Improving services and measuring progress in NWAS

North West Ambulance Service NHS Trust

NHS Equality Delivery System (EDS) 2022

North West Ambulance Service Evidence Pack for Domains 1

Year 2024

Evidence collated October – December 2024, assessed in January 2025.

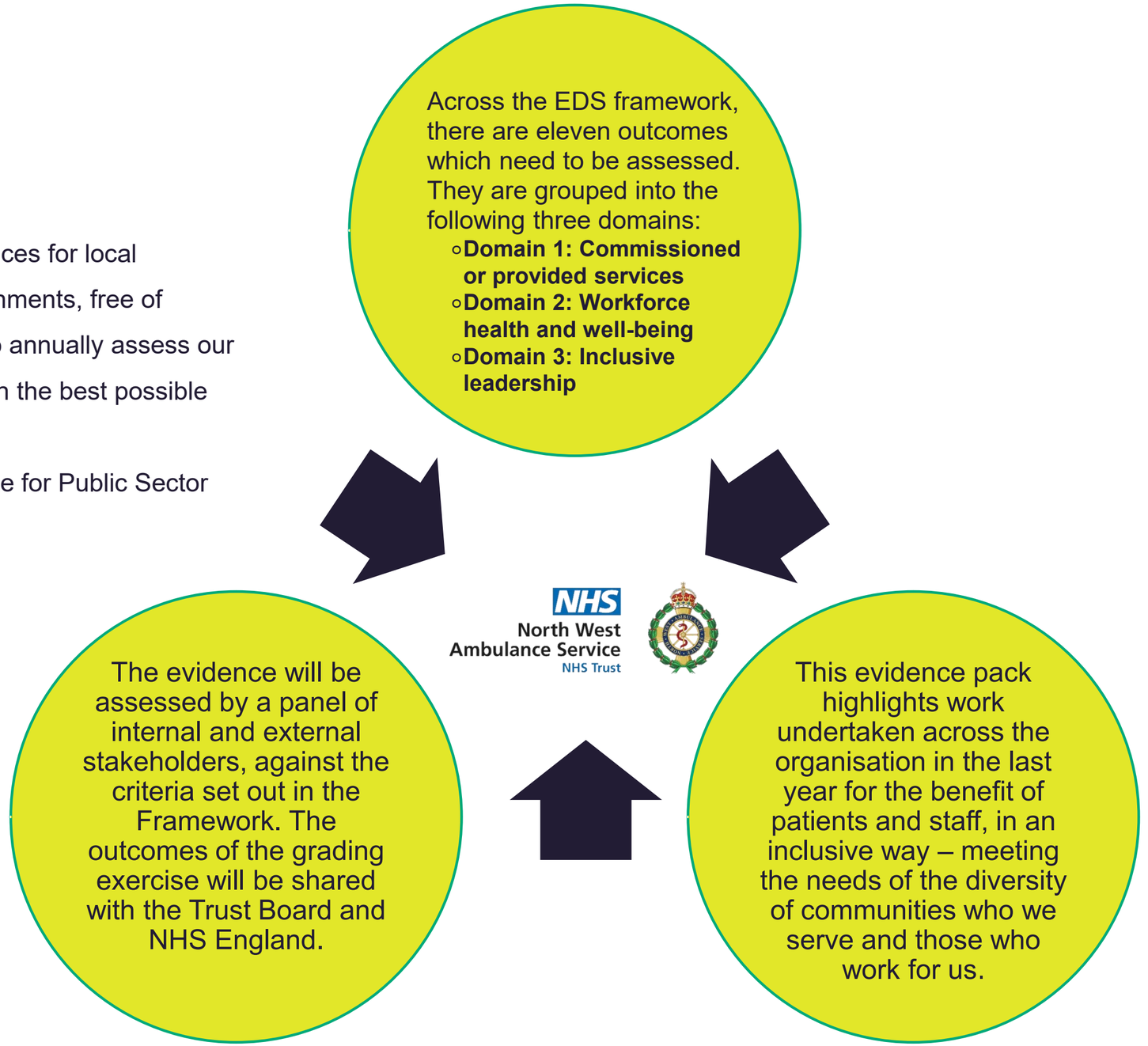
Introduction

The Equality Delivery System (EDS) helps the NHS improve services for local communities, and provides a framework for better working environments, free of discrimination, for NHS staff. As an NHS trust, we are expected to annually assess our progress against the EDS outcomes to ensure we are delivering in the best possible way for our people and communities.

The EDS process allows us to demonstrate our ‘due regard’ for the for Public Sector Equality Duty enshrined within the Equality Act 2010.

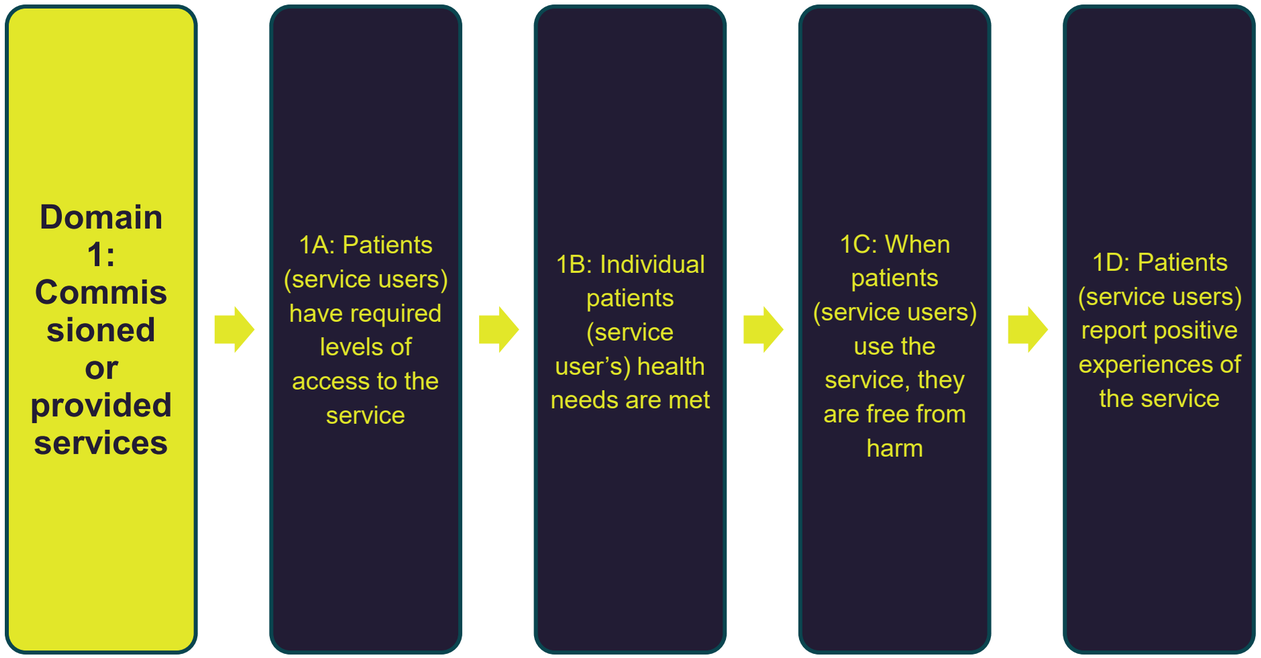
Glossary

- BME – Black and Minority Ethnic (NHS England definition)
- ICC – Integrated Contact Centres
- EOC – Emergency Operations Centres – control centres
- HRBP – Human Resources Business Partners
- L&OD – Learning and Organisational Development
- MDT – multi-disciplinary team
- OH – Occupational Health
- PES – Paramedic Emergency Services
- PTS – Patient Transport Service



EDS Outcomes

North West Ambulance Service NHS Trust



NHS
North West
Ambulance Service
NHS Trust

Domain 1: Commissioned or provided services

- 1A: Patients (service users) have required levels of access to the service
- 1B: Individual patients (service user's) health needs are met
- 1C: When patients (service users) use the service, they are free from harm
- 1D: Patients (service users) report positive experiences of the service

1A: Patients (service users) have required levels of access to the service

Evidence provided by: Public Health Manager

NHS North West Ambulance Service NHS Trust

1. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

Our Trust Strategy 2022-2025 sets our vision for the future: “to provide the right care, at the right time, at the right place, every time”. To achieve this vision, one of the Trust’s aims is to “work together to shape a better future”. Through our Sustainability Strategy 2023 -2026 NWAS aims to have a positive effect on our communities and the environment. The population health objective in our strategy aims to help our NHS to become more sustainable by working with our staff, patients, communities and partners to reduce health inequalities, and to improve access, outcomes and experience for everyone, ensuring patients get appropriate preventive care, not just an ambulance response.

NWAS has been one of the first Ambulance Trusts to host Public Health Registrars and to appoint a Public Health Manager. By doing this, NWAS has been able to use our data to support our understanding of variation in access across some of our services. At this stage, rather than analyse by protected characteristics, **work has focused on understanding differences depending on deprivation, as the link between economic disadvantage and heath inequalities across protected characteristics, including gender, race or ethnicity, or disability**, is well known. Examples of **previous work include:**
analysis to identify ‘hotspots’ of out-of-hospital cardiac arrest,
mapping availability of defibrillators, and
analysis of demand for 111 services based on deprivation.

Learning from this work has helped to inform priorities and future work. **This work has also helped to highlight the gap in patient’s ethnicity data in our 999 records and to drive initiatives towards improving completion**. Another area of work, includes working with operational teams to implement referrals for Social Prescribing to source non-clinical support for patients, like financial or social isolation support

2. Please provide a summary of the work that has been undertaken in the past year relating to this EDS outcome

One of the projects undertaken by the Public Health Team this year, is a project to support prevention and management of hypertension (persistent high blood pressure). In England, hypertension is the number one risk factor for cardiovascular disease, CVD, mortality and morbidity. Worldwide CVD is the leading cause of death, Trust and it is preventable. Poor CVD health can cause heart attacks, strokes, heart failure, chronic kidney disease, peripheral arterial disease and the onset of vascular dementia. Existing data estimates that over 1 in 3 adults have hypertension, with this estimate falling short of 1 in 2 for males in the North West. Strikingly, over 4 in 10 adults with hypertension do not know they have this condition. Being aware of having hypertension is key, starting treatment to keep this under adequate levels can help to reduce the risk of having a heart attack or stroke. In relation to health inequalities, incidence of high blood pressure within the most deprived communities is roughly double that of the most affluent areas, with people in the most deprived areas being more likely to suffer a stroke.

We **worked with a group of six GPs in Cheshire and Merseyside to test whether blood pressure data collected by ambulance crews could help identify patients with unknown hypertension. The target population included all adults 18 and over**, assessed by NWAS paramedics but who did not require transport to other healthcare facilities. Data for the period April to December 2023 was shared and reviewed by GP partners. Results from this work helped to identify patients in need of a blood pressure review to confirm a diagnosis of hypertension and if so, start treatment to keep this under control. Encouragingly, **this work is helping us demonstrate the potential for ambulance services to contribute meaningfully to preventative care**, also helping to foster collaboration between NWAS, GPs, and other healthcare partners. We are in conversations with the Integrated Care System to explore options for scaling up this work.

A second **project undertaken this year in collaboration with the Business Information Team is the development of a Public Health dashboard. This consists of a series of reports to improve our understanding of the patient communities we serve. The reports will provide our activity data broken down by patient characteristics (age, sex, and ethnicity), and by population health data (location and deprivation index). This information will be visible to all the Trust and will help develop our understanding of different in access and outcomes by patient groups**. **This will also help us identify the services used by our CORE20 group, this is the population living in areas where the index of deprivation is in the highest 20%,** the work will inform future planning. The first phase of this work is due for user testing in January 2025 and will report 999 calls and incidents attended data.

A third project, is **the development of training modules aimed for all staff and volunteers on two core Public Health topics: Health Inequalities and Make Every Contact Count. The aim of these modules is to develop an awareness of the wider causes of health inequalities, such as the places where we live and work and access to good education**, the health inequalities that we see in our local areas, and of initial, simple interventions we can all do to support patients, colleagues, family and friends with their general health and wellbeing. Courses will be available at ethe end of this financial year

1A: Patients (service users) have required levels of access to the service

Evidence provided by: Public Health Manager

NHS North West Ambulance Service NHS Trust

3. What have been the drivers for delivering this outcome?

The Sustainability Strategy 2023-2026, which outlines **NWAS commitment to achieve the aims in our Trust Strategy in relation to improving health outcomes across our population, and our commitment to deliver positive value for the communities we serve, over and above delivery of our services**.

The AACE Reducing Health Inequalities consensus statement (Ambulance Services helping to reduce Health Inequalities - aace.org.uk), published in 2023, which is **supporting ambulance trust to develop their capacity and capability to act on their role to reduce health inequalities, working effectively with our partners**.

National guidance and policy, including:

Long Term Workforce Plan, sets out a strategy to grow, retain and reform the workforce over the next 15 years. It will define the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future, including plans to increase the specialist public health workforce by 13%, embed public health core skills and knowledge to shift care towards prevention and early intervention.
NHS England statement of information on health inequalities, requires NWAS to review the extent to which the trust exercises its powers to collect, analyse, and publish information in relation to health inequalities.
CORE20PLUS5, framework to reduce healthcare inequalities at a national and system level focusing on: the 'Core20' population living in the most deprived fifth of the population, the 'PLUS' local groups at risk of social exclusion, and the **top '5' clinical priorities that require accelerated improvement; for adults these are: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and cardiovascular disease prevention; for children and young people these are asthma, diabetes, epilepsy, oral health and mental health.**

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

- Traditionally, ambulance service performance targets have focussed on demand and our response times. As the health **inequalities and EDI topics are gaining prominence in the NHS, ambulance services need to start understanding the diversity in the population we serve as a first step to ensure we provide equal levels of service**. The knowledge and skills to interrogate and understand our patient data from a public health and EDI angle is something we need to develop more.

- Although ambulance services receive funding to address EDI in the workplace, funding to support development of knowledge and skills to interrogate the data and to interpret results is needed to enable informatics and clinical teams to move forward this work.

- Due to the multiple factors that affects health and wellbeing in diverse populations, **Public Health work by nature needs resources to engage with multiple partners and develop collaborations. Limited resources with the required knowledge and skills means slow, limited progress.**

Outcome 1B: Individual patients (service users) health needs are met

Evidence provided by: Medical Directorate

NHS North West Ambulance Service NHS Trust

1. In delivery of this outcome, how have the needs of protected characteristics groups (listed on cover) been considered and met?

Among resuscitated out-of-hospital cardiac arrest patients, discharge to survival is significantly lower in women compared with men especially among patients considered to have a favourable prognosis. NWAS submits to national ambulance clinical quality indicators and also performs local audits to assess the needs of its patient population, with growing emphasis on protected characteristics. **Published evidence shows unadjusted survival to discharge was lower among women compared with men (41% vs 50%). When compared to white patients, international studies show non-white have lower rates of bystander CPR, lower rates of post arrest interventions and poorer outcomes.**

Broadly speaking, structural inequities in health systems classically manifest as **unequal distribution of clinical resources resulting in less timely access to care for marginalized communities.**

NWAS serves 928 middle layer super output areas (MSOA). MSOAs have an average population of 7200 people and vary in size depending on how densely populated an area is. They may be thought of as neighbourhoods and allow a more granular spatial analysis than working with postcode districts or local authority areas. **Matching these areas with rates of cardiac arrest, defibrillator locations. Indices of deprivation and outcome data allowed a methodology to help determine areas of greatest need of targeted support.** The format of this support is as described in Section 2.

2. Please provide a summary of the work that has been undertaken in the past year relating to this EDS outcome

Out-of-hospital cardiac arrests (OHCA) affect over 100,000 people per year in the UK. NWAS has a muti faceted approach to ensuring care for cardiac arrest and heart attacks improves in the context of EDS priorities. This includes increasing access to Community Public Access Defibrillators (CPADs)

Summary of work undertaken in last year to improve cardiac arrest and heart attack care::

- JRCALC develop clinical guidelines for UK NHS service paramedics on behalf of Association of Ambulance Chief Executives. **NWAS ensures electronic personal subscription available for all clinical staff, allowing access to July 2024 Clinical Considerations in Relation to Diversity and Equality Guidelines. This allows direct access to guidance relating to ethnicity and race, skin colour and tone, disability, maternity and gender related conditions, sexual orientation, cultural differences and related terminology.**
- Community CPR champions set up across all neighbour hood areas in GM
- **Local council partnerships producing aids to tackle language barriers (videos and leaflets to highlight importance of CPR/defibs in primary language)**
- **Pop up training and surveys in local faith and community centres** to both educate and understand potential barriers in local context.
- **“Train the trainers” initiatives with faith groups (e.g. Bolton Council of Mosques)**
- CPR training for commuters across NW as part of “CPR Rush hour” initiative.
- **In Cumbria, with “super ageing” population profile, focus on care home and assisted living warden given prevalence of CPR and changes associated with cognitive impairment**.
- Additional 11,000 members of the NW community have been trained to use CPADs and CPR.
- **“Red phone “ system introduced in every NW ED for time critical maternity transfers, recognising the health inequalities in both maternity outcomes and ethnic maternity populations.**
- **All emergency ambulances have new child securing harnesses, ensuring all ages/weights of patients can be securely transferred in time critical manner, including cardiac arrests.**
- **‘Capacity to consent’ has been removed as criterion for access to percutaneous coronary intervention. This action advocates equitable access to specialist care for patients with conditions that impact capacity (i.e., severe autism, global learning needs, complex needs).**
- **New ECG criteria for heart attacks recognises ECG variabilities between men and women and corrects for this gender inequality**.

Outcome 1B: Individual patients (service users) health needs are met

Evidence provided by: Medical Directorate

North West Ambulance Service NHS Trust

3. What have been the drivers for delivering this outcome? E.g. workforce data such as Staff Survey / WRES / WDES, Trust objectives/priorities etc.

Driver for delivering these outcomes are from a several key sources:

- NWAS Trust Strategy states ”The care we provide must be accessible to everyone and we will treat each person fairly based on their individual needs. We will take action to reduce inequalities in access, experience and health outcomes, especially for groups of patients considered vulnerable or at higher risk”
- Department of Health and Social Care supply public health profiles including Health Inequalities Dashboard. NWAS uses this to evidence inequalities as the drivers for improvement work
- NWAS publishes National Ambulance Clinical Quality Indicators
- NWAS internal Clinical Audit data incorporates EDI profiles.

NWAS community resuscitation teams objective is to reduce mortality rates through out of hospital cardiac arrest by increasing awareness, training and defibrillator provision; engaging with local communities and organisations and forming sustainable partnerships. Approximately 80% of arrests occur in the home and 12.7% in public place.

As part of Trust objectives, increased by-stander CPR is a key aim. Audit and survey identified barriers to this provision including:

- CPR knowledge
- Physical characteristics of the patient e.g. vomit, alcohol on patients breathe and visual blood.
- **Gender – males have significantly increased odds of receiving bystander CPR compared to females**.
- **Cultural and religious beliefs**
- Fear of causing harm or facing legal consequences.
- Personal factors (physical ability, emotional factors, confidence)

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

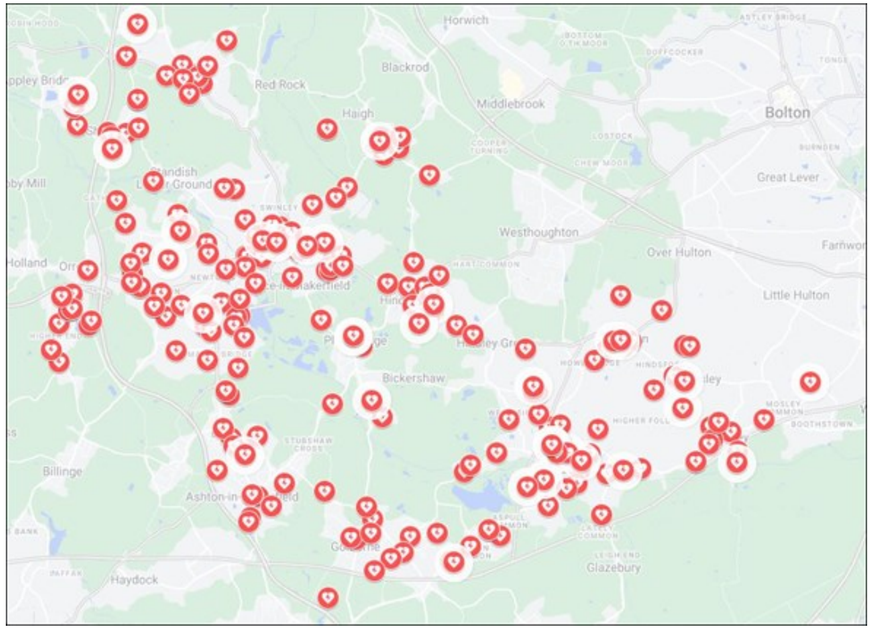
Access to CPR training is inconsistent across all segments of the population.

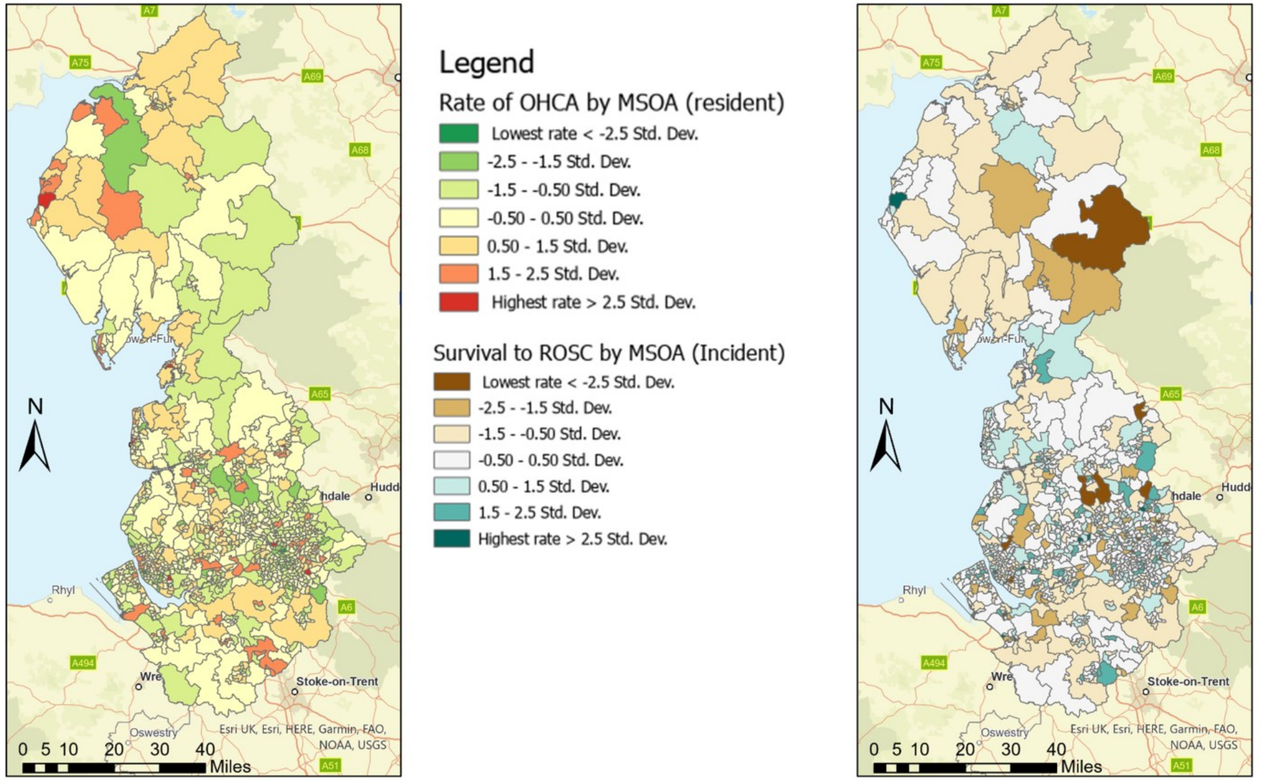
Professional, managerial and non-manual occupations are more likely to have been trained than those in manual, unskilled occupations, and the long-term unemployed.

Innovative strategies with volunteer partners, community group, faith group are required to prioritise CPR training access across certain occupational groups with significantly lower access.

Example of mapping of cardiac arrest rates and survival rates

Example Map of Community Defibrillator Locations





Outcome 1C: When patients (service users) use the service, they are free from harm

Evidence provided by: Patient Safety Team

NHS North West Ambulance Service NHS Trust

1. In delivery of this outcome, how have the needs of protected characteristics groups (listed on cover) been considered and met?

We have **continued to embed individualised approaches to ensuring that individuals with protected characteristics are free from harm when they use the service**. We have continued to improve our insights into patient safety by focusing on improving mechanisms for reporting such as the DCIQ platform, freedom to speak up, collation of data and embedding of the national Patient Safety Incident Response Framework (PSIRF). In addition we have undertaken a thematic review of winter safety which identified programmes of work. **These insights have allowed us to identify improvements relating to:**

- **Age**
- **Disability (physical and learning disabilities)**
- **Gender**
- **Pregnancy and maternity**
- **Other cultural elements that may make it challenging to engage with our service**

2. Please provide a summary of the work that has been undertaken in the past year relating to this EDS outcome

North West Ambulance Service (NWAS) has **successfully recruited three Patient Safety Partners (PSPs) from the Patient and Public Panel (PPP). These PSPs bring valuable insights through their lived experiences, particularly in relation to protected characteristics** and provide suitable challenge in the forums they attend. They have been effectively integrated into the organisation and actively participate in safety governance meetings. Feedback has been overwhelmingly positive, with meeting chairs often ensuring a PSP is present before beginning discussions. Looking ahead, **NWAS plans to expand this initiative by recruiting additional PSPs next year, with a focus on including individuals from underrepresented groups, such as those with lived experience of homelessness or time in prison, to further enhance the diversity of perspectives**.

In addition, NWAS previously established the Regional Clinical Learning & Improvement Group (RCLIG), which serves as a platform for sharing learning and developing improvement across the organisation. The group includes representatives from all operational areas and facilitates in-depth discussions on cases involving health inequalities, often featuring input from subject matter experts. To ensure the group continues to deliver high-quality outcomes, RCLIG is currently undergoing a comprehensive effectiveness review. This review aims to refine its format and further enhance its contributions to quality improvement initiatives.

Efforts have also been made to improve the accessibility of the Duty of Candour process**. Changes to documentation have included the use of translation services to deliver apologies and clearly explain processes to patients and families, ensuring they understand the information and the steps being taken**. Engagement staff have demonstrated innovative thinking by finding ways to contact relatives of patients who reside outside the country, ensuring these families receive the same level of support as those within the UK. These improvements reflect NWAS's commitment to inclusivity and equitable care for all. We have **also worked alongside other health professionals (such as social workers and mental health professionals) to ensure that we can fulfil our commitment to candour for those who may need additional support to navigate where harm has been caused such as patients with learning disabilities**.

Through the **introduction of the PSIRF framework, we have identified a number of improvements focused towards patients with protected characteristics, using human factors tools and patient stories to explore these events**. Some examples of this include:

- Ambulance sector level **benchmarking via NARSF to understand how we can improve service for patients using language line during 999 calls**
- Introduction of **Advanced Questionnaire Module in our Integrated Contact Centre which has decreased harm associated with delays for patients who have ingested high toxicity medications**
- **Significant work relating to improving pregnancy and maternity outcomes for patients**

NWAS have developed the Learning Disability and Autism Plan (2023-26) through extensive collaboration with stakeholders. It includes measures such as embedding Learning Disability and Autism Practitioners in mental health teams, enhancing workforce training, and adopting innovative communication tools. It also highlights barriers faced by these groups, including diagnostic overshadowing and poor communication, and proposes solutions like updated patient transport systems and sensory-friendly ambulance features such as blinds with images. The strategy aims to address health disparities, promote equity, and ensure compliance with regulatory standards. Key deliverables are categorised into short, medium, and long-term goals, including mandatory workforce training, enhanced patient flagging systems, and the introduction of digital communication aids. **The strategy also prioritises internal inclusivity by supporting neurodiverse staff and promoting awareness of hidden disabilities**.

Outcome 1C: When patients (service users) use the service, they are free from harm

Evidence provided by: Patient Safety Team

NHS North West Ambulance Service NHS Trust

3. What have been the drivers for delivering this outcome? E.g. workforce data such as Staff Survey / WRES / WDES, Trust objectives/priorities etc.

The main drivers for delivering this outcome are our incident data collected via our Datix system (DCIQ) and our PSIRF (Patient Safety Incident Response Framework) data, which provide a clear approach to understanding and addressing patient safety incidents. These insights help identify patterns, prioritise risks, and shape proactive measures to mitigate patient and staff harm. **Alongside stories from patients, their families and our staff, which provide a human perspective, this ensures that safety improvements are informed not only by quantitative data but also by qualitative, empathetic narratives that highlight the lived experiences of those directly impacted**.

The winter safety review further drives this initiative, addressing the unique challenges and risks associated with increased demand during winter months. Additionally, **insights from complaints, claims, and inquests serve as critical learning opportunities, helping us as an organisation to recognise systemic issues and address potential gaps in care**. The integration of lessons learned from the duty of candour, which emphasises honesty and transparency in communication with patients and families following incidents, reinforces the trusts commitment to ethical practice. Complementing these efforts are safety culture surveys, which assess staff perceptions around how safe we are, providing a baseline for fostering a stronger just and safe culture. Finally, alignment with national and local strategies ensures that the trust remains consistent with broader healthcare goals and regulatory requirements, embedding it within a national framework. This holistic approach ensures the trust works together to improve patient safety.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Operational pressures and demand
Competing local and national priorities
Complex patient safety landscape

Data from the DCIQ system 01/04/2024-31/10/2024
2964 total reported Patient Safety events
1281 Ethnicity data (1683 blank fields)
1049 Gender data (1915 blank fields)
776 Disability data (2188 blank fields)

1281 Ethnicity data fields completed with:

- **Any Other Ethnic Group (12)**
- **Asian British (5)**
- **Asian or Asian British – Any other Asian background (10)**
- **Asian or Asian British – Bangladeshi (6)**
- **Asian or Asian British – Indian (13)**
- **Asian or Asian British – Pakistani (27)**
- **Black or Black British – African (12)**
- **Black or Black British – Any other Black background (10)**
- **Black or Black British – Caribbean (2)**
- **Chinese (3)**
- **Mixed – Any other Mixed background (9)**
- **Mixed – White & Asian (1)**
- **Mixed – Other/Unspecified (1)**
- **Mixed – White & Black Caribbean (5)**
- **Not stated (148)**
- **Unspecified (79)**
- **White – Any other White Background (13)**
- **White – British (828)**
- **White – English (72)**
- **White – Irish (11)**
- **White - Italian (1)**
- **White – Mixed (1)**
- **White – Other European (6)**
- **White – Polish (1)**
- **White – Scottish (3)**
- **White – Welsh (1)**
- **BLANK (1683)**

1049 Gender fields completed with:

- **Female (537)**
- **Male (481)**
- **Other (3)**
- **Prefer not to say (10)**
- **Unknown (17)**
- **BLANK (1915)**

776 Disability fields completed with:

- **Autism (7)**
- **Autism, Learning Disability Condition (1)**
- **Autism, Learning Disability, Other Disability (1)**
- **Cognitive Disability (6)**
- **Cognitive Disability, Dementia (4)**
- **Cognitive Disability, Mental Health Condition (1)**
- **Cognitive Disability, Mobility Impairment, Learning Disability Condition (1)**
- **Dementia (38)**
- **Dementia, No Disability (1)**
- **Hearing Impairment (8)**
- **Hearing Impairment, Mental Health Condition (1)**
- **Hearing Impairment, Mobility Impairment (1)**
- **Learning Disability Condition (9)**
- **Mental Health Condition (8)**
- **Mobility Impairment (25)**
- **Mobility Impairment, Dementia (4)**
- **Mobility Impairment, Mental Health Condition (1)**
- **Mobility Impairment, Other Disability (3)**
- **Mobility Impairment, Other Disability, Learning Disability Condition (1)**
- **Mobility Impairment, Other Disability, Psychological Disorder/Phobia (1)**
- **Mobility Impairment, Spinal Cord Injury (1)**
- **Neurodivergent Condition (3)**
- **No Disability (314)**
- **No Disability, Not Known (4)**
- **No Disability, Not Known, Prefer Not to Say (1)**
- **Not Known (314)**
- **Not Known, Prefer Not to Say (2)**
- **Other Disability (22)**
- **Other Disability, Autism, Learning Disability Condition (1)**
- **Other Disability, Dementia (2)**
- **Prefer Not to Say (15)**
- **Psychological Disorder/Phobia, Dementia (1)**
- **Spinal Cord Injury (1)**
- **Visual Impairment (3)**
- **BLANK (2188)**

Outcome 1D: Patients (service users) report positive experiences of the service

Evidence provided by: Communications Team

North West Ambulance Service NHS Trust

1. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

In spite of the above-mentioned challenges, patients who do declare protected characteristics and particularly ethnicity evidence positive levels of satisfaction with the service via surveys and the FFT. The below returns relate to April to October 2024.

Of **5.3% BME PES survey respondents, 87.50% 'strongly agree/agreed' that they were treated with dignity, compassion and respect, with 87.50% also rating their overall satisfaction of the service as 'very good/good'. Of 6.8% of BME FFT respondents, we see a rating of 90.72% for their 'overall satisfaction of the service'**

Where patients have indicated an impairment, (31.25% of BME survey respondents), this group gave a rating of 80% for being treated with 'dignity, compassion and respect', with a similar score for their overall satisfaction of the service. In relation to FFT respondents, 53.61% of BME respondents indicated that they had an impairment. Here the group gave a rating of 92.31% for their overall satisfaction of the service.

In addition to patient experience surveys there are many other ways the needs of groups are considered and met. These include:

Annual mapping of groups and priority for engagement. 2024/25 includes a focus on Chinese and Jewish communities.
The objectives and goals of our patient public and community implementation plan.

- **Adaptation of our programme of community events, based on feedback from groups, to best meet their needs.**
- **Reaching out to community and specialist patient groups, attending meetings and high footfall events; Information is given on trust services, self-help and on topics groups have demonstrated low awareness of or a need for more information.**
- **Listening to and involving our PPP – 85 members have protected characteristics**
- **Increasing awareness throughout the trust through filmed stories, developing accessibility aids and sharing info.**

2. Please provide a summary of the work that has been undertaken in the past year relating to this EDS outcome

The Patient Engagement Team successfully engaged with and invited feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), using a range of methods. All feedback, both quantitative and qualitative is collated annually and analysed for trust learning purposes and recommendations developed for year-on-year improvements.
The ways in which patients can give feedback include:

- Patient Surveys and the Friends and Family Test (FFT): We invite feedback from a minimum of 1% of patients who have used our Paramedic Emergency Services (PES).
- The **hosting of 5 NWAS Community Listening/Awareness Events in the region: One in each county area of the region**.
- **Patient Group Forums: We attend a number of groups and forums e.g. Lancashire Visually Impaired Forum, Healthwatch Wirral Bridge Forum , Lancashire Carers Forum**.
- **High Footfall Community Events: We attend high footfall community events in the region mostly during the summer months. Examples include; Disability Awareness Day, LGBT PRIDE, Health Melas, Fresher Fairs, Health Fairs and Open Days**.
- NHS Patient Opinion: Posts on the national NHS Patient Opinion are monitored and where possible, are responded to.
- Talk to Us – Patients and can contact us via our dedicated email address Talk.ToUs@nwas.nhs.uk
- **Electronic and Written Materials: By SMS text and or via proactive methods to elicit Friends and Family Test feedback and related comments. Methods used include SMS text or an easy read version FFT FREEPOST postcard made available on all PES vehicles**. Our FFT FREEPOST postcard is supported by a poster inviting feedback on all PES Ambulances. This includes a dedicated QR code linking to a survey. Patients can share their feedback in alternative languages through our FFT survey on our website.
- Website: Patients can access our patient engagement surveys through the Share Your Experience section on our NWAS website.
- Media/Social Media: Our NWAS Facebook, Instagram and X presence is regularly monitored for any specific thematic patient feedback and learning.
- **Patient and Public Panel (PPP): 350 volunteers from across the region with lived experience of service use who are involved in service improvement and offer the patient voice and perspective on numerous aspects of PES**.
- **Patient Stories: Patient stories also highlight lived experience with PES services. These are developed for Board awareness and wider trust learning**

Outcome 1D: Patients (service users) report positive experiences of the service

Evidence provided by: Communication Team

NHS North West Ambulance Service NHS Trust

3. What have been the drivers for delivering this outcome? E.g. workforce data such as Staff Survey / WRES / WDES, Trust objectives/priorities etc.

- Trust objectives and priorities
- Trust Communication and Engagement Strategic Plan
- The aims of the **Patient Public and Community Engagement Framework together with the trust's Equality Diversity and Inclusion priorities**
- **Patient demographic stats**
- **Patient experience collated via all our surveys and engagement approaches e.g. Friends and Family Test (FFT) surveys, engagement with specialist and cultural patient groups.**
- **Working with trust staff networks; Race Equality, Disability, Women's, Faith Religion and Culture etc.**
- **Learning from trust wide Community Listening Events – annually, one per each County area**.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Ensuring that sufficient survey responses obtained that are representative of different user groups and communities. (randomly select minimum of 1% of service users to invite to complete patient experience survey, hence no control over who is surveyed).

Lack of accurate recording of service user ethnicity on patient experience surveys. This is due to the following factors: .

- **NHS guidance states that patients do not have to disclose their demographic data.**
- **Patient demographic data is not available to the trust via the NHS Spine.**
- **We are unable to capture demographic data via 999 calls.**
- **Inconsistent recording of patient demographic data by emergency crews on scene.**

As a result, the trust is unable to assess the service experience of patients with a diverse background and identify ways in which to improve services to better meet their needs.

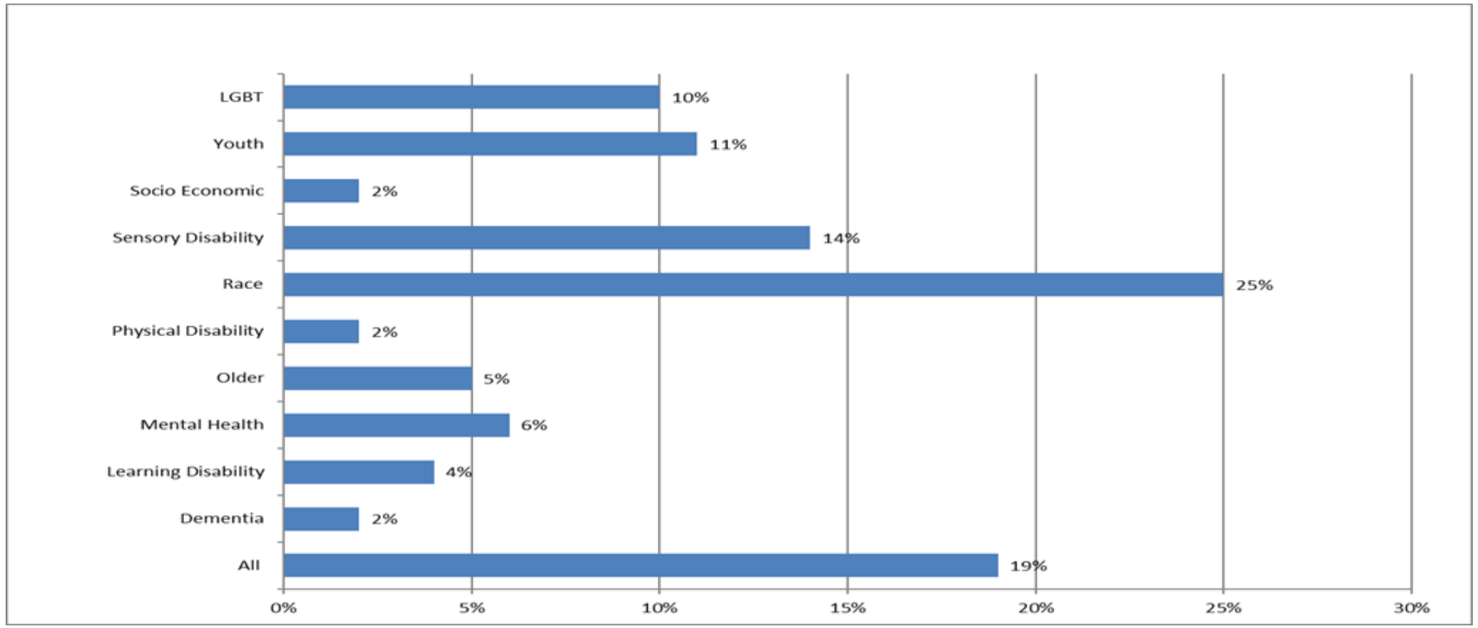
5. Any other comments relating to this outcome

To mitigate the above, we undertake the following actions:

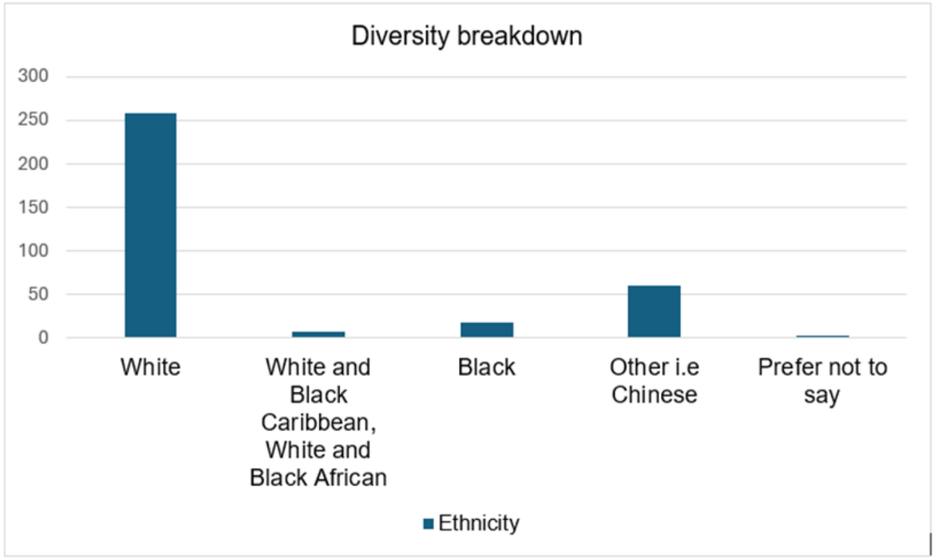
- General patient experience data feedback received from Healthwatch and National websites.
- Patient experience data collated via Trust compliments and complaints.
- Patient experience data collated via NWAS Patient and Public Panel.
- **We are recruiting a new post - Patient Inclusion Manager role to assist in identifying barriers to disclosure and potential positive solutions**.
- **A cohort of University of Liverpool Public Health Masters' Students are currently working on dissertation project 'Approaches to Increased Disclosure of Ethnicity Data on Patient Feedback Surveys'** .

The trust shares positive patient experience feedback via bespoke respective service line patient experience dashboards, also reporting monthly to Board via the Integrated Performance Report and quarterly via Comms & Engagement Dashboard reports. Positive patient feedback being shared through 'Electronic Wall Boards' at trust sites, stations and emergency operation centres. High level feedback and scores shared via social media sites. Reporting in the trust's annual report, the quality account, the EDI annual report and our own patient engagement annual report.

Outcome 1D: Patients (service users) report positive experiences of the service



Protected characteristics engaged with patient group forums and high footfall community events



PPP diversity breakdown

Some of the positive comments shared include:

"How helpful and welcoming all the staff are" (PC Religion)'

"It was a very proficient set up, and I really liked the range of different professionals sat at the tables" (PC Age/Young Persons)

"Good range of diversity of stalls", "the interactive activities on the table and the range of talks provided by operational leads made it a very pleasant event'"(PC Race),

"Thank you for coming this morning, the group thanked you for your support they found the discussion was very useful" (PC Race - Chinese Health Information Centre in Manchester)

"I was treated with Compassion, Dignity, Friendship and I feel Love!!!! It's a very HUMBLING EXPERIENCE." (PC ethnicity)

"Because the Ambulance men were very professional and helpful. They put my mind at ease explained everything as they went along. They were non-judgmental. Brilliant."(PC ethnicity)

"Received care really quickly and advice was given with next steps for me to take."(PC ethnicity)

Staff Experience Team
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