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# 1 Part 1: Introduction

## 1.1 Executive Summary

As a provider of NHS health services, we write this annual Quality Account for our staff, stakeholders and for the people who use our services. It reflects and demonstrates the importance our organisation places on quality.

The Quality Account 2024/2025 is divided into four sections.

**Part One** contains an introduction by the Trust Chair, the Chief Executive and the Chief Nursing Officer.

**Part Two** outlines our Trust vision and values and commitment to continuous quality improvement. It also details our response to a series of mandatory questions.

**Part Three** contains a review of our progress in 2024/25.

**Part Four** looks ahead and contains our priorities for improvements for 2025/26.

## 1.2 Introduction

I am happy to introduce the Quality Account for Wirral Community Health and Care NHS Foundation Trust. The Quality Account gives us an opportunity to reflect on our many quality achievements and successes over the past year and enables us to identify areas where we want to focus attention on the agreed quality priorities for the 2025/26 coming year.

As the main provider of community health care across Wirral and with 0 -19 services in Cheshire East, St Helens and 0-25 service for Knowsley, we aspire to achieve outstanding care and are committed to ensuring continuous quality improvements across the services we provide.

In accordance with the Health & Social Care Act 2022, the Trust recognises the duty to collaborate and as such is actively engaging in Place Quality & Performance Groups.

Our vision is to be a population-health focussed organisation specialising in supporting people to live independent and healthy lives and this vision is underpinned by our values; We will be Compassionate, Open and Trusted to deliver.

**Together...**  
we will support you and your  
community to live well.

**Compassion**  
Supportive and caring, listening  
to others.

**Open**  
Communicating openly, honestly  
and sharing ideas.

**Trust**  
Trusted to deliver, feeling  
valued and safe.

A key strength of our Trust is how our teams can support people at critical points through their entire lives, enabling them to start, live, age and die well. We provide universal services focused on wellness as well as specialist services, working at the heart of communities and across whole Place footprints in Cheshire & Merseyside.

More people are living longer and with multiple long-term conditions. This requires new thinking about how high quality, sustainable health and social care services can actively support people to stay well and independent as well as treat specific conditions and illnesses. We are working in a time of rapid change, with much greater emphasis on how organisations can work together to meet the challenges of improving health and care services and equity of health outcomes and do so affordably.

We are registered with the Care Quality Commission (CQC) without conditions and play a key role in the local health and social care economy working in partnership to provide high quality, integrated care to the communities we serve.

Our expert teams provide a diverse range of community health care services, caring for and supporting people throughout their lives at home and close to home in intermediate care, clinic settings and educational settings. We have an excellent clinical reputation employing around 2,000 members of staff, most of whom are in patient-facing roles.

Over the summer of 2023, we welcomed our Care Quality Commissioners who undertook an inspection of our services. Staff across the Trust were proud to showcase their services. WCHC received an overall rating of Good with areas of Outstanding which was testament to the amazing care and support provided by services each day.

Sexual Health services received an overall rating of Outstanding and Community Health Service for Adults received a rating of outstanding for the Caring domain. We have continued to have regular engagement visits with the CQC throughout 2024/25, evidencing sustained delivery of safe, quality care throughout our services.

During 2024/25, we saw the official launch of the new Sexual Health Wirral service on 01 April 2024 which is delivered in partnership with Liverpool University Teaching Hospitals NHS Foundation Trust.

In addition, during 2024/25 the Trust expanded services, supporting a system- wide ambition to deliver care close to home and as a response to winter pressures.

This resulted in a further increase in the use of technology to safely deliver services remotely, when appropriate. We also supported the local Wirral system by further embedding the Home First service, aimed at supporting safe, timely transfer of care from the acute hospital to home. We have continued to build collaborative care pathways with system partners aimed at preventing hospital admissions and improving flow and the Virtual Frailty Ward model has expanded its capacity to support this vision.

Not unlike most places in the country, the local health care economy is faced with the challenge of meeting rising demand, within finite resources. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live healthier, more active and independent lives, reducing unnecessary hospital admissions.

During 2024/25, the Wirral Place Review was completed with formal recommendations accepted by Cheshire and Merseyside Integrated Care Board (ICB) and the Boards of both our Trust (WCHC), and Wirral University Teaching Hospital NHS Foundation Trust (WUTH).

The first phase identified many areas where positive partnership working, and effective collaboration is already in place, and highlighted further opportunities to align clinical pathways and services to reduce unwarranted variation for our patients and combine resources to deliver the optimum patient pathways. The Trust is committed to this collaboration and recognises the positive benefits for the people in the communities we serve.

On behalf of the Trust Board, I would like to thank all staff and volunteers for their dedication, energy and passion for quality care, in what has been another successful year improving quality across all services.

### 1.3 Mandated Statement by Trust Chair and Chief Executive

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (in line with requirements set out in Quality Account legislation).

In preparing their Quality Account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the reporting period
- The performance information reported in the Quality Account is reliable and accurate
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Trust CEO

Dated:

Trust Chair

Dated:

## 2 Part 2: Vision and Values and Commitment to Quality

### 2.1 WCHC Vision and Values

Our Trust values of Compassion, Open and Trust underpin our Vision and Strategy. During 2024/25, our values have become further embedded across the organisation. During 2023/2024, we developed a behavioural framework to support staff to recognise and demonstrate the values that were co-developed with them. The framework was developed through widespread staff consultation and was launched formally in Quarter 1 of 2024/25. Over 2024/2025, we have embedded the framework into our practice, and this has been strengthened by a focus on the behavioural standards framework at our Trust leadership events.

The organisational strategy to deliver our Vision is overseen by our Board. The actions that deliver it, and the key enabling strategies (Quality and Innovation, People, Inclusion & Health Inequalities, and Digital), are tracked through our Trust groups and committees.



### 2.2 Staff Recognition

The Recognition scheme at Team WCHC is our way of valuing the hard work and dedication of our people who go the extra mile for communities and colleagues.



There are many ways for staff to get involved, giving everyone the opportunity to say thank you and share stories of the amazing work colleagues do every day. Whether it's how they've supported each other or those we care for, the scheme has many opportunities to celebrate the amazing work that goes on at Team WCHC.

## **Your ShoutOuts!** TeamWCHC

Throughout 2024/25 over 650 **Shoutouts** were shared by staff in the twice weekly staff communications – The Update. It remains an incredibly popular way of sharing messages of thanks and recognition on a weekly basis. Shout outs can be between colleagues and teams, or from our patients and service users.

## **The Monthly StandOut!** TeamWCHC

Each month we celebrate our **Monthly Stand out** (employee of the month) which enables staff to tell a more detailed story of how someone has stood out, gone the extra mile and demonstrated the Trust values in their role. Anyone can submit a Standout, and all staff are able to vote for their favourite. Winners are presented with a framed certificate from our Chief Executive and their story is showcased at the monthly all staff briefing – The Get Together.

Our values of compassion, open and trust shine through every story, every thank you and every piece of positive feedback we receive from our patients and service users.

## TeamWCHC **Awards**

The highlight of our recognition calendar is our annual **Team WCHC Staff Awards**. This in person event, held in October 2024, is a wonderful culmination and celebration of all the amazing work of the Trust, the values and the people that make

it a great place to work and receive care.

The awards began in 2012 and have gone from strength to strength with over 350 colleagues coming together for the event in 2024. Supported by the generous contribution of supporting sponsors, the awards bring together individuals and teams to celebrate and recognise the amazing work they do every day.

Our **Long service awards** provide acknowledgement and recognition for members of staff who have spent significant periods of their lives (25 years and 40 years) working for the NHS.

In addition, we continue to encourage services to enter **regional and national awards** including the HSJ and Nursing Times.

## 2.3 Mandated statements

### 2.3.1 CQC registration

Wirral Community Health and Care NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration is 'Good'. Wirral Community Health and Care NHS Foundation Trust has no conditions on registration and the Care Quality Commission has not taken enforcement action against the Trust during 2024/25.

The Trust was inspected by the CQC in 2023. We proudly demonstrated the significant improvements the Trust has made since the previous inspection in 2018. CQC rated our services as Good with areas of Outstanding practice and Sexual Health achieved an overall rating of Outstanding.

We have quarterly CQC engagement sessions focussed on key themes. This has facilitated an open dialogue and promoted continuous improvement. The sessions have included service visits, where teams have proudly showcased their achievements, innovations, and best practice. Through the regular engagement sessions, we have strengthened our collaborative approach, ensuring that services remain aligned with

regulatory expectations whilst celebrating their successes.

Wirral Community Health and Care NHS Foundation Trust participated in the Inspection of Local Authority Children's Services in Knowsley and Cheshire East, two focussed visits of children's services for St. Helen's, and one Special Educational Needs and Disabilities (SEND) inspection in Wirral during the reporting period. The focussed visits looked at the Local Authority's arrangements for children in need and those subject to a child protection plan. In St Helens there were significant areas of good practice identified with consistent and effective service delivery highlighted. In addition to this, multiagency working was noted to be effective with plans reviewed and progressed when required. This supports timely decisions for children and their families. Further auditing across the system working would strengthen this further. We will participate and support with ongoing review and collation of evidence to ensure in a strong position ahead of any future inspection.

The Wirral SEND inspection highlighted progress in 8 out of 10 key areas identified through the last inspection with 2 key areas requiring continued improvement across the local area SEND partnership to ensure a positive experience for children and young people. The inspection recognised that whilst large scale improvements have been implemented, they are not yet consistently felt by families themselves. The Trust are committed to this ongoing improvement journey and will continue to collaborate with system partners, families and children and young people with SEND to ensure they have the best possible experiences and outcomes.

#### 2.3.2 Data security and protection toolkit attainment level

DSPT is a core element of the Digital assurance workplan. In September 2024 the DSPT changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. We successfully submitted an interim publication on the 24/12/24. This is an assessment of where we think we will be in relation to the final submission at the end of June 2025. We have engaged in internal audits (Merseyside Internal Audit Agency) during March and May 2025. The assessment of our current position and final DSPT submission will be completed by 30/06/25.

### 2.3.3 Clinical coding error rate

Wirral Community Health and Care NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during 2024/25 by NHS England.

### 2.3.4 Data quality

During 2024/25, Wirral Community Health and Care NHS Foundation Trust provided 40 services, some in partnership with other providers through sub-contracts.

Wirral Community Health and Care NHS Foundation Trust has reviewed all the data available to them on the quality of care across all relevant health services.

The income generated by the relevant health services reviewed in 2024/25 represents £111.8 million of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2024/25.

### 2.3.5 Central Alerts System (CAS) reporting

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.

Alerts available on the CAS website include National Patient Safety Alerts (from MHRA, NHS England and the UK Health Security Agency (UKHSA), NHS England Estates Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts.

During the period 2024/25 The Central Alerting System issued 13 alerts to Wirral Community Health and Care NHS Foundation Trust for consideration and potential dissemination and actions. There is robust oversight and governance for CAS alerts which are reviewed for relevance at the Clinical Risk Management Group (CRMG). Appropriate alerts are disseminated to relevant services via the Trust's Datix System.

Of the 13 alerts issued:

- 2 had no response required and were shared for information only

11 Alerts were issued as National Patient Safety Alerts (NatPSA), of these:

- 11 no action was required

1 Alert remains open from 2023/2024 beyond the deadline. This relates to bed rails, bed grab handles and lateral turning devices. The Trust have implemented many of the actions required including updating policies, developing and implementing training. One action remains open and in progress relating to a review of all patients who have a bed lever. This has been added to the Trust risk Register as Risk: 2987. MHRA have been notified and the risk is being managed appropriately.

#### 2.3.6 Participation in national clinical audits and local audits

During 2024/25, 2 national clinical audits and 0 national confidential enquiries covered relevant health services that Wirral Community Health and Care NHS Foundation Trust provides.

During that period, Wirral Community Health and Care NHS Foundation Trust participated in 100% of national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust was eligible to participate in during 2024 / 2025 are as follows:

- BASHH Chlamydia – online submission to BASHH
- National Audit for Cardiac Rehabilitation

The national clinical audits and national confidential enquiries that Wirral Community Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2024 – 31 March 2025, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of

registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
Sexual Health - BASHH Chlamydia - online submission to BASHH	Figures are sent directly to BASHH from the laboratory not the Trust
National Audit for Cardiac Rehabilitation	100%

There has been no national clinical audit report published during the reporting period in which the Trust has participated.

#### Commissioning for Quality and Innovation (CQUIN)

Commissioning for Quality and Innovation (CQUIN) schemes were paused during 2024/2025, in line with national guidance. As a result, no new CQUIN targets were set for this period. The Trust remained committed to maintaining high standards of care and continued to focus on quality improvements.

#### Local Clinical Audits

Audit is part of a fundamental quality improvement cycle to measure the effectiveness of health and social care against agreed and proven national and local standards for high quality care.

The Trust have undertaken and published 45 local clinical and professional audits and 18 service audits over 2024/25. Progress against clinical and professional audits is tracked on the Trust's SAFE system (Standards Assurance Framework for Excellence) and final reports uploaded. This ensures there is visibility and an active repository of evidence accessible to all staff.

Health and care audits are a way to support services and identify what's going well, to celebrate best practice and highlight opportunities for improvements. Clinical and professional audit is embedded into the Trust governance structure to ensure that results are shared.

Published audit reports are shared with all staff and areas of good practice used as a springboard for further improvements. When areas are identified for improvement, actions and leads are identified to support this improvement to happen and subsequent re-audits carried out as part of the Trust's continuous improvement cycle.

#### 2.3.7 National Institute for Health and Care Excellence (NICE) Guidance

During the year 2024 / 2025, we have continued to build on the progress made with NICE guidance implementation during 2023 / 2024 within Wirral Community Health and Care NHS Foundation Trust.

The process for implementing NICE guidance within the Trust continues to be embedded into the Trust governance structures, including robust triaging, allocation and prioritisation of guidance.

During 2024/25, NICE updated or produced 146 guidance documents: of these:

- 142 not applicable
- 2 fully implemented
- 2 applicable and under review

#### 2.3.8 Learning from Deaths

The Trust reviews all place based deaths where the patient is known to our services. During 2024/25, there were 41 deaths in the category above however none were associated with problems in care delivered by the Trust. Of these, 4 patients were under the direct care of the trust ('under the direct care of the trust' applies to in-patients only).

These patients were in-patients in our Community Intermediate Care Centre (CICC). The remaining 37 patients included in the reporting were not under our direct care, but did receive elements of their care from community trust staff and services.

The number of deaths considered each quarter is detailed below

	Adult deaths (patients not under the direct care of the trust)	Adult deaths (patients under the direct care of the trust)	Child deaths (No patients were under the direct care of the trust)	Associated with problems in care provided
Q1	3	1	5	0
Q2	3	0	5	0
Q3	3	3	7	0
Q4	5	0	6	0
Total	14	4	23	0

### Child deaths

Deaths considered include 23 Child deaths, in patients in receipt of elements of care delivered by the Trust. None were under the direct care of the Trust. All deaths were reviewed using the Sudden Unexpected Death in Childhood (SUDIC) methodology.

### Adult Deaths

There were 18 reported adult deaths. 4 patients were under the direct care of the trust. All reported deaths had a case record review and in 8 cases, a further investigation by way of After Action Review (AAR) was carried out.

	Investigations completed	Associated with problems in care provided
Q1	2	0
Q2	2	0
Q3	3	0
Q4	1	0



These numbers have been calculated using the Trust's mortality review screening tool, which is recorded centrally on the Trust's Datix incident reporting system. Each completed review tool is progressed through the Trust's Mortality Review group chaired by the Medical Director.

### **Learning from deaths – case record reviews and investigations**

The Trust's Learning from Deaths Policy provides a framework for how the Trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms. The Trust's Datix incident reporting system is aligned to the Learning from Deaths Policy to ensure prompt communication to the Medical Director, Chief Nurse and Chief Operating Officer for all reported unexpected deaths. Each reported unexpected death is reviewed within the Clinical Risk Management Group where required investigations are commissioned, findings are discussed, and any learning is identified.

### **Actions taken as a result from learning from deaths**

Any learning which is identified following an investigation is received at the Clinical Risk Management Group and actioned where appropriate. A thorough review and analysis of reported incidents, themes and trends then occurs at the Mortality Review Group. During 2023/24, working collaboratively with system partners, an increased number of child deaths associated with safe sleeping arrangements was identified.

In response, throughout 2024/25 the Trust have been actively involved in the promotion of Safe Sleep and engaging with our Places, to promote this to the families we support. This includes working in collaboration with Merseyside Police on a Safer Sleep Pilot alongside the Trust's Child and Young Peoples services.

We continue to promote shared learning across the health sectors and work collaboratively with our system partners to improve care within all the communities in which we provide services, focusing on addressing health inequalities on a population-based approach.

## Part 3: Looking back over the last year 2024/25

### 3.1 Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. From 18 July 2023 - 01 September 2023 the CQC conducted a comprehensive inspection of the Trust, including a well-led inspection and three core services inspections as follows:

- Community Health Services for Adults
- Community Health Inpatient Service
- Community Health Sexual Health Services

This resulted in an overall Trust rating of Good. During the inspection **outstanding practice was identified across all core services**, with the following domains being formally assessed as outstanding:

- Community Health Services for Adults - Outstanding in Caring
- Community Health Sexual Health Services - Outstanding in Responsive
- Community Health Sexual Health Services - Outstanding in Well-led
- Community Health Sexual Health Services - Outstanding Overall as a core service

All areas inspected during 2023 achieved a minimum rating of good. The CQC published report details the findings of the inspection. We were extremely proud to showcase the significant improvements that had taken place since the previous inspection in 2018. Our ambition was to sustain and build on the fantastic achievements and progress we have made to continue to provide safe and effective high-quality care to the people of our communities.

During 2024/2025, we have welcomed our CQC inspection team to the Trust for regular engagement sessions. The sessions have provided an opportunity for CQC inspectors to see how the Trust are maintaining and continually improving services based on what matters most to our patients. The team visited several of our clinical services including MSK Physiotherapy, Podiatry, Sexual Health, 0-19 Health Visitors and School Nurses and the Walk in Centre. There are no current open concerns with the CQC.

### 3.2 Quality Goals 2024/25

During 2024/25 the quality goals detailed below were successfully implemented. Two exceptions reporting partial implementation are detailed below and details of the goals achieved are described in detail throughout section 3.

Safe care and support every time	People and Communities Guiding Care	Ground-breaking Innovation and research
<b>We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent</b>	<b>We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice</b>	<b>We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale</b>
A minimum of 4 Quality improvement programmes focussing on agreed trust high-priority clinical risks (Section 3.3.4)	12% of eligible staff trained in Tier 2 Oliver McGowen Mandatory Training, focusing on priority staff and services	60% of eligible staff trained in Quality Improvement curriculum (Section 3.5.2)
Embed PSIRF further ensuring the principles are demonstrated throughout trust process and culture (Section 3.3.1and 3.3.2)	Implementation of a minimum of 4 codesigned care pathways aimed at reducing health inequalities and evidencing sustainability and spread (Section 3.4.3)	Increase research capability and capacity (Section 3.5.3)

90% of staff receiving supervision and a bi-annual evaluation of the quality of supervision received	Implementation of “What matters to you” campaign aiming for at least 2 Trust-wide “What matters to you” days (Section 3.5.5)	Establishment of innovation hub in collaboration with Wirral Met College (WMC) (Section 3.5.4)
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- In September 2024 there was a decision to reduce the target relating to Tier 2 Oliver McGowan Training to 12% of eligible staff. This reflects a delay in access to training which was out of the authority of the Trust. Tier 2 Part 2 training has since been delivered in collaboration with Autism Together over Q3 and Q4 of 2024/2025. At year end, 8.6% of eligible staff were training in Tier 2. Priority was given to clinical areas with the greatest impact for patient access, outcomes and experiences. Our Community Dental Service support adults and children who have complex needs. Their feedback on the training was positive. As a result of their experience, they are taking forward a quality improvement initiative to further improve communication with patients who have a learning disability and or autism in relation to empowering them to make decisions about their dental care. Over 98% of staff have completed the Part 1 Oliver McGowan training e learning.
- In April 2024 clinical supervision compliance was 86.5% increasing to 90.8% in March 2025. The compliance range during 2024/25 was 83% – 93% with an average of 88.3%.

### 3.3 Safe care and support every time

The Trust is committed to providing safe care and support to all patients receiving care from services within the Trust. The Patient Safety Incident Response Framework has been further embedded across the Trust during 2024/25 and has enabled the Trust to focus on the key areas of risk and work with external services in collaboration when required.

The Trust has continued its work around population health, understanding what matters the most to the population we serve and focusing on reducing inequalities. This work will continue throughout 2025/26.

The Trust has successfully involved patients/families in key incidents. This has strengthened our systems and processes. We have also visited services to better understand work as perceived and work as done. Working with staff on the front line has been invaluable. We will continue building on this methodology involving patients, carers and staff during 2025/26.

#### 3.3.1 Patient safety incident response framework

During 2024/25 we have continued to further develop our Patient Safety Partners role. They add the perspectives of patients, families, carers and their own lived experiences of health and care. They continue to be valued members of the Trust's Clinical Risk Management Group which feeds directly into Quality and Safety committee and other key governance meetings. They have engaged with services and gathered patient feedback through patient journeys of care, reviewed specialist services across the trust and led on cross organisational work around inequalities, working with the wider system. This work will continue throughout 2025/26. They have also reviewed complaints and investigations and attended key priority meetings. We are currently reviewing the PSIRF plan and policy, and our patient safety partners will be key members within this review putting those with lived experience at the heart of everything we do.

In 2024/25 we completed our final cycle to train staff in Patient Safety Incident

Investigations (PSII) and Patient Safety Champions in a system-based approach.

We have completed our first Patient Safety Champion meeting, and these will continue throughout 2025/26 to embed the PSIRF methodologies into teams. We aim to further embed psychological safety and culture to support resilience within teams which will further promote patient safety across the organisation.

We are currently in the process of reviewing our PSIRF data set for 2025/26 and are keen to work on key areas collaboratively with partner organisations to really improve our systems and processes to make sustainable improvements and stronger patient and staff safety outcomes for patient safety, experience.

During 2024/25 an external audit led by Mersey Internal Audit Agency (MIAA) was conducted on PSIRF. The audit resulted in a **substantial assurance rating**, demonstrating a strong system of internal control for the effective management, recording, monitoring and reporting of incidents to support systems learning. The audit identified four recommendations for further enhancement including a review of the Trust's PSIRF engagement plans, review of job descriptions to reflect PSIRF, review of terms of reference for key governance meetings and amendments to datix to supporting reporting timeframes for reviews. All actions were completed by the end of 2024/25.

### 3.3.2 National Patient Safety training

During 2024/25 we have continued to monitor the National Patient Safety Curriculum level 1 and 2 with an overall compliance for all staff employed at the trust level 92%. We are extremely proud of our achievements, and shows year on year success, evidencing that patient safety is paramount within the Trust from board to the front line.

During 2024/25 our Patient Safety Specialists successfully completed Level 3 and 4 of the National Patient Safety Curriculum. This will enable us to further build on our current patient safety knowledge and skill set throughout the Trust 2025/26.

### 3.3.3 Clinical supervision

Clinical supervision rates are monitored using the SAFE dashboard with clear trajectories to meet and exceed 90% compliance. In April 2024 clinical supervision compliance was 86.5% increasing to 90.8% in March 2025. The compliance range during 2024/25 was 83% – 93% with an average of 88.3%.

As part of the 2024/25 quality strategy delivery plan, we completed a biannual evaluation of the quality of supervision and the results were utilised to further improve our approach.

#### 3.3.4 Incident reporting

During 2024 / 2025 there was a 5.5% reduction in incident reporting within the Trust compared to the previous reporting period. During 2024 / 2025, the Trust continued to embed LFPSE (Learning from Patient Safety Events) which focuses on NHS funded care for incident reporting. While incidents coded as no harm remained consistent (-0.6%), the decrease was mainly in the areas of low harm (-14.5%) and moderate harm incidents (-37%). This shows less incidents have occurred where a patient has come to harm under the care of the Trust.

Since the adoption of LFPSE the Trust has listened to staff on feedback on the new incident reporting system. The Trust has developed a communication programme to support staff with raising incidents. This has enabled the Trust to provide valuable feedback to the national team.

During 2024/25 all National changes to incident reporting have been implemented and embedded throughout the Trust.

The Trust has a robust governance process in place to manage and monitor incidents, across the trust. The trust uses After Action Reviews, Patient Safety Incident Investigation and Thematic Reviews to focus on the system, working alongside patients/ and staff supports a proportionate approach and enables us to identify key areas of risk, alongside professional curiosity to drive quality improvements.

The Trust continues to provide training on reporting of incidents as part of the induction programme on appointment to the Trust. Staff members are continually supported to report incidents by line managers and team leaders. There continues to be a robust governance process in place to ensure oversight of incident numbers and themes to support learning.

We continue to support staff involved in incidents by offering a debrief conversation with a colleague to support their psychological safety, health, and well-being.

Our risk and incident reporting system Datix contains bespoke dashboards which provides data for the previous months top ten risks as outlined in our Patient Safety Plan. This has been invaluable to support the Safety Risk and Learning Review Panel to analyse themes and trends. Data feeds directly into the Trust Information Gateway, accessible by all staff to support on-going trend analysis.

During 2024/2025 we have made significant improvements across our top ten risks. We have implemented quality improvement plans for our high priority clinical risks including end of life care, falls, wound care and medicine's management. Progress has been tracked and monitored using a suite of measures including outcomes measures for patients and their families. An example of this is in relation to medicine management. The outcome has been a reduction in medication incidents at our ward-based unit as evidenced through regular audits which have provided assurance that improvements have been implemented and sustained, ensuring that the right patient receives the right medication at the right time. Furthermore, in relation to falls prevention and management, we have procured falls prevention equipment that can be used in bathrooms, on chairs, and beds. This has significantly reduced our falls with moderate harms. During Quarters 3 and 4 there were no falls reported that had resulted in a moderate harm to our patients, evidencing the outcomes achieved via our quality improvement methodology.

We have started to implement SPC charts to track data overtime within the Safety Risk and Learning Review Panel; this supports our quality improvement approach. This will further evolve during 2025/2026 as part of our review of the Patient Safety Plan which will focus on improvements to deliver high quality patient care.



The Trust remains committed to working in partnership with stakeholders across Wirral to improve patient care. This will result in the development of joint quality and safety goals with system partners during 2025/26.

### 3.3.5 Never Event

During the 2024/25 reporting period the Trust had zero never events.

### 3.3.6 Freedom to Speak Up (FTSU)

We are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak up. With the help of our staff, students, volunteers, services users and in line with our Trust values we aim to make speaking up business as usual by promoting a culture of inclusion, openness and learning.

During 2024/25:

- The Trusts Freedom To Speak Up strategic plan was launched. This document outlines the Trust's vision to create an environment and culture where speaking up and listening are business as usual for all our staff and where raising concerns results in improvement and learning.
- We grew our network of Freedom To Speak Up Champions to 135 staff members in all areas of the Trust and in all staff network groups. The role of the FTSU Champion is to support colleagues to Speak Up, to sign post to relevant support as well as upholding and promoting our Trust values and Speak Up culture.
- Refresher training was offered to all our FTSU Champions to ensure they feel confident in supporting their colleagues and understand the expectations of the Champion role.
- 94.47% of our staff have completed the national Speak Up, Listen Up, Follow up Training which supports all staff to know how to Speak Up and supports Managers and Senior Leaders to listen and respond appropriately.

- 51 Concerns were reported under FTSU compared to 34 reported in 2023 / 2024. This increase mirrors a national upturn in the number of concerns reported to Guardians and supports the growing awareness and confidence in the FTSU process.
- Satisfaction questionnaires about the reporters experience of speaking up are sent to all reporters when a concern is concluded, and where the name of the reporter is known. The reporters also have the option to provide feedback on their experience. A selection of comments from the questionnaires are below. No comments were received that were less positive showing overall satisfaction with the process.
  - The matter was dealt with efficiently and in a timely manner. I am really pleased I took the opportunity to speak up.
  - I had great communication following my FTSU and was kept informed at all stages of the enquiries.
  - We felt we were listened to, and issues were addressed in a timely and appropriate manner.
  - Concerns were listened to. Communications were excellent and actions were swift. Overall, a great experience.
  - The Guardian was kind and listened to my concerns she was able to put my concerns in a cohesive timeline and did not rush or interrupt when I was speaking.

### 3.3.7 Safeguarding

We are committed to ensuring that all staff are aware of their role in relation to Safeguarding Children and Adults at Risk and consistently demonstrate organisational compliance with statutory duties and local safeguarding frameworks.

During 2024/25, we have successfully submitted evidence of compliance to Commissioners and Designated professionals in relation to the following:

- Section 11 of the Children Act 2004 for Cheshire East, Wirral, Knowsley and St Helens.
- The Safeguarding Assurance Framework for Safeguarding Children, Looked After Children and Safeguarding Adults. During this period, we have received positive feedback from the Integrated Care Board (ICB) and our Public Health Commissioners.
- Our two-year Commissioning Standards document remains in date with the Trust having a compliance RAG rating of 62 green areas and 1 amber rated area against 63 standards.
- The NHSE data collection framework for our Looked After Children and Prevent datasets to support the counter terrorism strategy.
- We have participated in one inspection with the Local Authority, Inspecting Local Authority Children's Services (ILACS), one mock SEND inspection and one mock JTAI inspection. We have also supported two ILACS outcomes and participated in follow up inspections, which have provided plans to build on achievements and allow us to work towards further improved services across the partnership.
- We have continued to work in partnership with Merseyside Police with preventative measures to support safer sleep across Wirral Knowsley and St Helens Place.
- The Safeguarding Service have carried out 14 audits which have provided assurance and enabled us to understand how we can continually strive to improve to ensure a safe delivery of all our services.

- The Named Nurses on Wirral have supported the changes in the Local Authority as part of the Pathfinders funding which was awarded in April 2024. They represent the Trust at the newly formed multi agency Operational Child Protection and Pathfinder meetings.
- On Wirral the Trust Safeguarding Team have commenced attendance at Channel Panel in July 2024 in support of the Prevent programme to address the causes of radicalisation. We have two safeguarding practitioners who share this responsibility, and we are working with our partners to adopt a similar process across Knowsley St Helens and Cheshire East in support of the 0-19 and 0-25 services that we offer.
- We have represented the Trust at a Wirral multi-agency Safeguarding Children's Partnership event on the use of Systemic Practice.
- As part of Safeguarding Adult Week November 2024, Safeguarding Adults Team hosted an online training event with guest speaker Ian Porter on 'Hoarding and the Unbearable Lightness of Professional Curiosity' This Multiagency event for the Trust was well attended and received positive feedback.
- We have represented the Trust at a multi-agency Safeguarding Adults Partnership Board event.
- Completed a Trust wide Mental Capacity Act Audit across Adults and Children with an overwhelming 541 responses across all services. The audit showed a strong level of understanding of the Mental Capacity Act.
- The Safeguarding Adult Team held a Safeguarding Champion Celebration in November for those staff that have achieved their competency. Certificates and badges were presented to them from the Deputy Chief Nurse.
- We have represented the Trust at an event held for National Child Exploitation Day, attended by over 100 hundred multi-agency professionals in St Helens. The

Named Nurse delivered a presentation to attendees on the roles of 0-19 and the Safeguarding Team in supporting children exposed to Child Exploitation.

- Neglect is a key priority for St Helens Children's Partnership. The Named Nurse as part of a multi-agency group has developed and delivered a training package on Neglect for professionals in St Helens.
- In Knowsley the Named Nurse developed a programme for bitesize training sessions on Mental Capacity Act awareness / Voice of the Child / Use of Assessment Tool / redaction of records for court orders domestic abuse and neglect. This continues to be delivered across Knowsley.
- Cheshire East Cared for Team have attended at the Safeguarding Partnership learning week to promote and educate other professionals on the roles of Safeguarding Specialist Nurses.
- We have supported with the delivery of multi-agency child exploitation training for the partnership throughout the year delivering training to over 120 multi agency professionals
- The Named Nurse within Cheshire East has worked with system support to create a new robust safeguarding platform for the Trust Safeguarding Team within the electronic record keeping system.
- A quality initiative has been created and implemented to support robust data collection. A monthly meeting is held between safeguarding, Business Intelligence and System Support representatives to identify and improve data collection for Audits, and reporting both locally and nationally.
- Cheshire East have participated in a NSPCC scoping exercise on Child Sexual abuse and was recognised in the report as having a gold standard approach to data collection and interpretation.

- The Named Nurse and the Service Lead for 0-19 in Cheshire East have designed and delivered a training package around unconscious bias and Safeguarding.

In addition, compliance with safeguarding training and supervision remains positive across all services.

The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, continually focusing upon prevention and early intervention.

### 3.3.8 Medicines Management

Safe and effective management of medicines continues to be a key priority for the Trust.

Throughout 2024/25, the Medicines Management Team played a key role in establishing and maintaining medicines governance processes throughout Trust Services by:

- Developing and updating medicines related procedural documents and patient group directions in line with best practice and national guidelines.
- An example of a procedure introduced during 2024 was a document to support the administration of 24-hour subcutaneous furosemide, for end-of-life patients, enabling patients with end-stage heart failure to receive palliative symptom control via the Community Nursing Service.
- The Medicines Management Team Provided medicines related training supporting the Community Nursing Service, the in-patient reablement wards (CICC Community Intermediate Care Centre) and providing training for Trust-employed non-medical prescribers. In addition, the team provides monthly updates via the Trust's Medicines Management Bulletin.

- The team undertook a programme of medicines-related audits and fed back to services and individual staff to facilitate improved adherence to best practice and national guidelines. Audits included monitoring medicines handling and storage, monitoring the security of prescription stationery, monitoring patient group directions and monitoring of prescribing of antibiotics.
- In addition, an audit was introduced to determine if controlled drug denaturing kits were being used in line with the manufacturer's guidelines. The audit identified a training need. As a result, two controlled drug procedures were updated to incorporate specific guidance on the disposal of part doses of controlled drugs.
- A high proportion of medication administered by the Trust occurs within the Trust's in-patient wards within CICC. Optimisation of medicines administration within these wards is therefore a continuing priority. In addition to training, the Medicines Management Team provided audits to monitor adherence to on-admission processes, missed doses due to medication not being available, paracetamol dosing intervals and newly introduce weekly audits of the time of administration of Parkinson's Disease medication ensuring the majority of doses of these time critical medications are administered within 30 minutes of the time prescribed. Weekly audits and regular feedback to staff has enabled the wards to maintain good practice and quickly identify and rectify any evolving areas of potential concern.
- During 2024/25, the Trust has taken responsibility for the medical cover for CICC including prescribing responsibilities. The Medicines Management Team has updated procedures to support this process and provided clinical pharmaceutical support for the wards.

### 3.3.9 Infection Prevention and Control (IPC)

Infection prevention and control is an integral element of quality and safety to patients, staff and visitors to our services. All staff play a crucial part in improving the quality of patient experience as well as helping to reduce the risk of infection through effective infection prevention and control practices. The IPC Team have continued to support safe practice in all areas of the trust and have supported staff to deliver

services safely and effectively, including a focus on the fundamentals of hand hygiene.

The Trust has an integrated IPC Team, providing a specialist nurse led service to trust staff and the wider community, and are led by the Chief Nurse/Director of Infection Prevention and Control (DIPC). The team have worked extremely hard to support and advise staff working in both Trust services and the wider health and care community, working collaboratively with key partners throughout the year as part of its IPC and governance arrangements.

Assurance for IPC and associated risks are highlighted in the IPC Board Assurance Framework, which is discussed at the quarterly IPC Group and drawn out and summarised in quarterly reports to the trust Quality & Safety Committee.

The IPC team have revised the approach to learning from Healthcare Associated Infections (HCAIs) aligned to the principles within the Patient Safety and Incident Response Framework (PSIRF) and the team will continue to focus on quality improvement strategies for reducing HCAI. There have been no Healthcare Associated Infections apportioned to Trust services.

The IPCT have increased joint working opportunities with WUTHs IPCT, ensuring relevant patient safety incidents are discussed jointly at a monthly meeting and agree required actions.

In 2025/26, the focus of IPC team will be to implement the national “gloves are off” campaign and other visible IPC campaigns.

### 3.4 People and communities guiding care.

#### 3.4.1 Engagement approach

Involvement and Personalised care are a key component of quality and safety across our organisation and are well recognised as part of the culture of the Trust. Not only does this allow people to have choice and control over the way their care is planned and delivered, but it is also based on ‘what matters’ to them and their individual strengths and needs.



The Trust continues to take a proactive approach in listening to our diverse community voice to drive improvements across the organisation and system. Our internal engagement groups 'Your Voice' & 'INVOLVE (youth)' provide regular opportunities for us to engage and listen to people with lived experiences, supporting us to evaluate and shape our approach to the delivery of high quality, safe and inclusive care. This year saw the 2 engagement groups coming together for 1 meeting to identify opportunities to work together.

Over the past 12 months we have seen several quality improvement projects presented to the engagement groups and enabled opportunities for coproduction. Some of those projects include:

- Home Hazards Checklist - Rehabilitation at Home
- Wound Care Management Leaflet - Community Nursing
- TV screens and promotion of key messages in waiting areas -MSK Physiotherapy
- Launch of Instagram page in St Helen's 0-19 Service
- Introduction of Mental Health Practitioner Led assemblies in High Schools.
- Introduction of digital School Aged Entry Questionnaires for Year 7 Students
- Introduction of Special Educational Needs Drop-in sessions for all ages within Family Hubs

In addition, the groups have been involved with:

- Planning the Trust International Nurses Day Celebrations for 2025
- Judging the "People Choice" award category in the internal WCHC Staff Awards
- Developing member Biographies to promote on the public facing website to encourage recruitment to the community engagement group, Your Voice
- Regular updates on key themes from your experience feedback including concerns and complaints and key learning
- Involved in naming a new commissioned risk and resilience service within Wirral 0-19 service.

### 3.4.2 Inclusion and health inequalities training

The Trust's mandatory eLearning around Equality Diversity and Inclusion is the cornerstone for our Inclusion and Health Inequalities curriculum. This is monitored on our Inclusion dashboard on the Trust Information Gateway (TIG) and compliance levels have remained high and ended the year at 97%.

As a result of feedback from staff, we have continued to work with our Interpretation and Translation service providers to encourage the use of interpreters across our services and to facilitate uptake of remote interpreting options including video interpretation. This has been in response to a sector wide move towards virtual interpreting options and a reduction in capacity for delivery of face-to-face interpreting. We have worked closely with our providers to better understand our needs and implemented collaborative improvements to ensure we can support the use of virtual options. We have also developed contingency arrangements to preserve provision for face-to-face interpretation for when it's required for an effective consultation.

We have over 60 Inclusion Champions within the workforce to support Inclusion and reducing health inequalities and provide intelligence to understand the learning needs of the workforce. The Inclusion Champions have met on a bimonthly schedule over the year.

### 3.4.3 Co-designed care pathways

The 2024/25 Quality Strategy delivery ambitions had a key focus on co-produced care and quality improvements. Utilising our engagement and feedback channels, services identified what matters most to their service users and using proven quality improvement methodology, worked with them to bring about improvements.

Examples of co-produced quality improvement initiatives include:

- End Of Life Care

The EOL team have led on a system-wide quality improvement to improve experiences for patients and carers who are approaching the end of their life. Using insights and

stories from patients, families and staff, they engaged across the system with a range of stakeholders to develop an improvement plan. This aimed to promote person centred care, listening to people's wishes and enhance dignity at a vital time in a person's life. The improvement work has seen improved communication about people's wishes in relation to DNACPR. This has supported open and consistent communication end of life wishes, supporting conversations to happen in a timely and sensitive way and sharing important information with those involved in a person's care.

- Care pathway for people on the dementia diagnosis pathway – Referral to Wirral Memory Assessment Service

Using the “What Matters to You” question as part of their holistic assessment, Nurse Practitioners for Older People (NPOPs) identified that there were barriers in the pathway for people who needed a referral to Wirral Memory Assessment Service as part of their potential dementia diagnosis. They worked with system partners to simplify the journey for patients, reducing the number of touch points required and improving access to this service. The improvement will enable people who are on this pathway to access the assessments they need, helping them get the support they need in a timely way.

- Improving access to rehabilitation programmes for people with Long Covid

The Long Covid Service used insights from people accessing their services about what mattered most to them to tailor the care to their individual needs and preferences. Recognising that those accessing their services wanted to access more physical rehabilitation and using an evolving evidence base to support this approach, they collaborated with local councils to enable service users to access their gym. This was underpinned by quality improvement methodology including stakeholder analysis and measurement to understand improvement.

Data showed less uptake of the programme in certain areas, and they were able to respond to this by offering sessions in different locations. Feedback from those accessing the service has been used throughout the initiative to ensure they are continually improving the offer and getting it right for everyone.

*“I felt well supported in the morning rehab programme, and felt it helped deal with fear of burnout I’d experienced last year from over work and over training without sufficient rest in between.”*

*“Made to feel welcome and listened too, not rushed. The staff were helpful and knowledgeable, also empathic.”*

*“I spoke with the doctor at the service, and he was very good. He asked lots of questions which led us down the route of long covid and sleep apnoea. I completed the four-week exercise programme in January. The exercise program is very well run, being designed for each individual. As you progress through the weeks your*

*improvement is monitored carefully and adjusted accordingly. The exercise equipment is all the latest and very easy to use following expert tuition. I have a great relationship with (the Exercise Physiologist). He checks in with me regularly over the telephone, as I don’t get out much at the minute. We catch up and have a laugh and a joke.”*

- Improving accessibility of information for first time parents

Family Nurse Partnership Wirral identified an opportunity to improve accessibility of information for first time parents and specifically for young fathers. The service has a dedicated practitioner who supports young fathers and part of their role is to ensure that they are signposted to accessible information during and post pregnancy. They engaged with young fathers to understand their needs and then tailor their resources to suit them. The service has developed an Instagram page which has a dedicated section for fathers. Feedback from father’s demonstrated improved experience because of having easier access to information, increased involvement in baby’s appointments and feeling of inclusion in FNP visits.

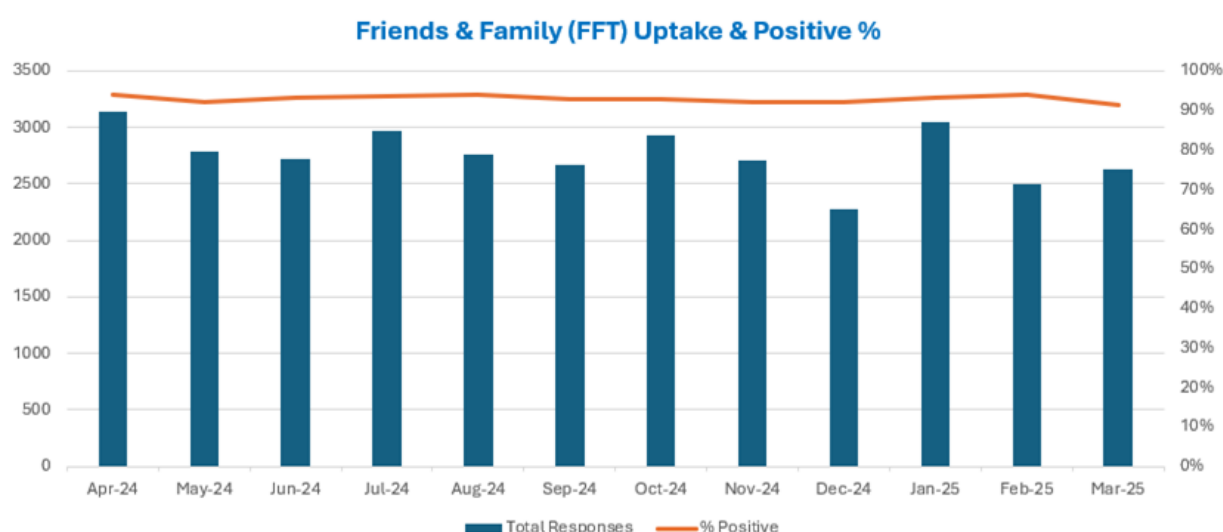
#### 3.4.4 Friends and Family Test (FFT)

Friends and Family Test (FFT) data is vital in transforming NHS services and supporting patient choice. The national approach to obtaining this feedback includes a standard question which invites feedback on a person’s overall experience of using the service.

Feedback across the Trust is obtained using several methods including, Paper and digital 'Your Experience' forms, including easy read versions, verbal feedback and post visit text message service.

During 2024/25 we received 33,145 responses to the Friends and Family Test. Of those responses 93% of people rated their experience as either very good or good.

The position is comparable to the 2023 / 2024 response rate of 33,114.



### Positive themes include:

- Staff attitude – People say they are listened to and treated with kindness
- Implementation of care
- Environment
- Communication

Compliments and feedback from people who use our services and their families and carers form part of our organisational wide learning and is utilised to evaluate what is working well as well as opportunities for improvement. Compliments and experience data is regularly shared and celebrated across the Trust and used as a springboard for further improvement.

Less positive feedback is reviewed by services regularly through a data dashboard. Services have a good understanding of this feedback and utilise it to take forward improvements. The main theme relates to waiting times at the Walk in Centres and Urgent Treatment Centre. The services have good performance against their 4-hour key performance indicator. However, we understand how waiting to be seen can lead to dissatisfaction. As a result of the feedback, TV screens displaying average wait times are displayed in waiting areas. Furthermore, expectations are managed upon arrival at the centres so that patients are aware of prioritisation systems meaning that they may not always be seen in order, and this may vary depending on clinical need.

### 3.4.5 Complaints

The Trust received a total of 36 complaints during 2024/25, this compares to 48 received in 2023/24.

#### **The Top five themes of those complaints related to:**

- Unhappy with assessment and level of support
- All aspects of clinical treatment
- Appointment delays and cancellations
- Attitude of staff
- Communication/information to patients

Following on from investigation 10 complaints were not upheld, 18 were upheld and 2 were partially upheld. 6 complaints remain open. Where complaints were either upheld or partially upheld, learning was identified to support continuous quality improvement. Action plans are robustly tracked through the Trust's Clinical Risk Management Group.

## 3.5 Groundbreaking innovation and research

### 3.5.1 Approach to quality improvement, research and innovation

Quality Improvement and Research & Innovation are significant drivers that underpin improvements in the quality of care delivered to the local populations served by the Trust. The Trust's 5-year Organisational and Quality Strategies reflect the role of

improvement in the delivery of safe, effective community-based care.

Throughout 2024/25, we have had a strong focus on enabling a thriving environment for continuous improvement. As a result, we have continued to build our improvement capacity and capability across our organisation, expanded our research activity capacity and supported people to become involved in innovation, including via the national Clinical Entrepreneurial Programme.

Throughout 2024/25, we have provided additional opportunities for the local population to become involved in research and innovation. Support and expertise from the Northwest Regional Research Delivery Network Agile Research Delivery Team has expanded capacity and research activity in community cardiology. Additionally, a successful grant application from NHS England has supported the cardiology team to implement an innovative programme for monitoring heart failure patients at home. This has enabled timely interventions and, essentially, prevented unwanted hospital admissions.

### 3.5.2 Quality Improvement training

During 2024/2025, we continued to strengthen our Quality Improvement (QI) infrastructure by increasing the number of Quality Champions we have across services including clinical, corporate and administrative.

Our QI training strategy supported a further 65 people to develop quality improvement skills at a Quality Champion level building on the baseline of 40% of eligible staff trained in 2023/2024. Quality Champion training has been delivered by Trust staff who are accredited Quality Service Improvement and Redesign (QSIR) associates. The QSIR curriculum comprises of modules including leading improvement, measurement for improvement, engaging and understanding others and sustainability in improvement. In collaboration with QSIR by Aqua colleagues, we were proud to deliver a 5-day QSIR-Practitioner course to colleagues from both the community trust and Wirral University Teaching Hospitals. Having staff from both organisations was a positive experience for those involved and supports the vision of integration and system improvements for the benefit of people in the local community.

Feedback from staff:

*“The whole programme has been interesting and rewarding, having more insight how the behind the scenes work and how service redesign can be actioned.”*

*“Great to have a mix of Wirral University Teaching Hospital staff (WUTH) and Community Trust staff – worked really well and working together and networking. Really engaging sessions. Good mix of learning classroom and interactive sessions.”*

Our vision is to continue to increase the number of Quality Champions we have across all services clinical, corporate and administrative so that quality improvement skills and confidence is embedded into team practice and culture.

The Quality Improvement, Innovation and Engagement Faculty has continued to meet on a bimonthly basis over 2024/25. Its purpose is to ensure that there are systems and processes in place to effectively capture the insights and needs of our people, promoting accessibility and inclusivity, alongside “what matters to me” and co-production as a core feature of our culture of continuous quality improvement and innovation. The group review QI, innovation and engagement activity, sharing and celebrating best practice and using this as a springboard for further improvements.

Over 2024/25, the faculty has heard and engaged with several key topics including Quality Improvement presentations from Quality Champions:

- Planning the Trust Sharing and Celebration events
- Supporting the development of the Quality Hub for staff
- The use and impact of using Innovation funding to support very overweight children in a 3-month pilot by the Fit Club 0-19 Service
- Embedding a team approach to clinical supervision in Wirral 0-19 teams

### 3.5.3 Research

The importance of research to improve patient care, outcomes and experience is reflected in both the Trust’s Quality Strategy and at the ICB through its statutory responsibility to “promote research in all matters relevant to health”.



Research governance has been developed and strengthened to enable clinical teams to deliver high quality studies. Strong working relationships have been established with local Primary Care and Acute organisations with a view to maximising collaborative research opportunities and offering increased research opportunities to a diverse population.

Continued support from the NW RRDN has enabled research activities to be maintained throughout 2024/2025 with recruitment of 55 participants to NIHR portfolio research studies.

Expressions of interest have been submitted (and the site has been accepted) for 2 additional studies that will enable community-based services to offer research opportunities to local populations, some of whom historically may have been overlooked, or had limited involvement in research.

There are 8 Community Research Champions across the Trust who will promote and support research activity within their services

#### 3.5.4 Development and establishment of Innovation Hub

The Trust has continued its collaboration with colleagues at Wirral Metropolitan College to codesign and develop an innovation hub to be situated at the Hamilton site of the College. The vision has been to create an enabling environment for idea generation and problem solving. We proudly held the Innovation Hub opening event in January 2025 with representation from key stakeholders from both the college and the Trust including students. The partnership is centred on a mutual dedication to research and innovation, aiming to bridge education, healthcare and community impact. The space will provide access to our staff, Wirral Metropolitan students, and the local community to express their creative side. The space will be utilised by both organisations both independently and in collaboration with one another to enhance opportunities for cross organisational learning and co-production. This will continue into 2025 / 2026 and an impact report produced detailing outcomes across several domains including staff engagement and community involvement.

### 3.5.5 What Matters to You campaign

Over 2024/25 we have implemented a “What Matters to You?” campaign across our services. The campaign helps services to better understand how to tailor care to the actual needs and preferences of individuals. It supports and encourages more conversations between people who provide health and care and individuals, families and carers receiving care. The approach shifts from “What is wrong with you” to “What Matters to You”. The approach has also been incorporated into personalised care planning to ensure that care and support is tailored around what matters most to people. Insights have been used to further improve services taking a strength-based approach.

Community Intermediate Care Centre:

*“**My independence** is everything. To get the therapy services needed **to be able to get up out of bed, dressed ready for the day.**”*

*“To have a **nice environment** to get better in. Everyone is **caring**. Everywhere is **clean**. When I walk in here it's like heaven.”*

Community Dental:

*“They ask me questions and they **explain things to me** (Child with additional needs).”*

*“She **likes to know what is happening** and the service tell her (Mum of child with additional needs)”*

Diabetes Smart:

*“Put you at ease, given me confidence. I feel **able to speak up** and ask questions in the group.”*

*“Having things **explained clearly** and **helping me to understand** – They do this”*

### 3.5.6 Delivery of celebration and sharing events, celebrating success

The Trust were proud to host a sharing and celebration event during 2024/25. June 2024 saw the delivery of the event in the atrium of the Trust headquarters. The event

was focussed on health and wellbeing as well as partner collaboration. Staff and services from every locality of the Organisation were represented as well as NHS cadets, Spartacus (our therapy dog) and a range of our external partners and stakeholders including Koala Northwest, Health Assured, Healthwatch Wirral, DA Languages, and Journey Men. We were delighted to welcome The Northwest Innovation Agency and Heart Heroes who were on hand to perform key health checks for those attending the event. The event signified our ongoing commitment to continue to foster collaborative relationships to support co-production in improvement initiatives. Local businesses supported us by donating refreshments for staff and prizes for the raffle in which we raised money for a charity for The British Heart Foundation.

As with the previous events during 2023 / 2024, it was a great success and staff felt proud to showcase their achievements whilst having an opportunity to network with one another. Feedback from the event from those who attended was collated and will be used to support planning of future events. When asked "What did you enjoy most about the event?", responses included:

*"The Sharing and Celebration event was truly enjoyable for several reasons. Firstly, it was wonderful to see the sense of community and togetherness. Everyone came together to share their experiences, achievements, and stories, creating a warm and supportive atmosphere. Secondly, the variety of activities and presentations kept things exciting and engaging. Whether it was listening to speeches, or participating in interactive sessions, there was always something interesting happening. Lastly, the*

*event provided a great opportunity to recognize and celebrate the hard work and accomplishments of individuals and teams, a sense of pride and motivation. Overall, the event was a perfect blend of celebration, learning, and community spirit."*

*"The Cardiac Rehabilitation team really enjoyed doing the health checks on staff and members of the public, we had 67 people attend for a health check, so it was very popular! The education/information table we had was also very popular and the students supporting the team had the opportunity to help provide health advice. It was also great seeing the vast array of services and what they offer."*

## 3.6 Service developments

### 3.6.1 Home First

Following the expansion of Home First, the service now supports patients being discharged from hospital or Community Intermediate Care Centre on pathway 1. All patients receive a Multidisciplinary Team triage and care plans are set up according to individual patient need.

During 2024/25 we have:

- Consistently achieved the target of 170 discharges each month, and often exceeded this target.
- Continued to revise pathways to improve speed and efficiency of discharges, and continued to refine hybrid models to work more flexibly with domiciliary care
- Made new links with other agencies, such as Medequip in order to triangulate data to support a lower rate of readmissions by exploring the use of new technology in the community.

We have continued with quality improvement meetings, and workshops with staff from across the system. This approach to co-design and engagement has improved coordination and built on the shared culture for Home first discharges.

Home First is supported by the Voluntary Community and Faith Sector. Home First have linked with Age UK and with Involve Northwest community connectors to further support patients at home alongside the service and after they have been discharged. This has enabled patients to receive ongoing support with tasks such as shopping and cleaning and wider carer support.

The activity and outcomes seen during 2024 showed that:

- Wirral has continued to be among the best in Cheshire & Merseyside for bed days being used for people who don't need to be in hospital.
- Sustained outcomes where people have finished their Home First journey independent, without ongoing care needs, when compared to other local areas

In 2024/25, the Home First service has supported over 2300 discharges, in comparison to approximately 1400 discharges the previous year.

There has been continued national interest in our Home First model and we have enthusiastically engaged with teams from around the country to discuss the journey of this successful service.

Patient feedback has been positive and as an example, one person stated that the care and support they had received had been second to none, and they could not thank the team enough for the encouragement they gave to improve their confidence and independence.

### Frailty Virtual Ward

In 2024/25 Frailty Virtual ward has evolved into a well utilised service with good outcomes.

During 2024/25 we have:

- Streamlined the processes and pathways by tightening up the integrated model between WUTH and WCHC
- The model was re-designed in Summer of 2024 and a new structure has been put in place, with the introduction of a ward manager, who looks to co-ordinate referrals and discharges to the virtual ward and maximise occupancy of the 25 virtual beds

The improvement efforts include areas such as optimising occupancy, which was previously low at around 30-40%. Reviewing the clinical model, the team has successfully achieved sustained occupancy levels above 80%, despite significant reductions in funding, which have presented additional challenges.

The ward currently has 25 beds and operates on a three-tier basis:

- Tier 1 – patients requiring regular medical input and being looked after the geriatrician led medical team
- Tier 2A – is a step down from Tier 1 and incorporates a combination of medical and nursing care
- Tier 2B – nursing led with referrals coming directly from the UCR and Right Care Hub. In case of any concerns arising, these patients are discussed and escalated

Monthly integrated quality assurance meetings are held in to jointly review incidents and pathway ideas to continue to make efficiencies and streamline processes accordingly.

Patients feedback has been positive. An example is demonstrated below:

*“Dear Frailty Team/Virtual Ward Team,*

*I wanted to take a moment to express my sincere gratitude for the exceptional care and support you provided to one of our residents during their end-of-life journey. Your team's expertise and compassionate approach meant a great deal not only to the individual, but also to our entire team here at the Nursing Home and his family. Your kindness, professionalism, and dedication to ensuring he was comfortable and well cared for in the final days was truly appreciated. It was evident that you went above and beyond to offer both clinical and emotional support, and for that, we are extremely grateful. Thank you for your continuous collaboration and for making a difficult time that little bit easier to navigate. We are incredibly fortunate to work with such a wonderful team.”*

### 3.6.2 Let's Talk Service

WCHC were successful in our bid to provide the young person's Risk and Resilience service in Wirral, starting September 2024. We engaged with young people to co-produce a name, logo and wording to describe the service to make it accessible and attractive to them. 'Let's Talk' was the chosen name and is now starting to be recognised by young people in schools and alternative provisions.

The staff support building knowledge and skills to promote healthy and safe lifestyles in the areas of Public Health known to cause physical and emotional challenges for children and young people:

- Relationships and sexual health
- Drugs and alcohol abuse
- Healthy diet and exercise to prevent overweight and obesity
- Understanding how to manage emotions

Provision includes:

- Whole school support with policies and activities to promote healthy weight in primary schools

- 1:1 work with children and families identified as being overweight by referrers and the National Childhood Measurement Programme
- School staff training in all the Let's Talk subjects that are captured within the PSHE curriculum
- Drop ins in youth groups and alongside Health Service in Schools colleagues in schools
- Support for schools to implement local policy and deal with incidents related to drugs
- Class and group sessions designed and delivered to young people in schools, colleges and alternative provisions to tackle pertinent subjects causing risk to young people including: 'consent', 'youth produced sexual imagery', 'Misogyny', 'STIs', 'contraception', drugs awareness'
- Class sessions in Special Schools adapted for these young people who having different ways of learning
- Designing online content for the WCHC website for young people, and developing this for parents and professionals

In January the team worked with:

- 6 primary schools introducing a whole school approach to identifying challenges and supporting bespoke action plans for sustainable improvements for the school, children and families
- 15 children having 1:1 support along with their families to reduce their weight
- 7 primary schools and 74 staff have had staff trained in drug awareness
- 7 secondary schools were given advice and guidance on Wirral's drug policy relating to specific incidents
- 230 young people received drug awareness sessions
- 9 schools and colleges had relationship and sex education sessions delivered
- Meetings to plan 'drop -ins' at a youth Hub and in some secondary schools
- Ongoing development of online resources and Instagram page, including remedial actions, forecast planning, risks, shared learning and inclusion Evaluations from all sessions, and support has been positive with repeated access to the service.

### 3.6.3 Waiting list management

Our Waiting List Oversight Group (WLOG) monitors the trust monthly and year-to-date (YTD) waiting list performance metrics. The group provides assurance to the Safe Operational Group (SOG). The group has representation from the quality team to ensure all developments and performance initiatives reflect and demonstrate the importance our organisation places on quality.

Our vision as a Trust is to be a population-health focused organisation specialising in supporting people to live independent and healthy lives.

We have made great strides in managing waiting lists, through use of digital systems and the development of patient resources. We have seen improvements across all areas in reducing the numbers of patients on our waiting lists and reducing waiting times.

We recognise health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives.

An internal weighting tool, developed and implemented during 2023/24, has been used extensively, adhering to the principles of the National Core20 Plus 5 model for reducing health inequalities as well as the Patient Safety Incident Response Framework (PSIRF).

This tool has been used within 13 key services in the Trust during 2024/25. The tool supports clinical decisions through a risk stratification and a prioritisation process, helping services to ensure those with the greatest health inequalities can be seen sooner.

The tool uses data from several sources to undertake this prioritisation and to support with the data collection, our clinical systems team have developed a digital questionnaire within patient records which is utilised to obtain further demographics and inequalities. This patient completed data collection also includes the identification of any disabilities, impairments or long-term conditions alongside protected characteristics and other vulnerabilities or health inclusion groups. This then flags if the patient has any communication needs or reasonable adjustments requirements which we can address



ahead of first clinical contact, further improving access and supporting a reduction in inequalities.

### 3.6.4 Integrated Community and Primary Care Network (PCN) Population Health Management Teams

Wirral's integrated Community and Primary Care Network population health management teams aim to deliver proactive, coordinated care for people who most need it. This patient group is typically people with moderate to severe frailty, who are more likely to experience unplanned hospital admissions.

Most of Wirral's PCN footprints now have an integrated frailty team. Moreton & Meols PCN was the pilot site and commenced in January 2024. Active development with all PCNs has been underway during 2024 / 2025 with Wallasey Wellbeing, Arno and North Coast Alliance PCN units, and West Wirral PCN all now working in this way. We expect all PCNs to have integrated teams in place by the end of 2025.

The hallmarks of the model, which is consistent with the latest NHS guidance around development of Integrated Neighbourhood Teams, are:

- A single view of the PCN population to identify people who need this support, via referral or risk stratification
- Clear pathways and a single point of care coordination
- Proactive, holistic and person-centred assessment and care planning
- A one-team approach team to reduce duplication and improve communication
- Continuity of clinical documentation on a shared system, with planned follow ups for people on the teams' caseloads

By using frailty as a key identifier, this approach to population health management is sensitive to health inequalities. Wirral data clearly shows frailty developing earlier in younger populations in more deprived areas. In working with primary care on a PCN footprint, WCHC has allocated resource based on population need. This is evidenced through unplanned care utilisation, which closely correlates with levels of frailty within the population.

During 2024 / 2025, the model, and progress to implement it, has been shared with NHS England's national team and the National Clinical Director for Older People as a working example of Integrated Neighbourhood Teams. It has also been featured by the British Geriatric Society as an effective example of integrated proactive care.

### 3.7 Risk Assessment and Single Oversight Frameworks

In accordance with the quality report for Foundation Trusts 2017 / 2018 guidance, the following indicators appear in both the Risk Assessment Framework and the Single Oversight Framework and have been identified as being applicable to the Trust.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway:

	24/25	23/24	22/23	21/22	20/21	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	<b>99.8%</b>	99.1%	81%	81%	100%	100%	100%

A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge:

	24/25	23/24	22/23	21/22	20/21	19/20	18/19
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	<b>97.1%</b>	96.5%	97.6%	99%	99.9%	99.7%	99.8%

### 3.8 NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually across the whole of the NHS. Since 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and continue to include the engagement and morale elements which give good insight into overall staff experience. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2024 survey among Trust staff was 51 % (2023: 60 %). The average response rates across all NHS trusts was 50%.

Scores for each indicator together with that of the survey benchmarking group (NHS Community Trusts) and average across all NHS Trusts are presented below.

Indicators  People Promise' elements and themes				
	Trust score 2024	Trust Score 2023	Benchmarking group score	NHS
We are compassionate and inclusive	7.70	7.76	7.76	7.28
We are recognised and rewarded	6.32	6.40	6.79	5.99
We each have a voice that counts	7.00	7.14	7.11	6.69
We are safe and healthy	6.20	6.33	6.49	6.14
We are always learning	5.86	6.13	5.97	5.67
We work flexibly	6.63	6.78	6.91	6.31
We are a team	7.20	7.28	7.20	6.80
Theme - Staff engagement	7.02	7.18	7.23	6.85
Theme - Morale	5.84	6.05	6.26	5.96

The Trust performance reduced in all nine scores however only two of these reductions are of statistical significance (*We are always learning* and *Morale*). Compared to the NHS overall, Trust scores were above average for eight out of nine indicators.

In comparison to benchmarked Community Trusts, the Trust were equal to the average scores for one People Promise theme, *We are a team*.

The Trust were below average in comparison to other Community Trusts for the other six People Promises and two themes of staff engagement and morale. The People Promise element *We are always learning* and the theme *Morale* both had a statistically significant negative change.

We were 'best in sector' for 2024 staff survey results on Q23a\* "in the last 12 months having an appraisal" and Q13d "the last time you experienced physical violence at work, did you or a colleague report it?"

We utilise data from regular Pulse surveys to enable a responsive approach to staff feedback. We understand the survey results in the context of both national and local changes. A Trust-wide Action Plan is being developed to address overarching themes along with local action plans at team level designed as well as local issues.

The Trust will build on work initiated by the People Strategy, some of which more recently has been delivered under the remit of the People Promise Manager role with a focus on continuing to improve employee experience over the next twelve months. This includes a focus on promotion of and engagement in wellbeing conversations.

## 4: Planning ahead for 2025/26

### 4.1 Quality Strategy

Quality remains at the heart of our organisation, and we continue to strive every day to create more equitable outcomes for the people we serve as we move into the fourth year of our five-year Quality Strategy.



We will continue to ensure that we use our limited resources efficiently and sustainably, shifting from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and leading care developments. We will proactively work with our colleagues at Wirral University Teaching Hospital to take forward our vision of integration and collaboration recognising the positive impact this will have on our ability to provide the best quality care we can to the communities we serve together. Furthermore, we will continue to work with local Voluntary Community and Faith Sector organisations recognising the benefit of including their voices in our ambition to promote safety, independence and choice.

Our Quality Strategy 2022 / 2027 is based on the following three Quality Ambitions:

## Our three Quality Ambitions are:

- 1

**Safe care and support every time** - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.
- 2

**People and communities leading care** - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.
- 3

**Ground-breaking innovation and research** - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

## We will ensure:

- **Safe care and support every time by:** embedding a framework for system-wide learning, using data to drive improvement and facilitate community based initiatives to promote wellbeing and independence
- **People and communities lead care development in partnership by:** embedding inequalities data collection, establishing processes for systematically hearing from people and communities and co-production of care pathways
- **Groundbreaking innovation and research by:** developing a sustainable workforce to lead innovation and research, establishing an innovation hub and building a strong innovation and research portfolio

## 4.2 Inclusion and Health Inequalities Strategy

Health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives. Our ambitious Inclusion and Health Inequalities Strategy 2022/27 directs our efforts to reduce inequalities that exist across our places.



A great deal can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. We have continued to innovate in this field and we play a significant role in the system. We will continue to build on the work with partners to maximise our impact across Cheshire and Merseyside to ensure that we are tackling these wider determinants in a joined up and coordinated way with our colleagues and partner organisations across the ICB.

We will also further develop a diverse workforce who feel valued and supported,



embedding our Trust values of Compassion, Open and Trust. A valued and supported workforce provides better care.

Our Five-year Inclusion and Health Inequalities Strategy is based on the following three Ambitions:

**Our Inclusion and Health Inequalities Strategy takes account of the Core20 PLUS 5 model and describes how we will tackle inequalities by:**

**1**

Ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all

**2**

Ensuring that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of **Compassion, Open and Trust**

**3**

Reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas

## **We will:**

- **Remove barriers to access by:** embedding a system for improving data collection as standard, developing the Equality, Diversity and Inclusion (EDI) skills and knowledge of our workforce and, taking positive action to drive workforce diversity
- **Focus on the experience of care by:** collaborating and co-designing services and pathways to improve inclusivity, using data to better understand inequalities and developing a culture of inclusiveness and empower positive allyship
- **Improve outcomes for everyone by:** focussing on our population health impact using Core20 PLUS 5 principles, maximising our social value through local purchasing and employment and delivering effective, intelligence-led preventive programmes focused on improving outcomes

### 4.3 Priorities for 2025/26

Key delivery priorities for 2025/26 driven by our Five-year strategies are:

Safe care and support Every time	People and Communities Guiding Care	Ground-breaking Innovation and research
<b>We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent</b>	<b>We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.</b>	<b>We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale</b>
Deliver a minimum of 4 safety focussed quality improvement programmes aimed at improving clinical safety and experiences of care across Wirral Place	Embed “What Matters to you” further into personalised care planning and deliver place-based campaign days to understand What Matters Most to people when accessing system pathways	80% of eligible staff trained in Quality Improvement curriculum
Further embed a proactive, learning-driven safety culture that enhances patient outcomes, staff engagement and staff confidence in PSIRF processes	Work collaboratively with system partners to co-produce a minimum of two care pathways	Enhance the quality of care and patient outcomes by actively engaging in NHS research studies, fostering a culture of innovation and integrating evidence-based advancements into clinical practice



**Ref: Wirral Community Health and Care NHS Foundation Trust**

**NHS Cheshire and Merseyside ICB  
No1. Lakeside  
920 Centre Park Square  
Warrington  
WA1 1QY**

**13 June 2025**

**Sent by email to:**

Paula Simpson, Chief Nurse & Director of Infection, Prevention and Control  
[paula.simpson8@nhs.net](mailto:paula.simpson8@nhs.net)

**Re: 2024/25 Quality Account Statement**

Dear Paula

NHS Cheshire and Merseyside has worked closely with Wirral Community Health and Care NHS Foundation Trust throughout 2024/25 and recognise the achievements made with regards to quality throughout the year.

We note the positive contribution made by the Trust to support areas for improvement identified as part of the Local Area SEND inspection. As a result, the recent inspection highlighted progress against 8 out of 10 key areas included within the Written Statement of Action. We understand from your statement there remains a few key priority actions remaining, which will be monitored as part of the local SEND partnership governance. Cheshire and Merseyside ICB recognise the ongoing, dedicated work, commitment and continuous improvement upheld by Wirral Community Health and Care NHS Foundation Trust to ensure a positive experience and outcomes for children and young people.

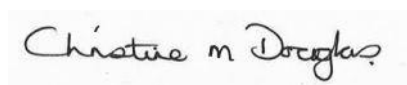
The Trust has outlined within their quality account the vast amount of proactive safeguarding work being undertaken, involving both adults and children, the collaboration of these programmes covering other areas within the Cheshire and Merseyside footprint highlights the ICB vision for everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer.

The Trust's active clinical audit programme has been described within the account and assures oversight of clinical effectiveness and continuous review. It is highlighted they celebrate best practice, and it also allows them to highlight opportunities for improvement. Wirral Community Health and Care NHS Foundation Trust has also participated in 100% of national audits which it was eligible to participate in.

Significant work has been undertaken by the Trust to support promotion of 'Safe Sleep'. This work includes working in collaboration with Merseyside Police on a Safer Sleep Pilot, alongside the Trust's Child and Young Peoples services. This collaborative work is again recognised and is commendable for actively working with system partners. Patient Safety is embedded within Wirral Community Health and Care NHS Foundation Trust. This is evidenced in the launch of PSIRF and commitment to aligning their Patient Safety Incident Response Plans with their neighbouring hospital, Wirral University Hospital Trust. This collaborative work enables a new systems way of learning and ensures open and clear communication between healthcare providers and patients, to improve safety outcomes.

Finally, it is recognised that the individual effort of staff and teams within the Trust make a huge impact to patient care. The acknowledgment of the importance of the workforce is strongly recognised within the account, staff concerns are listened to and FTSU is well established with FTSU champions growing to 135 staff members. We congratulate the Trust on making this progress in such an important area of work.

Yours sincerely



Chris Douglas MBE (she/her)  
Executive Director of Nursing & Care  
NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Lisa Ellis, Helen Meredith