penicillin allergy as a penicillamine allergy Issue Date – 20 Nov 2025. Deadline – 20 Nov 2026 Actions: Highlighted to Chief Pharmacist and Clinical Informatics Leads for wider discussion required to determine how allergies are currently recorded in the EPR System. These discussions will shape further discussions. On 3 Dec 2025 at Medicines Optimisation Group agreed no further action needed in response to alert for NWAS. Alert will be shared with EPR Development group for information on allergy recording.
National Patient Safety Alerts – NHS England & NHS Improvement	0	0	0	

National Patient Safety Alert – DHSC	**4**	**0**	**0**	
National Patient Safety Alerts – OHID	**0**	**0**	**0**	
CMO Messaging	**1**	**1**	**0**	Description CEM/CMO/2025/002. Influenza season 2025/26: early season activity and implications for clinical practice. Issue Date : 05 Nov 2025. Deadline Response not required . Actions: Response not required
National Patient Safety Alerts MHRA	**3**	**0**	**0**	
MHRA – Medicine Alerts	**52**	**2**	**0**	Description Class 2: Recall of Aspar Pharmaceuticals Ltd Ibuprofesn 200mg tablets, Ibucalm 200mg tablers EL26A/07 Issue Date 4/2/26 Deadline 9/2/26 Actions: None found at NWAS Description Class 3 Meds recall Accord Healthcare Ltd Ipratropium bromide 500mcg/2ml nebuliser solution EL25a/45 Issue Date 23.10.26 Deadline 28/10/26 Actions: 140 boxes had been received into NWAS. All were checked and action plan co-ordinated by meds hub, any received were returned to meds hub.
Infection Prevention & Control	**0**	**0**	**0**	

E1 Patient Experience





PES FFT Positive:

- *"Paramedics were knowledgeable, treated the patient with respect and had a sense of humour when needed."*
- *"The team were amazing and read the room and therefore realised safeguarding needed to be put in place."*
- *"The crew that came out to us were absolutely amazing. Nothing was in place for a terminal illness and they called all the services that needed to be involved. The care the team showed was outstanding."*

PES FFT Negative:

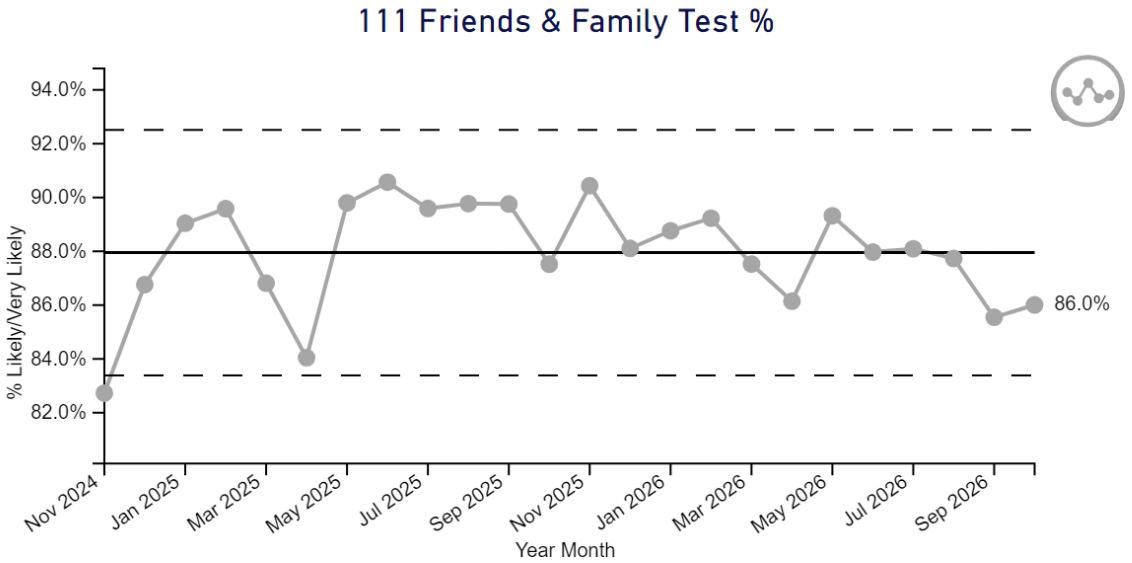
- *"My father (75 years old) suffered a very heavy fall in a garden onto rockery and was in significant pain in his chest area. The full circumstances were provided to the attending paramedics. A student paramedic checked him over. The senior paramedic then told us that I was best placed to take my father to the hospital in my car as the suspension would be better than that of the ambulance and the hospital have better pain relief medication than they could provide. I thought this was an odd perspective, but trusting the professionalism of the attending crew, I trusted their judgement. It transpires after waiting in a hospital waiting room for over 4 hours that my father had suffered 7 broken ribs."*

PTS FFT Positive:

- *"The volunteer drivers have all been excellent. The service has been on time for all of outpatient appointments. The volunteer drivers have waited for me and taken me back home safely. They have all been very kind and friendly and caring. Without them and your service which I have had to use over the past few weeks following surgery when I couldn't drive or walk and had no relatives able to take me to and from Cumbria to Newcastle, I don't know what I would have done. I cannot speak highly enough of everyone. Thank you so much for the exceptional service you provide. Please let your wonderful team know my comments."*

PTS FFT Negative:

- *"I was logged for transport home from Trafford General Hospital, and it took 5.5 hours to arrive and 6 hours to get me to my house. I was wheelchair bound throughout."*
- *"I booked transport with mobility chair, there was no chair provided. I'm house bound at moment. When I got to hospital, had to walk to clinic, no chair. Ended up being admitted into hospital. The journey to hospital caused me no end problems."*
- *"9 hours wait."*



NHS 111 FFT Positive:

- *"This service was brilliant sent to optician right away. As I have a nose and throat infection saves going to a hospital and no germs and possibly less waiting around leaving A&E for the urgent patients. Thank you."*
- *"Within an hour of my first contact I had travelled to and seen a doctor. Can't get any better than this. Extremely pleased with my experience thank you."*
- *"The call handler was patient and empathetic. Very easy to understand and clear on next steps."*

NHS 111 FFT Negative:

- *"From speaking to an advisor and answering the questions, I waited 5 hours for a clinician to phone us, after being told he needed to be seen within 1 hour. My son was 2 years old."*
- *"A bit of care and compassion wouldn't go a miss. Relevant questions would be appropriate rather than checking if I've had a stroke and listening to the actual symptoms."*
- *"Ridiculous list of things to go through for what was essentially a GP level request because my GP is closed. Took ages to get to the point for a basic request. Waste of NHS time and difficult to stay on the phone so long when parenting."*

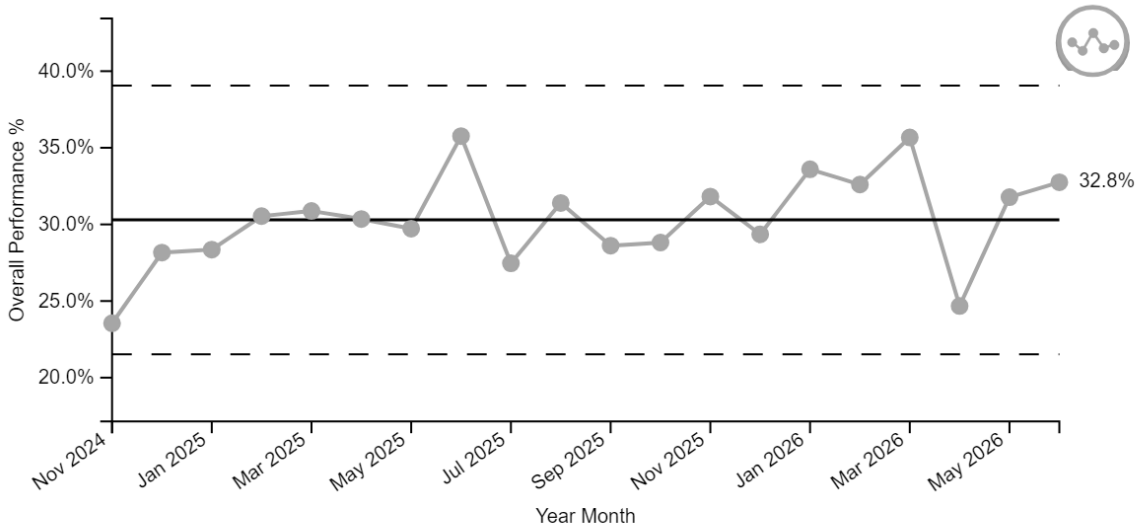
PES FFT: The 701 responses for October are 0.14% lower when compared to September's of 702, with comments also lower by 3.43%, (534 for October and 553 in September). The overall experience score for October of 90.2% is 4.4% lower than the 94.6% reported in September, but it was **92.2% in October 2025**, a difference of 2.0%. From the **'very good/good'** responses on their experience of using the service, the corresponding themes continue to be around; prompt response time, reassurance provided, being treated with compassion, dignity, kindness and respect, excellent friendly service, underpinned by teamwork, the professionalism of the paramedics and call centre teams to meet patient needs, whilst explaining what was being done and why, made to feel safe. Where respondents indicated **'poor/very poor'**, the corresponding themes were around; no arrival or delayed arrival of ambulance, not being listened to, lack of empathy, lack of knowledge and professionalism, very poor attitude and rudeness.

PTS FFT: The 1,210 responses from October are 2.97% higher than September's 1,175, with supporting comments also higher, by 0.52%, (970 for October compared to 965 from September). The overall experience score for October of 90.3% is 0.2% lower than the 90.5% reported for September, but was **92.4% in October 2025**, a difference of 2.1%. From the **'very good/good'** responses, the corresponding themes were around; the professionalism of polite, friendly, caring and helpful staff, both when making bookings and on transport, being treated with kindness and respect, patient comfort and safety, the excellent service provided. From the '**poor/very poor**' responses, the corresponding themes were around; difficulty getting through on the phone, booking and notification issues, no arrival of transport, waiting time delays (inward and outward journeys), poor staff attitude, incorrect transport type and issues with taxis/third-party service providers, along with comfort and safety concerns.

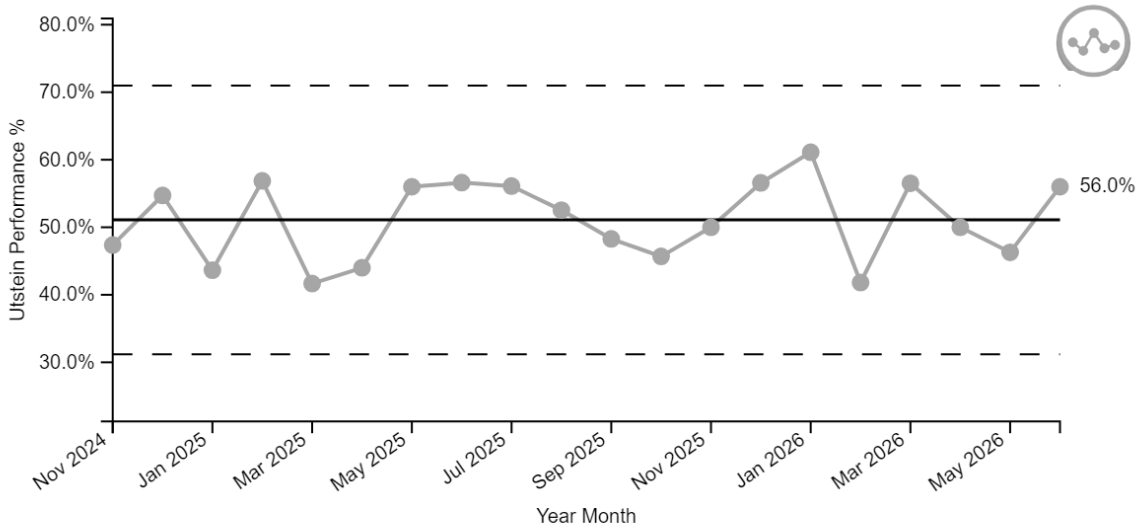
NHS 111 FFT: For October we have 486 returns, compared to the 429 returns reported for September. As previously reported the drop in returns is attributed to suspended postal surveying due to an issue with addresses in Cleric. A temporary workaround has been applied, and postal surveys recommenced in September, but the backlog is still being cleared.
From the reduced October returns, we see an 86.0% likelihood of the 111 service being recommended, a difference of 0.5% compared to the 85.5% reported for September. This was **87.5% in October 2025**, a difference of 1.5%. Where respondents indicated they were '**extremely likely/likely**' to recommend the service, themes were around; ease of use, swiftness, responsive, compassionate, with excellent professional service and assurance provided, helpful clear advice provided, treated with respect, as well as the referral and appointment process for GP and hospital. Respondents who indicated that they were '**extremely unlikely/unlikely**' to recommend the service, the themes around the comments shared were; challenges with getting through, call back delays, no call back or text message as promised, incorrect/inappropriate advice/information provided, apparent lack of knowledge, felt not listened to, lack of compassion, rudeness and lack of professionalism.

E2 Ambulance Clinical Quality Indicators (ACQI)

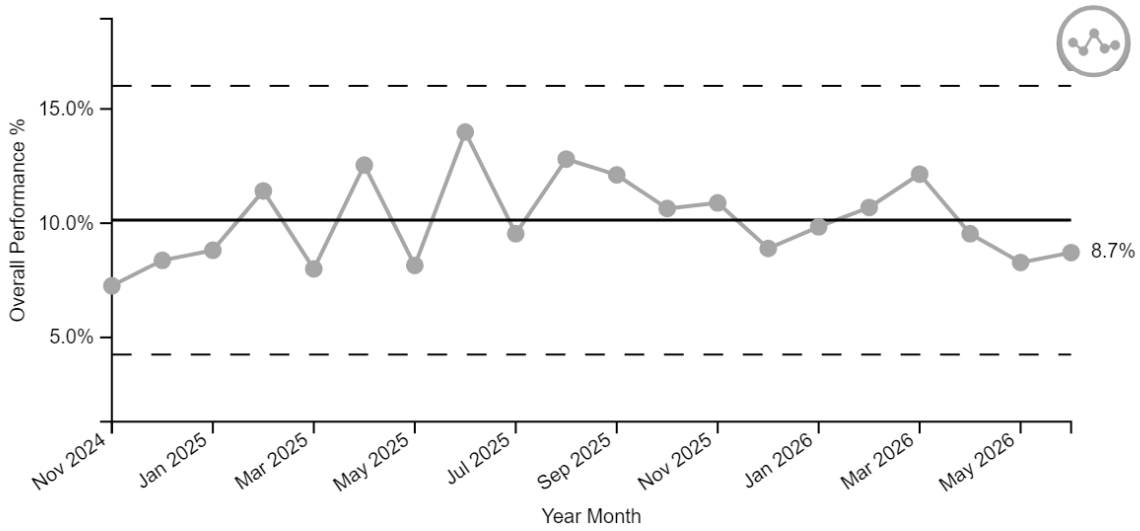
ROSC - Overall Performance



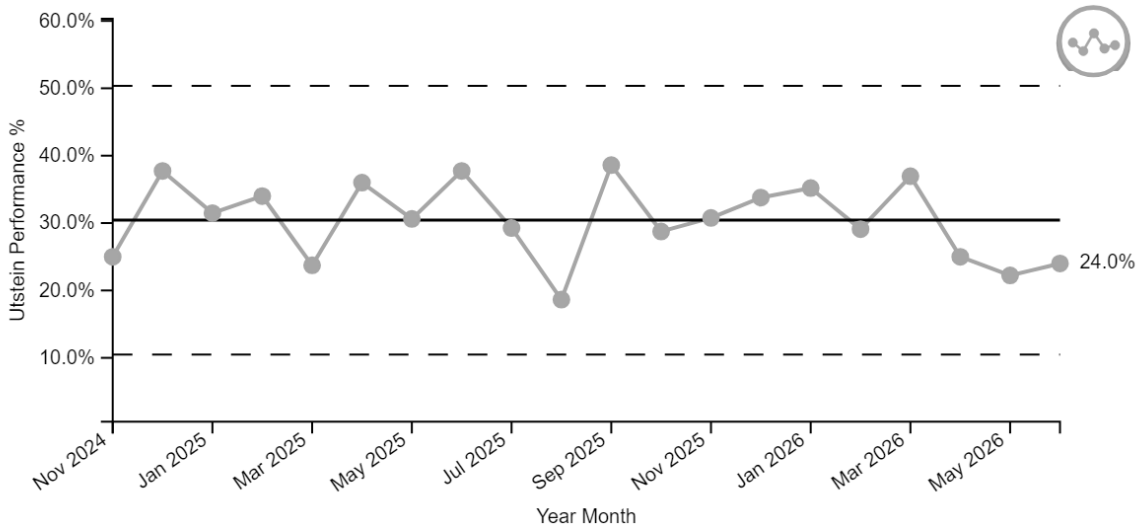
ROSC - Utstein Performance



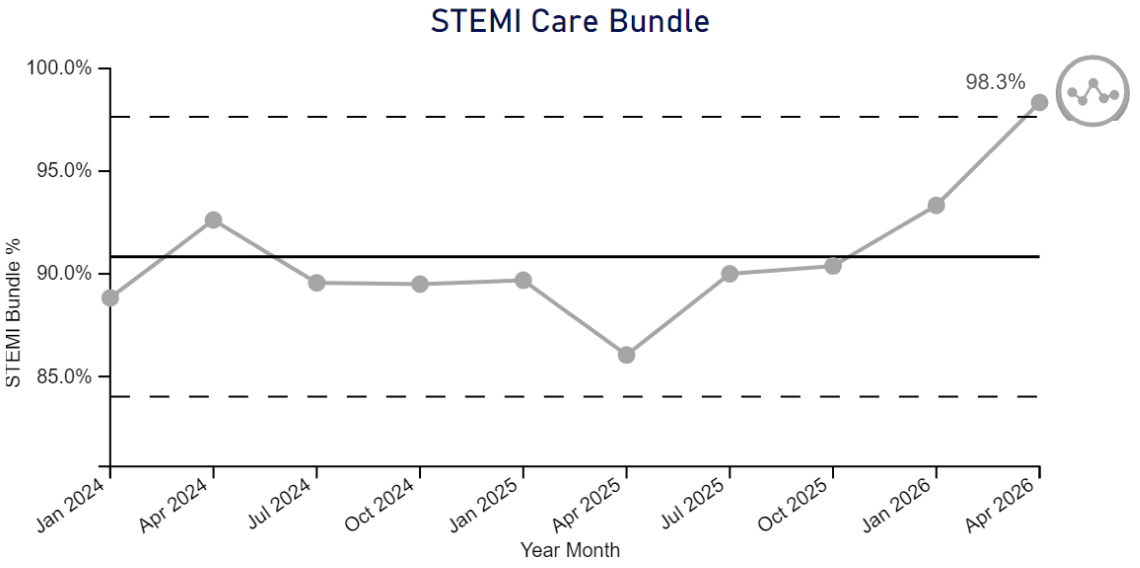
Survival at 30 Days Post Discharge - Overall Performance

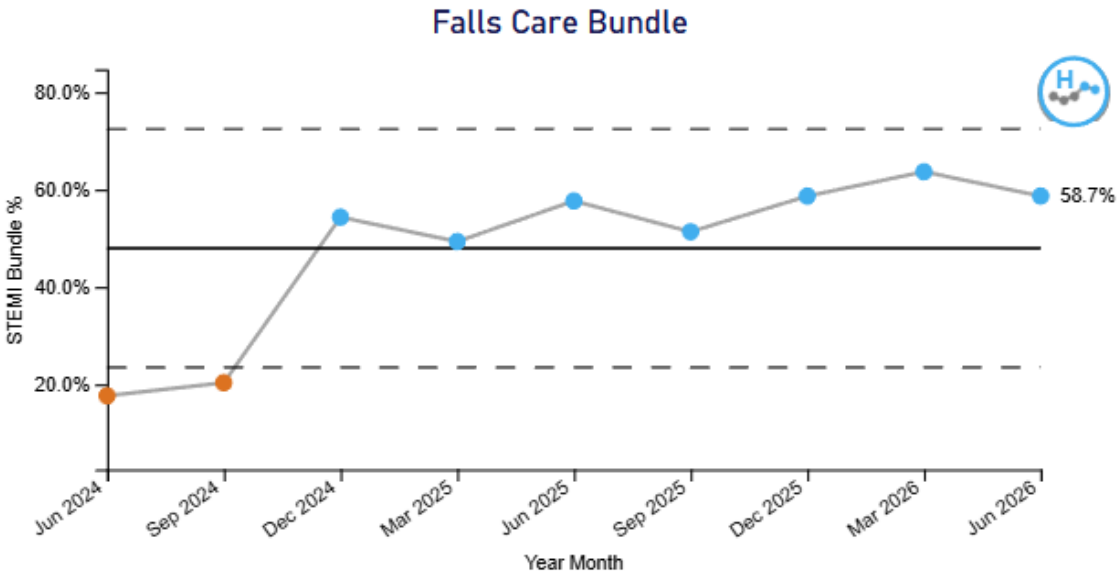


Survival at 30 Days Post Discharge - Utstein Performance



E2 Ambulance Clinical Quality Indicators (ACQI)





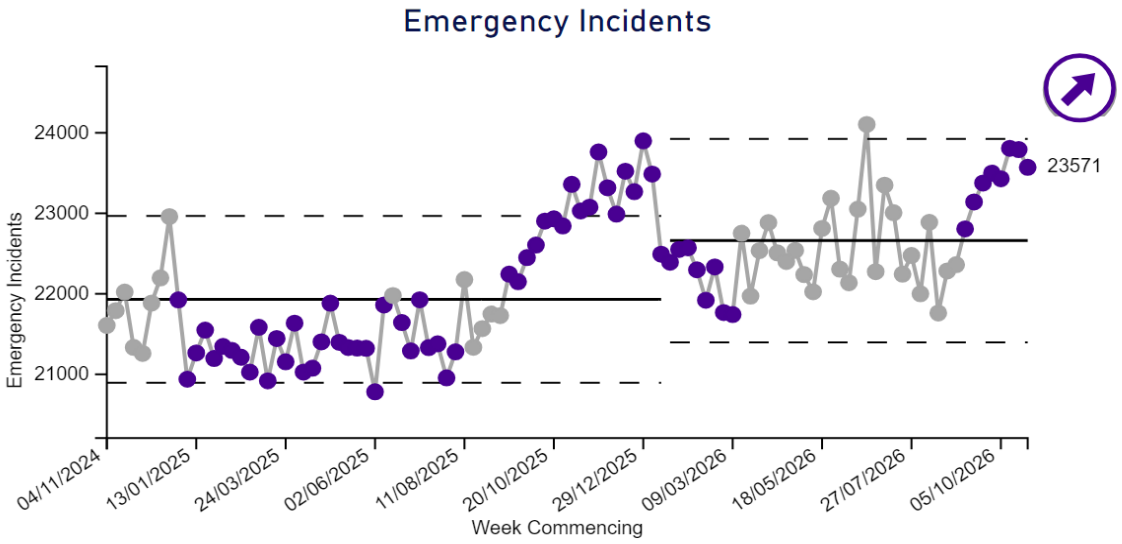
Summary:

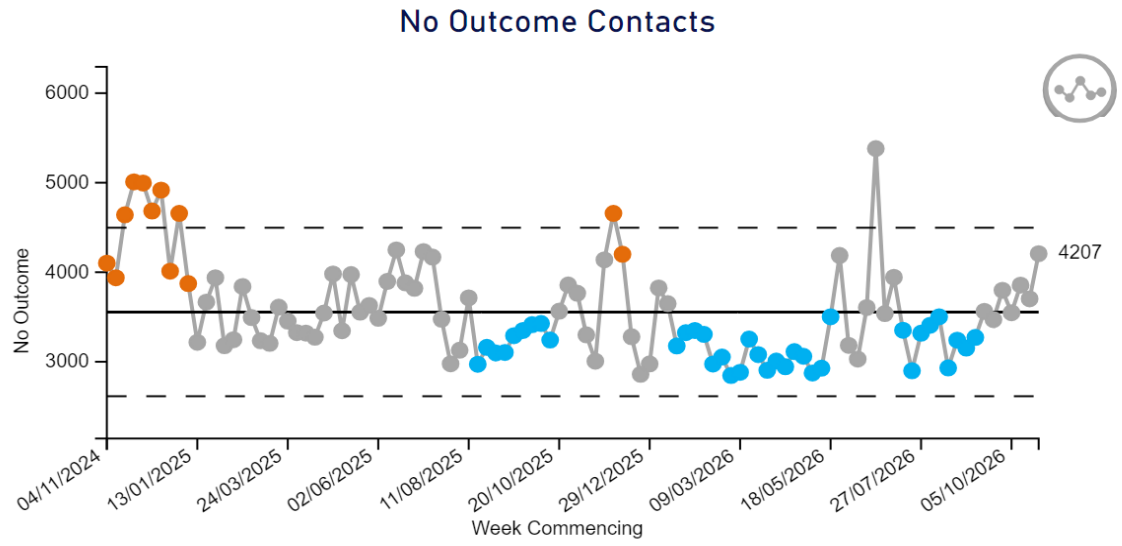
- ROSC overall performance - last reported in June 26 (32.8%), **above** the national average of 31.0%.
- ROSC Utstein performance - last reported in June 26 (56.0%), **below** the national average of 56.4%.
- Survival at 30 days after discharge overall performance – last reported in June 26 (8.7%), **below** the national average of 10.9%.
- Survival at 30 days after discharge Utstein performance – last reported in June 26 (24.0%), **below** the national average of 30.0%.
- STEMI bundle - last reported in April 26 (98.3%), **above** the national average of 83.6%.
- Falls bundle – last reported in June 26 (58.7%), **below** the national average of 60.0%.

Recent changes to cardiac arrest guidance, together with forthcoming updates to national reporting specifications for falls and STEMI, may influence future performance data.

Old methodology

E3 Activity & Outcomes

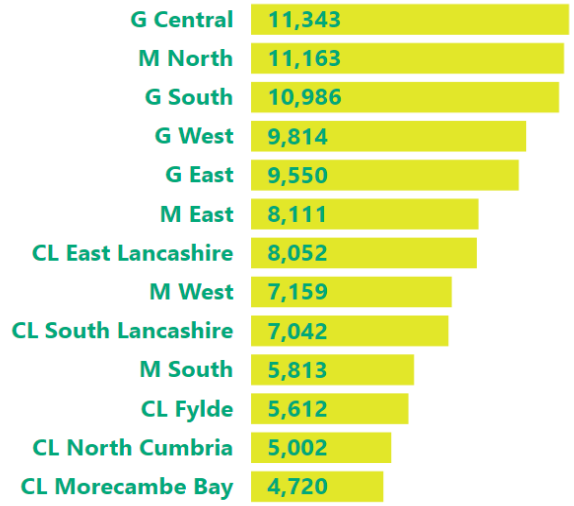




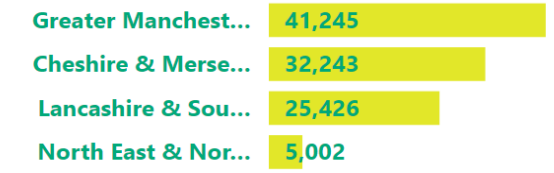
Emergency Incidents



Emergency Incidents by Operational Sector



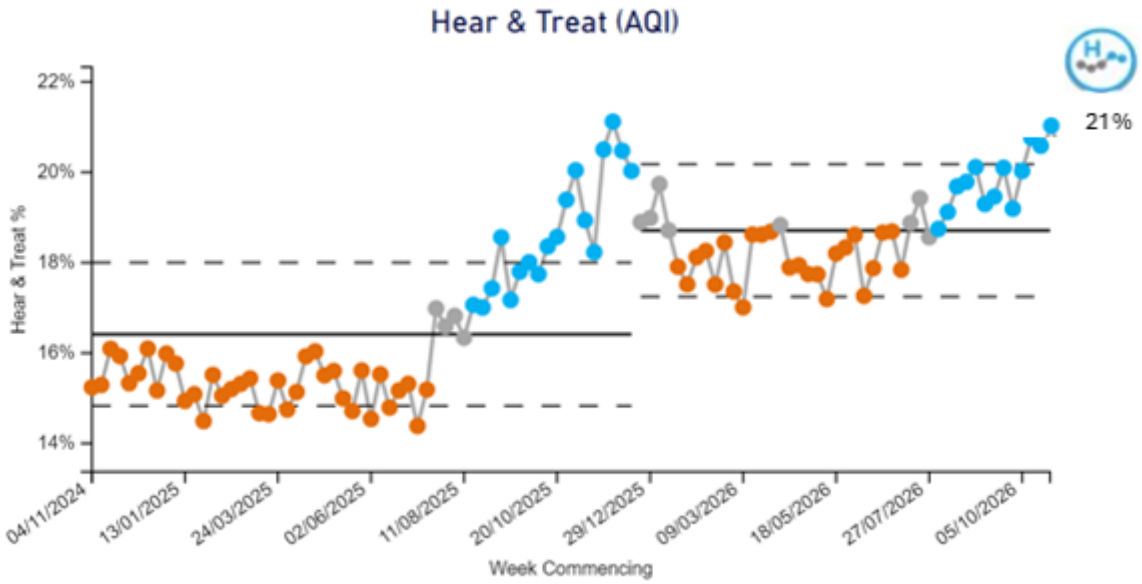
Emergency Incidents by ICB

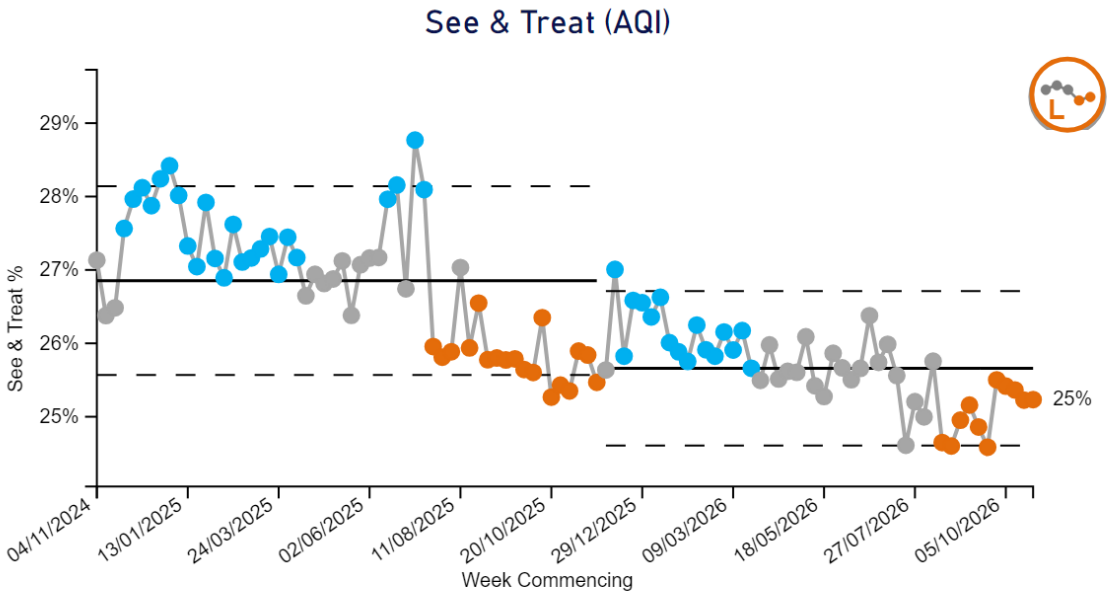


Calendar Year	Month	Calls	% Change from previous year	Incidents	% Change from previous year
2023	Oct	127,219	-9.45 %	94,304	3.16 %
2024	Oct	125,675	-1.21 %	95,047	0.79 %
2025	Oct	126,647	0.77 %	100,888	6.15 %
2026	Oct	131,876	4.13 %	104,472	3.55 %

E3 Activity & Outcomes

BAF ID SR01





Months Hear & Treat by Sector

G Central	25.0%
M North	21.6%
CL East Lancashire	21.1%
CL Fylde	20.8%
G East	20.7%
CL South Lancashire	20.6%
M West	19.7%
M East	19.6%
M South	19.0%
G South	18.8%
G West	18.8%
CL Morecambe Bay	18.6%
CL North Cumbria	15.6%

Months Hear & Treat by ICB

Greater Man...	21.0%
Lancashire ...	20.5%
Cheshire & ...	20.2%
North East ...	15.6%

Months See & Treat by Sector

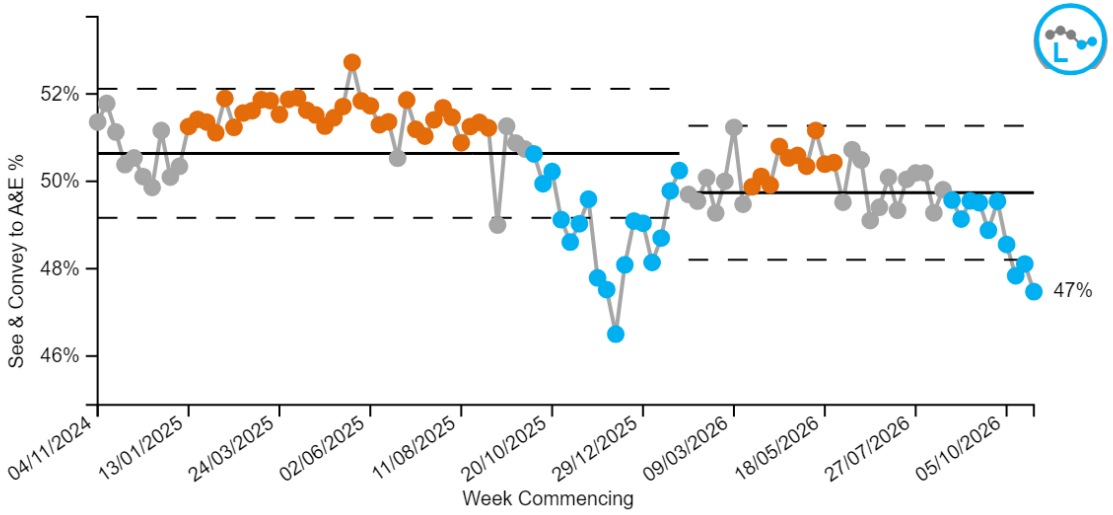
CL Morecambe Bay	31.0%
CL North Cumbria	29.0%
M South	26.4%
G South	25.8%
G West	25.8%
CL South Lancashire	25.6%
M West	25.4%
CL East Lancashire	25.2%
CL Fylde	25.2%
G Central	24.7%
G East	24.4%
M North	23.4%
M East	23.3%

Months See & Treat by ICB

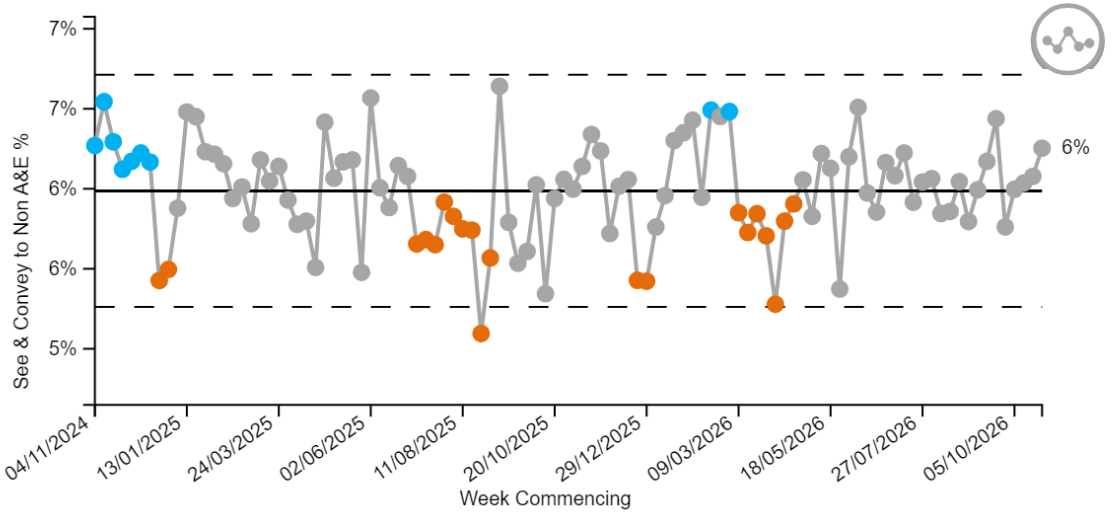
North East ...	29.0%
Lancashire ...	26.4%
Greater Man...	25.2%
Cheshire & ...	24.3%

BAF ID SR01

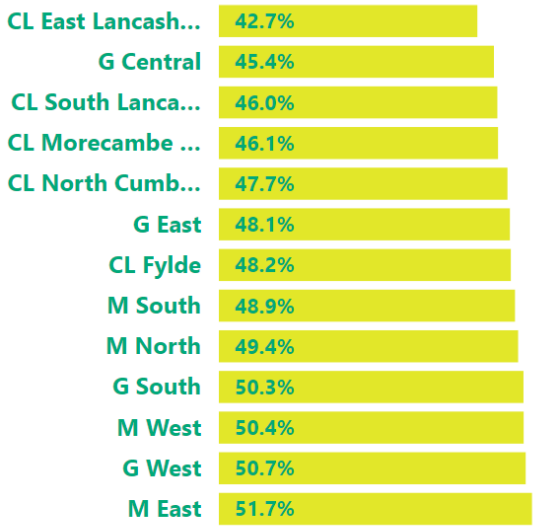
See & Convey to A&E (AQI)



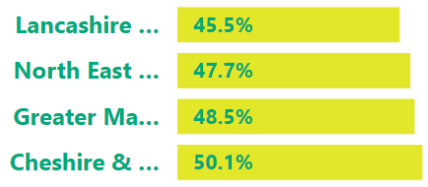
See & Convey to Non A&E (AQI)



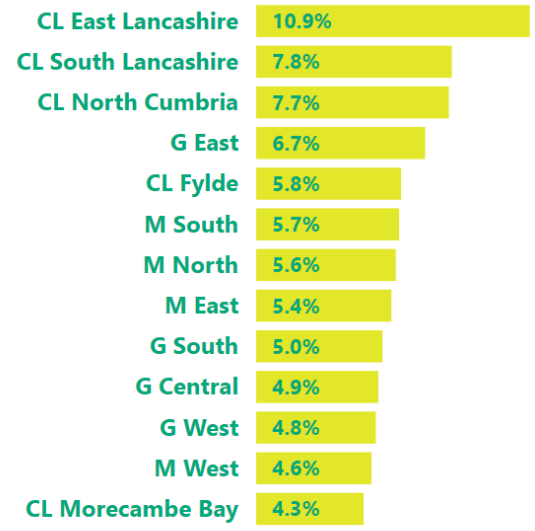
Months See & Convey (AE) by Sector



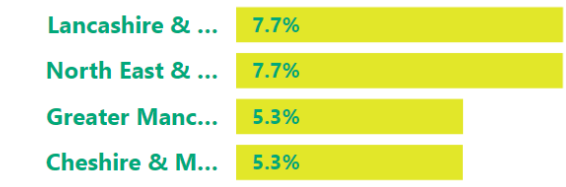
Months See & Convey (AE) by ICB



Months See & Convey (Non AE) by Sector



Months See & Convey (Non AE) by ICB



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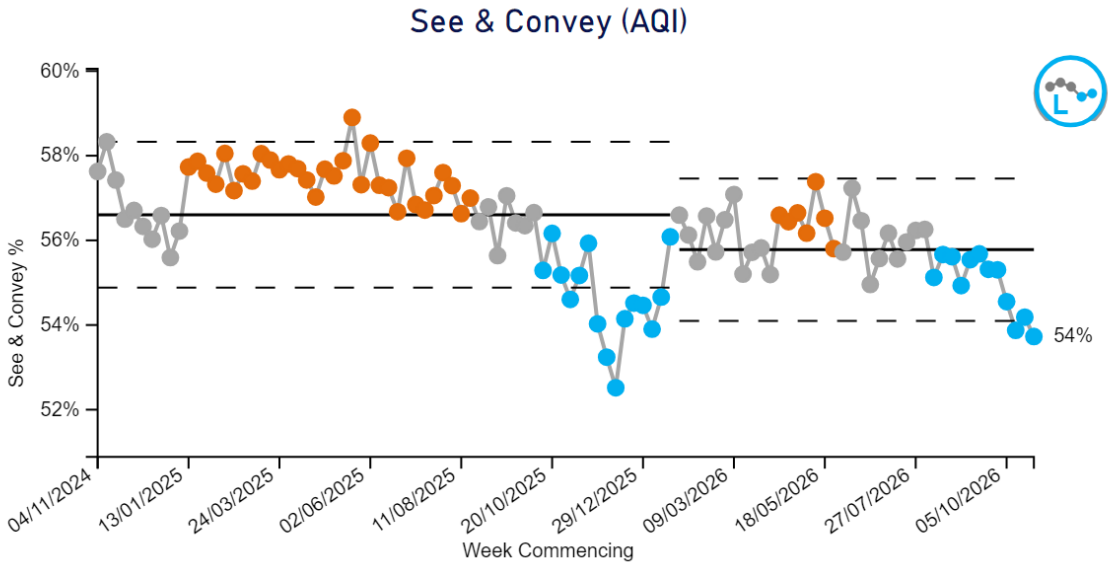


Months See & Convey by Sector

G Central	50.3%
CL Morecambe Bay	50.4%
CL East Lancashire	53.6%
CL South Lancashire	53.8%
CL Fylde	54.0%
M South	54.6%
G East	54.8%
M West	55.0%
M North	55.0%
CL North Cumbria	55.4%
G South	55.4%
G West	55.5%
M East	57.1%

Months See & Convey by ICB

Lancashire & ...	53.2%
Greater Manc...	53.9%
North East & ...	55.4%
Cheshire & M...	55.5%

Summary:

Of the 131,876 emergency calls received by the trust, 79.2% (104,472) became incidents. Hear & Treat performance in October was 20.3%, 0.7% higher than September (19.6%) but below the current planned UEC trajectory. See & Treat performance in October was 25.4%, 0.5% higher than September (24.9%).

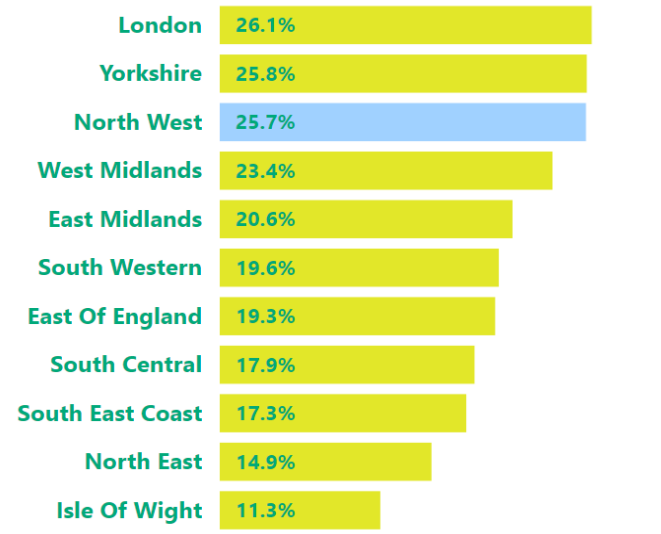
Emergency incident demand has increased over recent months, with October recording the highest number of incidents for October across the last four years. Despite this increased demand, the overall direction of travel shows a greater proportion of activity being managed without conveyance. Hear & Treat continues to improve over time.

Several improvement initiatives are expected to continue to positively influence performance. These include productivity work through the UEC programme and new roles within ICC, supporting increased Hear & Treat and a greater proportion of patients being managed without conveyance.

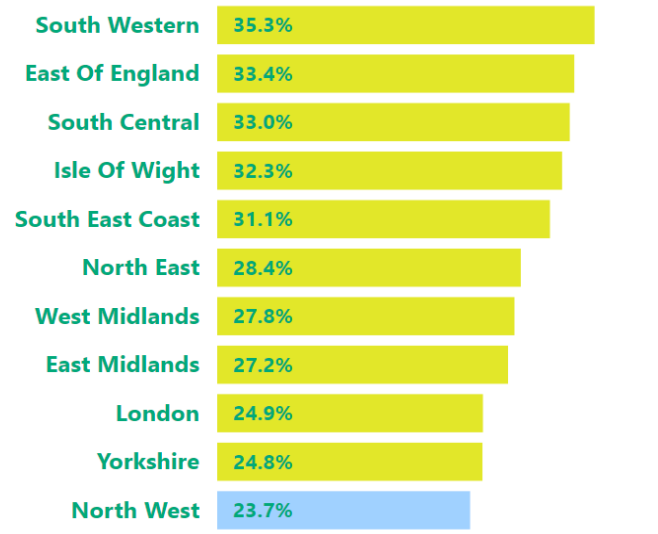
Action:
Continue working with ICBs and system partners to improve access to and capacity within alternative pathways, supporting more patients to be appropriately managed without conveyance. Further reductions in A&E conveyance are dependent in part on the availability of these pathways, which varies across the region.

Revised methodology

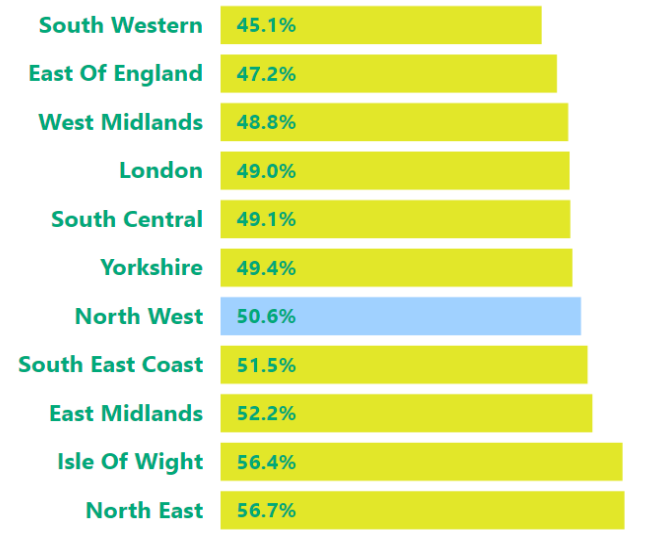
Hear & Treat % by Trust



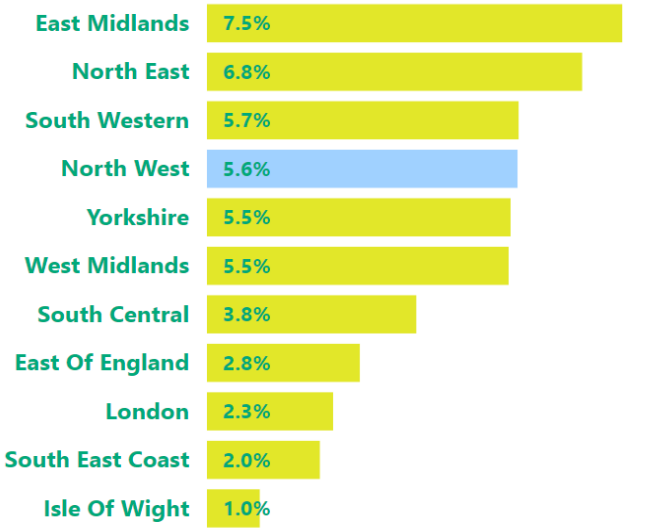
See & Treat % by Trust



See & Convey % by Trust



See & Convey non A&E % by Trust



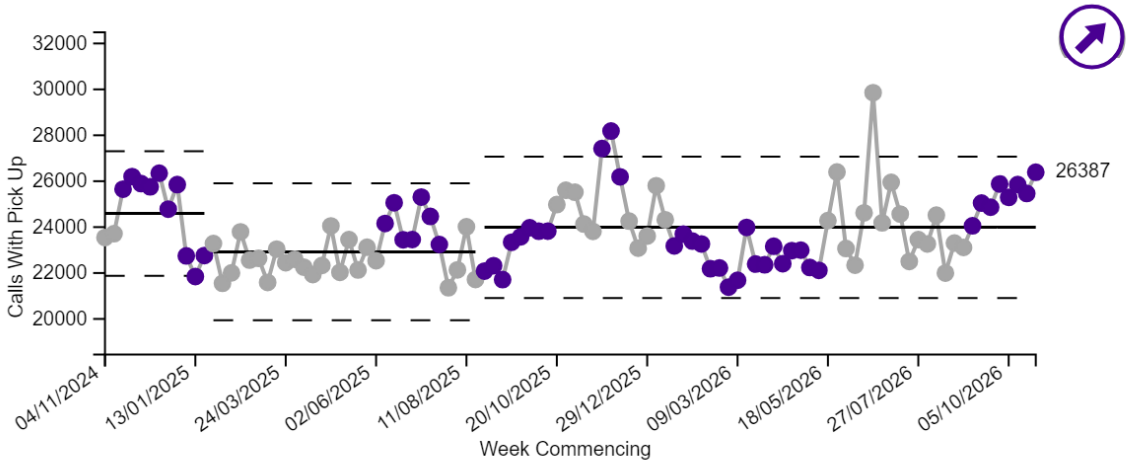
Please note: National H&T, S&T and S&C data for October reflects the revised methodology, with activity counted at the point of referral rather than the point of outcome. NWAS data shown elsewhere in this report continues to use the previous methodology pending publication of the full AQI resubmission, which will apply the revised methodology retrospectively from April 2026. The national and NWAS figures for October are therefore not directly comparable.

Operational

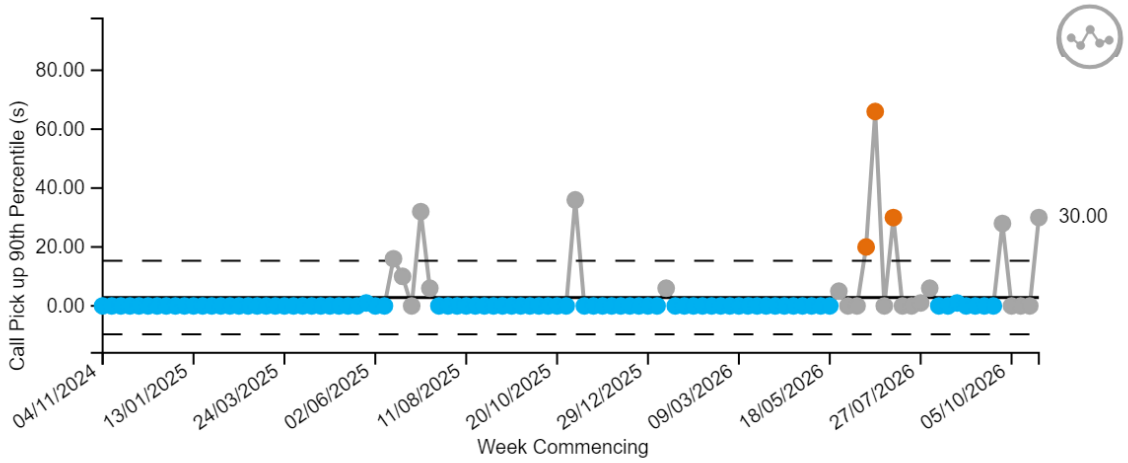
O1 Call Pick up
O3 ARP Response Times
O3 ARP Provider Comparison
O3 A&E Turnaround
O3 A&E Turnaround ICB
O4 111 Activity & Performance
O5 PTS Activity

O1 Call Pick Up

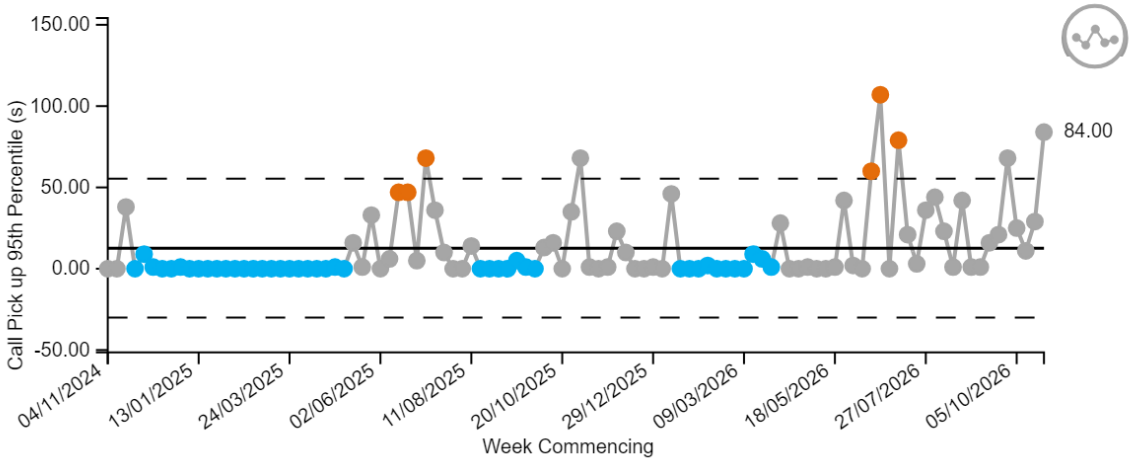
Calls With Pick up



Call Pick up 90th Percentile



Call Pick up 95th Percentile



Call Pick Up Mean	
Month	5
YTD	4
Ranking	5

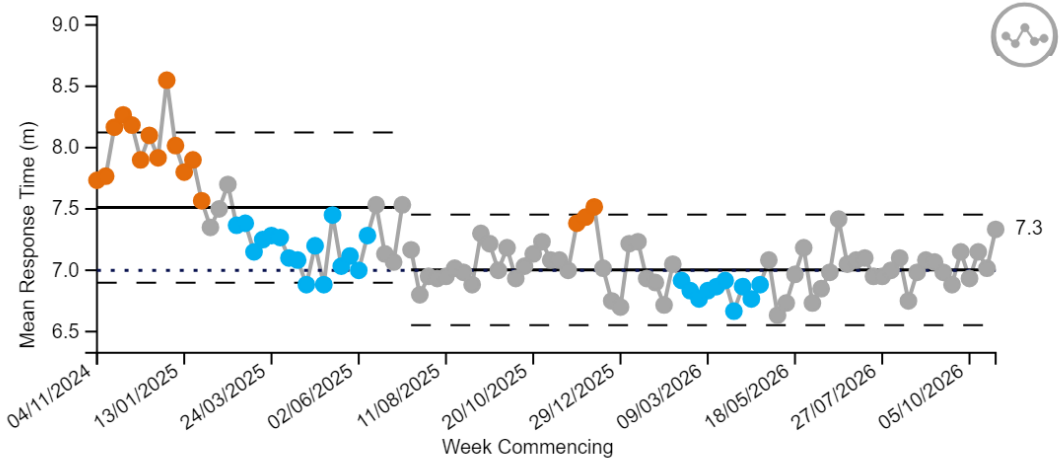
Call Pick up 90th Percentile	
Month	2
YTD	0
Ranking	3

Call Pick up 95th Percentile	
Month	41
YTD	26
Ranking	5

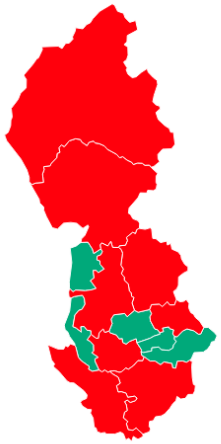
Summary:
Call pick-up performance deteriorated slightly in October. The 90th percentile increased from 0 to 2 seconds, while the 95th percentile rose from 12 to 41 seconds. This indicates that delays continue to be concentrated within a relatively small proportion of calls, with the majority answered promptly. **Action:** Continue workforce planning, scheduling review, and performance monitoring to maintain resilience and minimise delays during periods of increased operational pressure.

O3 ARP Response Times

ARP C1 Mean



C1 Mean (Red =>7min)

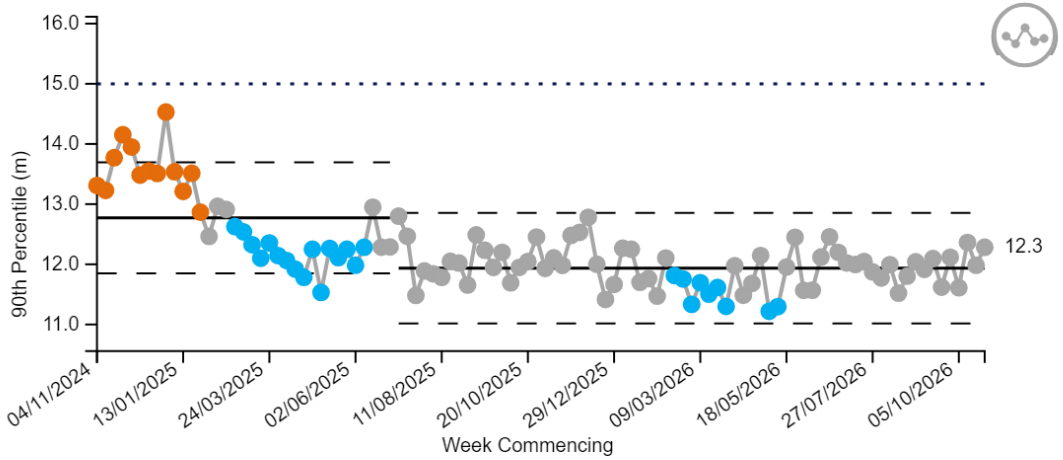


C1 Mean by Sector	
CL North Cumbria	00:09:10
CL Morecambe Bay	00:08:20
M South	00:07:48
M West	00:07:40
CL South Lancashire	00:07:36
CL East Lancashire	00:07:29
M East	00:07:19
G East	00:07:02
G West	00:06:50
CL Fylde	00:06:45
M North	00:06:30
G Central	00:06:29
G South	00:06:10

C1 Mean by ICB	
North East & Nort...	00:09:10
Lancashire & Sout...	00:07:30
Cheshire & Mersey...	00:07:09
Greater Manchester	00:06:36

C1 Mean	
Target	00:07:00
Month	00:07:06
YTD	00:06:59
Ranking	2

ARP C1 90th



C1 90th (Red =>15min)



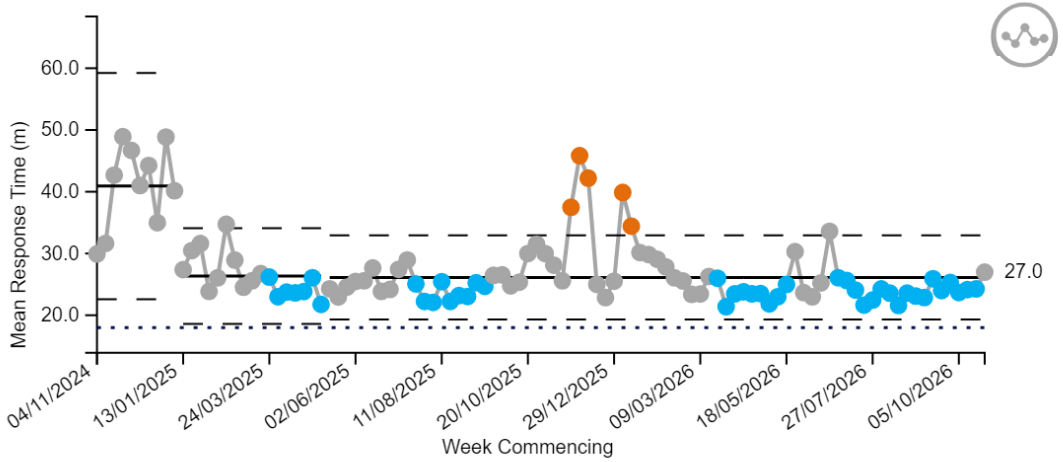
C1 90th by Sector	
CL North Cumbria	00:17:22
CL Morecambe Bay	00:14:41
M South	00:13:28
CL South Lancashire	00:13:23
M West	00:13:19
CL East Lancashire	00:13:15
CL Fylde	00:12:21
M East	00:11:53
G East	00:11:25
G West	00:11:07
M North	00:11:01
G Central	00:10:28
G South	00:10:12

C1 90th by ICB	
North East & N...	00:17:22
Lancashire & So...	00:13:19
Cheshire & Mer...	00:12:02
Greater Manche...	00:10:46

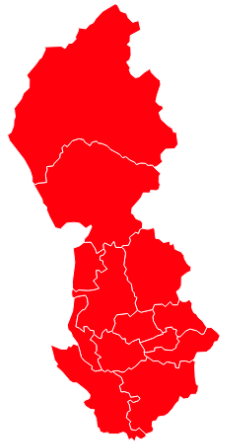
C1 90th	
Target	00:15:00
Month	00:12:02
YTD	00:11:54
Ranking	2

O3 ARP Response Times

ARP C2 Mean



C2 Mean (Red => 18min)

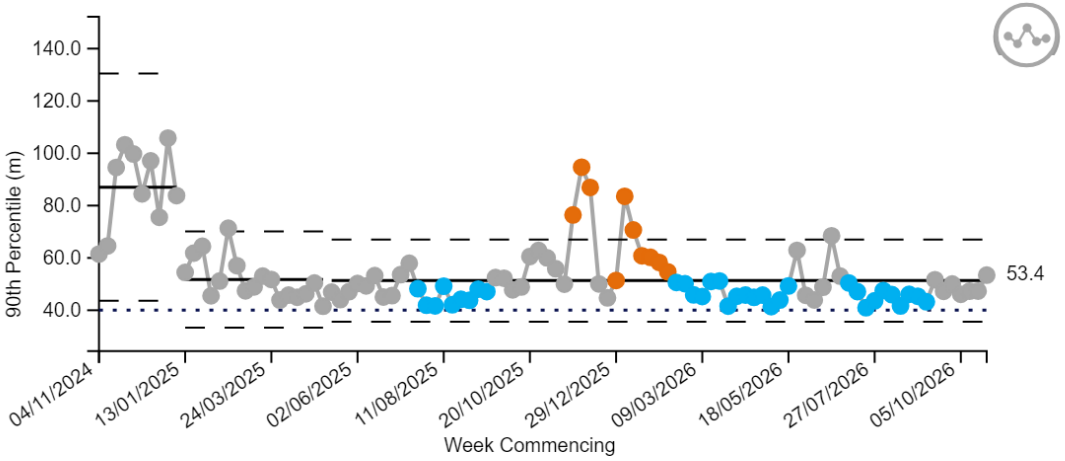


C2 Mean by Sector	
M East	00:32:35
M North	00:30:22
M West	00:30:22
M South	00:27:03
CL North Cumbria	00:25:17
CL Morecambe Bay	00:24:47
CL South Lancashire	00:24:35
G West	00:23:41
CL East Lancashire	00:23:31
CL Fylde	00:22:40
G East	00:21:45
G Central	00:19:32
G South	00:18:58

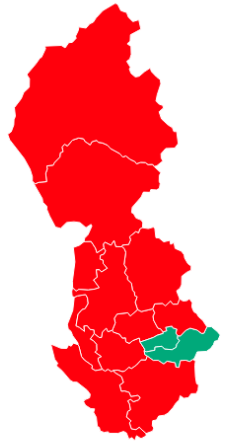
C2 Mean by ICB	
Cheshire & Mersey...	00:30:23
North East & Nort...	00:25:17
Lancashire & Sout...	00:23:51
Greater Manchester	00:20:50

C2 Mean	
Target (ARP)	00:18:00
Target (UEC)	00:25:00
Month	00:24:44
YTD	00:24:25
Ranking	2

ARP C2 90th



C2 90th (Red => 40min)



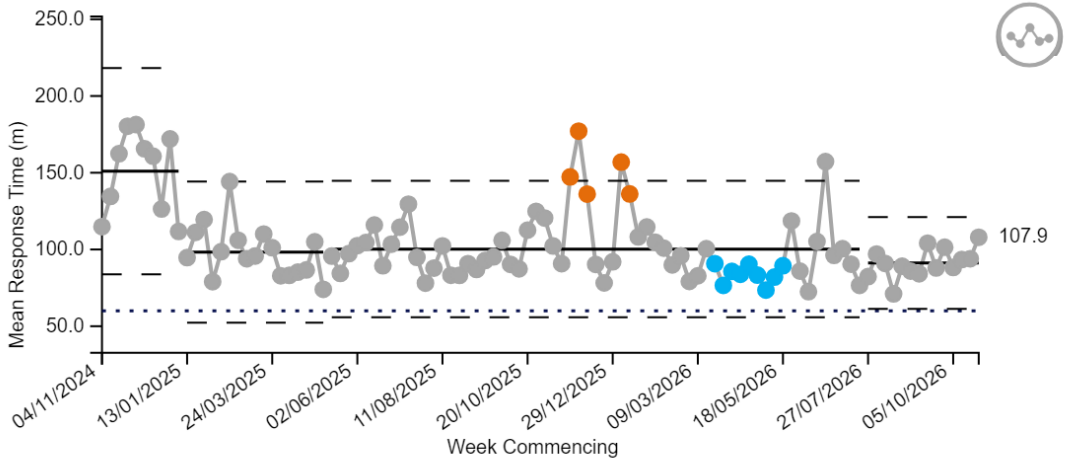
C2 90th by Sector	
M East	01:05:00
M North	01:02:27
M West	00:59:50
M South	00:50:55
CL North Cumbria	00:50:49
CL Morecambe Bay	00:50:29
CL South Lancashire	00:46:53
G West	00:45:56
CL East Lancashire	00:45:02
CL Fylde	00:44:25
G East	00:41:04
G Central	00:36:55
G South	00:36:33

C2 90th by ICB	
Cheshire & Mersey...	01:00:16
North East & Nort...	00:50:49
Lancashire & Sout...	00:46:17
Greater Manchester	00:40:13

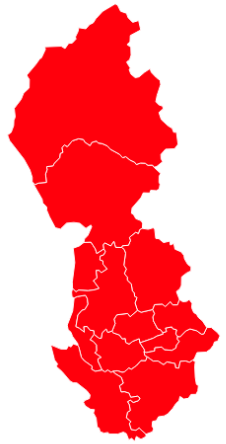
C2 90th	
Target	00:40:00
Month	00:48:31
YTD	00:47:46
Ranking	2

O3 ARP Response Times

ARP C3 Mean



C3 Mean (Red => 60min)



C3 Mean by Sector

M East	02:20:02
M North	02:16:18
M West	01:39:41
CL South Lancashire	01:34:47
G West	01:34:35
G East	01:29:05
CL East Lancashire	01:29:03
G Central	01:27:57
M South	01:23:20
G South	01:22:23
CL Fylde	01:21:03
CL North Cumbria	01:19:32
CL Morecambe Bay	01:13:50

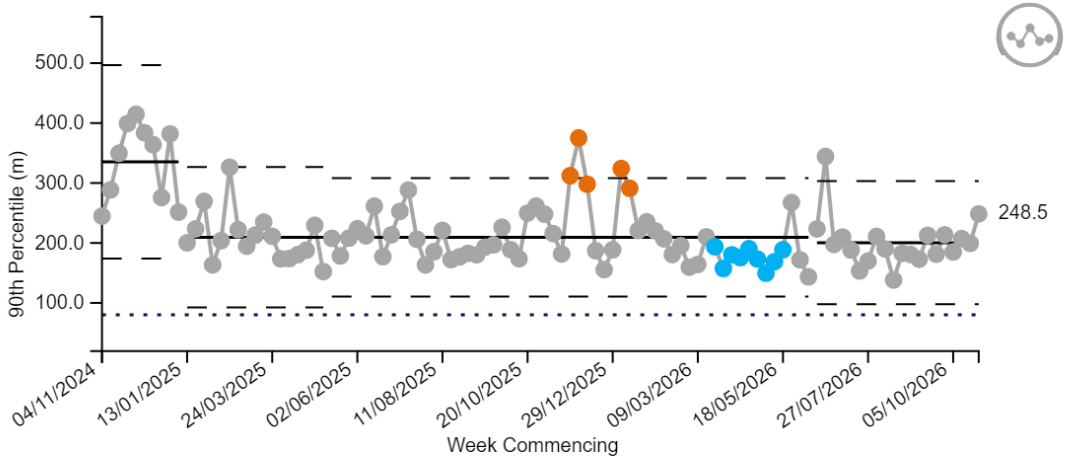
C3 Mean by ICB

Cheshire & Mersey...	01:57:09
Greater Manchester	01:28:26
Lancashire & Sout...	01:25:52
North East & Nort...	01:19:32

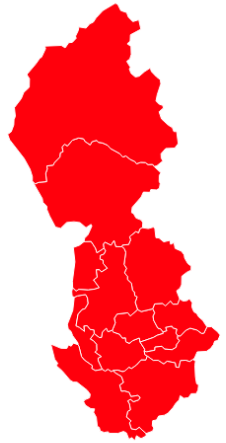
C3 Mean	
Target	00:60:00
Month	01:36:53
YTD	01:31:41
Ranking	5

O3 ARP Response Times

ARP C3 90th



C3 90th (Red => 2h)



C3 90th by Sector

M East	05:15:53
M North	05:13:12
CL South Lancashire	03:36:45
M West	03:35:39
CL East Lancashire	03:17:00
G West	03:15:25
CL Fylde	03:01:56
M South	03:00:52
G East	02:58:29
CL North Cumbria	02:55:32
G Central	02:53:50
G South	02:47:28
CL Morecambe Bay	02:46:40

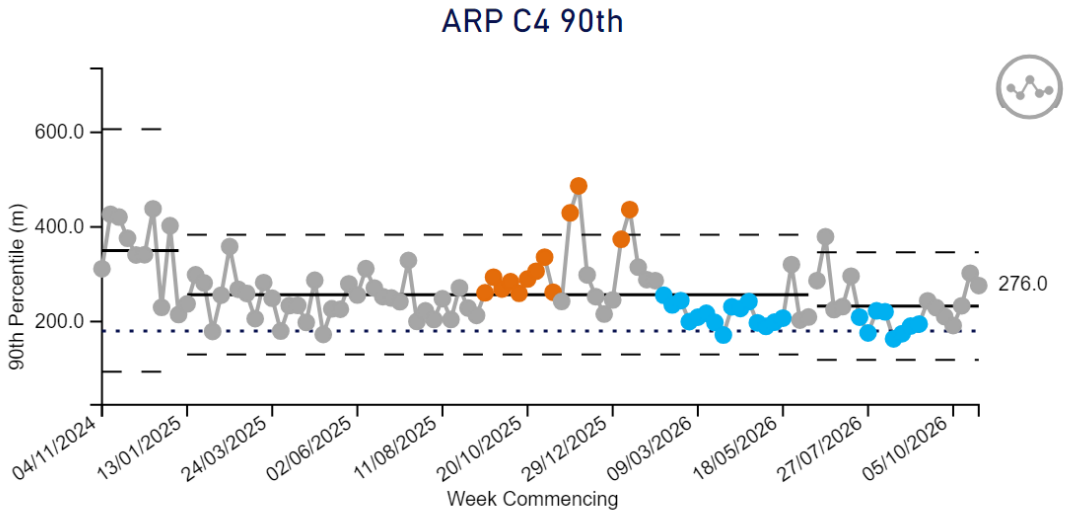
C3 90th by ICB

Cheshire & Mersey...	04:34:41
Lancashire & Sout...	03:13:49
Greater Manchester	02:57:24
North East & Nort...	02:55:32

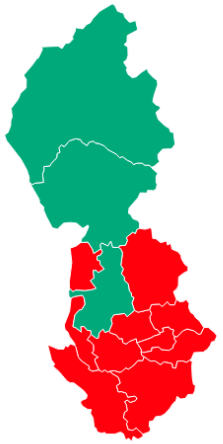
C3 90th	
Target	02:00:00
Month	03:31:28
YTD	03:12:34
Ranking	3

BAF ID SR03

O3 ARP Response Times



C4 90th (Red => 3h)



C4 90th by Sector

M North	05:21:57
CL Fylde	05:11:34
M East	04:53:42
G Central	04:28:25
G East	04:19:03
G South	04:15:05
M South	04:06:13
G West	03:53:22
M West	03:52:08
CL East Lancashire	03:43:22
CL South Lancashire	02:53:48
CL North Cumbria	02:47:35
CL Morecambe Bay	02:07:31

C4 90th by ICB

Cheshire & Mersey...	04:20:37
Greater Manchester	03:58:11
Lancashire & Sout...	03:16:46
North East & Nort...	02:47:35

C4 90th	
Target	03:00:00
Month	03:53:22
YTD	03:43:23
Ranking	2

Summary: On a day-adjusted basis, C1 activity increased by approximately 2% compared with September. C1 mean response increased by 4s to 07m:06s, narrowly missing the 7minute target. Only five sectors met target. CL Fylde recorded the greatest month-on-month increase in mean response (+21s), C1 90th increased (+4s), only GM ICB was within target. Compared with October 2025, C1 activity was 2.4% higher in October 2026, while mean response improved by 1 second.

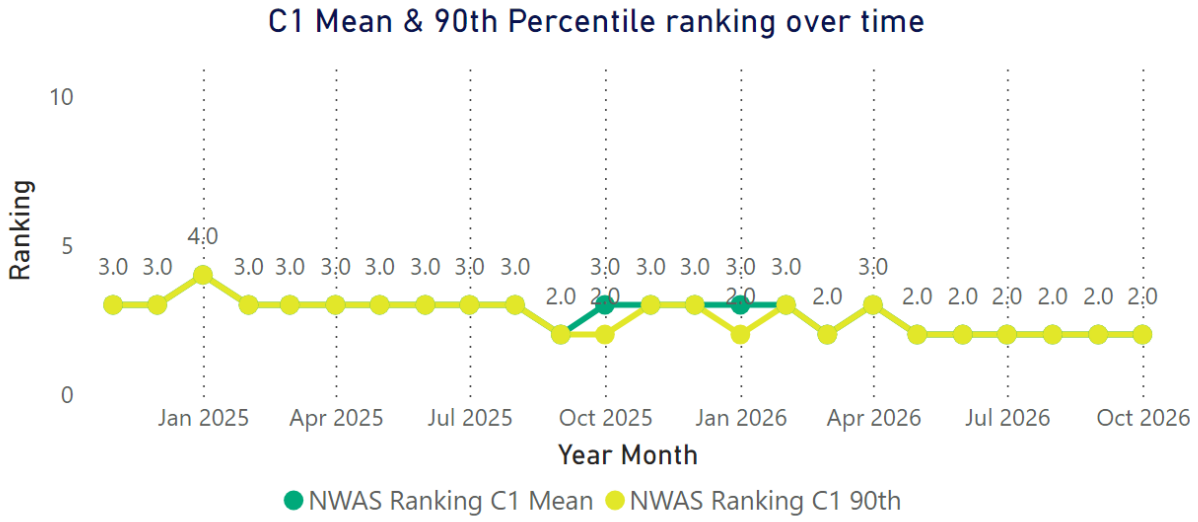
C2 activity increased by approximately 1% on a day-adjusted basis. C2 mean response increased by 24s, remaining within the UEC target but outside the ARP target. All sectors missed the ARP target. C2 90th percentile response increased by 48s since Sept 26. Two sectors met the 90th percentile target.

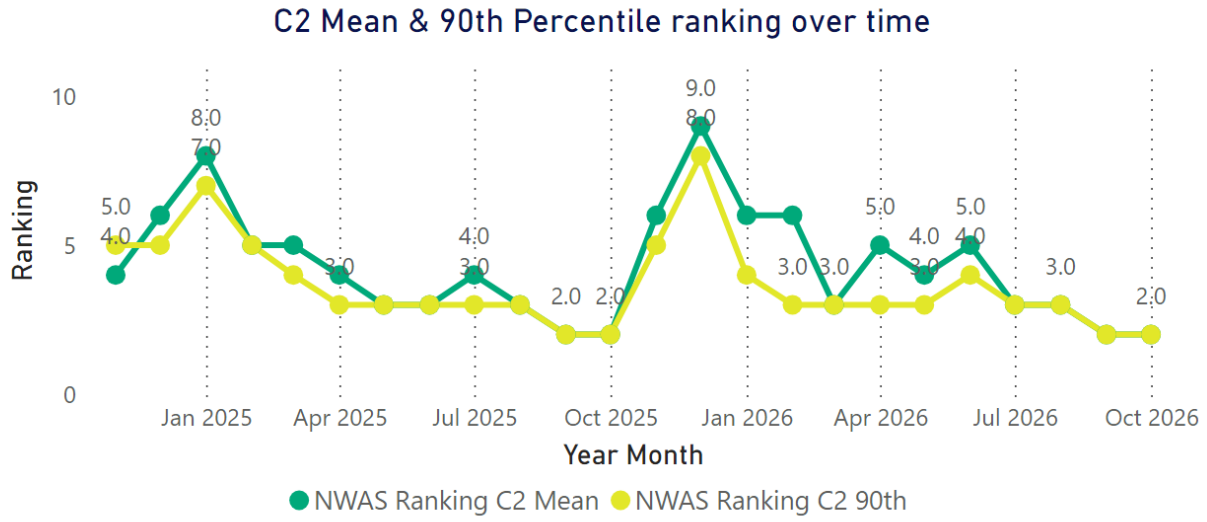
C3 activity increased by approximately 10% on a day-adjusted basis compared with September. C3 mean response increased by 5m 16s and remained outside target. All sectors and ICBs missed both mean and 90th percentile targets.

C4 90th increased by 5m since Sept 26.

Actions: Continued focus on engagement with partners to reduce delays and increase ambulance activity.

O3 ARP Provider Comparison





C1 Mean by Trust

North East	00:05:33
North West	00:07:06
London	00:07:18
South East Coast	00:07:20
West Midlands	00:08:14
Yorkshire	00:08:15
East Of England	00:08:27
South Central	00:08:47
East Midlands	00:09:06
Isle Of Wight	00:09:13
South Western	00:09:26

C1 90th by Trust

North East	00:09:54
North West	00:12:02
London	00:12:26
Yorkshire	00:14:22
West Midlands	00:14:30
South East Coast	00:14:47
South Central	00:15:50
East Midlands	00:16:12
East Of England	00:16:20
South Western	00:18:15
Isle Of Wight	00:18:17

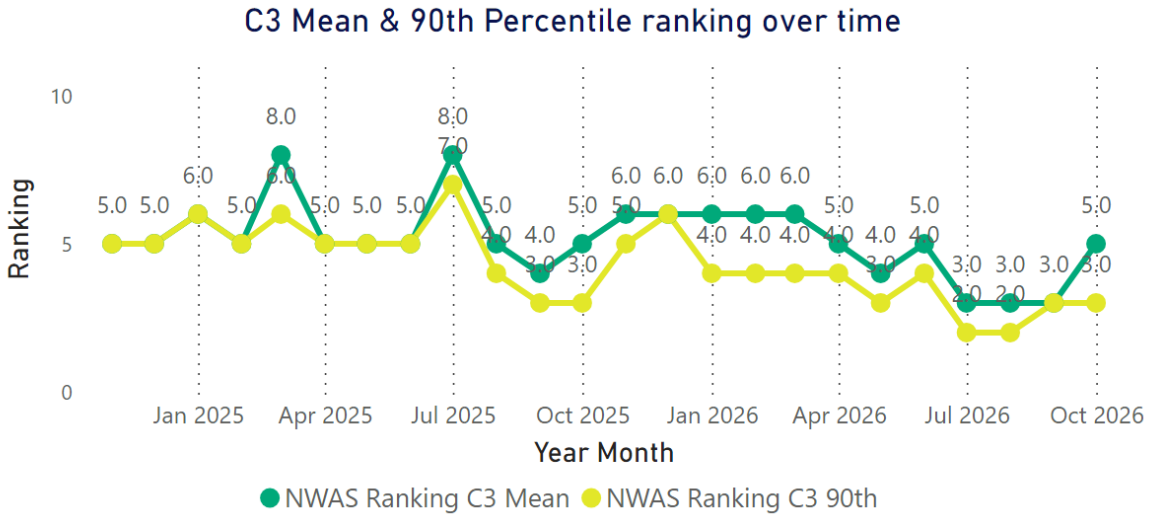
C2 Mean by Trust

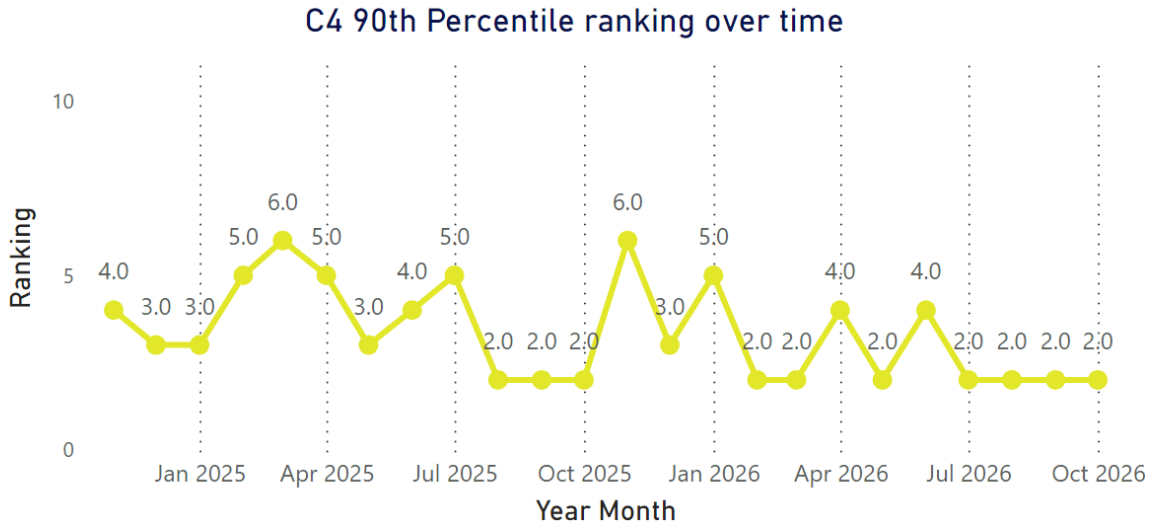
North East	00:20:37
North West	00:24:45
Isle Of Wight	00:25:01
West Midlands	00:25:08
Yorkshire	00:27:58
South East Coast	00:28:51
London	00:31:57
South Central	00:33:57
East Midlands	00:40:50
South Western	00:42:16
East Of England	00:45:14

C2 90th by Trust

North East	00:41:14
North West	00:48:31
Isle Of Wight	00:51:15
West Midlands	00:51:46
Yorkshire	00:58:03
South East Coast	00:58:06
South Central	01:04:13
London	01:08:00
East Midlands	01:21:49
South Western	01:28:25
East Of England	01:35:59

BAF ID SR03





C3 Mean by Trust

North East	00:58:19
Isle Of Wight	01:10:27
Yorkshire	01:34:20
London	01:36:37
North West	01:36:54
South East Coast	02:08:54
West Midlands	02:19:46
South Western	02:28:47
South Central	02:44:23
East Of England	02:58:20
East Midlands	03:13:58

C3 90th by Trust

North East	02:11:27
Isle Of Wight	02:48:49
North West	03:31:26
Yorkshire	03:36:37
London	04:04:18
South East Coast	04:55:03
South Western	05:58:30
West Midlands	06:04:53
South Central	06:08:00
East Of England	07:22:20
East Midlands	07:31:57

C4 90th by Trust

North East	02:50:46
North West	03:52:48
Isle Of Wight	04:07:08
Yorkshire	04:41:36
London	06:03:02
South East Coast	06:06:39
West Midlands	06:41:28
South Central	07:04:00
East Of England	08:24:23
South Western	09:10:09
East Midlands	15:41:20

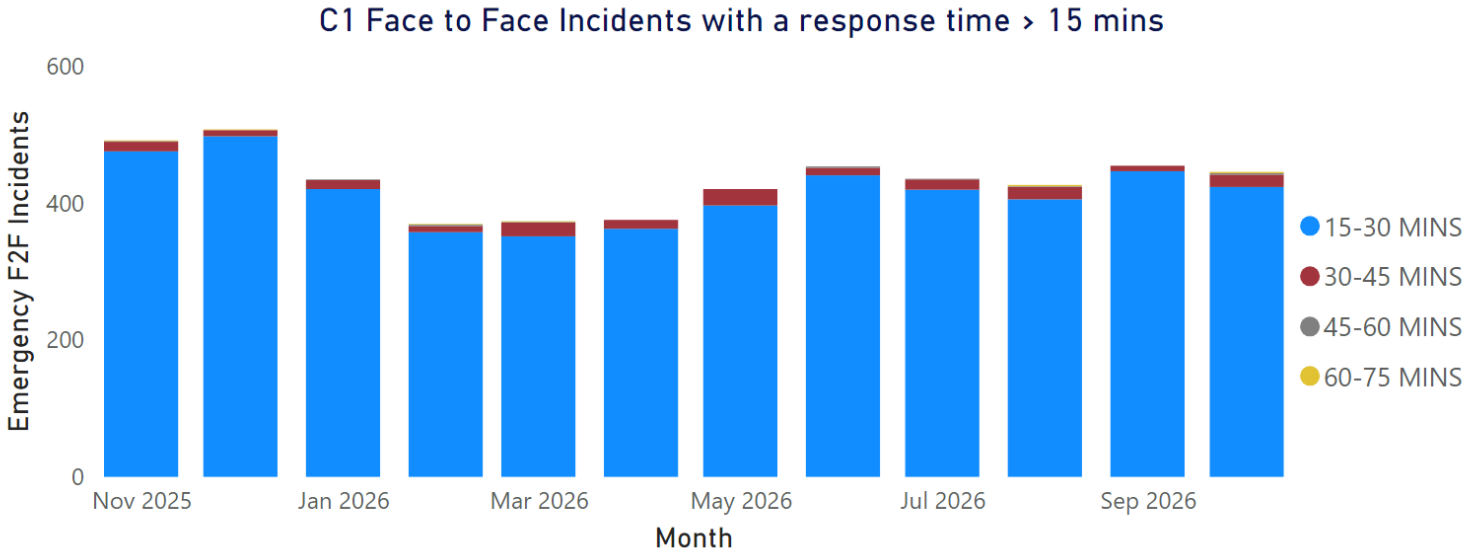
Summary:

Nationally, the Trust's position has remained the same with C2 mean and C2 90th percentile both ranking 2nd since Sept 26.

C3 mean has dropped 2 levels from 3rd in Sept 26 to 5th in Oct 26.

C3 90th remains 3rd and C4 90th remained 2nd.

O3 Long Waits C1



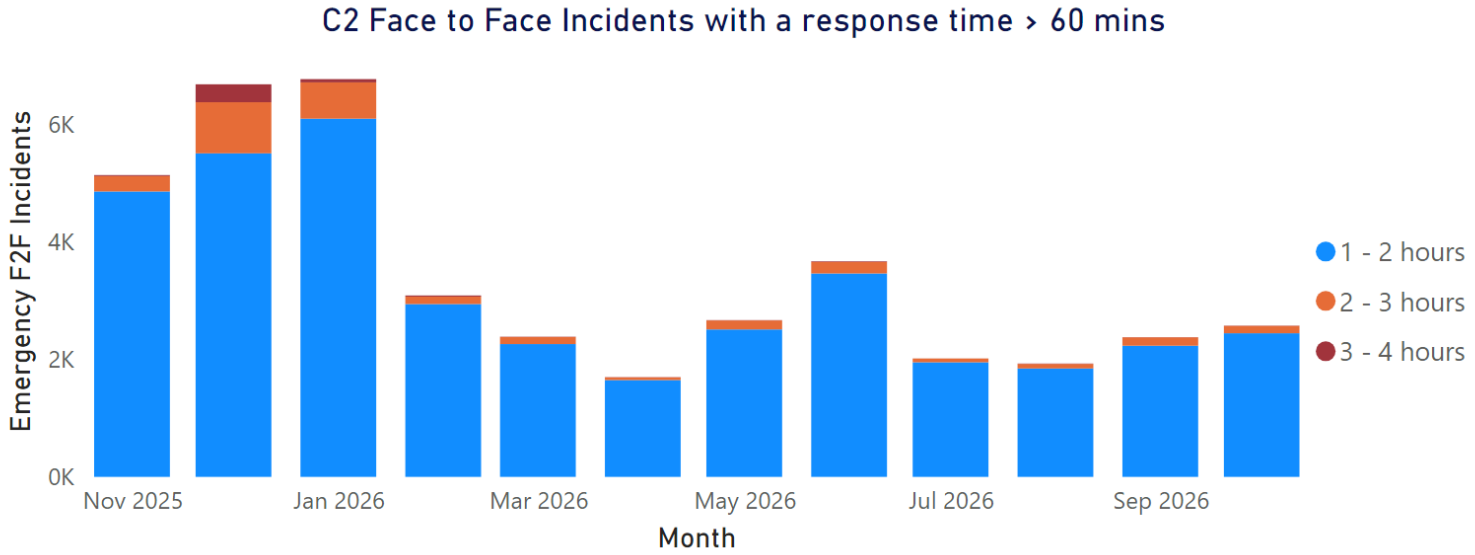
Month Year	Total No. of C1 Long Waits
Nov 2025	491
Dec 2025	507
Jan 2026	434
Feb 2026	369
Mar 2026	373
Apr 2026	375
May 2026	420
Jun 2026	453
Jul 2026	435
Aug 2026	426
Sep 2026	454
Oct 2026	445

Summary: C1 long waits decreased by 2% from Sept to October (454 to 445). Around 95% of long waits fell within the 15–30 minute band, down from 98% in September. 2 incidents had long waits of 45-60 mins and 2 in 60-75 mins.

Cumbria & Lancashire recorded the highest number of C1 long waits, accounting for just over 50% of the Trust total. Within Cumbria & Lancashire, North Cumbria and Morecambe Bay accounted for 28% and 23% of C&L long waits respectively, while South Lancashire recorded the largest increase, rising 35% from 40 to 54.

C1 95th percentile response was 30m:03s for October 26.

O3 Long Waits C2



Month Year	Total No. of C2 Long Waits
Nov 2025	5,138
Dec 2025	6,683
Jan 2026	6,771
Feb 2026	3,088
Mar 2026	2,386
Apr 2026	1,698
May 2026	2,668
Jun 2026	3,671
Jul 2026	2,016
Aug 2026	1,929
Sep 2026	2,379
Oct 2026	2,575

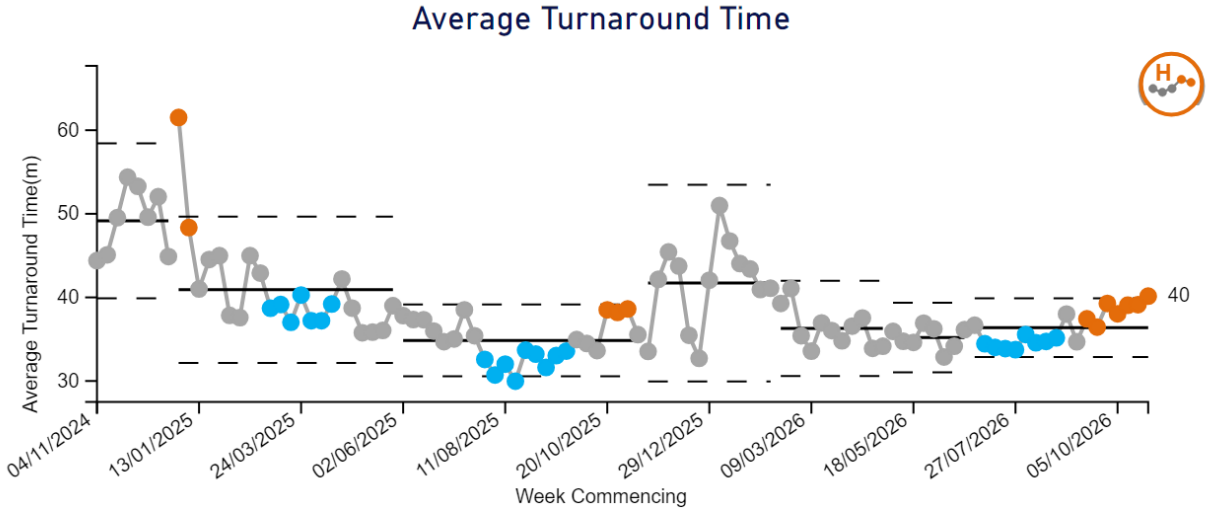
Summary:
C2 long waits increased by approximately 8% compared to September, from 2,379 to 2,575 and should be considered alongside ongoing hospital handover and A&E turnaround pressures. The majority of long waits (90%) were between 60 and 105 minutes.

Long waits remain particularly concentrated in Cheshire & Merseyside, which accounted for 57% of the Trust total. M North recorded 553 long waits, representing 37% of Cheshire & Merseyside and 21% of the Trust total Long Waits.

C2 95th percentile response was 121m:08s for October 26.

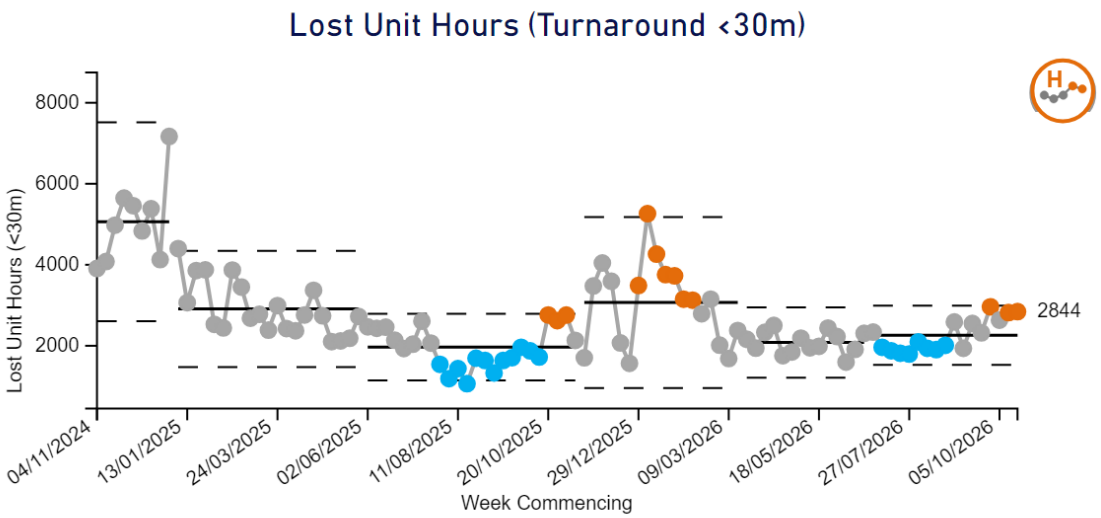
Actions:
Continued focus on engagement with partners to reduce delays and increase ambulance activity.

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)
Oct 2025	50,753	00:35:40	00:26:20	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	50,187	00:46:41	00:37:35	00:09:02
Feb 2026	44,653	00:40:53	00:31:43	00:09:10
Mar 2026	49,398	00:35:28	00:26:14	00:09:14
Apr 2026	49,002	00:35:33	00:26:25	00:09:10
May 2026	50,818	00:35:06	00:26:00	00:09:06
Jun 2026	49,361	00:35:20	00:26:19	00:09:04
Jul 2026	50,305	00:33:57	00:24:55	00:09:06
Aug 2026	49,278	00:34:49	00:25:47	00:09:05
Sep 2026	48,957	00:37:05	00:27:58	00:09:12
Oct 2026	50,680	00:39:10	00:30:04	00:09:11

O3 A&E Turnaround



Month	No of patients wating outside ED for handover
Oct 2025	1442
Nov 2025	1691
Dec 2025	2221
Jan 2026	3592
Feb 2026	2303
Mar 2026	1676
Apr 2026	1840
May 2026	2004
Jun 2026	1816
Jul 2026	1641
Aug 2026	2124
Sep 2026	2923
Oct 2026	3631

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	2,444	1612.12	01:04:31	00:53:43	00:10:52
Warrington	1,709	1240.05	01:08:31	00:57:56	00:10:55
Arrowe Park	2,160	912.36	00:51:11	00:41:33	00:09:34
Blackpool Victoria	2,672	879.44	00:44:37	00:35:45	00:09:18
Royal Liverpool University	2,463	829.12	00:47:36	00:37:31	00:10:06

Summary:
Total average daily attendances increased marginally in October, rising from 1632 to 1634 attendances per day on a day-adjusted basis. Average turnaround time increased by 5.6% (+2m:05s), from 37m:05s to 39m:10s, and arrival-to-handover time increased by 5% (+2m:06s, from 27m:58s to 30m:04s). Both measures were the highest recorded since Feb 26. Handover-to-clear time remained broadly unchanged, decreasing by 1 second (9m:12s to 9m:11s).

The number of patients waiting outside ED for handover increased from 2,923 to 3,631 (+24%) and has been steadily increasing since Jul 26. This equates to 117 patients waiting per day.

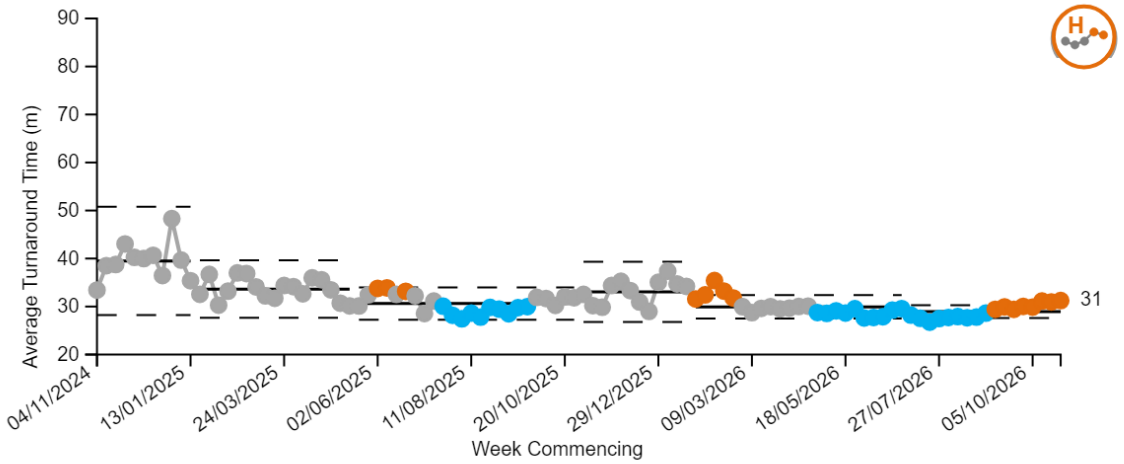
The number of patients waiting outside ED for handover has grown 152% since Oct 25.

Whiston remained the largest contributor to lost unit hours, increasing by 38% from 1169 hours to 1612 hours.

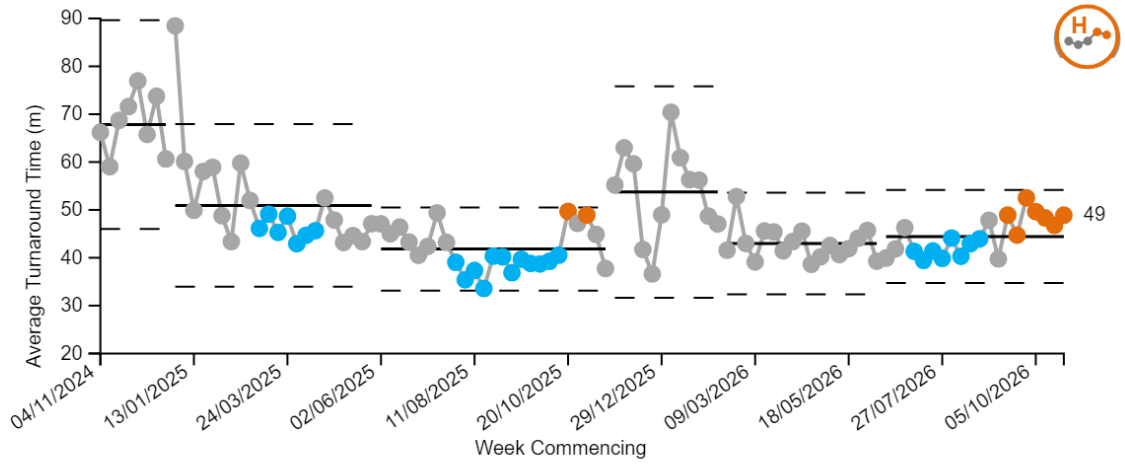
Tactical Oversight Coordinating Centre (TOCC) Commander and DSC (Duty Senior Clinician) provide 24/7 oversight of handover delays. Twice daily NHSE led regional meeting provide the forum for NWAS escalation of sites of concern.

O3 A&E Turnaround by ICB

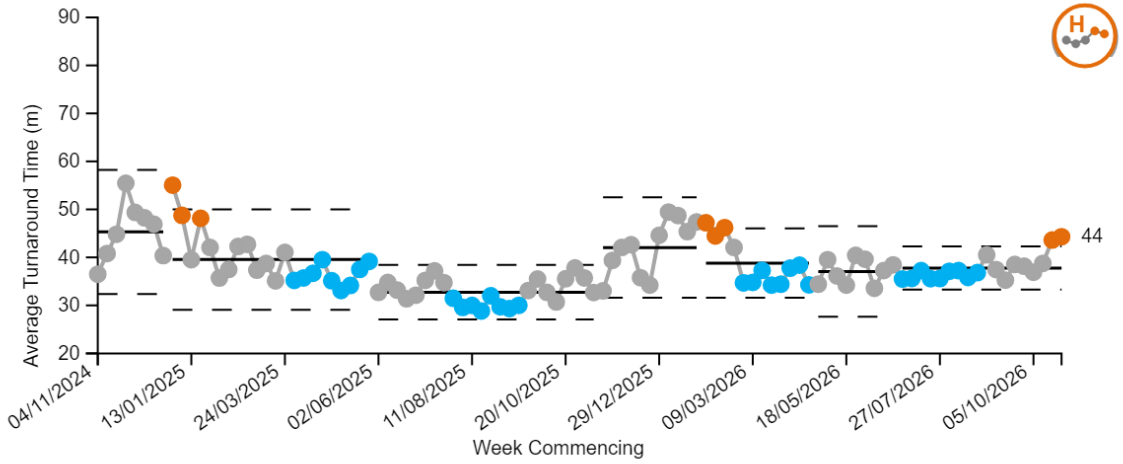
Average Turnaround Time - Greater Manchester ICB



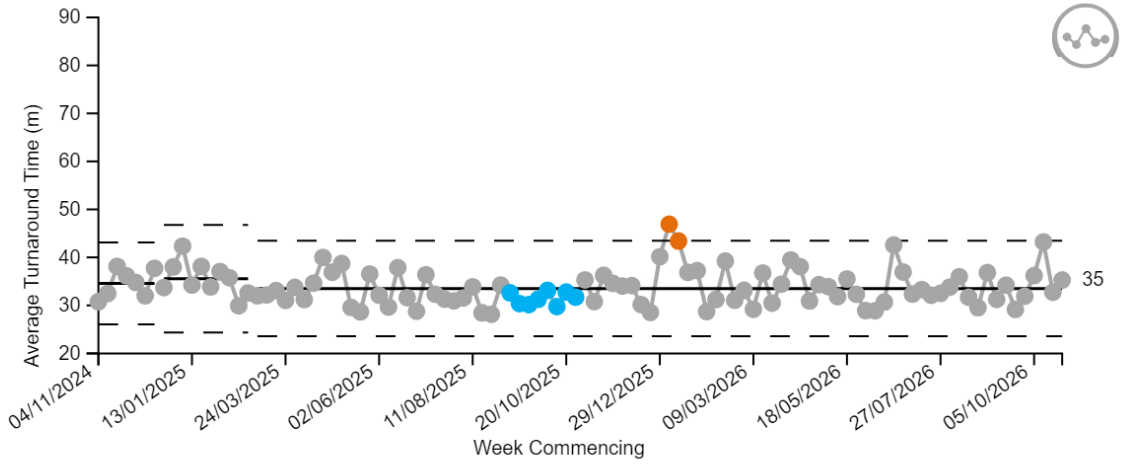
Average Turnaround Time - Cheshire & Mersey ICB



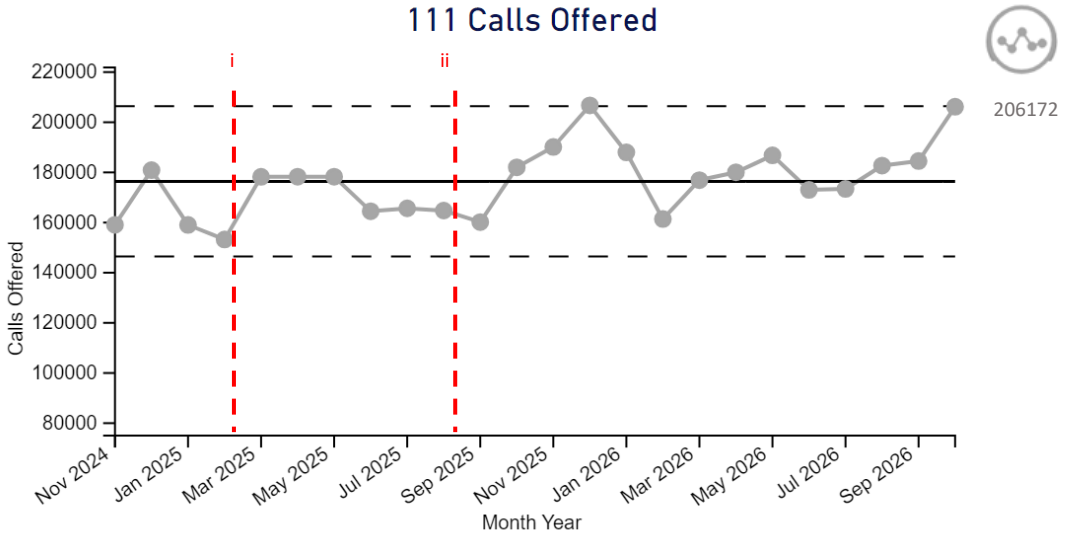
Average Turnaround Time - Lancashire & South Cumbria ICB

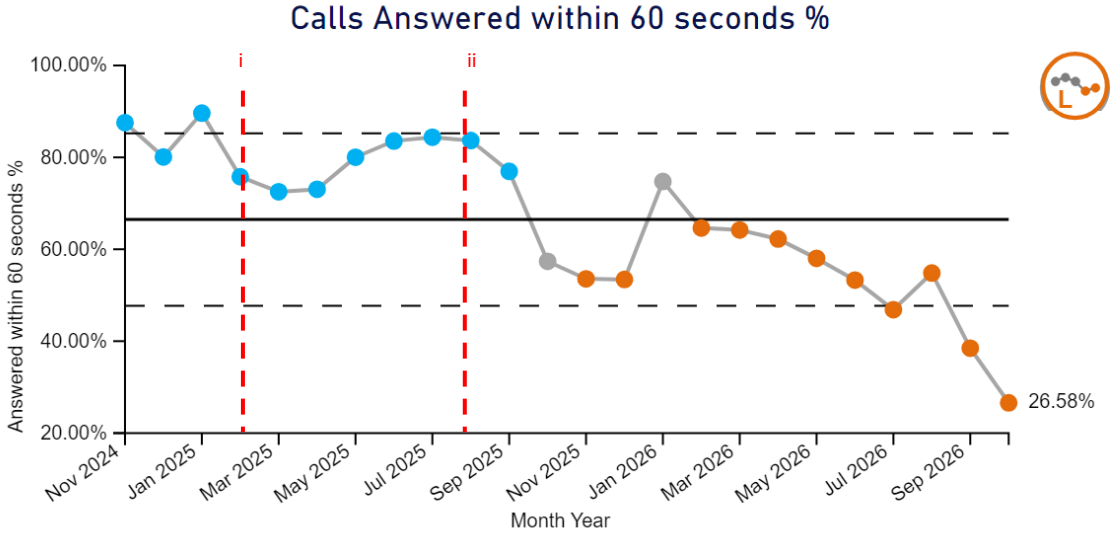


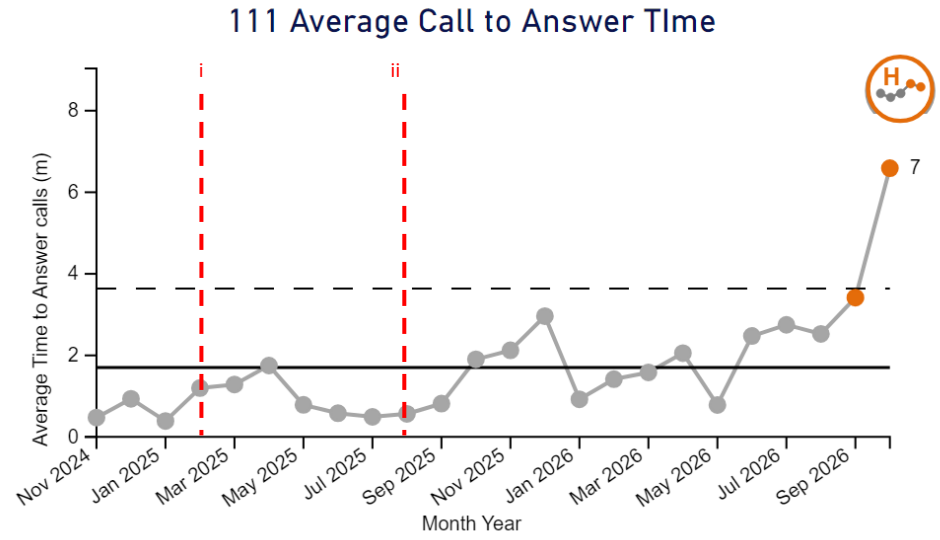
Average Turnaround Time - North East & North Cumbria ICB



04 111 Activity & Performance







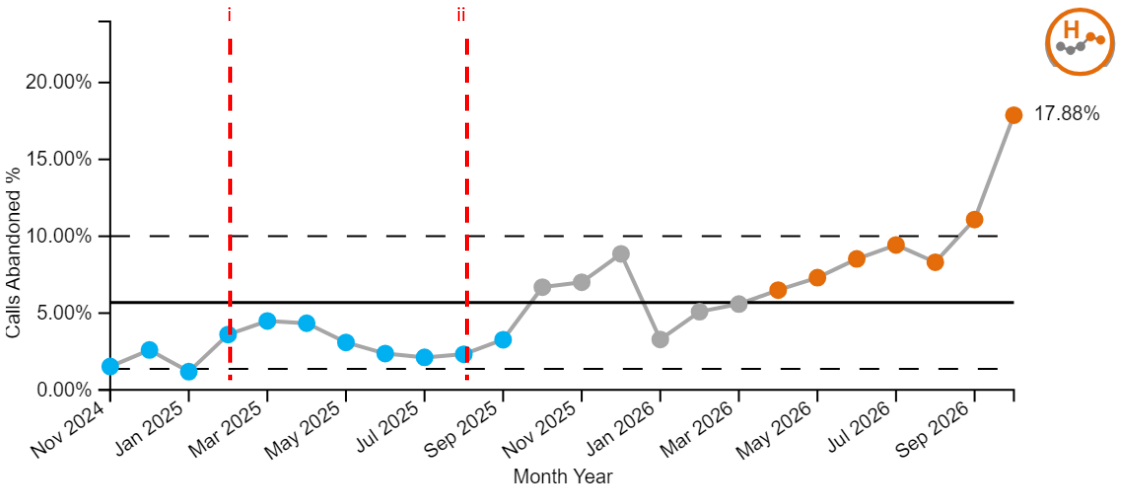
Calls Offered	
Month	206,172
YTD	1,286,710

Calls Answered within 60 Seconds %	
Target	95%
Month	26.58%
YTD	48.6%
National	61.7%
Ranking	28

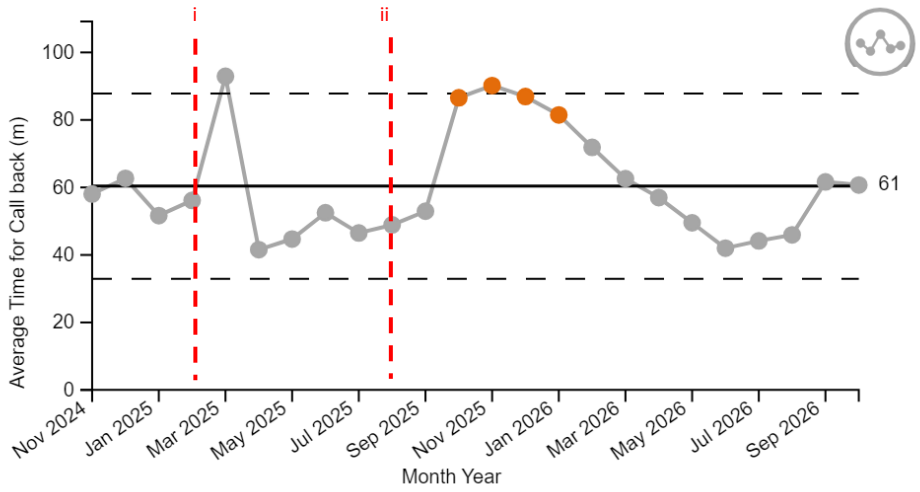
Average Call to Answer Time (s)	
Target	<20
Month	395
YTD	176
National	159
Ranking	28

i Removal of contingency
ii 14th July Clinicians stopped taking front end calls

111 Calls Abandoned %



111 Average Time for Call Back



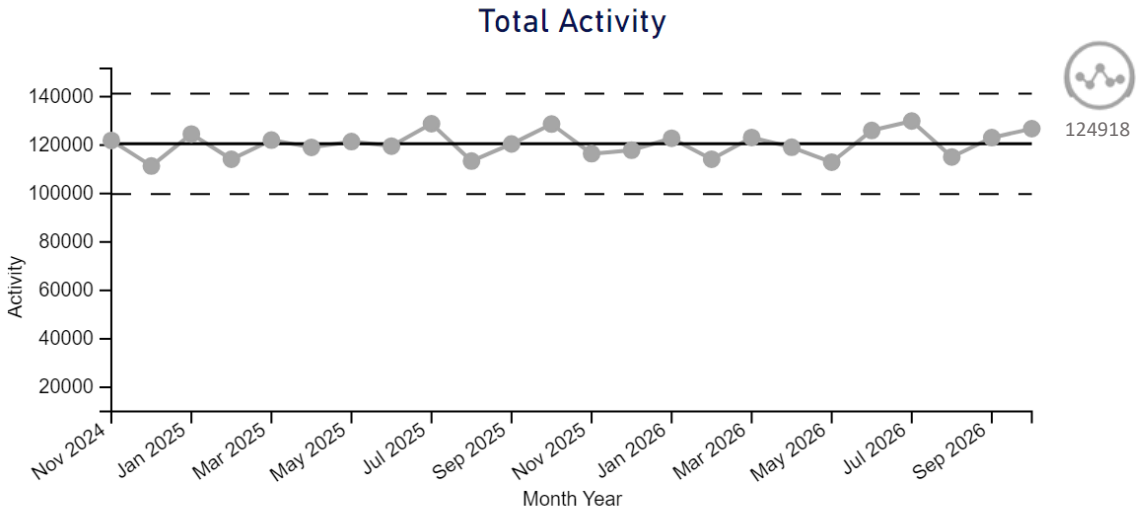
Calls Abandoned %	
Target	<5%
Month	17.88%
YTD	10.02%
National	8.0%
Ranking	28

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

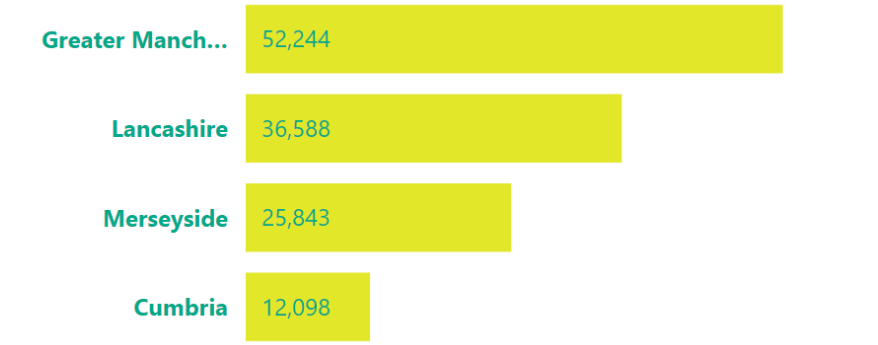
Summary:
111 performance deteriorated significantly in October, with calls answered within 60 seconds falling from 38.47% to 26.58%, average answer time increasing from 205 to 395 seconds, and abandonment rising above the upper control limit from 11.09% to 17.88%. Performance remains substantially below national standards across all three measures. Calls offered increased by approximately 12% compared with September, indicating additional demand pressures during the month. However, the extent of the deterioration suggests that wider operational and capacity pressures may also be contributing to reduced performance.

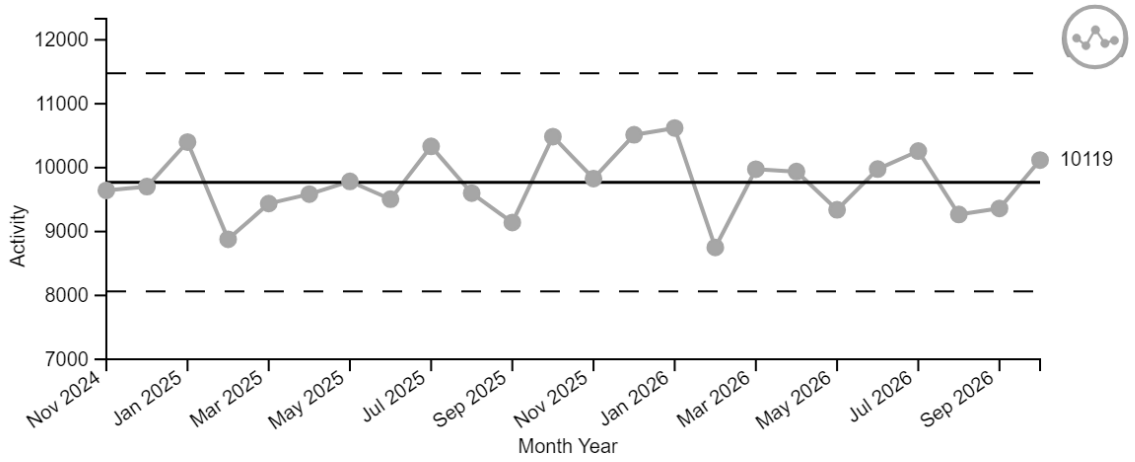
Action:
Continue workforce and performance monitoring, with ongoing consideration of demand, capacity, and operational pressures affecting call answering performance.

05 PTS Activity

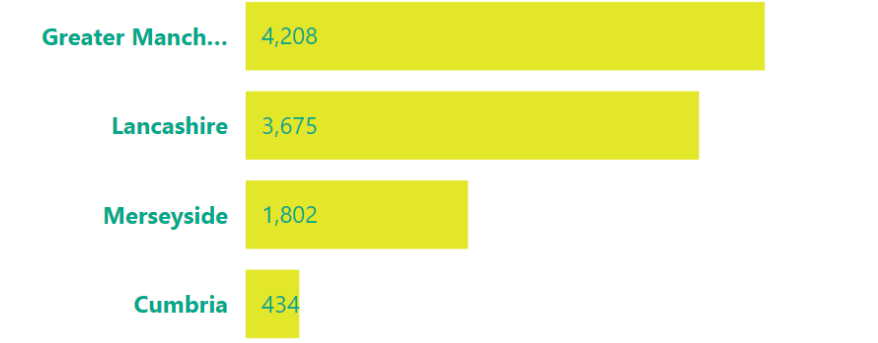


Total Activity by Contract

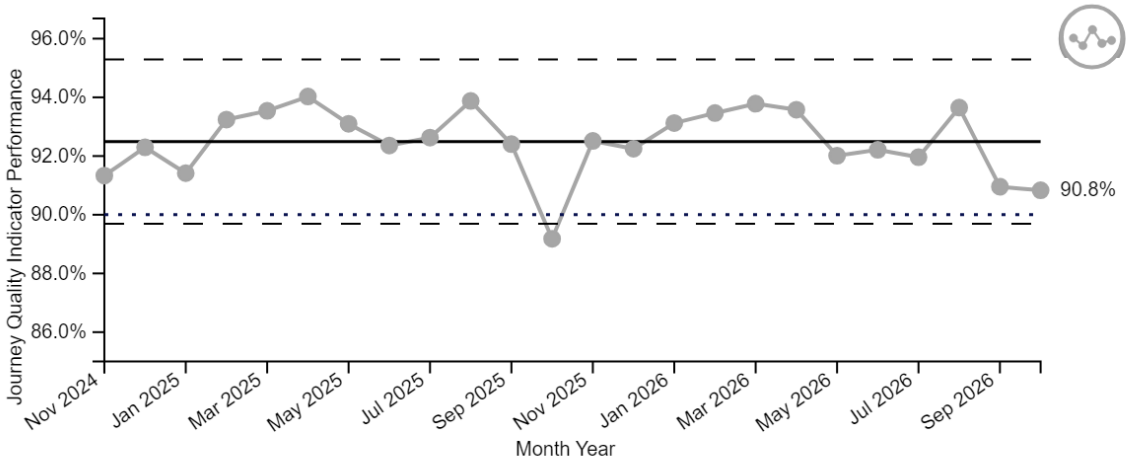




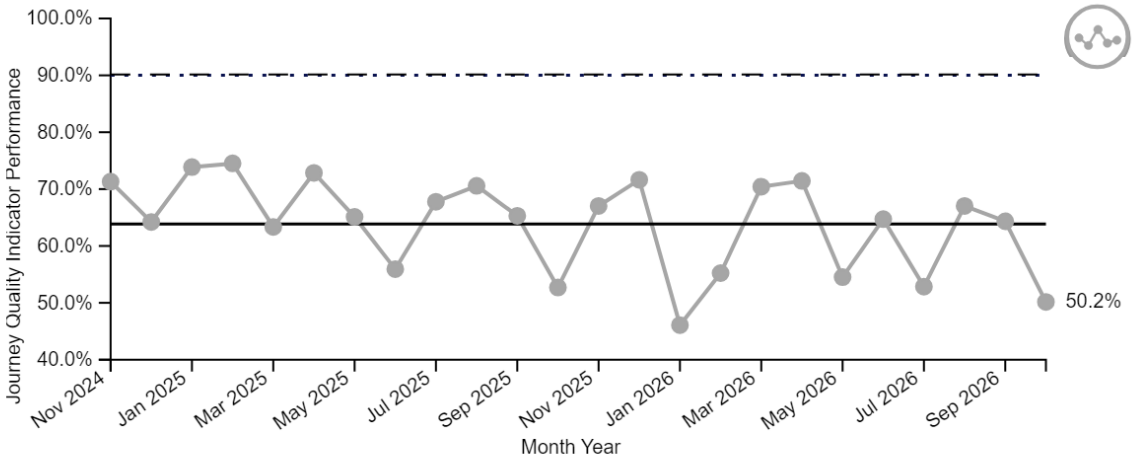
Unplanned Activity by Contract



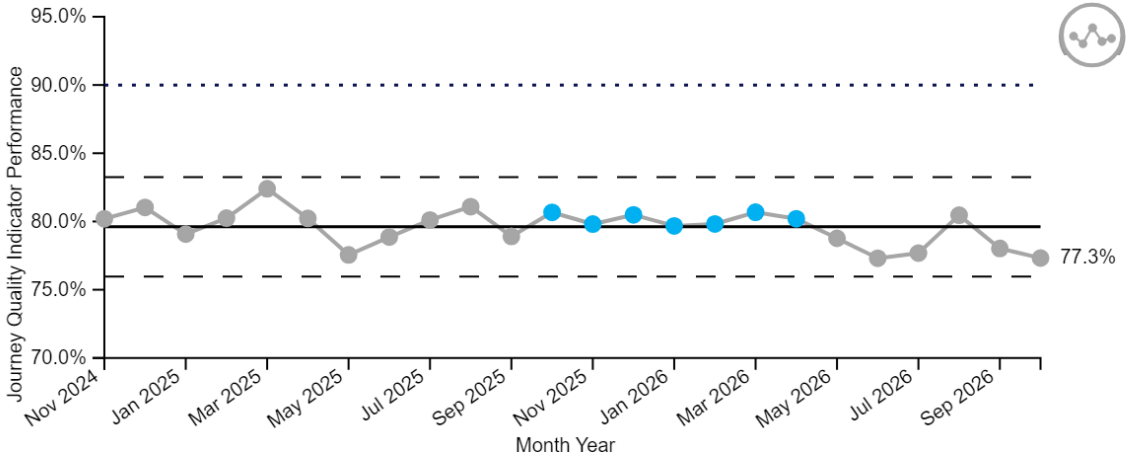
Collection after treatment (EPS) within 90 min



Collection after treatment (Unplanned) within 90 min



Collection after treatment (Planned) within 90 min



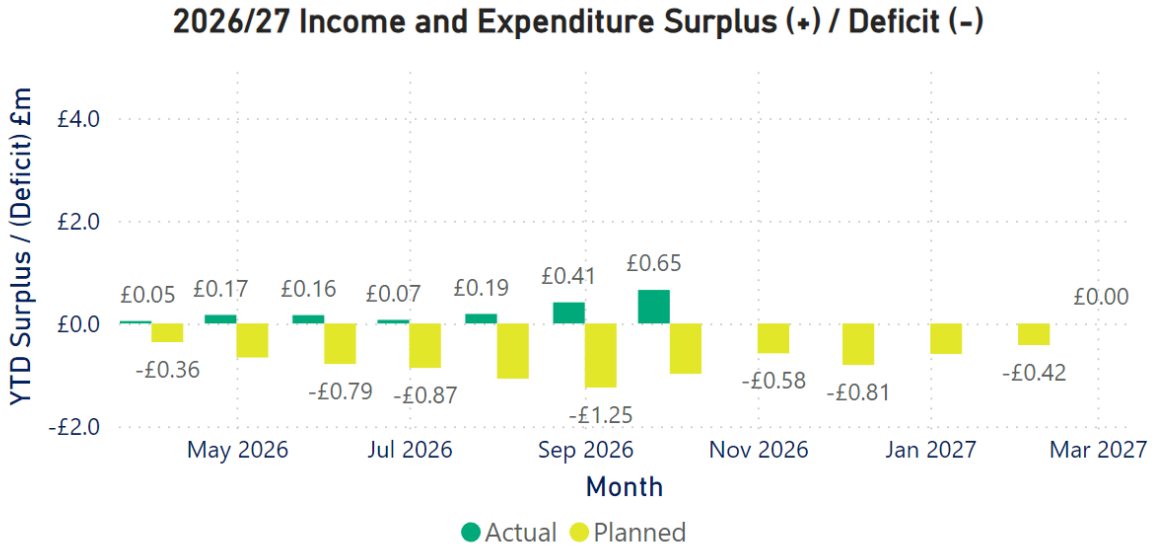
Summary:
PTS activity increased in October, with total journeys reaching 124,918. Unplanned activity also increased to 10,119 journeys. Collection performance deteriorated across all three measures. EPS decreased to 90.8%, although it remains above the 90% standard. Planned collections within 90 minutes decreased to 77.3%, while unplanned collection performance fell more significantly to 50.2%. Both planned and unplanned collections remain below the 90% target, with unplanned collections showing the greatest deterioration.

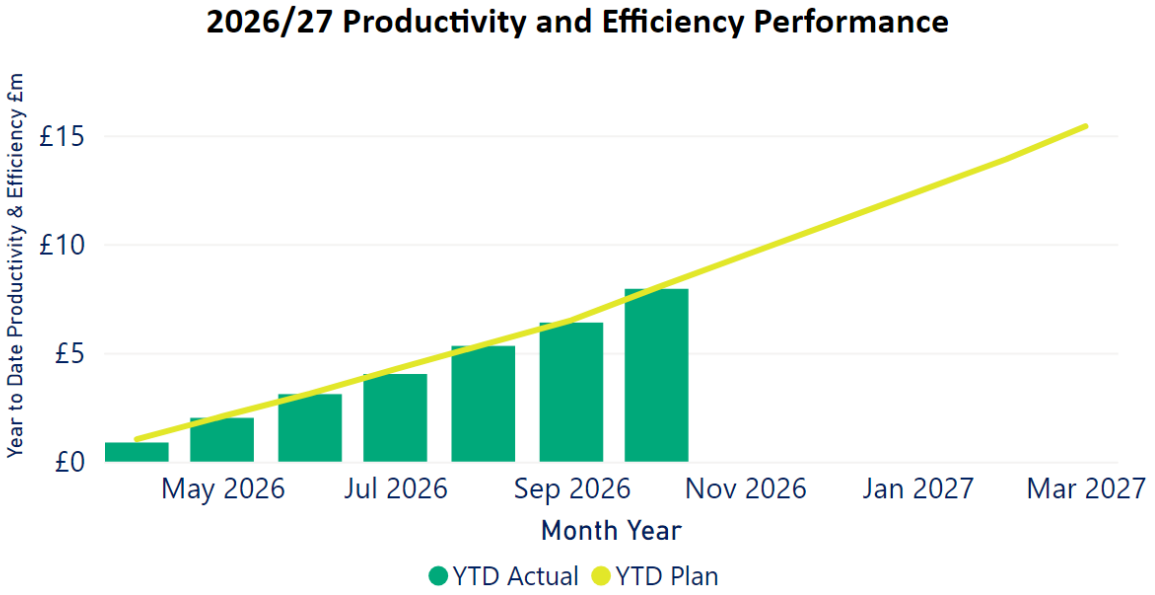
Action: Continue operational and workforce improvement plans, with particular focus on unplanned collection performance, resource capacity, and the factors contributing to reduced collection performance.

Finance

F1 Financial Score

F1 Financial Score





Summary:
The financial position to 31 Oct 2026 (Month 07) is a surplus of £0.653m, against a planned deficit of £0.981m. Workforce numbers are expected to increase throughout the year, which will increase expenditure and ensure that the trust delivers a break-even financial position at year-end.

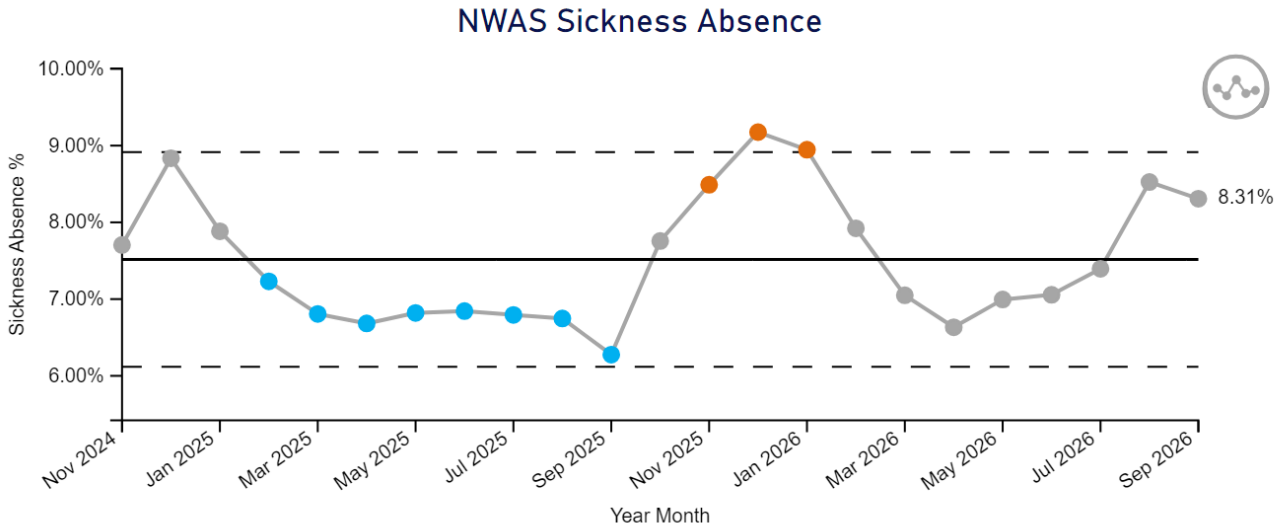
Productivity and efficiency savings at Month 07 are slightly behind plan at £7.941m, against the year-to-date plan of £7.990m.

Actions:
Service leads are continuing to develop efficiency plans which will increase the delivery of savings in year.

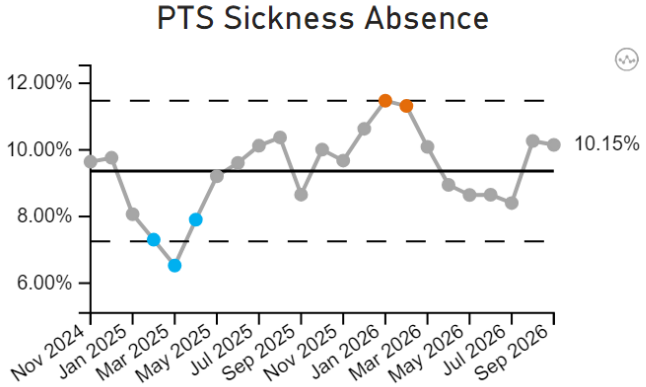
Organisational Health

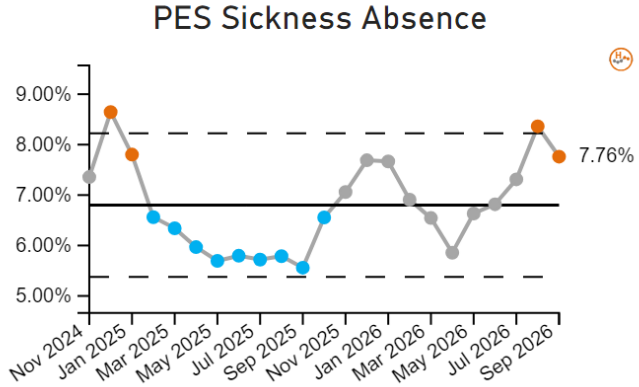
OH1 Staff Sickness
OH2 Staff Turnover
OH5 Vacancy Gap
OH6 Appraisals
OH7 Mandatory Training
OH8 Case Management

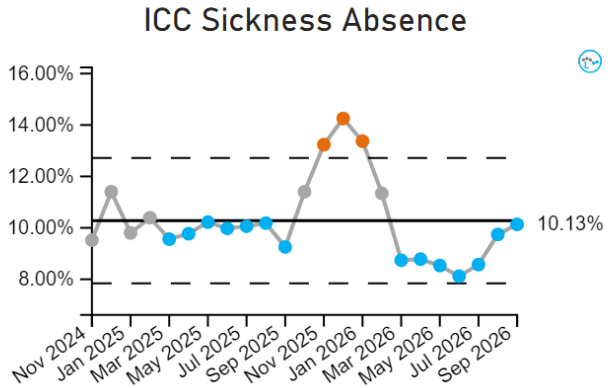
OH1 Staff Sickness



Month	NWAS	Amb. National Average
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%	6.79%
Apr 2026	6.63%	6.57%
May 2026	6.99%	
Jun 2026	7.06%	
Jul 2026	7.40%	
Aug 2026	8.53%	
Sep 2026	8.31%	







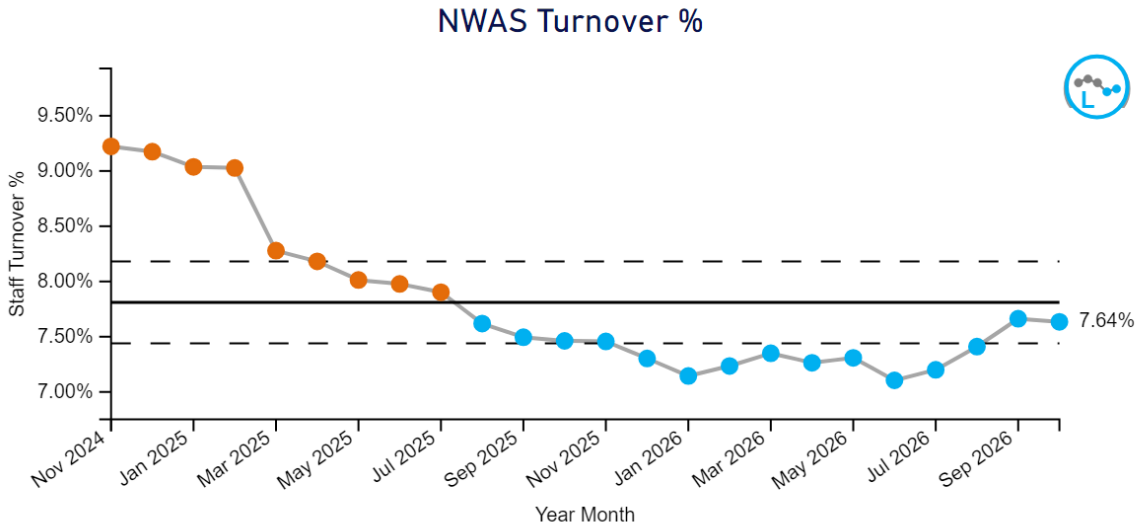
Summary: Overall sickness shows an upward trend across all service lines which is counter to the normal seasonal trend. Increases in mental health related absence appear to be the main trigger, along with the difficult working conditions experienced across the summer. An improving PTS trend has been adversely affected by contractual uncertainty. Early assessment of the September position indicates a continuation of the trend. These pressures are being seen across the sector but NWAS performance remains below average. This poses a risk to production levels as we enter the winter period.

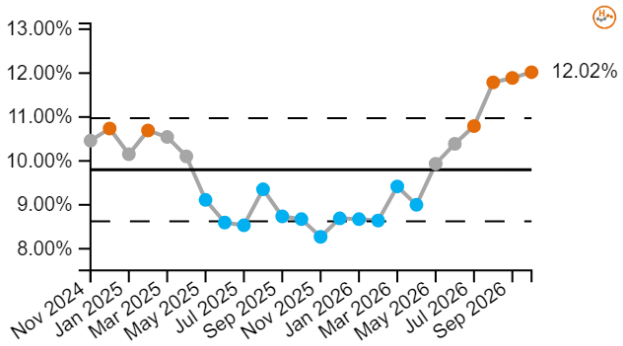
Actions: The Attendance Improvement Team had been focused on supporting recovery, particularly in ICC and PTS services lines, through training, coaching and deep dive analysis of individual and collective drivers of absence. There are a number of workstreams in the annual plan aimed at supporting improvements including H&S focused work on MSK and stress related absence; violence and aggression prevention and wellbeing improvements. Attendance is a key improvement metric for teams with the aim of delivering reductions in comparison with 25/26. Additional actions identified with OH around mental health related absence and engaged in long term sickness best practice review with NHS England.

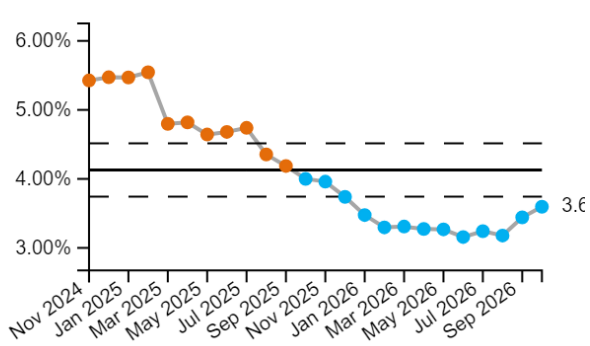
BAF ID SR04

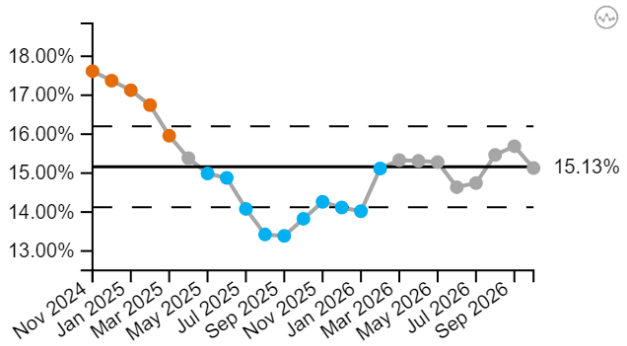
OH2 Staff Turnover

Month	NWAS	Amb. National Average
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%	9.01%
Apr 2026	7.26%	
May 2026	7.31%	
Jun 2026	7.10%	
Jul 2026	7.20%	
Aug 2026	7.41%	
Sep 2026	7.66%	
Oct 2026	7.64%	







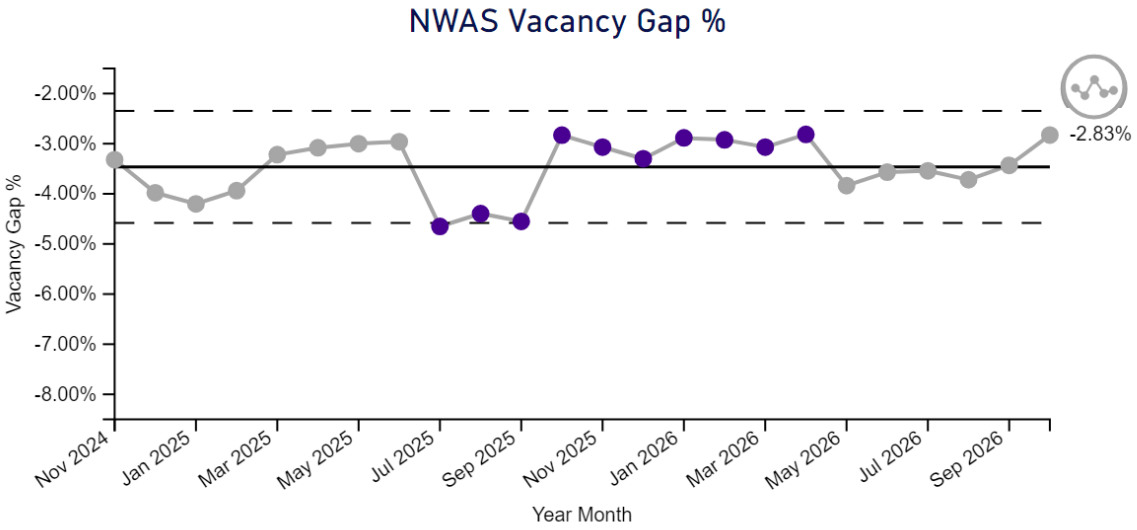


Summary: Turnover is starting to show signs of a deterioration. PTS is showing special cause variation which is primarily a product of the job insecurity arising from contract changes. These are however signs of a rising trend within ICCs after significant improvements across 2025. Both of these represent a risk and should be seen as potentially indicative of wider workforce issues when combined with high sickness levels. PES turnover has been lower than predicted which has contributed to skill mix challenges. August and September data impacted by MARS. Performance still remains better than sector average.

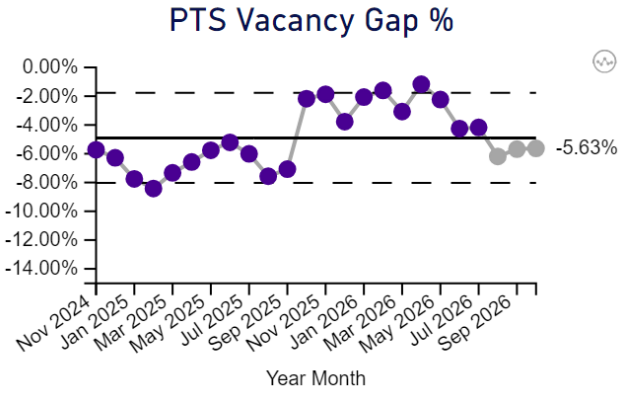
Actions: Robust recruitment and training plans which are flexed with operational colleagues are mitigating turnover risks to ensure they do not convert into significant vacancy position. There are a range of cultural and leadership related actions built into annual plans which will need to be combined with operational led initiatives to understand and address increasing leavers.

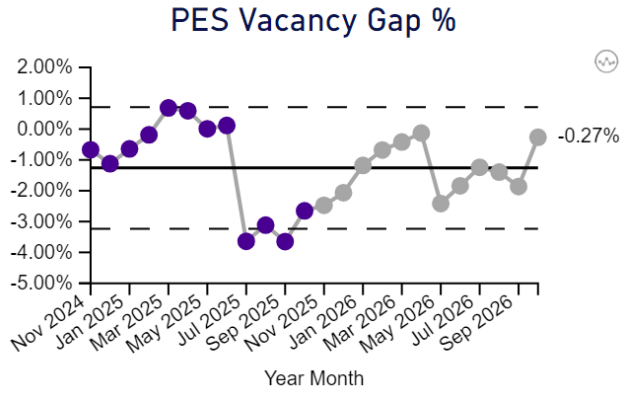
BAF ID SR05

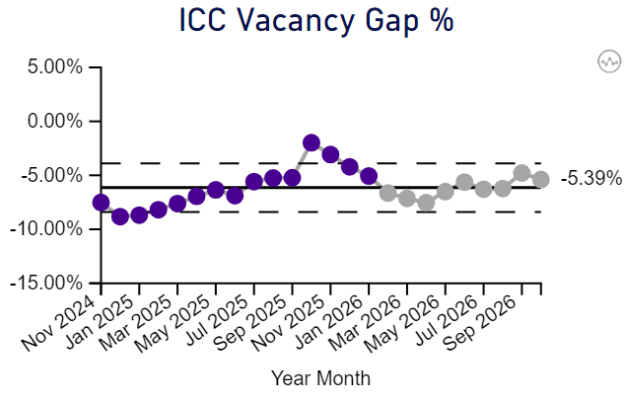
OH5 Vacancy Gap



Month	NWAS Total % Vacancy Gap
Nov 2025	-3.07%
Dec 2025	-3.30%
Jan 2026	-2.88%
Feb 2026	-2.92%
Mar 2026	-3.07%
Apr 2026	-2.82%
May 2026	-3.84%
Jun 2026	-3.57%
Jul 2026	-3.54%
Aug 2026	-3.72%
Sep 2026	-3.43%
Oct 2026	-2.83%





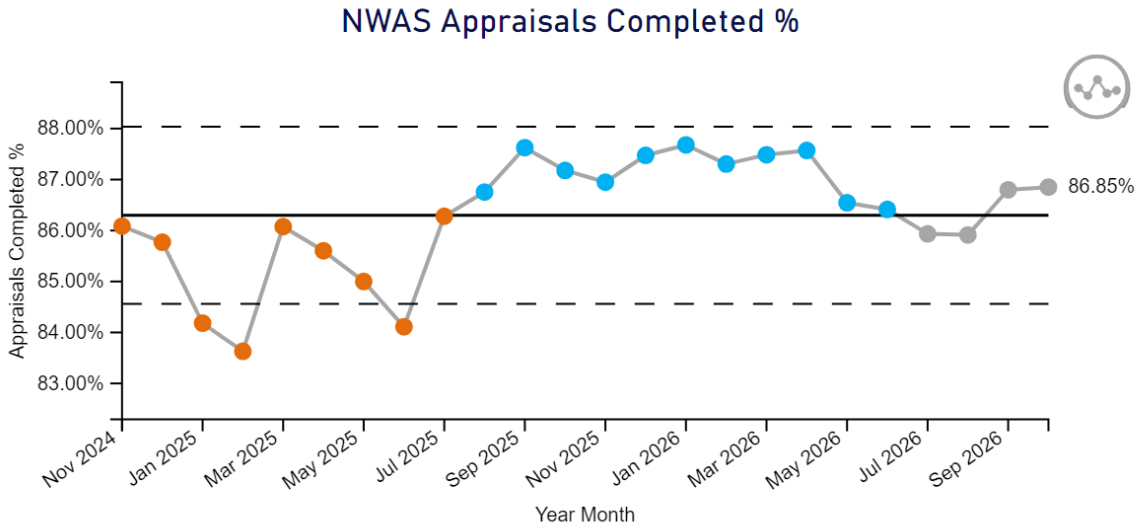


Summary: The overall vacancy position remains stable are not a cause for concern. The overall position in PES remains strong, although there are some emerging risks with recruitment and training plans operating at maximum capacity, creating limited resilience to absorb unexpected workforce pressures, turnover or changes in service demand. Delivery of these plans has been adversely impacted by external C1 testing delays and reductions in EMT1 course fill. In PTS, the impact of the contract decision and demobilisation on GM PTS may lead to increasing gaps over the remaining 6 months of the service provision. ICC position is improving as recruitment plans are enacted.

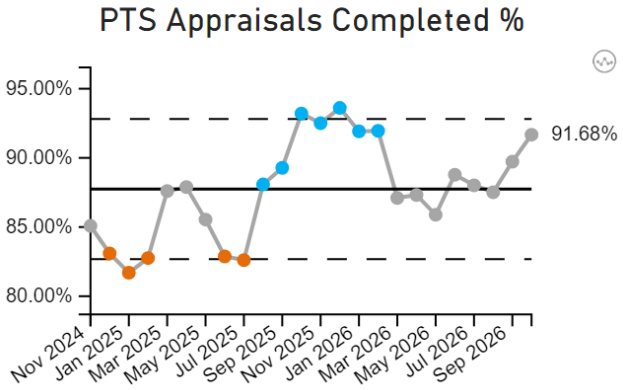
Actions: workforce plans are being monitored closely. Robust recruitment and training plans are established across all frontline service lines and are subject to regular joint monitoring. A range of mitigations are being actively explored at pace to mitigate UEC delivery risks.

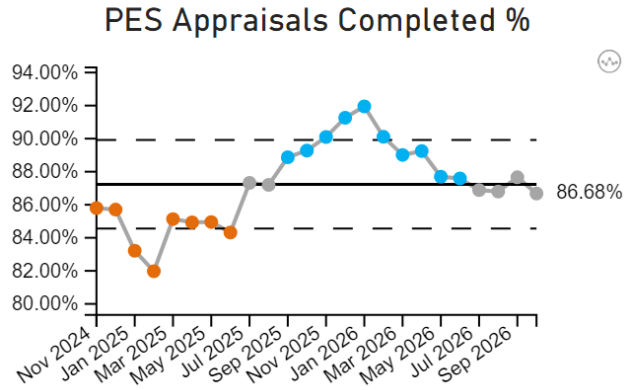
BAF ID SR04

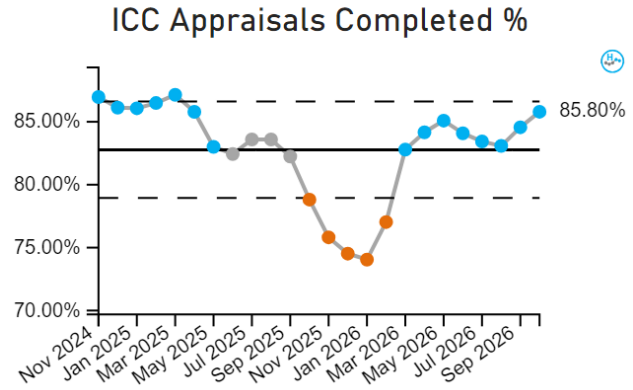
OH6 Appraisals



Month	NWAS Total % Complete Appraisals
Nov 2025	86.95%
Dec 2025	87.47%
Jan 2026	87.68%
Feb 2026	87.30%
Mar 2026	87.49%
Apr 2026	87.57%
May 2026	86.54%
Jun 2026	86.41%
Jul 2026	85.94%
Aug 2026	85.91%
Sep 2026	86.80%
Oct 2026	86.85%





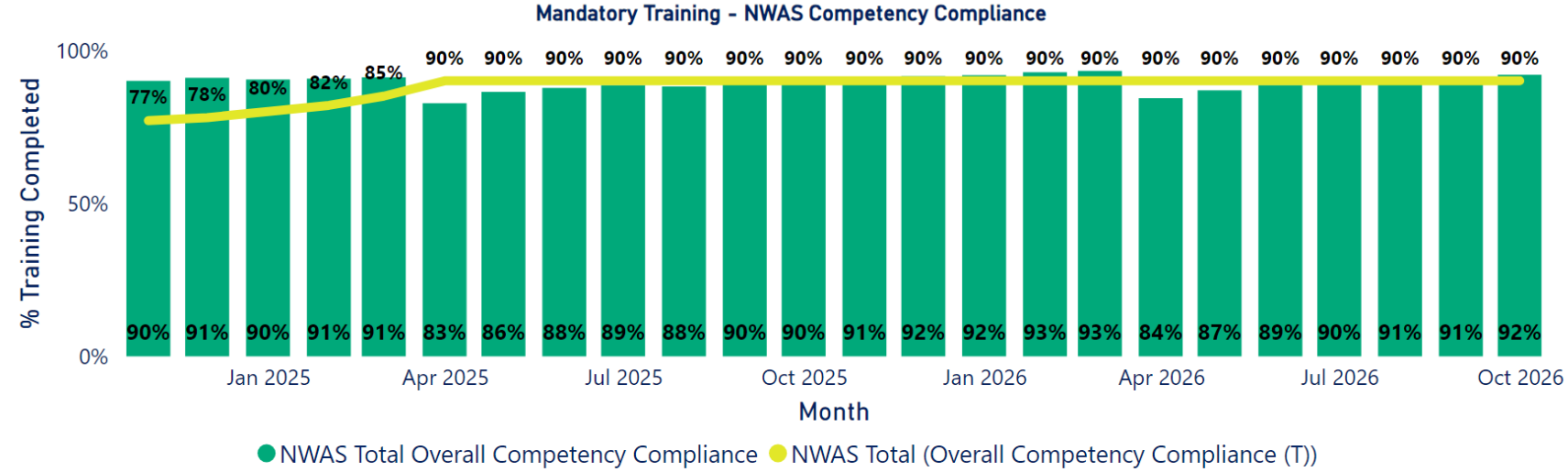


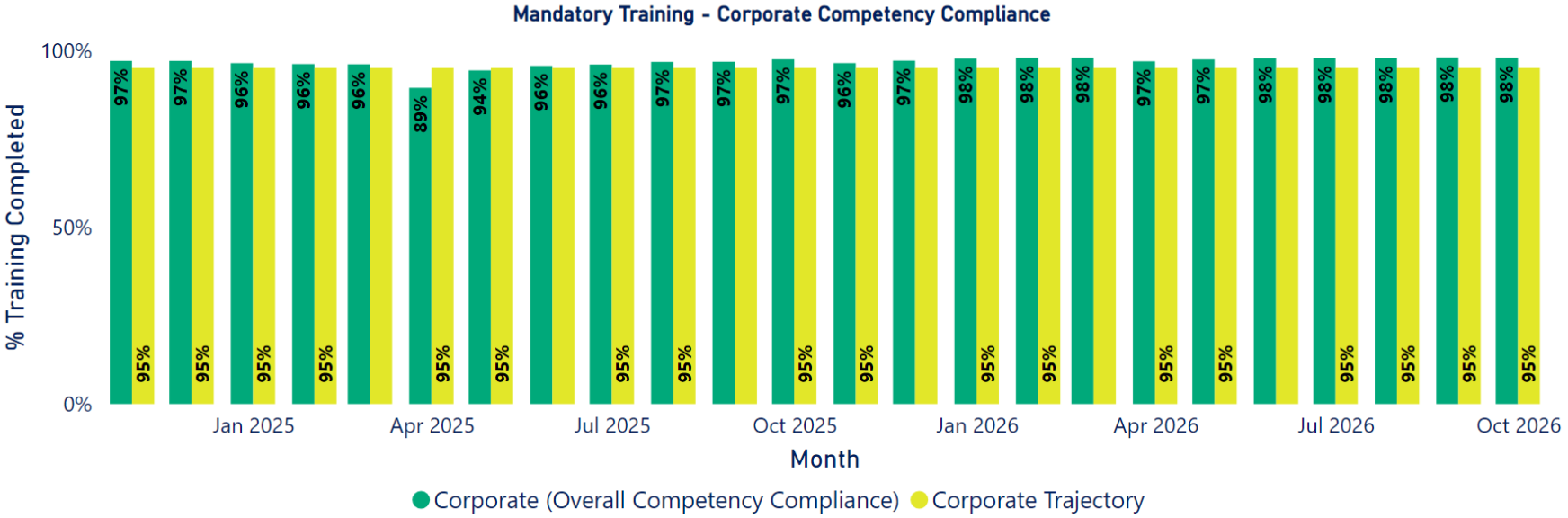
Summary: Overall compliance is in line with target with all service lines meeting target.

Actions: Whilst compliance is strong, improvement work has commenced which seeks to understand and address the gap between compliance and quality which emerges through the staff survey results. This work will make recommendations later in the year but is unlikely to influence the 2026 staff survey results.

BAF ID SR05

OH7 Mandatory Training



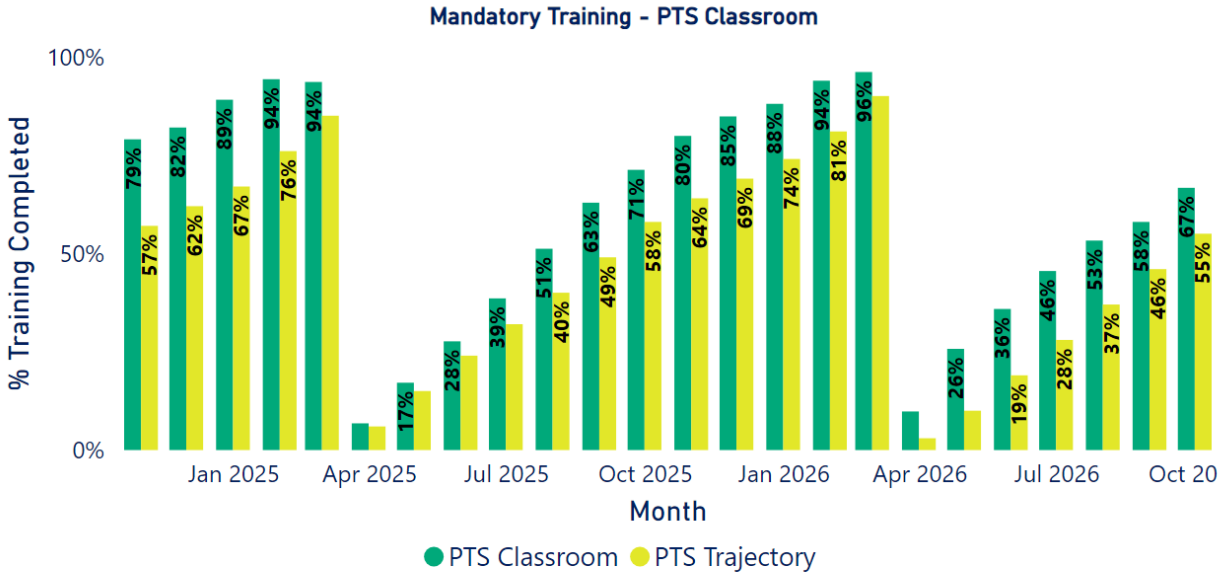


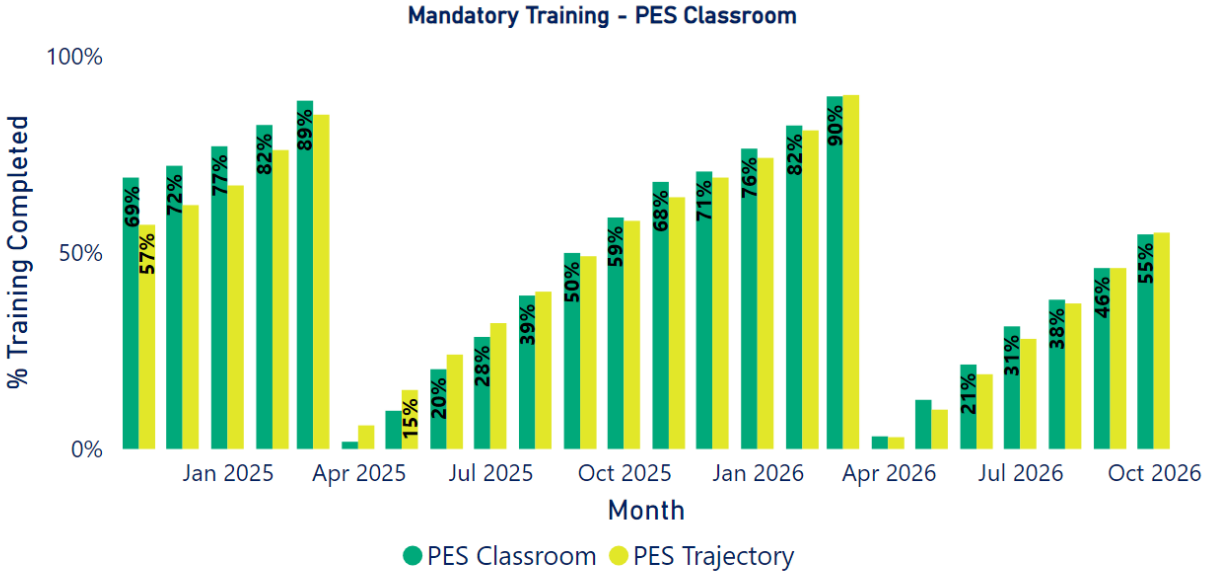
Summary: Overall compliance is above target at 92%.

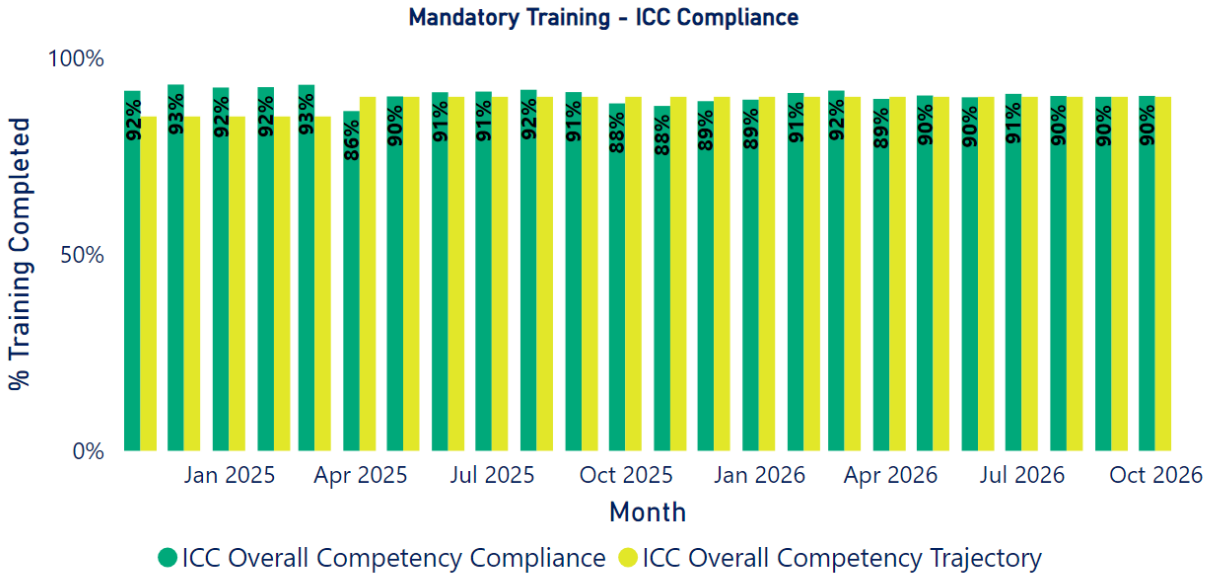
Actions: Actions focused on targeting staff who have not attended training in 24 months to further minimise risks.

BAF ID SR05 Risk Rating NA Strategy Goal NA

OH7 Mandatory Training







Summary: 2026~27 cycle Classroom attendance is in line with or above the target for both PES and PTS.

Action: Mandatory training compliance continues to be regularly monitored.

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	**89**	**2.14**	**282**	**6.79**	**12.50**
PES CAL	19	1.55	110	8.96	11.35
PES CAM	48	3.42	103	7.33	13.18
PES GM	21	1.43	68	4.63	13.36
PES Other	1	1.97	1	1.97	14.57
Operations ~ ICC	**40**	**2.30**	**188**	**10.83**	**10.64**
Operations ~ PTS	**29**	**4.27**	**72**	**10.60**	**10.87**
Operations ~ Resilience	**0**	**0.00**			
Corporate	**21**	**2.62**	**45**	**5.62**	**11.14**
Other	**6**	**0.00**	**10**	**0.00**	**12.07**
Total	**185**	**2.46**	**597**	**7.95**	**11.63**

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 Oct 2025 to Sep 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	15	54	14.52
Disciplinary	65	153	21.88
Fact Finding	31	163	4.52
Grievance	34	152	7.72
Litigation	25	19	
Organisational Change	3	4	
Performance	12	52	
Total	**185**	**597**	**11.63**

Case Dismissals in last month

Case Type	Case Sub Type	Department	Outcome Date
ABS LTS	Non work related	CAM - East	07/09/2026
ABS LTS	Non work related	Manchester	15/09/2026
ABS LTS	Non work related	Trust Wide Operations	11/09/2026
Performance	Stage 3 truncated		04/09/2026
Performance	Stage 3 truncated	ICC Call Handling	16/09/2026
Probation	Conduct	Manchester	09/09/2026

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	11	3	1		**15**
Disciplinary	23	30	12		**65**
Fact Finding	26	5			**31**
Grievance	23	8	3		**34**
Litigation	5	7	7	6	**25**
Organisational Change	2			1	**3**
Performance	10	2			**12**
Total	**100**	**55**	**23**	**7**	**185**

New Litigation cases in last month

Case Type	Case Sub Type	Department	Received Date
Litigation	Breach of contract	Finance ~ Fleet & Estates	07/09/2026
Litigation	Discrimination	ICC Call Handling	16/09/2026
Litigation	Unfair dismissal	CAL - Fylde	25/09/2026
Litigation	Unfair dismissal	CAL - Fylde	28/09/2026

Most common opening reasons for Displinary cases in 12 months

Opening reason	Count
Inappropriate / Unprofessional Behaviour	32
Dereliction of duty	22
Sexual misconduct	17
Failure to follow reasonable management instructions/procedures	15
Negligent Behaviour	14

Disciplinaries: Suspensions or alternative duties (live or in last month)

Status	Count
Alternative duties	0
Restricted practice (alt to suspension)	3
Suspension	12
Total	**15**

Please note: Data reported is current to September 2026. October 2026 data could not be provided due to system unavailability.

Summary: Key areas of risk remain the level and complexity of casework which is placing pressure on capacity in people and operational teams. There is an increasing number of litigation cases which reflects a growing trend across the NHS which poses financial risks. Timeliness remains good but we are seeing pressure on numbers of cases exceeding 6 months.

Actions: Regular and active review of longstanding cases while ensuring new cases are managed within tighter timescales. Timeliness continues to be affected by factors including police involvement, long-term sickness absence and availability of those involved in investigations. However, case progression is subject to robust oversight within directorates and through Trust Management Committee governance arrangement.

Average case times remains under 12 weeks, currently at 11.63. This is due to both volume and complexity of cases and we aim to keep that stable.

NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Freedom to Speak Up
PRESENTED BY	Graham Pacey, Freedom to Speak Up Guardian
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 is asked to: • Note the contents of the report. • Take assurance from the continued operation of Freedom to Speak Up arrangements across the Trust. • Note the national developments associated with the Thirlwall Inquiry and the transition of Freedom to Speak Up responsibilities to NHS England. • Support the development of a workforce cultural intelligence framework to triangulate speaking up data with wider organisational indicators.

EXECUTIVE SUMMARY	This report provides an overview of Freedom to Speak Up (FTSU) activity during the reporting period and highlights key themes, organisational learning, national developments and emerging priorities. During the period, the Trust recorded the highest quarterly number of concerns observed in recent years. While no single organisational event has been identified as the cause, concerns remain predominantly associated with workplace culture, behaviours, and psychological safety. This is consistent with national reporting patterns, where inappropriate attitudes and behaviours remain the most commonly reported theme. Analysis demonstrates variation in reporting levels across operational areas. However, concern volumes should be interpreted with caution: higher reporting may indicate confidence in local speaking up arrangements, whilst lower reporting does not necessarily indicate the absence of cultural or workforce concerns. Significant national developments during the reporting period included publication of the Thirlwall Inquiry Report and the transfer of Freedom to Speak Up responsibilities from the National Guardian's Office to NHS England. The Trust continues to submit all required national data returns and is working towards alignment with NHS England expectations. The report highlights ongoing work to better understand barriers to speaking up experienced by staff with protected characteristics and outlines plans to develop a cultural intelligence framework through triangulation of FTSU data with wider workforce and patient safety indicators. The Board is asked to note the contents of the report and take assurance from the continued operation of Freedom to Speak Up arrangements across the Trust. This report supports two Trust Strategic Aims: the Quality Plan aim to 'provide outstanding inclusive care for everyone we serve' and the People and Culture Plan aim to 'build a safe, supportive and inclusive culture together'.	
PREVIOUSLY CONSIDERED BY	Quality and Performance Committee	
	Date	26th October 2026
	Outcome	Accepted

1. BACKGROUND

Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen. (Winston Churchill)

The Freedom to Speak Up service supports staff to raise concerns relating to patient safety, quality of care, workforce experience and organisational culture. This supports the Trust's commitment to maintaining an open, transparent and learning culture.

The Freedom to Speak Up Guardian function provides independent, impartial and confidential support and advice to staff raising concerns. It also supports organisational learning by analysing themes and trends emerging from speaking up activity.

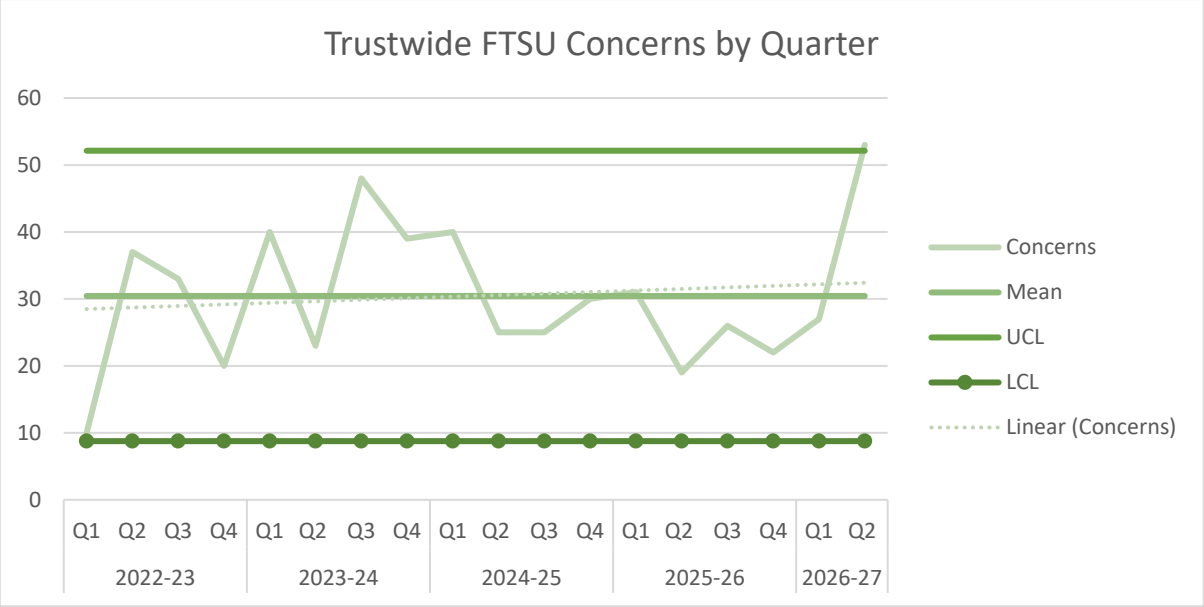
During the reporting period, the FTSU team continued to support speaking up arrangements across all operational areas and corporate services, ensuring concerns were appropriately reviewed, escalated where required, and used to support service improvement.

During April 2026, responsibility for Freedom to Speak Up transferred from the National Guardian's Office to NHS England. The Trust has continued to meet all mandatory national reporting requirements and is working with emerging NHS England guidance and expectations for Freedom to Speak Up services.

The publication of the Thirlwall Inquiry Report has reinforced the importance of listening to concerns, responding appropriately to warning signs, accountability for detriment, and maintaining cultures where challenge is welcomed and acted upon. The Freedom to Speak Up team is supporting organisational consideration of recommendations relevant to culture, speaking up and patient safety.

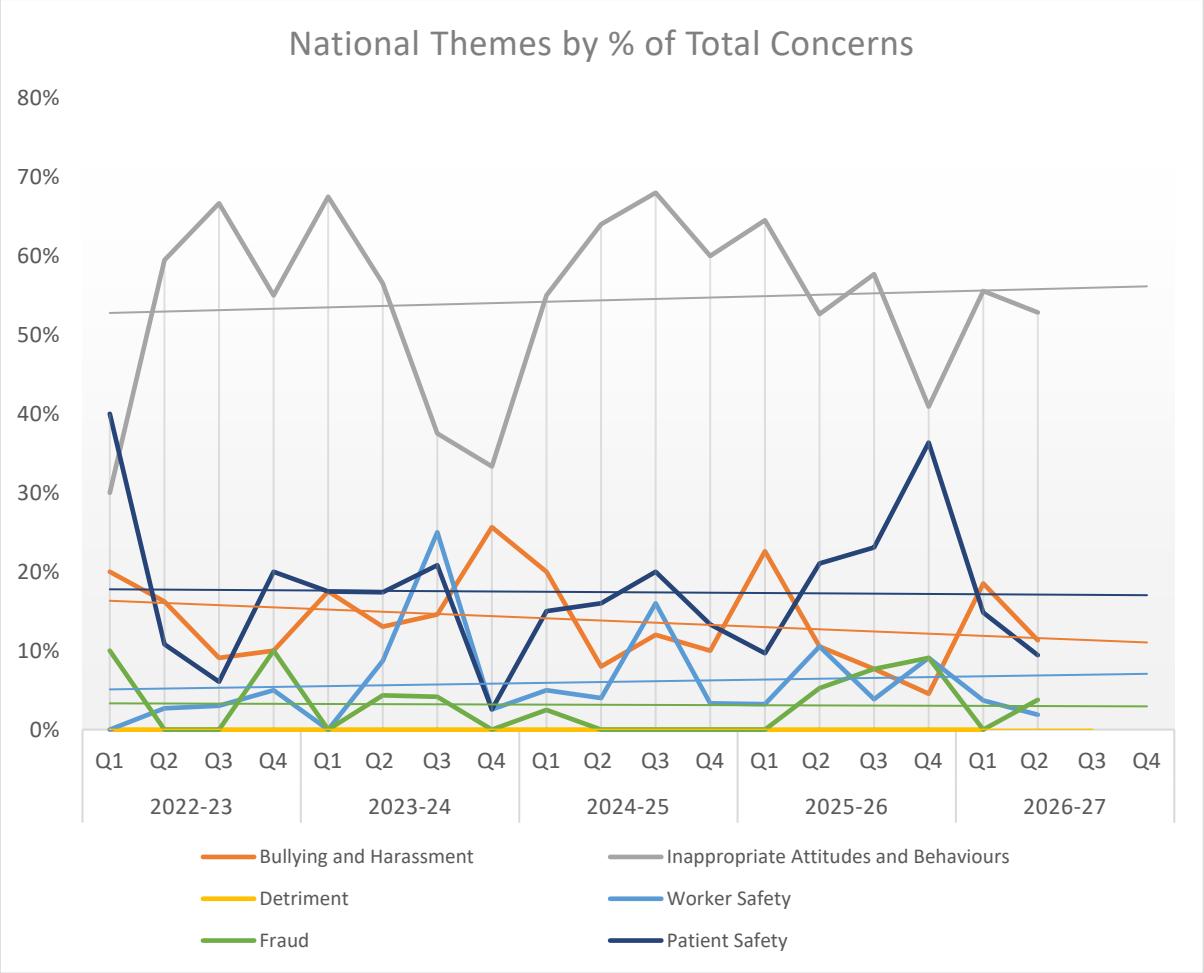
2. FREEDOM TO SPEAK UP ACTIVITY AND THEMES

Trust-wide activity demonstrates a gradual increase in concerns over recent years, with the latest quarter recording the highest number of concerns observed during the reporting period.



Whilst Freedom to Speak Up Guardian engagement activity was lower during this quarter than in previous reporting periods, concern volumes increased. This suggests that factors beyond Guardian engagement activity may be influencing reporting behaviour and reinforces the complexity of interpreting speaking up data as a measure of organisational culture.

Whilst no single organisational event has been identified as the cause of the increase, potential contributory factors include continued organisational focus on behavioural expectations through the Right First-Time programme, increased visibility of organisational standards and both Trust wide and local communications regarding inappropriate access to records.



National thematic analysis demonstrates that concerns relating to inappropriate attitudes and behaviours remain the most reported category. These concerns encompass a broad range of issues including:

- Incivility and unprofessional behaviours
- Leadership and management behaviours
- Racism and discrimination
- Sexism and misogyny
- Exclusionary behaviours
- Psychological safety concerns

The continued predominance of these themes reinforces the importance of organisational culture as a key determinant of staff experience and willingness to speak up.

Patient safety concerns continue to represent a comparatively smaller proportion of concerns raised through Freedom to Speak Up. However, this should not be interpreted as evidence of reduced patient safety risk and should be considered alongside wider intelligence, including DCIQ Staff/Trust and Patient Event reporting, Patient Safety Incident data and other established reporting mechanisms.

Organisational Learning and Improvement

Whilst the number of concerns received through Freedom to Speak Up remains relatively low compared to other organisational intelligence sources, the themes arising continue to provide

valuable insight into workforce experience, organisational culture and opportunities for improvement.

Given the relatively low volume of concerns and the unique nature of many cases, it is not always possible to identify large-scale trends or learning actions from Freedom to Speak Up data alone. However, recurring themes relating to workplace behaviours, inclusion, leadership and psychological safety have informed several ongoing organisational initiatives.

Examples include:

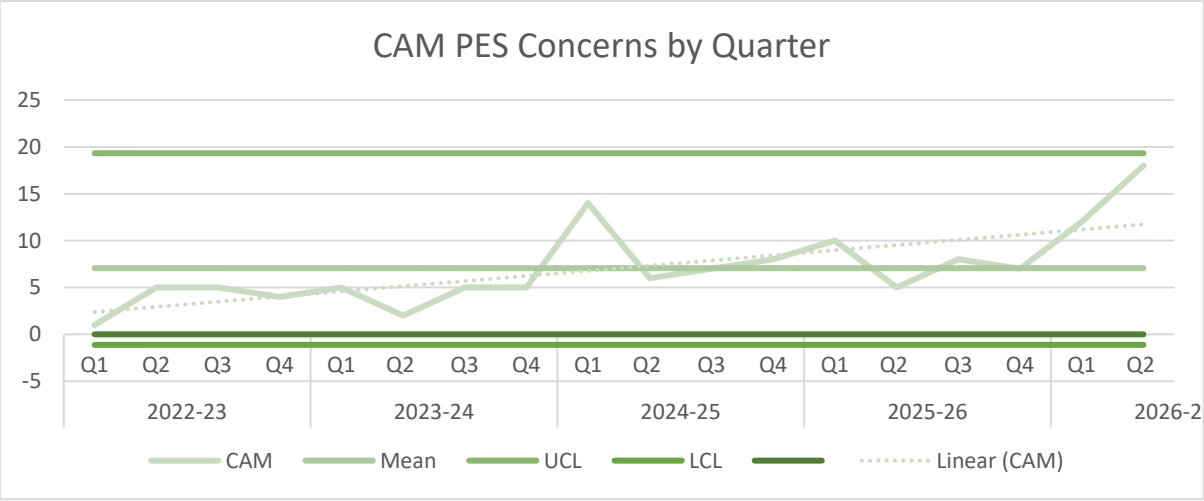
- Development of an organisational Anti-Racism Statement and supporting work to improve equality, diversity and inclusion across the Trust.
- Increased focus on civility, respect and professional behaviours through culture and workforce improvement initiatives.
- Continued investment in leadership development programmes aimed at supporting compassionate, inclusive and effective leadership practices.
- Ongoing work relating to sexual safety, ensuring staff feel safe, respected and supported within the workplace.
- Support for staff networks and staff forums, providing opportunities for staff voices to be heard and experiences shared.
- The implementation of the Right First-Time initiative, which seeks to reset behavioural expectations, improve accountability and establish clear standards of conduct across the organisation.

Whilst it is not possible to attribute these initiatives solely to Freedom to Speak Up activity, concerns raised through the service continue to contribute to the wider organisational understanding of culture, behaviours and workforce experience. Freedom to Speak Up remains an important source of qualitative intelligence, complementing other workforce and patient safety data and helping to identify areas where continued organisational focus may be required.

SERVICE LINE ANALYSIS

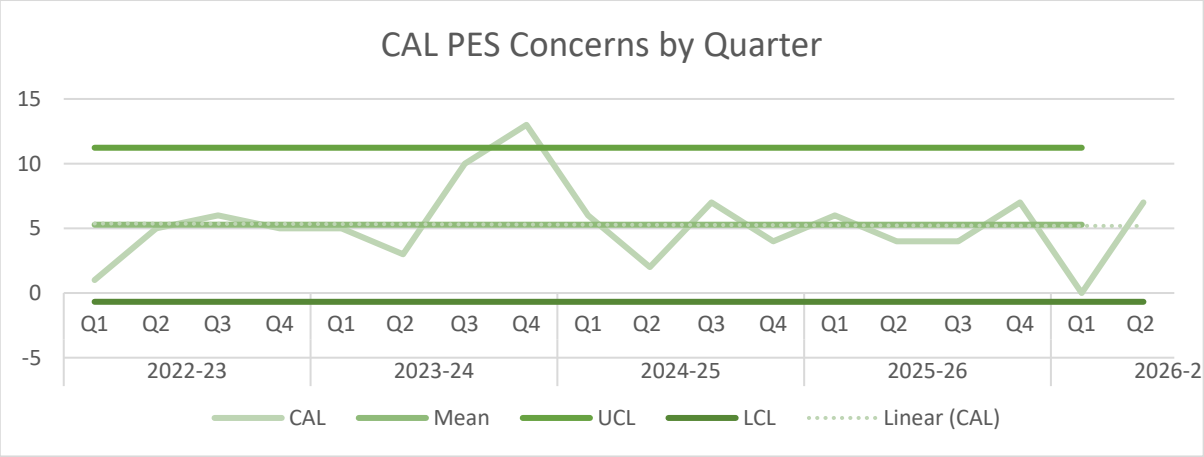
Cheshire and Merseyside PES

Cheshire and Merseyside PES has demonstrated a sustained increase in speaking up activity over the reporting period.



Whilst increased reporting requires ongoing monitoring, anecdotal evidence suggests that increased management responsiveness and use of investigation and disciplinary processes may have increased confidence amongst staff that concerns will be appropriately reviewed and acted upon. Further triangulation with Employee Relations data will assist in understanding this relationship.

Cumbria and Lancashire PES

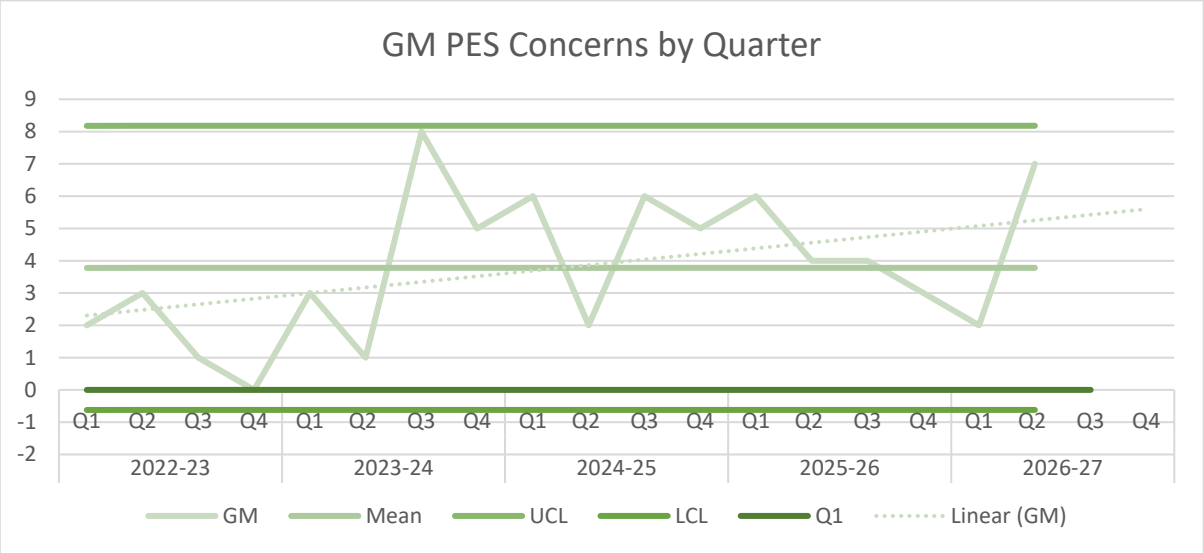


A significant proportion of concerns continue to originate from a specific locality within CAL. Notably, this locality also reports some of the strongest staff survey results relating to confidence that concerns raised will be appropriately addressed. This may indicate that higher reporting levels are associated with increased confidence in local speaking up arrangements rather than solely reflecting workplace tensions.

Consideration should therefore be given not only to the volume of concerns received but also to the factors that create confidence to raise them.

Greater Manchester PES

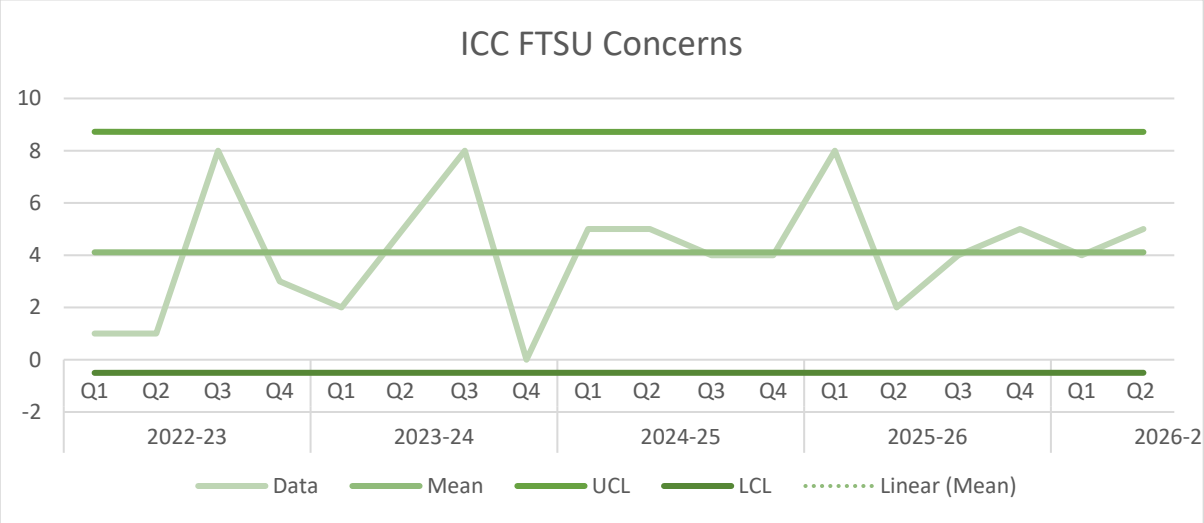
Freedom to Speak Up activity within Greater Manchester remains comparatively low relative to workforce numbers.



However, DCIQ intelligence demonstrates higher levels through alternative organisational reporting mechanisms, including Patient Events and Staff/Trust Events. This reinforces the need to interpret speaking up data alongside wider organisational intelligence rather than viewing FTSU data in isolation.

Integrated Contact Centres (ICC)

Despite significant change, including restructuring of management arrangements, speaking up activity has remained broadly stable.

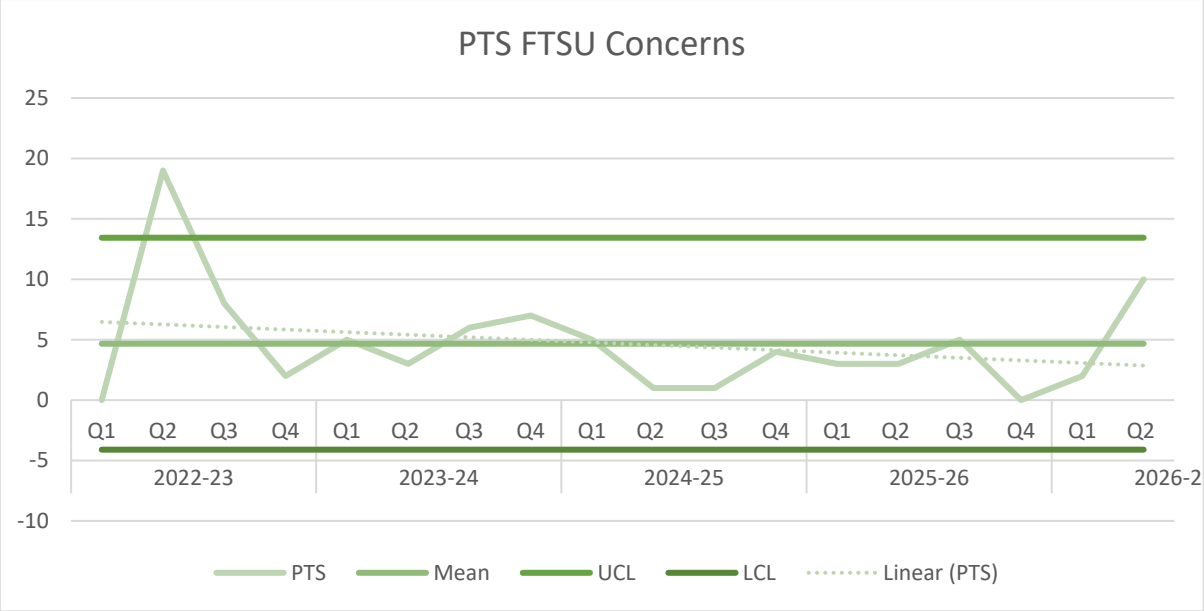


Freedom to Speak Up Guardians continue to regularly attend induction programmes within Integrated Contact Centres and provide information regarding speaking up culture, available support and reporting routes.

The stability of reporting during a period of organisational change may provide reassurance that staff continue to utilise local available speaking up mechanisms.

Patient Transport Service (PTS)

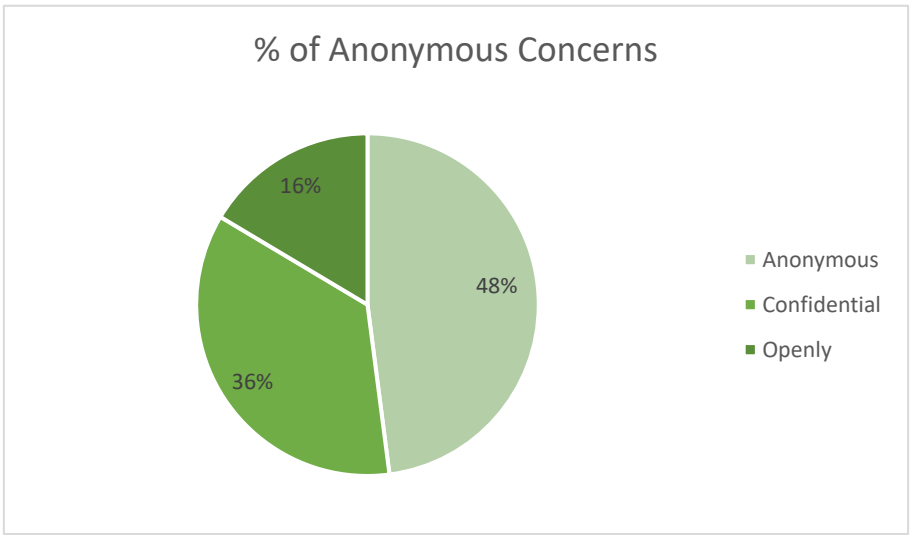
Speaking up activity within Patient Transport Services remains relatively low and stable despite continued organisational uncertainty associated with tendering and contractual arrangements. Regular communication and listening events may have facilitated staff to have questions and concerns answered effectively.



No significant variation has been observed. However, ongoing monitoring will continue as service developments progress.

Psychological Safety and Confidentiality

During the reporting period, 48% of concerns were raised anonymously, and 36% were raised confidentially, with individuals known to the Freedom to Speak Up Guardian but not wishing their identity to be disclosed locally.



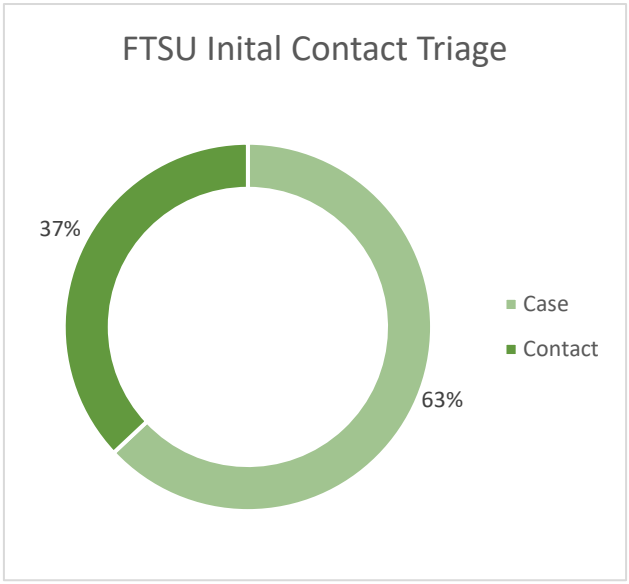
Only 16% of concerns were raised openly.

Use of confidential speaking up routes demonstrates confidence in the independence of the Freedom to Speak Up Team, although the findings indicate that many staff remain reluctant to have their identity disclosed when raising concerns.

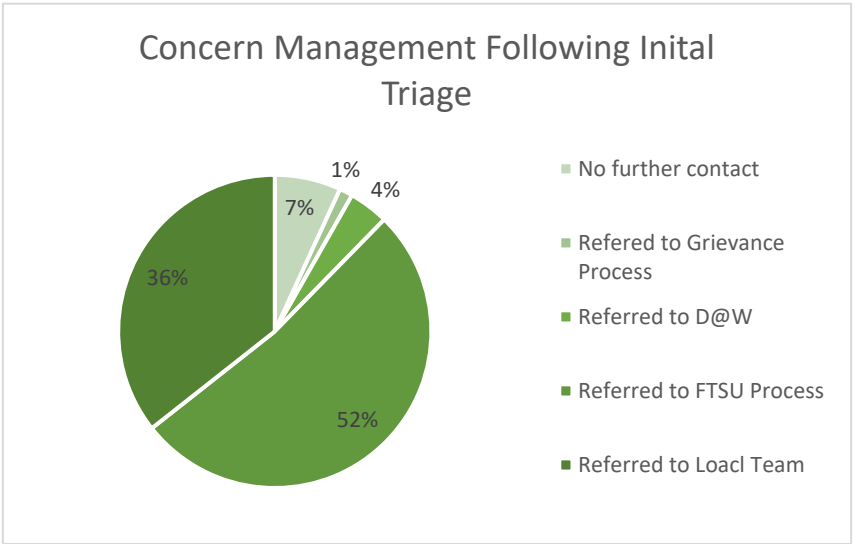
The reasons for this may vary and cannot be assumed. However, the findings reinforce the ongoing importance of promoting psychological safety, reducing fears of detriment and ensuring staff have access to independent and confidential reporting mechanisms.

Triage and Concern Management

Not all contacts received by the Freedom to Speak Up service progress to formal FTSU cases. During the reporting period, 37% of contacts were assessed as requiring signposting, advice or referral to alternative organisational processes. This highlights the important role of Freedom to Speak Up Guardians in supporting staff to navigate organisational systems and identify the most appropriate route for resolution.



Of those concerns that did not progress directly through the Freedom to Speak Up process, the majority were appropriately referred to local management teams, with smaller numbers signposted to Dignity at Work processes, grievance procedures or alternative support/process mechanisms.



This demonstrates that the Freedom to Speak Up function complements rather than replaces existing organisational processes and supports staff in accessing appropriate routes for resolution.

3. FUTURE PRIORITIES

During the next reporting period, the Freedom to Speak Up team will focus on:

- Supporting implementation of relevant recommendations arising from the Thirlwall Inquiry in association with the Quality Directorate.
- Aligning local Freedom to Speak Up arrangements with emerging NHS England expectations.
- Continuing work to better understand barriers to speaking up experienced by staff with protected characteristics.
- Further strengthening awareness and accessibility of speaking up arrangements.
- Developing a cultural intelligence and triangulation framework.

Recognising that no single dataset can provide a complete assessment of organisational culture, work is due to commence to identify workforce indicators with the capability of supporting triangulated cultural intelligence.

This work will seek to bring together:

- Freedom to Speak Up concerns
- Staff Survey results
- Employee Relations activity
- Grievances and disciplinary processes
- Equality and workforce indicators
- Sickness absence and turnover data
- Patient Events
- Staff/Trust Events
- DCIQ intelligence

This approach aims to provide a richer understanding of organisational culture, identify emerging risks earlier and support targeted organisational improvement activity.

4. RISK CONSIDERATION

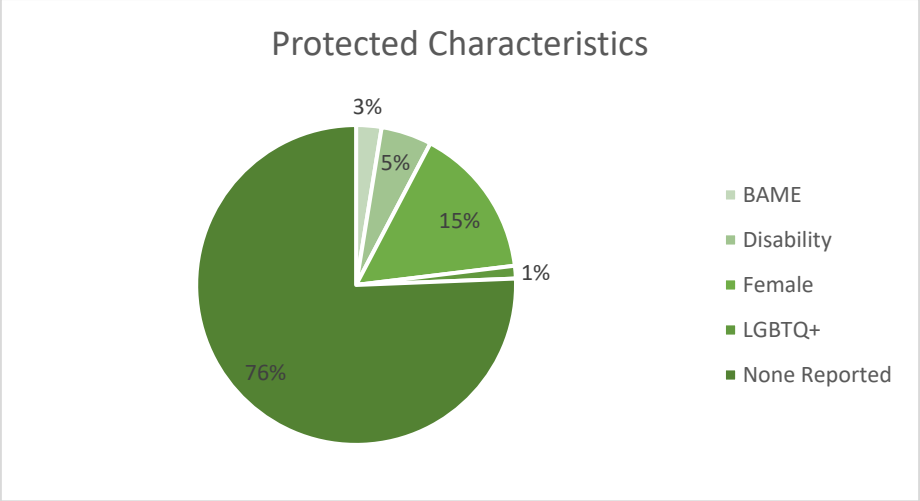
An ineffective speaking up culture presents risks relating to patient safety, quality of care, staff wellbeing, organisational reputation, workforce retention, equality and inclusion, and regulatory compliance.

The findings within this report aim to provide assurance that staff continue to access Freedom to Speak Up arrangements and that concerns are raised across all service areas. However, the continued prevalence of anonymous and confidential reporting demonstrates the importance of ongoing work to strengthen psychological safety and support a culture where staff feel able to speak up without fear of negative consequences.

Understanding the overall organisational culture requires triangulation with multiple data sources. Viewing this report in isolation is likely to limit the effectiveness of the data.

5. EQUALITY/ SUSTAINABILITY IMPACTS

Data relating to protected characteristics should be interpreted with caution.



Information regarding protected characteristics is disclosed voluntarily and relies upon self-reporting by the individual raising a concern. The high proportion of anonymous and confidential concerns means many individuals understandably choose not to disclose personal information, as doing so may increase the risk of identification.

As a result, this data cannot be used as a measure of existing barriers to speaking up nor as an accurate reflection of the proportion of concerns raised by staff with protected characteristics.

National evidence continues to demonstrate that some staff groups may experience greater barriers to speaking up. During the reporting period, Freedom to Speak Up Guardians attended national conferences and learning events focused on race equality, disability inclusion and barriers to speaking up.

Learning from these events is helping inform local work to ensure speaking up arrangements remain inclusive, accessible and responsive to the needs of our diverse workforce.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Thirlwall Report
PRESENTED BY	Elaine Strachan-Hall, Director of Quality and Improvement
PURPOSE	For Discussion

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 key organisational learning arising from the Thirlwall Inquiry. • Consider the relevance of these themes to NWAS. • Reflect on whether any additional areas of assurance, oversight or organisational learning should be explored.
EXECUTIVE SUMMARY	The publication of the Thirlwall Inquiry provides an important opportunity for reflection across the NHS. Whilst the circumstances examined by the Inquiry were unique, many of the organisational themes identified are common to previous healthcare reviews and inquiries, including culture, leadership, psychological safety, acting on concerns, organisational curiosity, and the ability to recognise risk through the triangulation of multiple sources of information. The findings are relevant to all healthcare organisations, not solely those providing neonatal or acute hospital services. NHS England has emphasised that the learning should be considered by every NHS Board and that patient safety depends upon organisations acting with urgency, curiosity and openness when concerns arise. This paper highlight's key themes that may support ongoing reflection within NWAS regarding patient safety, organisational learning, staff experience and governance.
PREVIOUSLY CONSIDERED BY	
	Date
	Outcome

DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

1. BACKGROUND

The Thirlwall Inquiry was established to examine events at Countess of Chester Hospital NHS Foundation Trust and to consider whether opportunities were missed to identify and respond to concerns at an earlier stage. The Inquiry also examined wider issues relating to culture, governance, leadership, speaking up, safeguarding and patient safety.

Whilst the circumstances were exceptional, many of the findings echo themes identified in several major healthcare reviews and inquiries over recent years. Recurrent themes include:

- Concerns being raised but not fully understood.
- Difficulties recognising weak signals and emerging patterns.
- Fragmented organisational intelligence.
- Inadequate challenge and scrutiny.
- Psychological safety and speaking up.
- Leadership oversight and accountability.
- Balancing organisational reputation with patient safety priorities.

The consistency of these themes across different healthcare settings suggests that they represent enduring organisational challenges rather than issues unique to a specific specialty or service.

This learning is particularly relevant when considered alongside the findings emerging from recent national maternity reviews, including the Independent Maternity Review at Nottingham University Hospitals NHS Trust (Ockenden) and the Independent National Maternity and Neonatal Investigation (Amos). These reviews reinforce recurring concerns regarding organisational culture, clinical governance, listening to women and families, recognition and escalation of clinical deterioration, and organisational accountability. Collectively, they highlight the importance of effective oversight, learning across organisational boundaries and responding to emerging concerns before avoidable harm occurs.

2. KEY LEARNING FOR NWAS

Just and Restorative Culture

The Inquiry reinforces the distinction between a no-blame culture and a just and restorative culture. Creating environments where staff feel able to speak up and raise concerns should not be interpreted as the absence of accountability. Rather, a just culture seeks to balance openness, learning and fair accountability, recognising both the influence of wider systems and the responsibility of individuals for their actions. This approach aligns with current NHS patient safety culture guidance and supports both organisational learning and patient safety.

NWAS has a number of existing arrangements which support this approach, including processes for managing allegations against staff, Executive Clinical Review Group oversight of significant patient safety concerns and established speaking up arrangements. The Inquiry provides an opportunity to reflect not only on the existence of these processes, but on how effectively they support timely identification of concerns, organisational learning and proportionate action.

Organisational Curiosity

One of the strongest messages emerging from the Inquiry is the need for organisations to remain curious when concerns arise.

Concerns will not always present with definitive evidence at the point they are raised.

Often, they represent an observation, an emerging pattern or a perception that something does not feel right. Safe organisations respond to such concerns with curiosity and enquiry rather than seeking immediate reassurance or certainty.

The ability to ask, "what might this be telling us?" is a key component of effective organisational learning. NHS England has specifically identified the importance of acting with "urgency, curiosity and openness" when considering the lessons from the Inquiry.

This approach aligns closely with the safeguarding principles of professional curiosity and respectful uncertainty. Significant harm is rarely identified through a single event. More commonly, concerns emerge through a series of observations, weak signals or seemingly unrelated indicators that only become significant when considered together. Organisations should therefore avoid reaching reassurance too quickly where information exists that warrants further exploration.

Joining Information Together

The Inquiry reinforces the importance of recognising that information relevant to risk rarely exists within a single system.

Healthcare organisations receive intelligence through numerous routes, including incidents, complaints, patient feedback, staffing information, quality indicators, safeguarding processes, speaking up arrangements, clinical audits and operational performance.

Viewed individually, these sources may provide only a partial picture. The ability to triangulate information, recognise patterns and identify relationships between seemingly unrelated concerns is essential to the early recognition of risk. The Inquiry specifically highlights the importance of "reading the signals" and understanding what information may collectively be indicating.

Parallel Processes and System Oversight

A single concern may simultaneously engage multiple organisational processes including patient safety reviews, workforce investigations, safeguarding procedures, professional regulation and governance arrangements.

Whilst each process may fulfil an important purpose, there is a risk that information becomes fragmented if oversight is limited to individual workstreams.

Healthcare organisations should therefore maintain visibility across parallel processes and ensure that insights gained in one part of the organisation can inform understanding elsewhere. Organisational learning is most effective when systems operate in a coordinated rather than isolated manner.

The Inquiry highlights the importance of ensuring that investigations, patient safety reviews, workforce processes, safeguarding activity and speaking up arrangements operate collaboratively rather than independently. While individual processes may be functioning appropriately, opportunities for learning and risk recognition can be missed if intelligence is not routinely shared and considered collectively. Effective organisational oversight depends upon maintaining a clear view of the whole system rather than individual processes in isolation.

Acting on Reasonable Cause to Suspect Harm

The Inquiry reinforces the importance of acting on reasonable cause to suspect harm rather than waiting for definitive proof before taking proportionate action. Whilst investigations may take time to conclude, organisations should consider whether appropriate protective measures, alternative duties, safeguarding activity or additional oversight can be implemented whilst enquiries are ongoing.

This principle reflects established safeguarding practice and supports earlier intervention where potential risks to patients or staff may exist.

Maintaining Focus on the Substantive Concern

The Inquiry demonstrates how concerns can become obscured by competing priorities, differing viewpoints or process-related activity.

When concerns are raised, organisations must remain focused on understanding the underlying issue and any potential implications for patient safety. Whilst associated matters may require consideration, they should not distract attention from the substantive concern itself.

Maintaining this focus is essential if organisations are to avoid missing opportunities to intervene at an early stage.

Accountability, Scrutiny and Challenge

The Inquiry highlights the importance of clear accountability and the role of constructive challenge in decision-making. Effective organisations create environments in which assumptions can be tested, decisions appropriately scrutinised and alternative perspectives actively considered.

This includes recognising the value of independent oversight, peer review and objective challenge where appropriate. Whilst local knowledge and contextual understanding are essential, organisations must also consider how they obtain assurance that significant concerns have been considered fairly, transparently and objectively.

The Inquiry provides an opportunity to reflect on the circumstances in which external challenge, independent review or broader system involvement may strengthen confidence in organisational decision-making and support continued focus on patient safety.

Psychological Safety and Speaking Up

Staff are often the first to identify emerging risks or issues affecting quality of care. The Inquiry reinforces the importance of cultures in which individuals feel able to raise concerns, challenge practice and contribute alternative viewpoints.

Psychological safety should not be viewed solely as a workforce issue, but as a fundamental component of patient safety and organisational learning. The Inquiry specifically considered speaking up arrangements and the role they play in enabling concerns to be raised and acted upon.

3. IMPLICATIONS FOR NWAS

The organisational lessons arising from the Inquiry are particularly relevant within the context of ambulance services.

NWAS delivers care across a large geographical footprint, serves populations experiencing significant deprivation and health inequalities, operates through a highly dispersed workforce and works across multiple organisational and system boundaries. Information relevant to risk may therefore sit within numerous teams, systems and partner organisations.

Further reflection arising from the Inquiry has highlighted several areas that may warrant ongoing organisational development

Work Currently in Progress	Status
Review of reporting and escalation routes, including opportunities to improve awareness and understanding of available reporting channels.	Early scoping and discussion.
Development of collaborative approaches to parallel investigative processes across patient safety, workforce, safeguarding and governance functions.	Currently being tested in the revision of Patient Safety Processes, further work needed to describe and test effectiveness / gaps.
Strengthening integrated organisational learning arrangements, including alignment of learning from incidents, concerns, investigations, reviews and external inquiries.	Linked to ongoing 'Learning From' work and development of a more connected approach to organisational learning.
Development of Early Indicator methodologies to support earlier identification of emerging risk and intervention before significant harm occurs.	Initial design completed, two tests of concept have found that process is perhaps not sensitive enough. Next steps to be agreed.
Psychological Safety and Cultural Barometer programme.	Ongoing development and implementation through existing Trust workstreams.

These are not presented as formal workstreams at this stage but as areas where work has started for ongoing consideration as the Trust continues to strengthen its approach to organisational learning and patient safety.

In this context, the challenge is rarely a lack of information. More often, the challenge is recognising the significance of available information, connecting intelligence from different sources and acting upon emerging patterns before harm occurs.

The Inquiry therefore provides an opportunity for the Trust to reflect on

Key Learning	Board Discussion
Be curious when something does not feel right.	How do we ensure concerns and weak signals trigger enquiry and exploration rather than reassurance?
Join information together rather than view concerns in isolation.	How effectively do we triangulate intelligence from multiple sources to identify emerging risks?
Maintain oversight when several processes are running simultaneously.	How do we ensure parallel investigations and reviews remain connected and collectively inform decision making?
Act proportionately on reasonable concern rather than waiting for certainty.	How do we balance the need for evidence with the need to take timely action to protect patients and staff?
Keep patient safety and the substantive concern at the centre.	How do we ensure organisational processes remain focused on the underlying concern and risks to safety?
Create an environment where challenge and speaking up are welcomed.	How do we continue to strengthen psychological safety and constructive challenge throughout the organisation?

Fundamentally, the Inquiry reinforces that patient safety, staff experience and organisational culture are closely interconnected. Safe services depend not only upon robust systems and processes, but also upon an organisational culture that values curiosity, openness, challenge, learning and accountability.

The recurring lesson from major healthcare reviews and inquiries is that significant harm is rarely characterised by a complete absence of information. More commonly, information exists somewhere within the system, but its significance is not fully recognised, connected with other intelligence or acted upon sufficiently quickly. The challenge for healthcare organisations is therefore not simply to collect information, but to remain sufficiently curious, connected and responsive to understand what that information is telling them and act accordingly.

4. RISK CONSIDERATION

Failure to recognise, understand and act upon concerns may adversely affect patient safety, staff wellbeing, organisational culture and public confidence.

The lessons from the Thirlwall Inquiry reinforce the importance of effective governance, triangulation of intelligence, psychological safety, leadership oversight and timely organisational learning.

Within NWAS, additional risks arise from the complexity of pathways spanning multiple healthcare organisations. Failure to recognise, share and act upon emerging concerns across NWAS and other providers may result in delayed identification of clinical risk, fragmented learning, inconsistent escalation and avoidable harm. The findings of the Nottingham (Ockenden) and Amos reviews reinforce the importance of coordinated clinical governance, clear accountability and effective oversight of the entire pathways. For NWAS, this highlights the importance of maintaining robust arrangements for identifying and escalating concerns across organisational

boundaries, ensuring that learning from incidents, investigations and clinical audit informs timely and coordinated safety improvement.

5. EQUALITY/ SUSTAINABILITY IMPACTS

There are no direct equality or sustainability impacts arising from this discussion paper.

However, inclusive cultures that support staff to raise concerns, contribute challenge and participate in organisational learning remain important enablers of both patient safety and workforce wellbeing across NWAS.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Learning from Deaths - Summary Report and Dashboard Q1 2026/27
PRESENTED BY	Dr Chris Grant, Executive Medical Director
PURPOSE	Assurance

STRATEGIC AIM(S)	Deliver outstanding, 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 of Directors is asked to: • Support the quarterly dashboard (Appendix A) as the report to be published on the Trust's public website as evidence of the Trust's developing engagement with a formal process of Learning from Deaths. • Acknowledge the impact of the Structured Judgement Review (SJR) process in identifying opportunities for improving care. • Support the dissemination process as described in Section 4.

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EXECUTIVE SUMMARY	The Trust is required to publish a quarterly report on its public website. The Q1 dashboard (Appendix A) describes the opportunities to learn from deaths. The main concerns raised internally and externally and identified in DatixCloudIQ (DCIQ) were attributed to problems in ICC and PES, specifically around call-handling errors, dispatch errors, and care and treatment. Of the concerns closed, there were no incidents where death was likely due to the service provided by the Trust. The peer review process now encompasses ICCs and, as a result, the Trust is compliant with the national framework. During this quarter, learning has mostly arisen from discrete, standalone points, with no evident overarching themes. Within ICC, Structured Judgement Reviews (SJRs) continue to identify instances of both insufficient and excessive probing by EMAs during calls. During this quarter, insufficient probing around breathlessness continued to be identified. An action has therefore been raised for the Learning from Deaths team to work with ICC colleagues to triangulate this learning and develop an improvement plan. An update will be provided in the Q2 report. Good levels of probing and active listening were also identified in incidents during the quarter, indicating that some improvements have been made. Individual call-taking errors were identified, but in small numbers, and no significant themes emerged. Individual learning points were also identified through clinical reviews, and feedback will be provided to the clinicians involved to support their practice. Inadequate documentation of advice on what to do if the patient's condition deteriorates and of safety-netting continues to be identified within reviews. The quality of patient records assessed through the reviews continues to fluctuate. In Q1, 33% of records were rated poor, compared with 18% in Q4, although this remains an improvement on earlier quarters. Documentation quality remains a key improvement priority and continues to be reinforced through SJR reporting and engagement with senior clinical leads. Examples of high-quality EPRs have been identified and will be used as exemplars to support ongoing learning and improvement. The panel continues to welcome observers to help raise awareness of the project and embed learning from peer reviews. In Q1, the panel welcomed 18 observers from all areas of the Trust, some of whom will continue to attend regularly, giving the panels a greater breadth of expertise and knowledge to inform discussions and decisions.

	Although the Q1 sample is smaller than that of the previous quarter, it follows the pattern of seasonal variation seen in previous years. This report provides assurance in relation to the Trust's strategic plans, specifically: 1. Quality Strategy: • Objective 2: Improve the effectiveness of care by prioritising improvement activity for patients who experience sub-optimal care because of recognised health inequalities. High-level deliverable: • 8. Scope areas of improvement in our activity for patients who experience sub-optimal care as a result of recognised health inequalities. This scoping will provide the insight into any areas of deficit to enable us to prioritise remedial action in a targeted and measurable manner. 2. Clinical Strategy: Objective: Assessment High-level deliverable: 7. Target health inequalities by optimising assessment and proactive interventions for priority groups, shifting from reactive to preventative care.
PREVIOUSLY CONSIDERED BY	Clinical and Quality Group
	Date: 08 September 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 Q1 2026/27 Learning from Deaths review, and it is proposed that this document be published on the Trust's public website by **30 November 2026**, in accordance with the national framework and Trust policy. The dashboard includes outputs from moderation panels held following the Structured Judgement Reviews (SJRs) for Q1. 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 **46** (**34** concerns raised in DCIQ and **12** sampled for SJR).

3.2 Deaths reported through DCIQ: discussion

Data on DCIQ concerns were last accessed on 6 July 2026. Given the complexity of these cases, detailed updates on previous quarters will be provided in other patient safety reports. Thematic analysis will be included in the annual Learning from Deaths report.

The breakdown of concerns raised is as follows:

- **24** internal concerns were raised through the Incidents module (Events).
- **6** external concerns were raised through the Patient Experience module (Feedback).

4 concerns were raised both internally and externally.

3.2.1 Internal concerns

Of the **24** internal concerns, **12** were reviewed and closed. In none of these cases did the review find that the death was likely to have resulted from the service provided by the Trust. Causal factors were identified in **five** cases, and a harm level of 'Severe physical/psychological harm' was recorded.

3.2.2 External concerns

Of the **6** external concerns reported, **3** are still in the early stages of review, and it is not yet known whether the care provided was in line with best practice. **Three** 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.

3.3 SJR Stage 1 outcomes

The overall care rating assigned to each case represents the lowest rating assigned across the phases of care reviewed, enabling consistent comparison and aggregation of findings across all reviewed patient deaths.

Twelve patient deaths were presented by reviewers during the quarter. Following moderation panel review, the final outcomes were determined as detailed in the dashboard (Appendix A). All cases meeting the sampling criteria were completed within the reporting period.

One patient was assessed as having received appropriate care. The mid-range statement of 'adequate' practice is defined as expected practice and procedures that comply with guidance. Practice that exceeds the expected standard is defined as 'good'. Practice that does not meet the expected standard is defined as 'poor'.

The predominant SJR rating across all phases was **adequate care**, indicating that the care provided met expected standards. Additionally, elements of good care were identified within every phase reviewed, demonstrating examples of practice that exceeded expected standards.

When both initial attendances and subsequent recontacts were considered, the proportion of cases achieving a rating of adequate care or better within each phase of care was as follows:

- Call-handling – 65.2%
- Patient assessment – 87.0%
- Management plan – 87.0%
- Patient disposition – 87.0%

3.3.1 SJR Stage 2 outcomes

Eleven cases were identified as needing Stage 2 review following Stage 1. The Stage 2 review concluded that **seven** deaths were not avoidable, and in **four** cases it was uncertain whether poor practice had led to harm. The care experienced by these patients in relation to call-taking, patient assessment and management

planning was below expected standards. Although a number of cases highlighted opportunities for individual learning, the review panel concluded that none of the identified issues directly contributed to the patient's death.

As in previous quarters, arrangements remain in place to ensure that learning identified through the SJR process is shared with the clinicians involved in the patient's care. This includes both areas for improvement and examples of good practice. Feedback is provided through Sector Clinical Leads, enabling them to maintain oversight of incident-related learning within their respective sectors. This approach supports a culture of continuous learning, encourages reflective practice, and promotes the dissemination of positive clinical behaviours across the organisation.

Duty of Candour is considered in all cases where the review panel deems it appropriate, particularly those cases progressing to Stage 2 review. The relevant clinical and ICC leads are notified along with the Patient Safety Learning Team for their oversight and consideration of any actions required.

3.3.2 SJR and 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 identifying areas for improvement is provided below:

ICC:

- Delays in allocating available vehicles
- Incorrect address entry during calls
- Delays in categorisation caused by incorrect answers

PES:

- Limited information regarding clinical assessment/examination
- Medicine errors – incorrect dose and missing dose
- Incorrect pathway followed
- No referral to AVS/OOHGP when appropriate to do so

Trust:

- Delays in allocation for Category 2 calls ranged from 45 minutes to 1 hour 50 minutes. It is noted that this was at a lower level than in the previous quarter and that these delays were likely attributable to system pressures rather than errors by the Trust. This continues to be closely monitored within the Trust.
- One case identified a need to align NHS Pathways advice on bystander CPR performed on a bed with updated Resuscitation Council UK guidance. This highlights the need for continued education to support evidence-based futility decisions and consistent resuscitation practice.

In addition to identifying opportunities for learning and improvement, the SJR process highlighted several examples of good practice during the quarter. These included:

PES:

- Extensive patient assessment, ensuring all relevant clinical information was considered
- Inclusive communication, with clinicians providing both verbal and written safety-netting advice and clear guidance on next steps for the patient's wife
- Clear evidence of effective multidisciplinary working in a complex and challenging situation, including robust discussions with a GP to establish and coordinate appropriate EOLC planning

ICC:

- Good recognition and escalation of a critically unwell patient by an EMA

3.3.3 General areas for improvement

Additional learning points were identified within care rated 'adequate', including opportunities for improvement and examples of good practice. These include:

Areas for improvement:

- Insufficient probing by the EMA regarding breathlessness symptoms
- The EMA over-probed, which could have delayed identification of a life-threatening emergency
- Frailty and pain scores not recorded within observations
- Detailed advice on what to do if the patient's condition deteriorates not documented

Good practice:

- Appropriate and thorough probing by the EMA
- Detailed assessment documented
- Clinicians using holistic decision-making and advocating for patients' best interests

These recurring general themes have remained consistent throughout the reporting period. Ongoing feedback has been provided to Sector Clinical Leads and ICC colleagues, with the expectation that this will support incremental improvement over time. A dedicated ICC workstream is in place to address levels of clinical probing by EMAs. While some errors within this area persist, reviewers have also identified areas of clear and measurable improvement, indicating that targeted actions are beginning to have a positive impact.

4. OUTCOME OF LEARNING THEMES

The clinical leadership team has committed to disseminating and promoting good practice through regional and local area learning forums (ALFs) and to individual frontline staff. The Q1 Learning from Deaths infographic (Appendix B) will be shared with the clinical leadership team.

General improvement themes identified through the DCIQ review, together with more specific learning from SJRs, will be shared at ALFs.

Incidents considered to meet one of the PSIRF priorities are raised through the usual process for local review and presentation to CCRG, where appropriate. This supports the triangulation of data across teams and contributes to PSIRF learning.

We continue to welcome observers to our panels from all departments of the Trust. During Q1, 18 observers attended from ICCs, corporate teams and operational services, and feedback from observers continued to be positive.

Observers noted the knowledge and professionalism shown by SJR reviewers in recognising good practice and providing constructive criticism. They described a positive culture in which colleagues were comfortable challenging and being challenged to understand the incident fully. They also noted the importance of writing a clear and detailed EPR and said they would apply this learning to their own practice.

Colleagues from other departments have requested to attend panels more regularly, both for their own learning and development and to support collaborative working. This helps ensure that gaps in practice, pathways or learning are addressed with the relevant teams. It has broadened the knowledge and expertise within the panels and enriched the learning from these incidents.

5. RISK CONSIDERATION

The data gathered to produce the dashboard have been managed in accordance with the Data Protection Act 2018.

6. EQUALITY AND SUSTAINABILITY IMPACTS

No equality or sustainability concerns have been identified in this report.

The Board of Directors is asked to:

- Support the quarterly dashboard (Appendix A) as the report to be published on the Trust's public website as evidence of the Trust's developing engagement with a formal process of Learning from Deaths.
- Acknowledge the impact of the Structured Judgement Review (SJR) process in identifying opportunities for improving care.
- Support the dissemination process as described in Section

NWAS Learning from Deaths Dashboard Q1 26/27

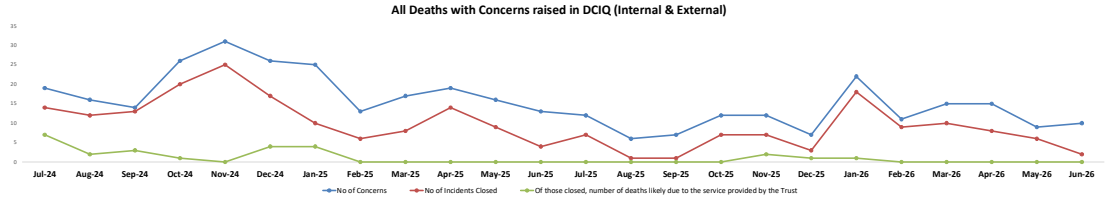


Figure 1

Concerns Raised in DCIQ

Internal Concerns

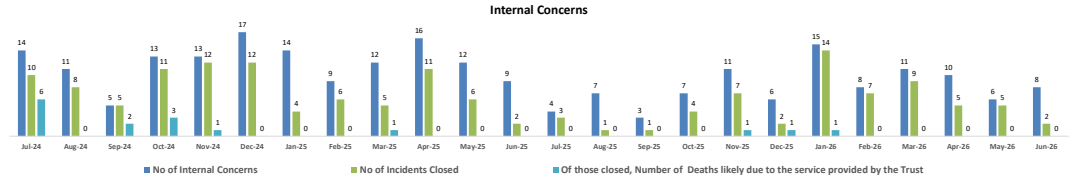


Figure 2

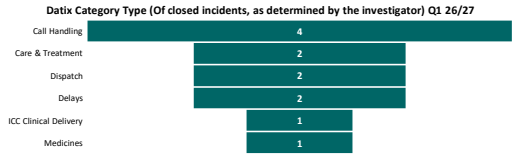


Figure 3

Learning Identified from all Internal Concerns raised in DCIQ

PES:

Care & Treatment
- Incorrect pathway followed after patient passed away (x1)
- Potential missed shock when attending a cardiac arrest with a private provider (x1)

Medicines
- Incorrect dose of Morphine administered (x1)
- Adverse reaction following medicines administration - no process errors (x1)

Trust:

Delays due to system issues
- Category 2 delays - 1hr (x3)
- Category 2 delays - 45 mins (x1)
- Category 2 delays - 1hr 50 (x1)

Other system issues
- Crew not notified of incident allocation due to fault with handheld radios (x1)

ICC:

Call Handling
- Potential incorrect coding of call (x3)
- Incorrect answers caused delays in categorisation (x2)
- Inappropriate call sent to CAS provider (x1)
- Incorrect address input during call (x1)
- Issue with communication during call (x1)
- Call closed inappropriately (x1)

Dispatch
- Delays in allocating available vehicle (x3)
- Potential missed allocation of APP to an appropriate incident (x1)

Clinical Delivery:
- Delay in identifying cardiac arrest during telephone triage (x1)

Table 1

External Concerns

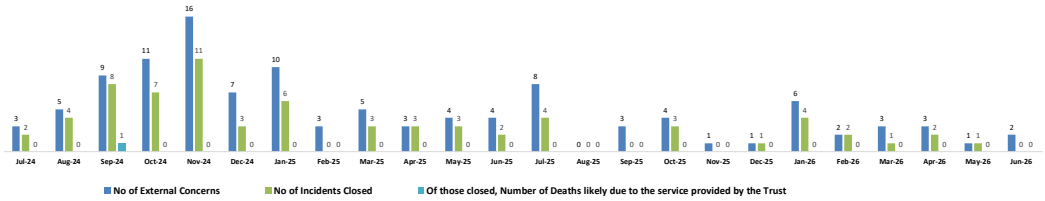


Figure 4

Learning Identified: PES & ICC

Problem with patient assessment:
- Failure to recognise seriousness of patient condition - elements of patient assessment not completed (x2)

Problem with patient disposition:
- Correct pathway not followed (x2)
- Missed opportunity to take patient to ED (x1)

Problem with call taking:
- Communication issue between EMA and HCP making call (x1)

Table 2

Internal and External Concerns

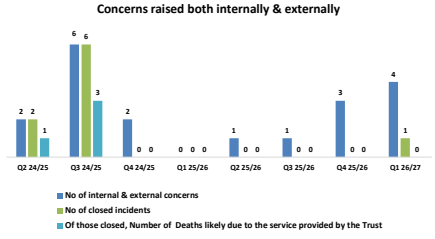


Figure 5

Learning Identified: ICC & Clinical Delivery

ICC
- Incorrect call reason logged in system due to no active listening during call (x1)
- Incorrect address added to system by EMA (x1)

Clinical Delivery
- Potential inappropriate incident passed to CAS provider (x1)
- Delays in allocation due to call being held in 'CSD stack' for too long and not being visible to dispatch (x1)

Table 3

Data last exported: 06/07/2026; Data last cleansed: 07/08/2026

NWAS Learning from Deaths Dashboard Q1 26/27

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
24/25	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
	Q4	36	33	16
26/27	Q1	12	12	11
	Total	167	153	67

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

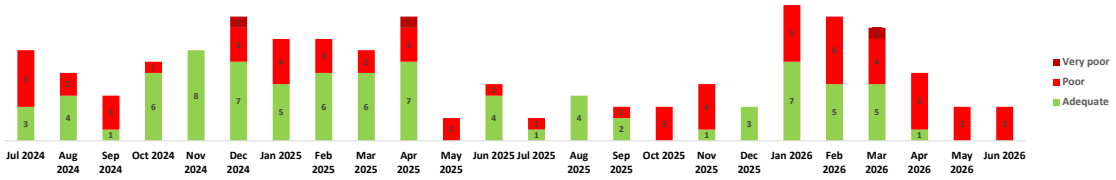


Figure 6

Individual Case Rating - Initial Contact				
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	5	7	0
Right Care	Patient Assessment Rating	3	8	1
	Management Plan/Procedure Rating	3	7	2
Right Place	Patient Disposition Rating	3	8	1

Table 5

Individual Case Rating - Recontact				
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	3	7	1
Right Care	Patient Assessment Rating	0	11	0
	Management Plan/Procedure Rating	0	11	0
Right Place	Patient Disposition Rating	0	11	0

Table 6

SJR Learning Themes

Evidence of Poor/Very Poor Practice

Findings identified from 'Poor' ratings

PES

Problem with patient assessment:
- Elements of falls assessment missing within patient assessment (x2)
- Limited clinical assessment documented (x1)
- Abnormal observations not addressed (x1)

Problem with treatment & management plan:
- No senior clinical advice sought when appropriate (x1)
- JRCALC guidance regarding Naloxone administration not followed (x1)
- 12 lead ECG not completed (x1)
- Risks associated with not attending ED not described (x1)

Problem with patient disposition:
- No referral to GP when appropriate to do so (x2)
- No specific worsening advice documented (x2)
- Safety netting not documented (x2)

ICC

Call taking:
- Call not triaged correctly within NHS Pathways (x1)
- BLS instructions not provided during telephone triage (x1)
- Lack of probing around level of breathlessness (x1)
- Not enough information provided to downgrade call (x1)
- Missed opportunity to gain a category 2 response earlier in the call (x1)

Response allocation:
- Missed opportunity to allocate closer/earlier vehicle (x3)

Poor Quality of EPR (x4)

Table 7

Evidence of Poor/Very Poor Practice

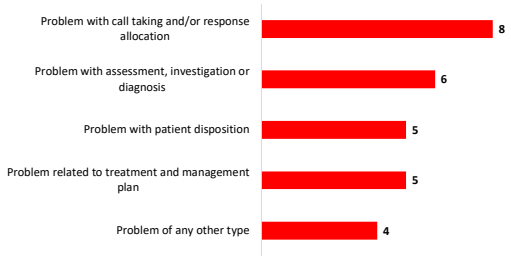


Figure 7

Evidence of Good/Very Good Practice

Evidence of Good/Very Good Practice

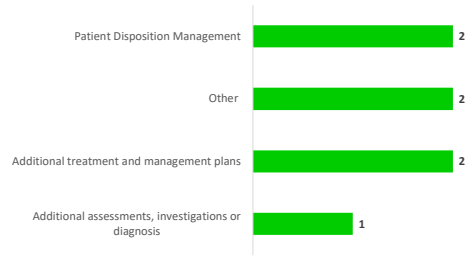


Figure 8

Findings identified from 'Good' ratings

PES
- Extensive patient assessment (x1)
- Crew left verbal and written safety netting advice for family to follow - using inclusive communication (x1)
- Multiple sets of observations taken and discussed patients condition with GP and family (x1)
- Clear and full evidence of robust multidisciplinary conversation under challenging situation with GP - arranged robust care planning (x1)

Good Quality of EPR (x2)

ICC
- Good recognition and escalation of a critically unwell patient by EMA (x1)

Table 8

Data last accessed 13/08/2026

NWAS Learning from Deaths Dashboard Q1 26/27

Number of SJRs reviewed

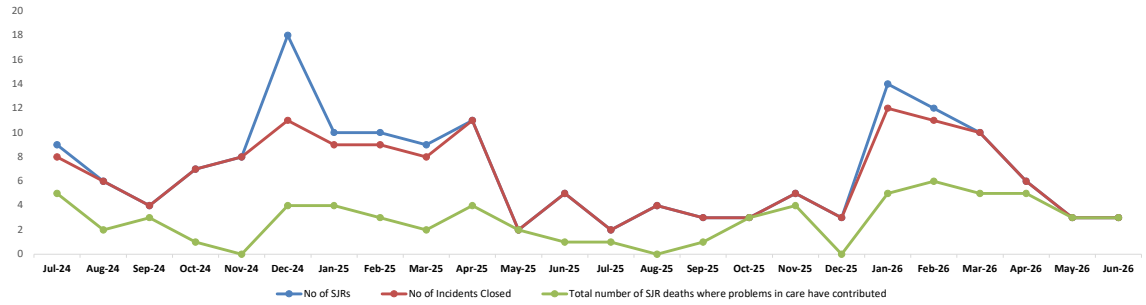


Figure 9

SJR Ratings - Cheshire & Merseyside

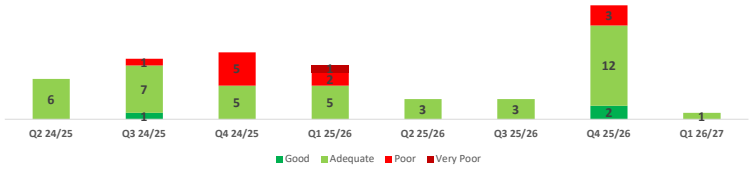


Figure 10

SJR Ratings - Cumbria & Lancashire

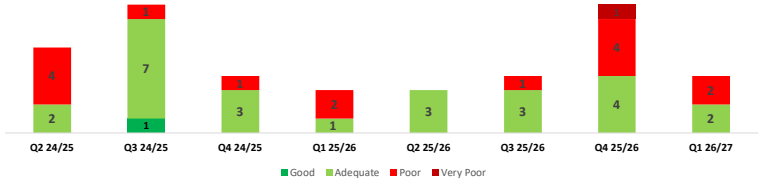


Figure 11

SJR Ratings - Greater Manchester

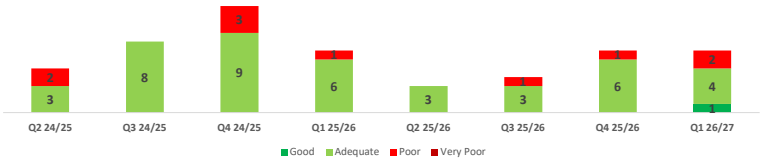


Figure 12

SJR Ratings - ICC Call Handling/Response Allocation

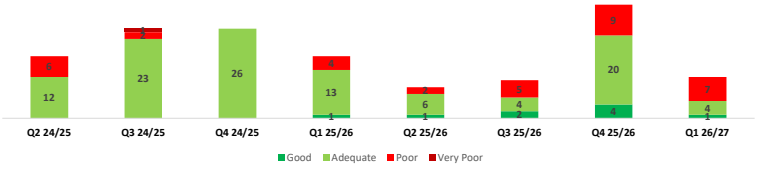


Figure 13

SJR Deaths by Deprivation Index		Quarter							
		Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27
IMD Decile 1= most deprived 10= least deprived	1	1	**6**	3	**3**	**1**	**1**	**10**	**2**
	2	2	**6**	3	2	**1**	**1**	2	**3**
	3	**5**	2	2	1	**1**	**0**	5	0
	4	1	**3**	2	1	**1**	**1**	1	**3**
	5	0	1	**4**	**4**	**0**	**1**	2	0
	6	2	1	**5**	0	**2**	**1**	2	**2**
	7	**3**	2	1	1	**1**	**1**	1	1
	8	1	**3**	**4**	1	**2**	**4**	2	1
	9	2	1	2	**4**	**0**	**1**	**7**	0
	10	0	1	0	1	**0**	**0**	1	0

Key:

Most occuring

Second most occuring

Table 9

LEARNING FROM DEATHS

NHS North West Ambulance Service

Q1 2026/27 REPORT

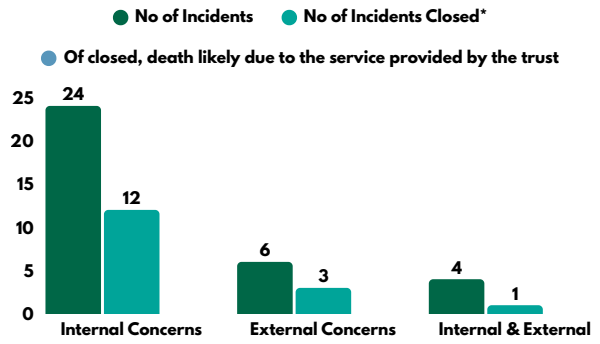
DEATHS WITH CONCERNS RAISED IN DATIX

Internal Concerns 24

External Concerns 6

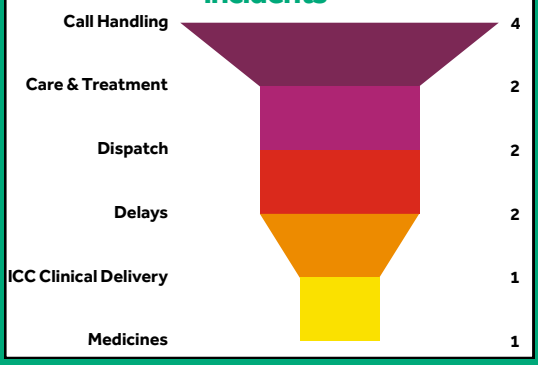
Internal & External 4

Concerns with casual factors



*100% of the closed incidents had no causal factors identified

Categories from closed internal incidents



Learning from Paramedic Emergency Service (PES)

Problem with patient assessment:

- Failure to recognise seriousness of patient condition - elements of patient assessment not completed (x2)

Problem with treatment & management plan:

- Incorrect pathway followed (x3)
- Potential missed shock when attending cardiac arrest with a private provider crew (x1)

Medicines errors:

- Incorrect dose of Morphine administered (x1)
- Adverse reaction following medicines administration - no process errors (x1)

Other Learning Opportunities

Learning from ICC:

- Potential incorrect coding of call (x3)
- Incorrect answers caused delay in categorisation (x2)
- Incorrect address input during call (x2)
- Delays in allocating available vehicles (x3)
- Issue with communication during call (x2)
- Call closed inappropriately (x1)

Other Learning Opportunities

Learning from Clinical Delivery:

- Potential inappropriate incident passed to CAS provider (x2)

Trust Learning

Delays due to system issues:

- Cat2 delays- 1hr (x3)
- Cat2 delays - 45mins (x1)
- Cat2 delays - 1hr 50 (x1)

Other system issues:

- Crew not notified of incident allocation due to fault with handheld radios (x1)

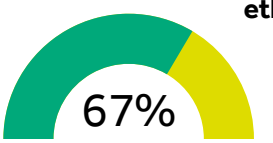
Structured Judgement Reviews (SJRs)

Patient Demographics

25% Female

75% Male

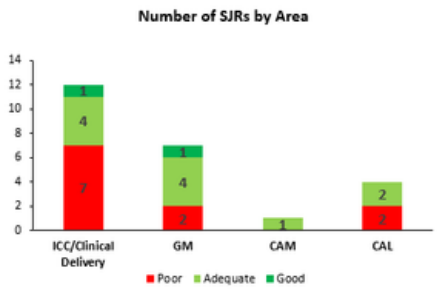
75% of the sample were over 65 years old

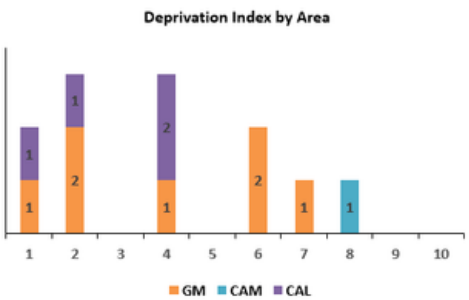


Majority of patients ethnicity recorded as White (British)

33% were not documented

Incident Demographics





For more information contact: Learning.FromDeaths@nwas.nhs.uk

Structured Judgement Reviews (SJRs)

Deaths in Scope

Re-contact within 24hrs
11

Category 3/4 Deaths
0

Category 1/2 Delays
1

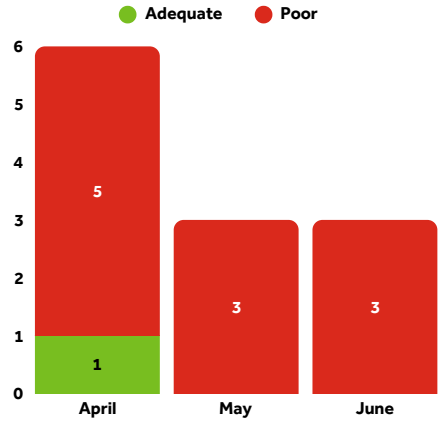
Deaths Reviewed

Total sample
N = 12

Excluded from review
Not moderated = 0

Included for review
n = 12**

SJR Stage 1 Care Assessment



**8% had no causal factors identified

Stage 2 = 11 incidents

No causal factors identified
7

Uncertain poor practice led to harm
4

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

Problem of any other type (Poor EPR)

Stage 2

Most common findings in ICC:

- Missed opportunity to allocate an earlier/closer vehicle (3)
- Lack of probing around level of breathlessness (1)
- Not enough information to downgrade call - impacted response time (1)
- Missed opportunity to gain a category 2 response earlier in the call (1)

Stage 2

Most common findings in PES:

- No referral to AVS/GP when appropriate (2)
- No specific worsening advice documented (2)
- Elements of falls assessment missing from patient assessment (2)
- Safety netting not documented (2)
- Abnormal observations not addressed (1)
- No senior clinical advice sought when appropriate (1)

SJR GENERAL LEARNING THEMES

Areas for Improvement

- Under probing of breathlessness symptoms by EMA
- Frailty and pain scores missing from observations
- EMA over probed which could have caused a delay in identifying a life threatening emergency

Good Practice

- Good amount of probing by EMA
- Good reassurance by EMA during BLS instructions
- Crews using holistic decision making
- Detailed capacity and respiratory assessments documented

SJR ACTIONS

- Positive and learning feedback to be given to crew (x4)
- EMA call audit requested and outcome fed back to staff member (x4)
- Queries to both Medicines Team and Patient Safety Learning around naloxone guidance updates
- Query to ICC to triangulate learning around level of probing for breathless patients
- Query to ICC lead & cardiac arrest lead regarding new CPR guidance and how it affects decision making on scene

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 this quarter **18** colleagues attended and participated in discussions
- Continue to provide SCLs with case summaries so that they can feedback all elements of learning to their teams

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ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee				
Date of meeting	Monday, 26 October 2026			
Members present	Ms C Todd (Chair) Ms A Cooper Mr N Gower Dr E Strachan-Hal Ms A Wetton	Non-Executive Director Non-Executive Director Non-Executive Director Director of Quality and Improvement Director of Corporate Affairs	**Quorate**	No

Key escalation and discussion points from the meeting

ALERT:

- None

ADVISE:

- The **Q&P Dashboard** highlighted:
  - Incident metrics were broadly stable although incident reporting was lower than expected.
  - Emergency ambulance patient experience improved, while patient transport and NHS 111 satisfaction declined and cardiac-arrest survival remained below national averages.
  - Operational pressures increased, with slower ambulance responses, more long waits and worsening hospital handover delays. Despite a strong national ranking for Category 2 performance and performance falling within the UEC standard this month, we were still behind our trajectory and behind the position at the same time last year.

- The Committee discussed the **Q&P dashboard**, including external factors affecting organisational performance and the ongoing engagement with partner organisations. The Committee also considered internal reporting arrangements and requested a focused report for a future meeting.

- The Committee received the revised **NWAS Incident Response Plan** and noted that a more comprehensive review of the document would be undertaken as part of its next iteration within 12 months.

- The Committee received the quarterly **Improvement Report** and discussed the content as well as scope of future reports, including how they would demonstrate that improvements had been embedded and sustained and align with the Quality Plan and the Sustainability Strategic Plan.

DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

- The Committee received the **Freedom to Speak Up Bi-Annual Report**, noting an increase in concerns noting that both high and low reporting levels could have positive or negative interpretations. The Committee also noted the approach to managing concerns, with more than one third of concerns now facilitated back to local teams for local conversations or directed to other pathways.

  The Committee also highlighted the value of bringing together intelligence from different sources to strengthen the Board's understanding of organisational culture and its impact on care and recommended that the culture aspects should also be examined by the Resources Committee.

ASSURE:

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

- **Board Assurance Framework proposed Q2 2026/27 Position** – the Committee requested revision of the SR01 BAF narrative so that it clearly reflects the incomplete understanding of health inequalities, the limitations of current data and metrics and the planned work to develop a more focused set of measures.

- **Well-Led Review** – the Committee noted progress against the action plan and considered the steps required to close the plan, including the transition of outstanding actions into business-as-usual arrangements.

- Update on the **Equality and Quality Impact Assessments** – the Committee took assurance from the systematic review of the assessments as reported.

- Clinical Audit Plan Q1 2026/27

- Learning from Deaths Q1 2026/27

The Committee suggested that a broader clinical effectiveness report would provide greater assurance than a schedule of clinical audits alone, bringing together audit findings, risk, learning and improvement to provide a more rounded view of clinical effectiveness. It was agreed that this could be developed further through the Committee's work programme.

RISKS

Risks discussed:

- SR01, SR03

New risks identified:

- No new risks identified.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
[Insert Board meeting date]	Dashboard report: Communications, Engagement and Charity
PRESENTED BY	Shirley-Ann Carvill, Director of Strategy and Partnerships
	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 quarterly dashboard summarising key outputs, impact and highlights. Quarter two activity demonstrates how the teams support the aims of the organisational strategy by strengthening patient and public involvement, supporting staff engagement and recognition, enabling partnership working, and promoting improvement and innovation. Detailed patient engagement activity is reported to the Diversity and Inclusion Subgroup and charity activity to the Charitable Funds Committee. This report therefore provides a high-level Board overview of activity and impact during July to September 2026.	
PREVIOUSLY CONSIDERED BY		
	Date	
	Outcome	

1. BACKGROUND

This report provides the Board of Directors with a summary of key outputs, impact and associated highlights from the combined Communications, Patient Engagement and Charity teams for quarter two of the financial year 2026/27 (July to September 2026).

It demonstrates how the teams' activity contributes to the strategic aims of the organisational strategy.

2. DASHBOARD REPORT

The visual dashboard groups activity delivered by Patient Engagement, Communications and Charity under each of the four trust strategic aims.

Aim: Provide outstanding, inclusive care for everyone we serve

Patient and community engagement increased during the quarter, with 16 events and engagement opportunities attended. Work focused on communities that may face barriers to accessing services, including the Sahara BME community, ethnic minority volunteers in Blackburn and Chinese communities in Manchester and on the Wirral.

Community insight led directly to practical health education. We engaged with 51 community members at a Healthy Hearts, Healthy Minds, Greater Manchester Jewish community session. The event combined cardiovascular health and mental wellbeing information with practical learning. A further bespoke cardiovascular health session was delivered in Preston, while a CPR session for almost 30 volunteers helped build confidence in accessing the right care. The impact of ongoing CPR engagement was demonstrated when an older Chinese community member used the skills she had learned to support her husband until an ambulance arrived.

Two filmed patient stories were shared and discussed at Board. These included:

- Mrs Linzi Wareing's experience of her 8-year-old daughter's care when she suffered asthma and breathing difficulties. Learning included listening to families and referring clinicians, keeping clear records and following clinical guidance.
- Mrs Elizabeth Stephenson's experience of a long wait following a hip dislocation. Learning identified comprehensive assessment, clear communication and consistent support while patients await transport.

Patient survey results remained positive: 92% of respondents would recommend the service and 88% rated their overall experience as good or very good. The Q2 response rate was 6.7%.

Health inequalities activity included three social media reels for Sickle Cell Awareness Month and Know Your Numbers Week, generating 386,384 views. A Green Room patient safety case study on recognising high-risk substances received 308 views.

Charity activity prioritised underserved and high-risk communities. Q2 fundraising income was £32,000, with a further £34,000 from community fundraising and Community First Responder groups. Work with Cumberland Council will equip 150 refuse collection vehicles with charity-branded automated external defibrillators to improve access in rural communities.

Aim: Build a safe, supportive and inclusive culture together

Communications supported staff recognition, inclusion, learning and organisational culture. The trust's 20th anniversary was marked through a special staff bulletin, long-service features and the "20 for 20" campaign. The campaign attracted 75 nominations, and a social media reel featuring the first winners was viewed more than 67,000 times.

Star Awards 2027 planning began and refreshed categories were launched following staff feedback, attracting almost 100 nominations in the first few weeks. Staff sent 664 Express Mail thank-you cards, almost 100 more than Q1, and the Green Room Wall of Positivity was viewed 500 times.

Career profiles showcased a range of clinical, operational, communications and research roles, generating between 346 and 674 views. The Disability Network's "Potential, Not Problems" campaign highlighted barriers faced by disabled colleagues and encouraged staff to share their experiences.

A communications campaign supported the launch of Thrive. Within 30 days, 18% of colleagues had used the platform and completed almost 2,000 learning activities. A jointly developed accessibility e-learning module also launched, explaining how to create inclusive content using Microsoft accessibility features.

Staff communication metrics remained strong. At the end of Q2, 85% of staff were classed as engaged contacts. The weekly Bulletin averaged a 51% display rate, CEO messages averaged 53%, and the managers' update Connected achieved 69%, all above the e-shot public sector benchmark of 44%.

The charity invested £2,000 in staff wellbeing support and £2,000 in flowers for bereaved colleagues and new parents.

Aim: Deliver a responsive care model through partnerships

Large-scale events strengthened public understanding of ambulance services and partnership working. Emergency Services Day at the Trafford Centre attracted more than 100,000 visitors, while the AGM and Ambulance Awareness Day at Aintree brought together more than 250 staff, partners, schools, community groups and members of the public.

Winter communications planning focused on helping people access the right care and reducing avoidable demand. Planned activity includes #OurPeople health advice reels and face-to-face engagement with local Age UK organisations on falls prevention.

Operational communications supported safe and responsive care. Films on ambulance air conditioning and national load-list changes received 319 and 488 views respectively, while the Right First Time campaign page received 638 views.

Communications support for Greater Manchester Patient Transport Service demobilisation included joint planning with commissioners and the incoming provider, a dedicated and regularly updated Green Room page, staff bulletins and face-to-face briefings.

Partner correspondence included 11 MP letters, seven of them proactive updates about changes to rapid response vehicle operating hours, and reports for Sefton and Blackpool overview and scrutiny committees.

Charity partnership work continued with Blues and Twos Credit Union to allocate seven defibrillators in hotspot areas. Q2 challenge events raised more than £5,500, with additional community fundraising including £405 from the Stockport Krazy Races and £941 from the Loch Ness Marathon.

Aim: Embed continuous improvement and innovation for a sustainable future

The first NWAS Improvement Week was supported through coordinated staff communications. The Green Room improvement page received 460 views, the launch film 133 views, related stories between 134 and 230 views, and the CEO message was opened by 48% of staff, generating 383 clicks to the improvement page.

The One Tonne Plastic Challenge exceeded its target, collecting 1.18 tonnes of plastic. Communications included a Green Room resource page, campaign toolkit, two website stories, seven social media posts, seven Bulletin stories and a CEO launch video.

The Patient and Public Panel grew to 252 members. Youth representation was 35%, disability representation 27%, and ethnic diversity 38%, slightly below the 40% target.

Patient and Public Panel members continued to contribute to service improvement through the Trust Strategy, Care Home Frailty Programme and Winter Plan Consultation, strengthening the use of patient and public feedback in service development.

Film production remained high, with 20 short films completed. Operational videos on load lists, air conditioning, Right First Time, Thrive, the NHS Staff Survey, falls guidance and time-critical medicines responded directly to findings from the 2025 internal communications audit.

With the national Office of Health Improvement and Disparities, we are leading a project group to improve access to and understanding of PTS information. Improvements include clearer website navigation and service information, additional ways to cancel unwanted transport, and clearer optional booking SMS messages. Next, we will resurvey patients and engage focus groups to assess satisfaction with these changes.

Open, transparent and accountable

The team received 137 Freedom of Information requests, an increase of 14%. At the end of Q2, year-to-date compliance against the 20-working-day target was 88%, below the statutory 90% target, due to staffing pressures and sickness. An improvement plan is being developed.

The press office handled 61 incident checks, prepared six reactive statements, secured four positive broadcast opportunities and issued 50 proactive stories against a quarterly target of 16. Significant resource was also devoted to crisis communications concerning patient record breaches and the criminal trial of a member of staff.

Across corporate social media channels, 351 posts generated 11.6 million views, 475,621 engagements and 1.4 million video views. Video views increased by 25% despite fewer posts. Water safety and hot weather reels were the strongest-performing content.

Charity social media audiences grew by 9%. Three newsletters were issued; the external newsletter achieved a 40% open rate and the internal newsletter 43%.

3. RISK CONSIDERATION

There is a risk that patient and public feedback is not consistently translated into visible service improvement, reducing trust and willingness to participate. This is mitigated through stronger links between engagement activity and service teams, wider participation opportunities, and work to capture and demonstrate how insight has influenced decisions.

There is a risk that high volumes of organisational change, operational pressure and competing messages lead to communication overload. This is mitigated through channel analytics, stronger governance, targeted formats such as short-form video, and regular review of staff communication performance.

Freedom of Information compliance fell below the statutory 90% target during Q2. Staffing pressures and sickness affected performance; an improvement plan is being developed to restore compliance.

There is a risk that awareness of the charity's role and impact remains limited, affecting engagement and income. Regular newsletters, supporter stories, social media planning and closer alignment with organisational campaigns are being used to strengthen reach and understanding.

4. EQUALITY/ SUSTAINABILITY IMPACTS

All communications, engagement and charitable activity seeks to promote inclusion, reduce health inequalities and ensure information is accessible.

Q2 activity included targeted work with communities affected by language, confidence, deprivation, rurality or lower awareness of ambulance services. Examples include cardiovascular health engagement with the Sahara BME community, CPR education with ethnic minority volunteers and Chinese communities, and public health content on sickle cell disease and blood pressure.

Accessible staff communication was strengthened through a new e-learning module on inclusive content and Microsoft accessibility features. Sustainability activity included the One Tonne Plastic Challenge, which exceeded its target with 1.18 tonnes of plastic collected.

Communications, Engagement and Charity Quarterly Report

Q2 2026/27 (July, August and September 2026)

NHS North West Ambulance Service NHS Trust

This report summarises the work of the Communications, Patient Engagement, and Charity teams, which play a vital enabling role 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 efforts of colleagues across the organisation to meet the strategic aims.

Provide outstanding, inclusive care for everyone we serve

Listening to our communities

Attended 16 events and engagement opportunities, including: Cumbria Pride, Healthwatch Salford health fair, Liverpool Tamil Association event, Salford University Freshers Fair and the Ethnic Health Forum.

Targeted engagement with patients and community groups has identified barriers to accessing our services enabling learning and improvement, for example:

- Engagement with the Preston Sahara BME community revealed a lack of awareness of cardiovascular disease. A bespoke health session was delivered by a paramedic who helped increase understanding of risk, warning signs, prevention and early intervention.
- We worked with LGNDS Academy in Blackburn to support volunteers from ethnic minority communities to better understand services and build confidence in accessing the right care. A CPR session was attended by almost 30 volunteers.
- At Healthy Hearts, Healthy Minds, a Greater Manchester Jewish community session we engaged with 51 community members, who participated in CPR demonstrations. The event combined cardiovascular health and mental wellbeing information with practical learning.
- Engagement continued with our Chinese communities in Greater Manchester and on the Wirral to improve our multi lingual CPR card.

An email from a Nurse Operations Manager at the Chinese Health Information Centre in Manchester demonstrates the impact of community engagement:

One of our Chinese elderly members recently performed life-saving CPR on her 88-year-old husband and continued until the ambulance arrived at their home. The lady later told me that she had learned this basic life-saving skill during the recent ambulance awareness day."

Although the patient sadly passed away later in hospital, the newly learned CPR skills allowed the family more time to say goodbye.

Patient Stories - 2 stories were shared at Board in Q2:

- Mrs Linzi Wareing's experience of her 8-year-old daughter's care when she suffered asthma and breathing difficulties. Learning included listening to families and referring clinicians, keeping clear records and following clinical guidance.
- Mrs Stephenson's experience of a long wait following a hip dislocation. Learning identified comprehensive assessment, clear communication/support while patients await transport

Patient feedback surveys

Surveys are sent to 1% of patients. Our Q2 return rate was 6.7%.

In Q2, **92%** of respondents would recommend the service.

88% rated the overall service received as 'very good/good'.

Charity impact

In Q2 , we remained committed to ensuring all charitable activity delivered equitable, inclusive and sustainable outcomes for our diverse communities, focusing on reducing health inequalities.

Most initiatives were targeted at underserved and high-risk communities, including rural populations, areas of deprivation, and groups who have historically had lower engagement in emergency education and awareness.

- Fundraised income in Q2 was **£32,000**
- An additional **£34,000** was received from other community fundraising and Community First Response Groups in support of the Charity's Saving Lives objective.

The NWAS Charity and Community Resuscitation Teams are collaborating with Cumberland Council to equip refuse collection vehicles in Cumbria with **150** NWAS Charity-branded automated external defibrillators (AEDs), to increase the availability of lifesaving equipment within local rural communities and support improved survival from out-of-hospital cardiac arrests.

Tackling health inequalities

Working with the Public Health Team, we produced three social media reels for Sickle Cell Awareness Month and Know Your Numbers (blood pressure) Week in September, securing **386,384** views.

An article on learning around sickle cell disease was developed with the Public Health Team for the Association of Ambulance Chief Executive's (AACE) Keeping Pace publication, which will be published in Q3.

Patient safety

An internal focus on patient safety includes a new Green Room page with case studies that share learning from incident investigations. These show how investigations lead to practical improvement. A story on 'recognising high risk substances' had **308** views.

Build a safe, supportive and inclusive culture together

Charity impact

In Q2, the charity invested:

- **£2,000** in staff wellbeing support
- **£2,000** on flowers for bereaved colleagues and new parents



Celebrating staff

Marking 20 years

- We marked NWAS' 20th birthday on 1 July with a special edition of the bulletin, featuring career stories, our history, recognition news and inviting staff to join anniversary celebrations.
- Our **'20 for 20'** campaign continued to recognise colleagues who have made a difference. We have received **75** nominations so far and in Q2, **four** more people were surprised with a visit from an Exec to be presented with a certificate.
- A Reel of the first five winners was shared on social media and was viewed more than **67,000** times
- Several spotlight features of long-serving colleagues were published.

Showcased career development

As part of continued effort to share the development opportunities available in NWAS, career stories were shared from individuals in the following roles:

- Duty Senior Clinician – **508** views
- Critical Care Paramedic – **346** views
- Senior Paramedic – **552** views
- Senior Communications Manager – **674** views
- Senior Research Fellow – **382** views

Awards

Support for the area **long service** awards included:

- Design of brochures and 'look back' films
- Attendance for technical support and social media content gathering
- Promotion before and after the event, including mentions in the CEO message

Star Awards planning is underway. Following staff feedback, a refreshed set of categories went live in September, with more opportunities to recognise colleagues in each service line. Almost **100** nominations were received in the first few weeks.

Express Mail - staff recognition cards



664 digital thank you cards were sent - almost 100 more than Q1, thanks to ongoing promotion.

Wall of Positivity

Shared positive patient feedback for all service lines on the Green Room wall of positivity, viewed **500** times

Inclusivity and wellbeing

Supported the Disability Network to launch the 'Potential, Not Problems' campaign to highlight barriers disabled colleagues face, rather than seeing disability as the problem. The campaign celebrates strengths and skills, helping to create a more supportive workplace. Our staff case study prompted others to share their experiences.

Learning and listening

Thrive

We delivered a communications campaign to support the launch of the new learning and development platform, Thrive. This included:

- Green Room content and stories for the weekly bulletin and managers' briefing Connected
- Facebook posts on the staff group
- co-ordination of other promotional materials, including videos.

30 days after launch, **18%** of colleagues had used Thrive and completed nearly **2,000** pieces of learning.

Information governance

In light of several high-profile patient record breaches in the NHS, there was a focus on staff communication about important IG principles. This included CEO messages on the topic, updated guidance on access to patient records, and a series of 'Confidentiality Counts' IG top tips.

Sharepoint guide

To support directorates with their own departmental communication whilst maintaining the integrity of the Green Room as the core staff communications channel, we produced a guide for SharePoint editors.

Staff Survey 2026

Supported the launch of the staff survey by sharing messages with a 'Your Voice - Our Action' focus, demonstrating a refreshed promise on what happens with the feedback received and continued updates on how the staff voice shapes NWAS.

Accessibility training

A new e-learning module for staff, created jointly by the Communications and Learning teams, went live on Thrive in August. The module explains how to produce content that works for everyone and use Microsoft's inbuilt features to meet accessibility standards.

Day-to-day staff comms

Email bulletin engagement

When a colleague has opened an email or clicked a link in the past 30 days, they are an 'engaged contact'. At the end of Q2, **85% of staff were engaged.**

Email bulletin views

Views (or 'displays') are 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.

Benchmark: Our platform provider e-shot advises that an average display rate across its public sector clients is 44%

The Bulletin display rates:

Highest: 60% Average: 51% Lowest: 43%

Bulletins with a higher-than-average display rate covered topics including:

- Summer uniform
- Changes to staff benefits
- New maternity uniform
- JRCALC update

CEO Message display rates:

Highest: 60% Average: 53% Lowest: 43%

Connected display rates:

Our managers update is one of our best read email bulletins with a **69%** display rate.

Deliver a responsive care model through partnerships

Engaging together at events

Emergency Services Day

In August, we joined police, fire, army and other partners at the Trafford Centre for Emergency Services Day.

The event attracted more than **100,000** visitors, with hundreds engaging with our teams throughout the day.

A wide range of our services and teams were represented, including HART, PTS, 999, ICC, the ambulance museum, careers teams and NWAS Charity.

Activities included careers conversations, CPR demonstrations, equipment displays, and opportunities for visitors to learn more about our services.

AGM and Ambulance Awareness Day

Our event at Aintree Racecourse in September, brought together more than **250** staff, community groups, schools, partners and members of the public.

The event showcased our service, career and volunteering opportunities through interactive stands, emergency vehicle displays, CPR demonstrations and simulated emergency scenarios using VR headsets.

It highlighted partnership working across our communities, with Merseyside Fire and Rescue Service, Police, HM Coastguard and the Merseyside Road Safety Partnership among those represented.

Staff and visitors also donated items to a local food bank.

Winter communications planning

This year's winter campaign was developed in Q2 with a focus on helping people access the right care and reducing avoidable demand on our services.

#OurPeople social media reels will deliver health advice, warning and informing messages, and guidance on what the public can expect from our services.

We are planning face-to-face engagement with local Age UK organisations with a focus on falls prevention. This will help raise awareness of how to reduce the risk of falls and support people to make informed decisions.

Partner communications

Correspondence with partners, including MPs and other health trusts, this quarter has included:

- **11** MP letters - included responses on topics including ambulance access, and taxi and private provider use. 7 of these were proactive regarding changes to RV operating hours in their areas.
- Two reports were prepared and attendance was arranged for Overview and Scrutiny Committees (OSCs) in Sefton and Blackpool. Reports had updates on resources, performance and partner initiatives.

Charity impact

Work continued on the partnership with Blues and Twos Credit Union, which will see **seven** defibrillators allocated to organisations in identified hotspot areas, with the charity match-funding 50% of the contribution.

Other Q2 fundraising activiy included:

- Staff competing in the Great North Run, Born Survivor and Liverpool Women's 5 and 10ks raising more than **£5,500** collectively.
- Paramedic Claire Millington and team raised **£405** at the Krazy Races community event in Stockport.
- Paramedic Jessica Mikes raised **£941** by running the Loch Ness Marathon in memory of her Grandad.

Jessica said: "I am incredibly grateful to the charity for your wellbeing support for me and my colleagues and for the vital role you play in the community education. I attended to a cardiac arrest patient in a park and later received a commendation letter following their survival. From that day on, I always believed it was the accessible community defibrillator and the quick actions of the bystanders that truly saved his life. Experiences like this reinforce just how important your charity work is."

Operational communications

Our day-to-day communications supports a responsive care model by promoting partnership working and public health and helping to provide operational staff with the information they need to do their job.

Air con

Every summer we hear from staff about air con issues during the heatwave. A film featuring our mechanics caring for ambulances with advice on how to keep the air con in tip top condition generated **319** views.

Load lists

We communicated the national changes to the ambulance load list via video to provide rationale behind the removal and addition of equipment following review of guidelines and research. The film has **488** views.

Right first time

We supported the 'Right first time' campaign to ensure that every vehicle, every crew and every patient contact is safe, clean, and fully equipped, every time.

The main campaign resource page has had **638** views.

Patient Transport Service contract changes

Communications support was given to the Greater Manchester PTS demobilisation. This included:

- Liaison with ICB colleagues and the new private provider regarding communications plans
- Frequent communications to support staff affected by the contract change announcements, including:
  - Dedicated Green Room page with FAQs, which were upated on a weekly basis
  - Initially, a weekly PTS staff bulletin from Sian Wimbury (including a video message) to build enagement and regular communication to staff. This was made less frequent as updates slowed down and feedback from staff was considered
  - Support for and promotion of face-to-face staff briefings

Embed continuous improvement and innovation for a sustainable future

Improvement week

The first NWAS Improvement Week took place in September. Key messages were shared with staff to support the Improvement Team's activities.

The results after seven days:

- Green Room Improvement page – **460** views
- Improvement Starts with You film – **133** views
- Green Room stories:
  - Our first Improvement Week – **139** views
  - Three questions that can help turn a good idea into real improvement – **164** views
  - PDSA cycles –**134** views
  - A day in the life of Stacey Hart – **164** views
  - Nominate for a Star Award – **230** views
- CEO message opened by **48%** of staff, with **383** clicks to the improvement page on the Green Room

One Tonne Plastic Challenge

We developed and delivered the communications plan for the One Tonne Plastic Challenge, helping to encourage staff participation and the challenge exceeded its original target, with more than **1.18 tonnes** of plastic collected.

Activity included:

- Dedicated Green Room page providing information, guidance and resources to support participation.
- Campaign toolkit and resources, including a litter picking guide, litter picking toolbox talk, posters and advice for speaking to members of the public during litter picks.
- **2** website stories to raise awareness of the campaign.
- **7** social media posts – 5 on the staff Facebook page and 2 on external channels.
- **7** Bulletin stories to promote the challenge, share updates and encourage involvement.
- CEO launch video to introduce the One Tonne Plastic Challenge and encourage staff participation.

Involving patients - Our PPP

252 total members - 2 new members this quarter

35% Youth representation (target 30%)

38% Ethnic diversity representation (target 40%)

27% Disability representation (target 20%)

Patient and Public Panel members contributed to service improvement activity throughout Q2, providing feedback on the Trust Strategy, Care Home Frailty Programme and Winter Plan Consultation to help shape future developments across NWAS.

Digital comms improvements

More short-form video

Our 2025 internal comms audit told us staff would like to see more short-form video content on topics that matter most to them.

Film production remained high this quarter, with **20** films completed on topics including:

- Ambulance load list
- Air con maintenance
- Right first time campaign
- Launch of Thrive
- NHS Staff Survey
- Updated NICE guidelines for falls
- 'MISSED' medicinces - a film highlighting the need for ambulance crews to ensure patients travel with time critical medicinces - this was shared nationally with partner organisations to use ahead of Medicines safety week in Q3.

We found that short videos about operational updates did well and were a successful alternative method to sharing updates for staff. We will continue to build on this going forward.

Health literacy improvements

Working with the national office of Health Improvement and Disparities we are leading a project group to improve access and understanding of PTS information.

Actions taken so far include significant improvements to website navigation, access and information on PTS services. In particular new ways to cancel unwanted transport via additional methods.

Improvements have also been made to the wording of the SMS text patients can choose to receive about their booking. Next steps are to resurvey patients and engage with focus groups to assess satisfaction with the improvements.

Making a difference everyday

Alongside activities that align to individual strategic aims, the team delivers a substantial and significant workload that:

- promotes transparency and accountability
- supports the day-to-day operations of the organisation, by promoting public health and awareness of where to go for heath care support and advice
- ensures readiness for warning and informing in the event of a major incident

Freedom of Information (FOI)

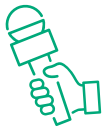
We have a statutory duty to reply to 90% of FOIs within 20 working days and an internal stretch target of 95%.

137 FOIs were received in Q2 (+14%)

88% year to date compliance at end of Q2 against 20 day target

This quarter, we have breached our 90% target for the first time in many years. This is due to unexpected staffing issues and sickness. We are working on an improvement plan to address this and expect to reach 90% by year end.

Press and public relations



61 incident checks handled

6 statements prepared in response to enquiries

4 positive broadcast media opportunities secured

50 proactive stories issued, against our target of 16

Our press office supported summer campaign messages around hot weather and protecting vulnerable people. We also organised a press opportunity highlighting collaboration with RNLI and water safety.

In Q2, significant time was spent on crisis communications. This involved wokring with senior leaders, partners and journalists in relation to patient record breaches and the criminal trial of a member of staff.

NWAS account social media stats

There were slightly fewer social media posts this quarter, and therefore lower views and engagements. However this is compared to a very strong Q1 which saw higher than average results generated by World Cup health messaging and call handler recruitment campaigns.

We are sharing less on X and exploring platforms such as TikTok to reach more people with health messages.

Audience growth + 2.9%

113,018 Facebook followers
67,611 X (Twitter) followers
24,382 Instagram followers
14,758 LinkedIn followers

Engagement

351 posts published on all channels (-9.3%)

11.6 million post views (-11.6%)

475,621 engagements (comments, likes, retweets, shares etc) (-21.8%)

4.1% engagement rate (-11.5%)

1.4 million reel/video views (+25%)

A shift towards more Reel content helped increase video views by 25%, despite fewer posts and lower engagement.

TOP POSTS

Our top posts were Reels about:

- water safety (504k views)
- hot weather messaging (245k views).

NOTE

'Post views' 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.

Charity social media stats

Thanks to sustained quality content from the team, the Charity social media presence continues to grow steadily. Posts about fundraising have seen great results, with many viewers taking action to click on a link to more information or fundraising platforms.

935 Facebook followers (+88)
250,700 post views (-42%)

754 Instagram followers (+77)
39,100 post views (+105%)

465 LinkedIn followers (+10)
5,283 post views (+17%)

Audience growth + 9%

3 newsletters with fundraising news and supporter stories were issued this quarter to our external supporter and internal staff mailing lists.

Our external (public and stakeholder) newsletter had an average open rate of **40%** which is higher than the charity industry average of 28%.

Internal email open rate is **43%**

TOP POSTS

Our top posts in Q2 were:

- Paramedic Joshua Thompson's world record attempt - (35.5k views and nearly 3,000 clikcs)
- Regular donor, Rob, who donates to say thank you for his mum's care (4k views and over 100 clicks)

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 2026
SUBJECT	Board and Board Committee Corporate Calendar 2027/28
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: • Consider the two options for the 2027/28 Corporate Calendar and agree whether to retain the status quo or adopt Option 1. • Approve the Corporate Calendar for 2027/28 for the selected option, including, if Option 1 is selected, the one-off move of the March 2027 Board meeting to 8 April 2027.
EXECUTIVE SUMMARY	This paper compares the status quo with an alternative option (option 1) for the Corporate Calendar 2027/28. S2 sets out the details. Option 1 is recommended because it allows clearer separation between Committee scrutiny and Board consideration, supporting assurance and escalation through Executive Groups, TMC and Board Committees, and supporting the Board to focus on material assurance, risk and decisions. Dates are set out in Appendix 1 and Appendix 2.
PREVIOUSLY CONSIDERED BY	Not applicable
	Date: Not applicable
	Outcome: Not applicable

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AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

1. BACKGROUND

The options for the 2027/28 corporate meeting calendar have been reviewed and in developing and testing the options, we have considered the practical constraints on the availability of data; national reporting and statutory submission deadlines where known; the time needed for assurance to be generated through Executive Groups, integrated and challenged through TMC, and scrutinised by the relevant Committee before reaching Board; and the operational practicality of holding meetings during August, December and around bank holidays.

2. CORPORATE CALENDAR 2027/28 - OPTIONS

The choice is between retaining the status quo or adopting Option 1.

Although it requires a one-off move of the March 2027 Board to 8 April, it provides the clearest and most consistent governance route across the year and addresses some of the limitations of the current arrangements.

Both the status quo and Option 1 have been considered against the same core governance principles:

- sufficient time separation between Committee and Board meetings;
- a predictable cycle;
- detailed scrutiny at Committee level; and
- a clear governance flow from **Executive Groups → TMC → Board Committees → Board.**

Option 1 (see Appendix 1 for dates)	**Status Quo**
Establishes the new Board reporting point from the outset, with Board meeting on the first Thursday of the relevant month. Therefore, the March 2027 Board would move to 8 April as a one-off transition	Retain the existing Board pattern of last Wednesday of the month
Resources Committee remains on 3rd Thursday of the month	Resources Committee remains on 3rd Thursday of the month
Quality & Performance remains on 4th Monday of the month in-between Board meetings	Quality & Performance remains on 4th Monday of the month in-between Board meetings
Audit Committee moves to Thursday and when dates align will be in the afternoon on the same day as Resources Committee	Audit Committee remains on Friday
Provides the clearest separation between Committee scrutiny and subsequent Board consideration, supporting assurance and escalation	Retain the current flow of Committee dates with specific challenges for committees in the 3rd week of the month and the short time period between the committee and subsequent submission of papers for Board
Keeps August and December free of as much routine Committee business as possible	Keeps August and December free of as much routine Committee business as possible
A consistent, repeatable pattern for members and report authors to plan around	A consistent, repeatable pattern for members and report authors to plan around
Some time-critical statutory business, including the Quality Account and Annual Report and Accounts, will still require short,	Some time-critical statutory business, including the Quality Account and Annual Report and Accounts, will still require short,

extraordinary meetings in June in line with national submissions	extraordinary meetings in June in line with national submissions
External deadlines such as the Winter Plan may require e-governance followed by formal Board ratification	External deadlines such as the Winter Plan may require e-governance followed by formal Board ratification

Recommendation

The Board Meeting adjustment required for Option 1 is outweighed by the longer-term benefit of a more considered governance architecture. It reinforces the role of Committees in detailed scrutiny and challenge, while allowing the Board to focus on material assurance, risk, escalation and decisions.

Next Steps

Following Board approval, diary invites for Board meetings and Board development sessions will be distributed to all Board Members. Committee meeting invites will be distributed to the relevant members and attendees based on current membership and attendance arrangements and updated in the event of any future changes.

Appendix 1 – Option 1 Corporate Calendar Dates

Meeting	Date	Board Membership
Board of Directors 09:45 – 15:00 Bi-monthly in person	8 April 3 June & Weds 23 June (year end - statutory deadline tbc) 5 August 7 October 2 December 3 February 2028	All Board Directors
Board Development 09:30 – 16:30 Bi-monthly in person	6 May 8 July 2 September 4 November 13 January 2028 2 March 2028	All Board Directors
Charitable Funds Committee 10:00 – 11:30 Quarterly	12 May 14 July 17 November 9 February	Chair: Finance non-executive +2x non-executives Director of Finance Director of People/Deputy CEO Director of Corporate Affairs Director of Operations Director of Strategy & Partnerships
Nominations & Remuneration Committee 09:00 – 09:45 Bi-monthly in person	8 April 3 June 5 August 7 October 2 December 3 February 2028	All non-executive directors
Audit Committee 10:00 - 12:00 13:00 - 15:00 when on the same date as Resources Committee Quarterly	22 April EO Audit 13 May EO Audit 23 June TBC 22 July 21 October 20 January	Chair: Finance non-executive +3x non-executives Director of Finance and Director of Corporate Affairs in attendance
Quality & Performance Committee 13:00 – 16:00 Bi-monthly	24 May EO 21 June 26 July 27 September 22 November 24 January 27 March	Chair: Clinical non-executive +2x non-executives Director of Quality & Improvement Medical Director Director of Operations Director of Corporate Affairs
Resources Committee 09:00 – 12:00 Bi-monthly	20 May 22 July 23 September 18 November 20 January 23 March	Chair: Non-executive +2x non-executives Director of Finance Director of Operations Director of People/Deputy CEO Director of Strategy & Partnerships

Appendix 2 – Status Quo Corporate Calendar Dates

Meeting	Date	Board Membership
Board of Directors 09:45 – 15:00 Bi-monthly in person	28 April 26 May 23 June (Year End tbc) 28 July 29 September 24 November 26 January 29 March	All Board Directors
Board Development 09:30 – 16:30 Bi-monthly in person	28 April 23 June (PM) 27 October 15 December 23 February	All Board Directors
Charitable Funds Committee 10:00 – 11:30 Quarterly	12 May 14 July 13 October 16 February	Chair: Finance non-executive +2x non-executives Director of Finance Director of People/Deputy CEO Director of Corporate Affairs Director of Operations Director of Strategy & Partnerships
Nominations & Remuneration Committee 09:00 – 09:45 Bi-monthly in person	26 May 28 July 29 September 24 November 26 January 29 March	All non-executive directors
Audit Committee 10:00 - 12:00 Quarterly	23 April 21 May 23 June (Year End tbc) 23 July 22 October 21 January	Chair: Finance non-executive +3x non-executives Director of Finance and Director of Corporate Affairs in attendance
Quality & Performance Committee 13:00 – 16:00 Bi-monthly	24 May EO 21 June 26 July 27 September 22 November 24 January 27 March	Chair: Clinical non-executive +2x non-executives Director of Quality & Improvement Medical Director Director of Operations Director of Corporate Affairs
Resources Committee 09:00 – 12:00 Bi-monthly	20 May 22 July 23 September 18 November 20 January 23 March	Chair: Non-executive +2x non-executives Director of Finance Director of Operations Director of People/Deputy CEO Director of Strategy & Partnerships

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 25 November 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: • Take assurance that the Common Seal was used on the occasions reported in Section 2 in accordance with Section 8 of the Trust's 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 April 2026 to 30th September 2026, the Trust's Common Seal was affixed on seven (7) occasions, the details can be found in s2 of the report.
PREVIOUSLY CONSIDERED BY	Not Applicable
	Date: Not Applicable
	Outcome: Not Applicable

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1. BACKGROUND

The report details the use of the Common Seal to the Board of Directors between the period 1st April 2026 to 30th September 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 27th May 2026, detailed the Common Seal had been applied on one (1) occasion during the period 1st October 2026 to 31st March 2026.

During the period 1st April 2026 to 30th September 2026, the Trust's Common Seal was applied on seven (7) occasions.

Reg No	Date	Reason
197	22 July 2026	Licence for use of Wesham Fire Station (Lancashire Combined Fire Authority & NWAS)
198	22 July 2026	Crane Oversail Licence Pasture Road, Moreton
199	22 July 2026	Morecambe Ambulance Station: Refurbishment & Alterations Contract Documents
200	22 July 2026	Distington Ambulance Station: Contract Documentation
201	23 September 2026	Lease of Unit 1, Croftwood Square: PTS Wigan
202	23 September 2026	Sefton House Lease Renewal
203	30 September 2026	Enabling works Building Contract Preston Ambulance Station

The Director of Corporate Affairs is responsible for the safe custody of the Common Seal and holds the Register of Use 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. The Register includes either the supporting documentation for each entry or details of the final distribution of the relevant documentation.

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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ESCALATION AND ASSURANCE REPORT

Report from the Charitable Funds Committee

Date of meeting	Wednesday, 21 October 2026		
Members present	Mr N Gower, Non-Executive Director Mrs C Butterworth, Non-Executive Director Mr M Gibbs, Director of Strategy and Partnerships Mrs C Todd, Non-Executive Director Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- No items.

ADVISE:

- The draft annual accounts and report were presented to the Committee. The documents will be presented to the Corporate Trustee for approval on 25 November 2026.
- The Q2 2026/27 financial position of the NWAS Charity was overall funds of £551k; general funds £371k and restricted funds £180k.
- For the first half year to 30 September:
    - Saving lives income was £169k -(£109k above budget), giving a contribution of £19k (£13k above budget)
    - Fundraising income was £60k (£45k below budget)
    - Unrestricted charitable expenditure was £13k (£17k below budget)

ASSURE:

- A summary of the operational, strategic and charitable activity undertaken during Q2 2026/27 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 Q2 2026/27 was provided.
- The updated Charitable Funds Procedure was ratified by the Committee.

RISKS

Risks discussed: None identified

New risks identified: None identified

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AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.

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ESCALATION AND ASSURANCE REPORT

Report from the Audit Committee

Date of meeting	Friday, 23 October 2026		
Members present	Mr N Gower, Audit Committee Chair Mrs C Butterworth, Non-Executive Director Mrs C Todd, Non-Executive Director	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- No items.

ADVISE:

- Losses and Compensation for Q2 26/27 totalled £107k.

ASSURE:

- Internal Audit reported three reviews were completed during Q2 2026/27.
  - Compliance with the Procurement Act – Substantial Assurance
  - Patient Safety Learning Arrangements – Moderate Assurance
  - Violence and Aggression Management – Substantial Assurance
- Internal Audit reported on the follow up reviews and progress made against recommendations during Q2.
- The Anti-Fraud Progress Report detailed the activities undertaken during Q2 2026/27.
- External Audit provided an update in relation to the 2026/27 financial audit.
- The Q2 2026/27 Board Assurance Framework was presented, prior to approval by the Board of Directors on 25th November 2026. Committee members considered the report within the context of their role as Audit Committee.
- The annual Risk Management Report 2025/26 was presented which concluded that there was substantial assurance that the Trust's risk management framework remained effective. This conclusion was supported by Internal Audit, the Board Assurance Framework, the Annual Governance Statement and ongoing committee oversight.
- During Q2 2026/27, three waivers were raised and approved in line with the Scheme of Delegation.

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.

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North West Ambulance Service NHS Trust

ESCALATION AND ASSURANCE REPORT

Report from the Resources Committee

Date of meeting	Thursday, 19 November 2026		
Members present	Mr N Gower, Non-Executive Director, Interim Chair Ms C Butterworth, Non-Executive Director Mr D Ainsworth, Director of Operations Ms C Wood, Director of Finance Ms L Ward, Director of People Ms S-A Carvill, Interim Director of Strategy and Partnerships	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- Following review of the Q2 Annual Plan Report, the Committee recommend that the Board reviews the design and governance over the 2027/28 annual plan including periodic reporting of objective and milestones.

ADVISE:

EDI Deep Dive

- The Committee noted the progress made against the actions arising from the WRES and WDES data, the Trust's position relative to other ambulance trusts, and the Trust's progress in responding to the employer-level recommendations of the Lord Mann Review.

Workforce Indicators – with focus on Sickness Absence

- The Committee received the report and noted sickness was tracking above 25/26 with an early spike in sickness seen across August/September. Analysis indicated similar characteristics to the normal winter increases, associated with increased absence linked with workload demand, although the national heatwave in August was also considered a factor. Other indicators are stable and reported in the IPR.

Annual Plan Q2 Assurance Report

- The Committee received the Q2 Annual Plan report (as previously considered by TMC) which concluded limited assurance was provided. The Committee noted that many objectives were delayed or had been superseded since the plan was agreed.

<u>The Committee reviewed the following items and recommended for Board approval:</u>

- 26/27 Capital Programme and Forecast Update and Draft Medium Term Capital Plan for Years 1 to 3 (2027/28 to 2029/30)

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ASSURE:

The Committee received the following reports:

Board Assurance Framework

- The Committee reviewed the risks aligned to its remit for the proposed 2026/27 Q2 position of the Board Assurance Framework (BAF) and did not propose any changes to proposed risk scores.

Finance Report Month 07 2026/27

- Financial performance including CIP stable.

Other assurance reports received:

- **Liverpool HART Relocation Post Implementation Review**
- **Financial Planning for 2027/28**
- **Estates, Fleet and Facilities Management Assurance Report**
- **Job Evaluation Assurance Report**
- **Digital Plan Update**

RISKS

Risks discussed:

- As above

New risks identified:

- As above

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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.