NHS

Wirral Community Health and Care

NHS Foundation Trust

Compassion Open Trust

Annual Quality Account | 2025/26

Contents

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 2025/2026 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 2025/26.

Part Four looks ahead and contains our priorities for improvements for 2026/27.

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 2026/27 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.

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.

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 1600 members of staff, most of whom are in patient-facing roles.

The Care Quality Commission inspected Eastham Walk-in Centre (WIC) and Arrowe Park Urgent Treatment Centre (UTC) during September and October 2025. Across both services, several elements of *"Good"* practice were identified within the **Caring** and **Effective** domains, with inspectors highlighting teamwork at a service level, a compassionate and patient-focused approach from staff, and a clear commitment to supporting people to achieve positive and effective outcomes. Patients were treated with kindness and respect. The inspections also identified challenges within the **Safe** and **Well-led** domains for both services, and within the **Responsive** domain for Eastham WIC. Since the inspections, there has been significant progress in addressing these areas, with improvement actions developed and implemented collaboratively with

staff. This work continues to strengthen governance, leadership, and responsiveness, and reflects a clear commitment to learning, continuous improvement, and delivering safe, high-quality services for local populations.

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.

Over the past year, we have advanced our integration journey with acute partners through the co-development of a shared organisational strategy, shaped by widespread engagement with clinicians, operational leaders, and system stakeholders across both community and acute settings. This collaborative work has helped establish a clear, collective direction and strengthened relationships at place and pathway level. Alongside this strategic alignment, there has been a strong operational focus on clinical pathway integration, with tangible progress being made across priority areas including cardiology, tissue viability nursing (TVN), and musculoskeletal (MSK) services. Joint working is supporting more coordinated care, clearer referral routes, and improved continuity for patients as they move between services. While this programme of work continues to evolve, it represents a meaningful step forward in delivering more integrated, efficient, and patient-centred care across organisational boundaries.

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 Chief Executive, Janelle Holmes
Dated: 30.6.26
Trust Chair, Steve Igoe
Dated: 30.6.26

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 2025/26, our values have become further embedded across the organisation. Over 2025/2026, we have continued to embed the behavioural standards framework into our practice, and this has strengthened how we support staff to demonstrate and feel the impact of the values that were codeveloped with them during 2023/2024.

Over 2025/2026, the Leading Series “Enabling Leadership for all”, which is based on our Leadership Qualities Framework, has supported staff at all levels to develop their leadership skills. Coaching has been an integral enabler, providing a reflective space for staff to explore their development, build self-awareness and strengthen their impact within their teams and services. This approach has reinforced the belief that leadership is not defined by role or hierarchy, but by behaviours, accountability, and a shared commitment to delivering high-quality, compassionate care. By equipping staff with the skills, confidence, and permission to lead improvements in their own areas of practice, the series has helped strengthen inclusive leadership, collaboration, and a culture of continuous learning. This approach supports our ambition to empower our workforce, enabling them to take ownership, work effectively across teams, and contribute to positive outcomes for the people and communities we serve.

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 2025/26 over 720 **Shout Outs** 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. We received 67 nominations in 2025/26 with monthly winners presented with a framed certificate from our Chief Executive and showcased at the monthly all staff briefing.

In January 2026 as part of our integration journey with Wirral University Teaching Hospital (WUTH) the monthly all staff briefing is now held jointly. Stand Out winners are announced alongside their colleagues at WUTH and presented with a certificate and hamper. There are plans in 2026/27 to bring the Stand Out and WUTH employee of the month schemes together.

Our Trust 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.

In 2025/26 the annual staff awards were paused whilst both WCHC and WUTH commenced discussions to develop a joint awards ceremony which would align with integration plans. To ensure staff received recognition and thanks in this interim year, a **week of recognition** was launch in March 2026. This brought together all the Shout Outs, Stand Outs, Employees and Teams of the Month, CEO awards and Volunteer Awards into a week-long celebration featuring a screensaver takeover and special edition of The Update.

Our **Long service awards** continue to 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, Nursing Times and the recently launched NHS Excellent Awards.

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'. During the UTC and Eastham Service inspections conducted in September 2025 a Section 29A notice was served on the Trust. The Trust has been responsive in the development of a robust improvement plan to address the identified priority areas and demonstrable improvements have been evidenced.

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.

2.3.2 Data security and protection toolkit (DSPT) attainment level

Mersey Internal Audit Agency (MIAA) completed an independent assessment for the Trust following the Cyber Assessment Framework (CAF)-aligned DSPT Independent Assessment Framework and Guidance published by NHSE. MIAA reviewed 12 outcomes across the 5 objectives in the Cyber Assessment Framework. NHSE mandated 8 outcomes to be audited for 2024/2025, the Trust selected a further 4 outcomes to be audited.

MIAA assessed 12 outcomes, and found that, for 11 outcomes, their rating aligned with the organisation's self-assessment. However, for the remaining 1 outcome, MIAA's rating did not align with the organisation's self-assessment, resulting in a low level of deviation between the independent assessment and self-assessment. MIAA assessed the confidence level of the Independent Assessor in the veracity of the self-assessment as: High Confidence.

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 2025/26 by NHS England.

2.3.4 Data quality

During 2025/26, Wirral Community Health and Care NHS Foundation Trust provided 39 services, some in partnership with other providers through sub-contracts.

Wirral Community Health and Care NHS Foundation Trust have 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 2025/26 represents £109.4 million (of the total income generated from the provision of relevant health services by Wirral Community Health and Care NHS Foundation Trust for 2025/26.

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 2025/26 The Central Alerting System issued 12 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 secure NHS Mail, and the Trust's Datix System.

Of the 12 alerts issued:

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

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

- 6 no action was required
- 2 had actions required which were completed within the timescales
- 1 had actions required and is due for completion by 20/11/2026

1 Alert remains open from 2023/2024 beyond the deadline – this has been added to the Trust risk Register as Risk: 2987. MHRA have been notified, and the risk is being managed appropriately. This has been closed during Quarter 1 of 2026/2027.

2.3.6 Participation in national clinical audits and local audits

During 2025/26, 4 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 enquires that Wirral Community Health and Care NHS Foundation Trust were eligible to participate in during 2025/26 are as follows:

- BASHH Chlamydia – online submission to BASHH
- National Audit for Cardiac Rehabilitation
- UK Parkinson's Audit
- National Obesity Audit

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 2025 – 31 March 2026, 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	Figures are sent directly to BASHH from the laboratory not the Trust
National Audit for Cardiac Rehabilitation	100%

UK Parkinson's audit	100%
National Obesity audit	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 2025/2026, 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 55 local clinical and professional audits and 19 service audits over 2025/26. 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 2025 / 2026, we have continued to build on the progress made with NICE guidance implementation during 2024/ 2025 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 2025 / 2026, NICE updated or published 177 guidance documents: of these:

- 156 not applicable
- 9 fully implemented
- 10 applicable and under review
- 2 partially implemented – no risk identified

Improvements made during 2025 / 2026

Following the publication of new national sepsis guidance (NG253, NG254, NG255 and QS213), targeted enhancements were made to the Trust's sepsis screening and assessment templates to strengthen clinical decision-making and reduce the risk of missed or delayed recognition of sepsis. Additional narrative was incorporated into the Sepsis Screening Tool switchboard to prompt clinicians to apply heightened clinical vigilance when assessing sepsis risk in patients who are unable to provide a clear history of symptoms, including individuals with communication barriers or where English is not their first language. In parallel, the NEWS2 template within the electronic patient record was updated to include clear prompt highlighting evidence that pulse

oximetry readings may be overestimated in people with darker skin tones. These changes support more equitable and accurate assessment, reinforce professional curiosity, and strengthen the Trust's approach to early identification and safe management of sepsis.

2.3.8 Learning from Deaths

During 2025/26, 36 of Wirral Community Health and Care NHS Foundation Trust service users were reviewed in line with the learning from deaths policy. The figure represents the total number of reported unexpected deaths rather than deaths from all causes. This includes a total of **21** Child deaths all of which were reviewed using Sudden Unexpected Death in Childhood (SUDIC) methodology. This comprised of the following number of unexpected deaths occurring in each quarter of that reporting period:

- 8 in first quarter, (3 adults, 5 child deaths) none of which were judged to have been due to problems in care provided to the patient by the Trust.

- 10 in the second quarter, (2 adults, 8 child deaths) none of which were judged to have been due to problems in care provided to the patient by the Trust.

- 14 in the third quarter, (7 adults, 7 child deaths) none of which were judged to have been due to problems in care provided to the patient by the Trust.

- 4 in the fourth quarter, (3 adult, 1 child deaths) none of which were judged to have been due to problems in care provided to the patient by the Trust.

Adult Deaths

By 31 March 2026, 15 adult case record reviews and 3 investigations have been carried out in relation to 15 of the unexpected adult deaths detailed above.

In 3 cases an unexpected death was subjected to both a case record review and an investigation. The number of unexpected deaths in each quarter for which a case record review or an investigation was carried out was:

- 3 in the first quarter
- 2 in the second quarter
- 7 in the third quarter
- 3 in the fourth quarter

0 representing 0% of the patient unexpected deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

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 Executive 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 Executive Medical Director, Chief Nurse and Chief Operating Officer for all unexpected deaths. Each reported unexpected death is reviewed within the Clinical Risk Management Group where investigations are commissioned, and findings are discussed.

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. The Trust has identified the benefit of a whole system approach to learning from deaths. Examples include strengthening of integrated care pathways delivered across multiple organisations. As a result, the Medical Director is actively engaging with

providers across the Wirral health and social care economy to ensure shared learning opportunities are identified and appropriately disseminated to support collaborative working to continuously improve the quality of care provided.

We have continued to work in partnership with Merseyside Police with preventative measures to support safer sleep across Wirral, Knowsley and St Helens Place. WCHC have shared information with Cheshire Constabulary for consideration of implementation in their area. The Trust safeguarding team continue to raise awareness of high priority areas through staff communications and campaigns. Examples include Health and Social Care Professional Advice relating to child drowning, Safer Sleep Campaign and child deaths due to asthma or anaphylaxis.

Assessing the impact of the quality improvement actions taken to learn from deaths

The impact of the system-wide approach to learning from unexpected deaths is assessed and monitored at the Trust's mortality review group. The group will continue to closely monitor the impact of implementing a system-wide approach to learning from unexpected deaths during 2026/27.

0 case record reviews and 0 investigations were completed after 01 April 2026 which related to unexpected deaths which took place before the start of the reporting period.

Part 3: Looking back over the last year 2025/26

3.1 Quality Goals 2025/26

During 2025/26 the quality goals detailed below were successfully implemented. Two exceptions reporting partial implementation are detailed below.

Safe care and support every time	People and Communities Guiding Care	Ground-breaking Innovation and research
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	**We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice**	**We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale**
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	65% 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

- **Quality Goal 2: Further embed a proactive, learning-driven safety culture that enhances patient outcomes, staff engagement and staff confidence in PSIRF processes.** This goal will be achieved in full by 30/04/26. An extension was requested to support the delivery of the second training session for patient safety champions **which will take place during Quarter 1 of 2026/27.** This goal will continue to form part of the quality strategy delivery plan for 26/27 as PSIRF continues to be a high priority in our patient safety ambition.
- **Quality Goal 4: Work collaboratively with system partners to co-produce a minimum of two care pathways.** There have been key successes for Children's Speech and Language Therapy with significant reductions in waiting times for initial assessments.

3.2 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 2025/26 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 2026/27.

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 and our patient safety partners 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 2025/26 we have continued to further develop our Patient Safety Partners role within the Trust. They have continued to be valued members of the Trust's Clinical Risk Management Group which feeds directly into 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. 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. This work will continue until October 2026 as the current Patient Safety Partner term will be complete, the trust will then recruit new partners into these roles.

During 2025/26, we successfully completed our final training cycle for staff in Patient Safety Incident Investigations (PSII) and for Patient Safety Champions, strengthening a systems-based approach to learning and improvement. Throughout this period, we have aligned our investigation capability with **HSSIB investigation training**, ensuring consistency with national best practice.

Two dates were offered for Patient Safety Champion training; while uptake was lower than anticipated, this has informed a refreshed approach. Further training sessions have now been agreed for **Q1 and Q2**, supported by a clear and proactive communications plan to maximise engagement and participation.

We have completed two Patient Safety Champion meetings and these will continue throughout 2026/27 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 have reviewed 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.

3.3.2 National Patient Safety training

During 202/26 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 88%. 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 2025/26 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 2026/27.

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 2025 clinical supervision compliance was 87.7% increasing to 87.3% in March 2026. The compliance range during 2025/26 was 83% – 89% with an average of 86%.

In September 2025, our approach to Clinical Supervision was audited by Mersey Internal Audit Agency (MIAA) and we received a rating of moderate assurance. Areas of good practice identified related to the staff benefit of psychologically safe environments that support reflective practice, wellbeing, and professional development. They highlighted that services had adopted tailored approaches, including resilience-based models, multi-agency supervision, and competency frameworks. Supervision was used to enhance clinical skills, share learning and improve patient care. Areas for improvement were identified, and a quality improvement approach was adopted to progress the actions. This included widespread staff engagement to ensure that the approach aligned to the PSIRF principle of “work as prescribed” and “work as done”.

3.3.4 Incident reporting

During 2024/25 there was a 10.5% reduction in incident reporting within the Trust. This reduction was present across harm levels, with incidents coded as no harm (-5%), incidents coded as low harm (-20%), as well as incidents coded as moderate harm (-4%) all seeing reductions. There was 1 incident reported as severe harm in 2025/2026, learning has been identified and implemented.

Since the adoption of LFPSE the Trust has listened to staff 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 2025/26 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.

We have continued to implement Statistical Process Control (SPC) charts to track data over time within the Safety Risk and Learning Review Panel; this supports our quality improvement approach. The Trust remains committed to working in partnership with stakeholders across Wirral to improve patient care. This has resulted in the development of joint quality and safety goals with system partners during 2026/27.

3.3.5 Never Event

During the 2025/26 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 2025/26:

- The Trusts Freedom To Speak Up strategic plan continues to be embedded across the Trust. This document outlines the Trust's vision to create an environment and culture were speaking up and listening up are business as usual for all our staff and where raising concerns results in improvement and learning.

- Our network of Freedom to Speak Up Champions continues to support colleagues across the Trust to speak up, signpost 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.

- 97.6% of our staff have completed the national Speak Up Training which supports all staff to know how to Speak Up and supports Managers and Senior Leaders to listen and respond appropriately.

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 2025/26, 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, Knowsley, St Helens and Wirral Place.

- The Safeguarding Assurance and Accountability 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.

- In Q3 2023/24 our two-year Commissioning Standards document was completed and submitted to the ICB with the Trust having a compliance RAG rating of 62 green areas and 1 amber rated area against 63 standards. In Q3 2025/26 a new two-year Commissioning Standards document was completed and submitted to the ICB, for which we are currently awaiting the outcome.

- We have provided data to the NHSE data collection framework for our Looked After Children and Prevent datasets to support the counter terrorism strategy. All identified Female Genital mutilation (FGM) has also been reported via the NHSE FGM dataset.

- We have participated in one SEND inspection. We have also continued to support three 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. WCHC have shared information with Cheshire Constabulary for consideration of implementation in their area.

- 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.

- As part of Safeguarding Adult Week November 2025, the Safeguarding Adults Team hosted an online training event on ‘Cuckooing’ and held a Safeguarding adult stall in the foyer of St Catherines to create awareness.

- The Safeguarding Adult Team have led on three campaigns to raise awareness to Trust staff during 2025/26:

  ‘Adult abuse has an offline Impact’
  ‘Domestic Abuse support’ and
  ‘No excuse for Adult Abuse’

- We have completed a Trust wide Mental Capacity Act Audit and 193 responses across all adult services. The audit showed a strong level of understanding of the Mental Capacity Act. A Mental Capacity Act Audit for children was also completed across the four places which provided good assurance.

- 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.

- Bespoke visits have been conducted by Safeguarding Adult Team to Trust teamsincluding Sexual Health, Community Nursing, Whee lchair Service and Rehab at Home to allow for question and answers on ‘Safeguarding, Mental Capacity Act and Domestic abuse.

- Children Safeguarding has conducted visits to nine teams across Wirral Place and a further two in Knowsley Place to support the walkabout audit.

- An annual walkabout was completed with staff within the Community Intermediate Care Centre by the Safeguarding Adult Team to provide assurance around Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs) .

- The Safeguarding Team 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 operational Multi-Agency Child Protection and Strategic meetings. Part of this funding has been to create a new Multi-Agency Child Protection Team which WCHC Safeguarding Team have

been instrumental with. The specialist nurse post within that team will work in collaboration with all health provisions for Wirral and alongside our partners, Merseyside Police, Wirral Local Authority and education colleagues.

- Within Wirral Place the Trust Safeguarding Team attend Channel Panel in support of the Prevent programme to address the causes of radicalisation. We have two safeguarding practitioners who share this responsibility,

- We have represented the Trust at a Wirral multi-agency Safeguarding Children's Partnership learning event which saw over 300 professionals attend and 30 agencies promote their services including WCHC Safeguarding Team, Family Nurse Partnership and Sexual Health Wirral

- In 2025 the Named Nurse in St Helens has delivered two lunch and learn sessions to the 0-19 workforce on Family H and Child O following Local Child Safeguarding Practice Reviews (LCSPR) sharing learning to support practice.

- The Head of Safeguarding and St Helens Place Safeguarding Team have supported the changes in the Local Authority as part of the Families First Partnership Programme, representing the Trust at the operational Multi-Agency Child Protection and Board meetings.

- Neglect is a key priority for St Helens Children's Partnership. The Named Nurse continues to deliver training on Neglect to multi-agency professionals in St Helens. The Named Nurse is part of the working group developing a new Neglect screening tool to support the identification and response to tackling Neglect in the Borough.

- The St Helens Safeguarding Team commenced attendance at Channel Panel in March 2025, in support of the Prevent programme to address the causes of radicalisation.

- The Specialist Children's Safeguarding Nurses were recognised for their outstanding work in St Helens Place winning the Trusts "Stand Out Award".

- In Knowsley the Named Nurse developed a programme for bitesize training sessions which includes 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.

- The Knowsley Safeguarding Team has supported the development of the new Neglect Strategy and development of a new neglect screening tool following the ILACS inspection in November 2024.

- The Safeguarding Team has also worked closely with Knowsley Local Authority, meeting monthly to share good practice, raising any identified concerns and seeking solutions in a timely manner.

- The Named Nurse has supported the revision of a Standard Operating Procedure and Memorandum of Understanding for Children Looked After, working with Merseycare NHS Foundation Trust and the Public Health Commissioners to ensure an effective service is delivered to the children of Knowsley

- The Knowsley Safeguarding Team attended the Channel Panel during 2025, in support of the Prevent programme and looking to adopt a similar process to Wirral and St Helens.

- Cheshire East Cared for Team have attended the Safeguarding Partnership Learning Week to promote and educate other professionals on the roles of Safeguarding Specialist Nurses, Child Exploitation Nurse and Children in Care Nurses.

- We have continued to support the delivery of multi-agency child exploitation training throughout the year with the Cheshire East Safeguarding Children's Partnership, delivering training to over 120 multi agency professionals.

- The Cheshire East Safeguarding Team has adopted the Wirral Place process to share information for the Channel Panel, in support of the Prevent programme.

- Cheshire East Safeguarding Team have supported the development and implementation of a strategy plus process. This new process has enabled actions to be completed at an early point in families where there is significant cause for concern. This is also allowed reactive supervision session to take place in a timelier manner for such occurrences.

- Following the changes to both the process and documentation of Initial Health Assessments the Named Nurse has supported with the delivery the Initial Health Assessment Checklist Training with Child Social Care.

- A quality initiative has been developed further 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.

- WCHC Safeguarding Team has delivered Bitesize, Lunch and learn along with rolling programmes which include bespoke training to support services development days, professional meetings and individual learning events.

- Throughout the year the Head of Safeguarding has represented the Trust at the Wirral Safeguarding Adults Partnership Board, Wirral Safeguarding Children Alliance Group, St Helens Safeguarding Children Partnership Forum, Knowsley Safeguarding Children Partnership Forum and Cheshire East Safeguarding Children Partnership Board.

In addition, as part of our Safeguarding Goals compliance with safeguarding training, supervision and attendance at meetings 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 2025/2026 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 2025 was a document to support the administration of subcutaneous apomorphine via CRONO PAR 4-20 portable pump ensuring community nurses had up to date guidance on the newly available pump for patients with Parkinson's Disease requiring subcutaneous apomorphine. Another procedure developed by the Sexual Health Service in partnership with Medicines Management Team, outlined agreed processes for Nursing Associates employed within the service to administer medication via patient specific directions. This procedure enables Nursing Associates to gain expertise in supplying and administering a range of medications whilst maintaining patient safety.

- During 2025/26, a clinical pharmacist within the Medicines Management Team transferred to Community Intermediate Care Centre (CICC). CICC now benefit from a dedicated clinical pharmacist who verifies patient medication, provides training to nursing staff and undertakes regular medicines audit. The Medicines Management Team have continued to provide support to CICC, by providing clinical pharmaceutical cover to wards and undertaking audits when the dedicated pharmacist is on leave.

- The Medicines Management Team continued to facilitate medicines related training supporting the Community Nursing Service and providing training for Trust-employed non-medical prescribers. In addition, the team provided 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 the prescribing of antibiotics.

- 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 CICC Clinical Pharmacist provided weekly audits to monitor adherence to on-admission processes, missed doses due to medication not being available, paracetamol dosing intervals and audits of the time of administration of Parkinson's Disease medication ensuring the majority of doses of these "time critical" medications were administered within 30 minutes of the time prescribed. Weekly audits and regular feedback to staff enabled the wards to maintain good practice and quickly identify and rectify any evolving areas of potential concern.

3.3.9 Infection Prevention and Control (IPC)

Wirral Community Health & Care NHS Foundation Trust (WCHC) is committed to keeping patients, visitors, and staff safe. Assurance of quality and safety in relation to infection prevention and control (IPC) is delegated from the Trust's Quality and Safety Committee to the quarterly IPC group and can be evidenced through the Infection Prevention and Control Board Assurance Framework (IPC BAF).

An IPC assurance report is presented to the Quality and Safety Committee each quarter and provides a summary of risks, achievements, developments and performance in key areas and against key standards in relation to infection prevention and control.

Infection prevention and control is a fundamental part of high quality, safe care to patients and our 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.

Throughout 2025/26, 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. Effective infection prevention and control is also vital in protecting the health and wellbeing of staff and visitors to our premises.

Our Infection Prevention and Control Team (IPCT) is committed to the safety of our patients, staff and visitors to trust premises. Additionally, it is commissioned by Wirral Borough Council to provide an infection prevention and control service to the wider Wirral community. 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 internal IPC governance arrangements. The IPCT have also strengthened joint working with WUTHs IPCT, ensuring relevant patient safety incidents are discussed together and systems learning identified. It is pleasing to report that in 2025/26, there have been no Healthcare Associated Infections apportioned to Trust services.

Effective infection prevention and control practices will remain a key focus for the Trust in 2026/27, by ensuring that we adopt a systems-based approach to our learning responses will provide more insight into the systems and processes needed to improve. The IPC team will focus its efforts on integrated ways of working with key stakeholders.

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 group ‘Your Voice’ provides 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.

Over the past 12 months we have seen several quality initiatives presented to the Your Voice. Some of those projects include:

- A patient information leaflet on Washable Underwear – Bladder and Bowel Service.
- Focus group to review Palliative Care End of Life leaflet.
- A patient information leaflet on Community Intermediate Care Centre (CICC) Bereavement.
- A patient information leaflet on Infection Prevention Control (IPC).
- A patient information leaflet on Rehab at Home.
- Integration ‘Better Together’.
- Communications Plan on promotion of Your Voice Membership.

Members of Your Voice also receive regular “Your Experience” updates which highlights the feedback we get from the people who use our services and how we use this to make improvements and celebrate good practice.

Our Your Voice group is promoted on the Trust’s public facing website and includes member biographies. Feedback from members has been fantastic with some examples below:

“Your Voice and its predecessor were and is a vital part of this Trust and others. It allows the general public the chance to both hear what is happening within the Trust and also to express their opinions about what is happening and is proposed and planned within

the Trust."

"Being part of Your Voice Group … is an opportunity to learn more of the need and value of the NHS in the community. Our group is expertly run. We receive notice of meetings and agendas by e-mail, well in advance. At meetings we receive a printed copy of the agenda and minutes of the Previous Meeting. Topics raised are dealt with and updated. During a meeting we are given the opportunity to raise further topics, ask questions and offered suggestions as to what we would like to discuss at future meetings. Chairperson is always happy to invite " an expert or leader " to subsequent meetings. Use of projection screen is good. Statistics are always interesting. Good to hear details of the planned link with WUTH. Good to know of NHS services available to the Community. I enjoy the meetings and find them most interesting and informative. Keep up the good work! You have a great team."

"I've been a member of the group for about 20 years and have no negative comments about this really well-run group that brings a diversity of topics for discussion that enhance the knowledge of the activities of the trust for the users of the services that the trust offers."

Our youth engagement group "Involve" is currently under a period of review due to a change in group leadership and the need for a focused recruitment drive to increase membership, reflecting the transient nature of membership to the group. This will progress throughout 2026/27 in collaboration with the Trust Communications team and will explore the opportunities that integration will bring.

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 Quality and Safety Focussed quality improvements

The 2025/26 Quality Strategy delivery ambitions had a key focus on the delivery of safety focussed quality improvement programmes aimed at improving clinical safety and experiences of care across Wirral Place. The key areas were wound care, falls, medications management, end of life care and indwelling catheters.

Our top safety priorities were identified through a structured and evidence-led approach aligned to the Patient Safety Incident Response Framework (PSIRF) principles, with a strong focus on learning and improvement. We undertook a comprehensive analysis of qualitative and quantitative data spanning a 12-month period, triangulating information from patient experience feedback, risk registers, incident reports, concerns, and complaints. This enabled us to identify recurring themes, areas of unwarranted variation, and potential system vulnerabilities. By considering both the frequency and impact of safety issues, alongside the lived experiences of patients and staff, we were able to develop a clear, proportionate set of priorities that reflected where improvement efforts could have the greatest potential to reduce harm and enhance the quality and safety of care.

Examples of safety quality improvement initiatives include:

- Falls

Over 2025/26 there has been a sustained focus on reducing falls at our inpatient Community Intermediate Care Centre (CICC). Both process and outcome measures have been closely monitored through the Clinical Risk Management Group (CRMG), enabling ongoing oversight, challenge, and learning. This has demonstrated measurable impacts, including a reduction in harm from falls and more proactive, personalised approaches to falls prevention. As part of this improvement programme, Enhanced Therapeutic Observations of Care (ETOC) have been implemented to ensure patients at higher risk of falling receive timely, purposeful, and therapeutic engagement tailored to their individual needs. This has strengthened early identification of deterioration or risk, supported safer mobility, and embedded falls prevention into everyday care, reinforcing a culture of prevention rather than reaction.

- End Of Life Care

End of life care was also identified as a key safety and quality priority, directly shaped by the experiences and feedback shared with us by families and relatives of patients. The aim of this work was to promote safe, high-quality end of life care (EoLC) and achieve the best possible outcomes for patients and families by March 2026. The programme included Community Nursing, the Community Integrated Care Centre (CICC), and the Community Incident Response Team (CIRT), with both process and outcome measures closely monitored to ensure a clear focus on what matters most to patients and those important to them.

Clinical leads actively engaged with families and the Your Voice group to produce clear, accessible information leaflets, ensuring care was compassionate, culturally sensitive, and responsive to individual needs. Real-time data dashboards were refined to support proactive monitoring and timely improvements, consistently high EoLC training compliance was achieved, and the Successful Dying Matters Campaign 2025 was launched to promote diversity, inclusion, and cultural awareness within end-of-life care. Documentation was also strengthened to better support anticipatory and ongoing end

of life planning, recognising that needs and priorities can change as conditions progress towards the last days of life. As a result, patient and family feedback remained consistently high, with satisfaction reported at over 97%.

The team were immensely proud of the impact their improvement work had on families, as evidenced by their feedback as follows:

"Thinking of you and the wonderful care you gave my mum. She really did enjoy all your chats. The lovely gesture of the decoration for the tree, the lovely gesture warmed my heart. Mum always loved my tree and my tree ornaments, so I now feel my tree is shining more brightly, such a lovely thought from the palliative care team."

"I have just received the booklet. Can I just say a big well done and thank you to both you and the team who have put this together. It is brilliant and I'm sure will be a great help to your patients. I am very proud to have played a small part in this. There are clearly so many people working to make palliative care effective on the Wirral and this draws them all together in a very clear way. Thanks again for all your hard work."

- Wound Care

Improvement work was undertaken to improve wound care outcomes across Community Nursing, Community Integrated Response Service (CIRT) and Community Intermediate Care Centre (CICC) services. The aim was to promote a consistent, evidence-based approach to the prevention and management of wounds, improving patient outcomes and overall quality of care by 31 March 2026. Outcome measures included patient feedback, with process measures focusing on completion of wound risk assessments. Key areas of focus also included staff training, staff feedback and embedding best practice.

The programme has delivered positive outcomes, including exploration of the Purpose T tool, implementation of shared care approaches for wound management, and identification of areas of excellence in wound care practice. Compliance with the ASSKING framework was strengthened. Patient Safety Partners supported the work by gathering patient feedback, which was overwhelmingly positive, particularly where

patients could clearly see and understand their own wound healing progress:

'The team were lovely, they introduced themselves and I got to know the Team, saw the same nurse almost every week, good manner and felt at ease and were always asking permission to do things during treatment, the treatment was amazing'.

- Children's Speech and Language Therapy

Children's Speech and Language Therapy has delivered significant improvements in reducing waiting times for initial assessments, driven by a strong whole-team focus on continual service improvement. This has included improving the appropriateness of referrals, targeted action to reduce did-not-attends (DNAs), and the delivery of universal training to education and early years settings to build capability to support children prior to referral.

Clinical pathways have been strengthened to reduce duplication, alongside effective skill-mixing, successful recruitment, and increased use of remote clinical monitoring, particularly for children with dysphagia. In addition, the team has developed and enhanced website resources to provide clear information, practical advice, and signposting for families and professionals, supporting early intervention and informed decision-making.

These combined actions have increased capacity and improved flow, enabling earlier identification of need and timelier access to care. By September 2025, 100% of children were seen within 18 weeks and 86% within 12 weeks, with a significant reduction in DNAs further releasing capacity to support waiting lists. As well as improving outcomes and experience for children and families, this work has had a positive impact on team morale and job satisfaction, reflected in improved staff survey results and a strengthened sense of pride, ownership, and sustainability within the service.

3.4.4 Friends and Family Test (FFT)

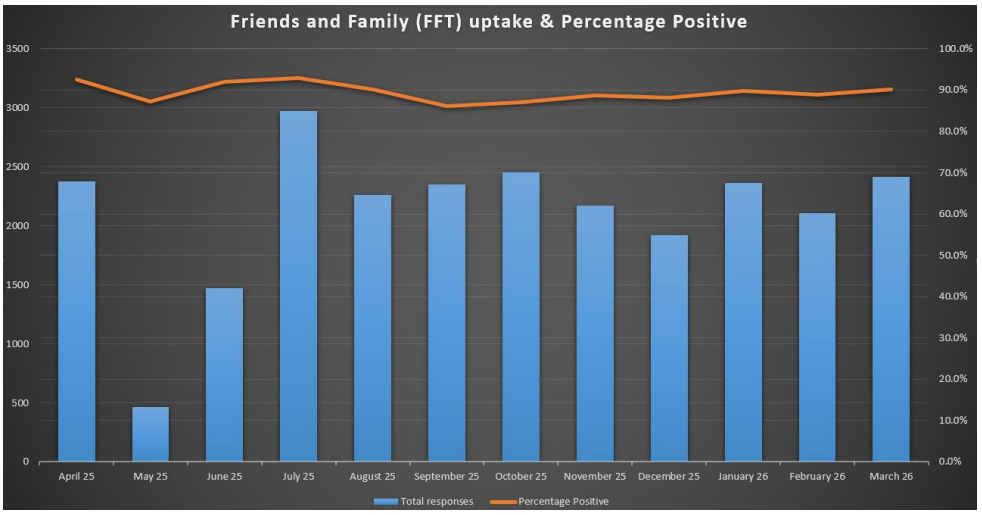
Friends and Family Test (FFT) data is vital in transforming NHS services and

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 2025/26 we received 25,335 responses to the Friends and Family Test. Of those responses 89.7% of people rated their experience as either very good or good.

The position is comparable to the 2024 / 2025 response rate of 33, 145 with 93% rated as very good or good. The overall reduction in feedback was in part due to an issue with our text messaging provider during May and part of June. This was identified at an early point and steps taken to overcome the issue to enable us to return to a more typical return rate in July.



Positive themes include:

- Staff attitude – Professionalism and friendliness
- Implementation of care – Clinical outcomes and confidence in advice given
- Communication and explanations

3.4.5 Complaints

The Trust received a total of 42 complaints during 2025/26; this compares to 36 received in 2024/25.

The Top five themes of those complaints related to:

- All aspects of clinical treatment
- Unhappy with assessment and level of support
- Misdiagnosis / Missed diagnosis
- Appointment delays and cancellations
- Attitude of staff

Following on from investigation, 11 complaints were not upheld, 10 were upheld and 6 were partially upheld. 15 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 2025/26, we have continued to foster a thriving environment for continuous improvement. As a result, improvement capacity and capability across our organisation have grown.

Throughout 2025/26, we have provided additional opportunities for the local population to become involved in research and innovation. With support and expertise from both Study Support Services and Agile Research Delivery Team from the NIHR Northwest

Research Delivery Network, capacity and capability to scope, setup, deliver and close down NIHR portfolio studies has expanded. This has resulted in a growth in research activity in multiple services, including Community Cardiology, Musculoskeletal Physiotherapy, Children's/Health Visiting, Community Integrated Response Team, as well as Trust wide participation.

3.5.2 Quality Improvement training

During 2025/2026, 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 37 people to develop quality improvement skills at a Quality Champion level building on the baseline of 57% of eligible staff trained in 2024/25. Quality Champion training has been delivered by Trust staff who are accredited Quality Service Improvement and Redesign (QSIR) associates. Furthermore, we were fortunate to secure places on the NHS IMPACT National Operational Improvement Training Programme, a one-day development programme designed to support operational staff in leadership roles to strengthen their quality improvement (QI) knowledge, skills and confidence. The programme provided practical, applied learning focused on improvement methods, leadership behaviours, and using data to drive sustainable change within services. Participation has helped build internal improvement capability and a shared understanding of best practice approaches to operational improvement.

Alongside this, we are closely aligning our QI vision, priorities and methodology with those of Wirral University Teaching Hospital (WUTH), supporting a more consistent, system-wide approach to improvement. This alignment will enable stronger collaboration, shared learning, and more cohesive delivery of improvement initiatives across acute and community settings, ensuring collective effort is focused on areas of greatest impact for patients and staff.

Feedback from staff:
"Very informative session & enjoyable. Activities were relevant & fun. Great way to network & to meet colleagues from WCHC/WUTH. I would recommend this session to

anyone who requires the knowledge & skills to implement a project in their role."

The Quality Improvement, Innovation and Engagement Faculty has continued to meet on a bimonthly basis over 2025/26. Over the year, the faculty has received excellent Improvement presentations from Quality Champions as well as welcoming other key speakers and engaging in bite-size learning sessions to further develop capability e.g. Stakeholder analysis and Leadership for Improvement.

- Supporting the development of the Quality Hub for staff
- Knowledge and Library Services and how they can support our improvement work
- Basic Life Support and Deteriorating Patient
- Establishment of a satellite MDT clinic for people who have MND
- Improving staff confidence in Inclusion conversations
- QI into reducing inappropriate inhalation sedation & thus N2O usage

3.5.3 Research

Over the past year, the Trust has experienced challenges relating to the infrastructure that supports research delivery. Despite this, research remains an important element of our strategic quality ambitions, reflecting our commitment to evidence-based practice and continual improvement in care.

Looking ahead, our focus will be on maximising research opportunities through closer integration and collaboration with Wirral University Teaching Hospital (WUTH), enabling us to strengthen capacity and capability for research across the pathway, providing the population of the Wirral and surrounding areas of the Cheshire and Merseyside ICB both access to research opportunities in hospital and community settings. Supporting one of the core components from the UK Governments 10-year Health Plan; shifting healthcare from hospital to community.

The Trust has continued to engage in research activity where possible, both through scoping for opportunities and more direct approaches. An example of this includes the participation of Children's Speech and Language Therapy in the NIHR Research for Patient Benefit (RfPB) Programme Tier 3 funded study, *Maximising the Impact of*

Speech and Language Therapy for Children with Speech Sound Disorder (MISLToe_SSD). This work demonstrates our ongoing commitment to contributing to research that has the potential to improve outcomes for patients and families.

The Trust has actively participated in multiple randomised controlled trials (RCTs) over the past year. Within Community Cardiology, the Cardiac Rehabilitation team has successfully set up (ongoing from 2024/25), delivered, and is now progressing towards closure of two interventional studies: REACH HFpEF and ACTIVATE. Notably, the team achieved the highest recruitment nationally for the REACH HFpEF trial.

The Musculoskeletal (MSK) Physiotherapy service participated in the PANDA-S study. Children's Services, specifically Health Visiting, also contributed to research through participation in a two-phase study, the Baby Sleep Project Part 2. This study focused on the development and subsequent evaluation of an intervention comprising a suite of resources designed to increase the uptake of safer sleep advice among families with infants at increased risk of sudden unexpected death in infancy.

Alongside this activity, the Trust operated as a Patient Identification Centre (PIC) site for two further studies, REABLE-M and AADAPT, supporting the identification, introduction, and referral of eligible service users to external study teams for follow-up participation. Supported by the engagement of Research Champions across the Trust, this collective research activity has enabled community-based services to offer meaningful research opportunities to local populations, including groups who may previously have been under-represented or had limited access to research involvement.

3.5.4 What Matters to You campaign

During 2025/26, the Trust continued to deliver the 'What Matters to You' campaign, with a particular focus on building a deeper understanding of what matters most to carers, people from Global Majority communities, and patients accessing services that will be integrating as part of our Better Together journey. This work was supported by our Patient Safety Partners, who helped to strengthen engagement and ensure that a wide range of perspectives were heard. Engagement activity included visits to the local

multicultural centre and attendance at a Commitment to Carers conference, providing valuable insight into lived experience and priorities. In addition, a patient journey of care was shared, illustrating how the service's understanding of what mattered most to the individual enabled care to be tailored in a way that supported them to achieve their desired outcomes. This work has reinforced the importance of listening to and acting on what matters to people as a key mechanism for tackling health inequalities and delivering person-centred, equitable care.

Community Cardiology:
*"Being **assured** and **listened to**"*
*"**Clear** instructions and expectations"*
*"To be cared for with **sincerity**"*

MSK:
*"**Competent** and **thorough** treatment, preferable with a **caring attitude**"*
*"That you are **believed** and get the care as soon as possible"*
*"That I am **listened to**. This is very important I feel. People know their bodies best"*

Carer feedback:
*"Getting people to **listen**. Having someone to go to with concerns. If I am waiting for an appointment, someone calling me to tell me I am still on the list. Being **understood** and **not judged**. Children with additional needs being able to **be themselves** in appointments"*
*"My sons **happiness**, feeling **comfortable, rewards** (instant) e.g. stickers, **praise**, **positive feedback**"*

3.5.5 Delivery of celebration and sharing events, celebrating success

In February 2026, WUTH and WCHC jointly held a Quality Priority Event that provided an opportunity to showcase collaborative working and shared learning across both organisations. The event brought together colleagues from across acute and community settings, with each Trust presenting their achievements and impact against their 2025/26 quality priorities. This was followed by a facilitated workshop session involving key stakeholders, focused on shaping and agreeing the joint quality priorities for 2026/27. The priorities of falls, discharge, medication, and pressure ulcers were

explored in depth, with discussion centred on system-wide challenges, opportunities for alignment, and areas where joint action could deliver the greatest impact for patients. The event was well attended, with around 60 participants from both Trusts and wider partners, including Healthwatch, and was positively received as a valuable forum for engagement, collaboration, and shared ownership of future quality improvement priorities. The general sentiment from those who attended was positive as evidenced by feedback below:

When asked “What worked well about the event?”, the feedback was:

“Great having both organisations in the room together. The four priority themes worked well and kept us all focussed.”
“The workshops gave opportunity to influence organisational priorities.”
“Good interaction between both organisations, sharing of good practice.”

The evaluation and feedback will be used to shape future quality priority events.

3.6 Service developments

3.6.1 Clinical Assessment Service

Wirral Community Health and Care NHS Foundation Trust has successfully delivered a Clinical Assessment Service (CAS) in partnership with Northwest Ambulance Service, since November 2025- supporting Wirral residents to receive the right care, at the right time, in the right place. The service has strengthened community-based urgent care and reduced reliance on acute hospital services through effective triage and timely intervention.

As part of this model, WCHC provides clinical triage and community assessment for patients referred via the NWAS Integrated Care Centre (ICC), accepting Category 3 and 4 ambulance calls focused on lower acuity patients. Through enhanced assessment, clinicians determine the most appropriate care pathway, ensuring patients are either escalated to acute hospital care when necessary or safely managed within their own home, a Urgent Treatment Centre, or through other community-based services.

The CAS supports a wide range of patient needs, including falls (particularly patients found on the floor), urgent nursing, therapy and social care needs, and frailty, with onward referral to virtual wards where appropriate.

This approach has led to a reduction in avoidable hospital conveyance and admissions, helping to ease pressure on NWAS by relieving the crew from attending, Wirral Urgent Community Response Team Senior Nurse and paramedic Practitioners adhered to 2-hour response national framework while improving patient experience by delivering care in more appropriate and familiar environments. It has enabled faster access to care, particularly for vulnerable and housebound patients, strengthened integration between community and ambulance services and acute care supporting more efficient use of system resources.

Through this collaborative model, WCHC and NWAS have demonstrated the value of a community-led, integrated urgent care approach that improves outcomes for patients while supporting the sustainability of the wider healthcare system.

3.6.2 Urgent Care Streaming

A significant focus has been placed on strengthening streaming arrangements within urgent care services to ensure that patients are seen in a timely manner, by the right clinician, at the right point in their pathway. This has involved close collaboration between Emergency Department (ED) and Urgent Treatment Centre (UTC) teams at the Arrowe Park site, with a particular emphasis on improving joint working and consistency of approach.

Clearer and more robust guidance has been developed to support staff in making safe, appropriate streaming decisions, underpinned by shared clinical understanding and escalation processes. As a result of this work, improvements have been seen in reducing waiting times within the Emergency Department, supporting both improved patient outcomes and a more positive experience of care.

3.6.3 Urgent Care Bookable Wound Dressing Clinics

A review of activity within Walk-In Centres (WICs) and Urgent Treatment Centres (UTCs) identified a high number of people attending for routine wound dressings. As these attendances were often lower clinical priority, patients frequently experienced longer waits, alongside an impact on flow and access for other service users. Recognising the effect this had on patient experience and service efficiency, the Trust responded by introducing a bookable wound clinic at one of the Walk-In Centres. This has provided patients with planned, timely access to wound care, reducing unnecessary waiting and improving the overall experience of care. Patient feedback on the new clinic model has been overwhelmingly positive, reflecting improved satisfaction, clarity and continuity of care.

3.6.4 Clinical Pathway Integration

Integrated Cardiology and MSK Pathway Development

Both the Cardiology and Musculoskeletal (MSK) services have undertaken reviews and developed plans, working across community and acute settings, to make significant progress towards integration within their individual specialities as part of the Better

Together agenda. Both initiatives have shared a common aim of strengthening collaboration between hospital-based specialist teams and community services to deliver more seamless and coordinated care for patients.

For each service, development of the integrated model has been informed by a comprehensive programme of insight and engagement. This has included telephone conversations with service users, online patient surveys, reviews of patient experience data from the previous 12 months, as well as GP surveys, staff surveys and staff focus groups. In Cardiology, a patient story also provided valuable qualitative insight into lived experience across the pathway. Together, this intelligence has supported a clearer understanding of current service delivery and identified opportunities to improve coordination, consistency, patient flow and pathway clarity.

Across both Cardiology and MSK, the integration work is designed to support earlier intervention, reduce duplication, improve continuity of care and enable clearer transitions between services. This approach aims to ensure patients receive the right care at the right time, closer to home where appropriate, while maintaining timely access to specialist expertise. In doing so, each pathway seeks to improve patient experience and outcomes, while also delivering clinical efficiencies and more effective use of system resources within their respective services.

3.6.5 0-19/25 Virtual Continence Clinics

The introduction of the 0–19/25 **Virtual Continence Clinics** across Cheshire East, Knowsley, St Helens and Wirral, delivered by the 0–19/25 Clinical Hub team, has significantly strengthened the continence pathway by improving efficiency and ease for staff and families to navigate.

By establishing dedicated virtual clinics supported by structured telephone appointments, advance text reminders and pre-appointment questionnaires, the service has seen a marked increase in engagement and improved outcomes for children and young people. A standardised SystmOne template was developed to guide staff through a consistent, high-quality clinical process while ensuring accurate data capture.

The latest data demonstrates substantial improvements in efficiency, cost savings, total patients reached, and the quality of onward referrals into bowel and bladder services. The streamlined pathway is also reducing pressure on the acute sector by helping to prevent unnecessary Emergency Department attendances and inappropriate referrals, ensuring families receive the right support at the right time.

3.6.6 Waiting list management

The Waiting List Management Group (WLMG) provides robust oversight of the Trust's waiting list performance, monitoring both monthly and year-to-date (YTD) metrics and providing assurance to the Safe Operational Group (SOG). The group includes representation from the Quality Team to ensure that all developments and performance initiatives are aligned with, and demonstrate, the Trust's commitment to delivering safe, high-quality care. This approach supports the Trust's vision to be a population-health-focused organisation, specialising in supporting people to live independent and healthy lives.

Significant progress has been made in managing waiting lists through the effective use of digital systems, the development of clear and accessible patient resources, and targeted work to reduce Did Not Attend (DNA) rates. Alongside this, a harm review framework and supporting standard operating procedure (SOP) have been developed to ensure a consistent, structured approach to identifying, reviewing and mitigating potential harm associated with prolonged waiting times. Together, these actions have contributed to improvements across services in reducing both the number of people waiting and overall waiting times, while maintaining a strong focus on quality, safety and patient experience. Key improvements include:

- Overall waiting list reduction of 9.5%.
- Waiting lists have reduced for 70% (14/20) of services in scope.
- There are no patients waiting longer than 52 weeks for an appointment.
- All services have an average wait of less than 12 weeks.

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:

	25/26	24/25	23/24	22/23	21/22	20/21	19/20
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	**100%**	99.8%	99.1%	81%	81%	100%	100%

Walk in Centres/Urgent Treatment Centre/Minor Injuries Unit: maximum waiting time of four hours from arrival to admission/transfer/discharge:

	25/26	24/25	23/24	22/23	21/22	20/21	19/20
WIC/UTC/MIU: maximum waiting time of four hours from arrival to admission/transfer/discharge	**94.5%**	97.1%	96.5%	97.6%	99%	99.9%	99.7%

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 2025 survey among Trust staff was 51 % (2024: 51 %). The average response rate across all NHS trusts was 49%.

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 2025	**Trust Score 2024**	**Benchmarking group score**	**NHS**
We are compassionate and inclusive	7.69	7.70	7.70	7.33
We are recognised and rewarded	6.09	6.32	6.36	5.95
We each have a voice that counts	6.87	7.00	6.98	6.63
We are safe and healthy	6.13	6.20	6.41	6.12
We are always learning	5.56	5.86	5.92	5.63
We work flexibly	6.53	6.63	6.89	6.31
We are a team	7.08	7.20	7.12	6.80
Theme - Staff engagement	6.85	7.02	7.09	6.75
Theme - Morale	5.71	5.84	6.09	5.90

The Trust performance reduced in all nine scores however three of these reductions are of statistical significance (*We are recognised and rewarded, we are always learning* and Staff engagement). Compared to the NHS overall, Trust scores were above average for seven out of nine indicators.

The Trust were below average in comparison to other Community Trusts for all People Promise scores and two themes of staff engagement and morale.

We were ‘best in sector’ for 2025 staff survey results, for the second year running for Q13d “the last time you experienced physical violence at work, did you or a colleague report it?”.

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.

4: Planning ahead for 2026/27

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 final year of our five-year Quality Strategy.

Over the next year, we will continue to maximise the impact of our limited resources by working efficiently, sustainably and with a strong focus on quality and safety. We will further shift from traditional approaches to quality improvement towards more assertive, proactive action, with people and communities playing an active role in shaping and leading care developments. A key focus of this progress will be strengthening our partnership with Wirral University Teaching Hospital, recognising that many of our safety priorities and quality ambitions are shared. Through closer collaboration, joint safety goals and aligned ways of working, we will continue to advance our vision for integrated care and lay the foundations for the development of a joint quality strategy for 2027/28, ensuring we deliver consistently high-quality care for the communities we serve together.

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

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 2026/27

Key delivery priorities for 2026/27 driven by our Five-year strategies are:

Safe care and support Every time	**People and Communities Guiding Care**	**Ground-breaking Innovation and research**
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	**We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.**	**We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale**
Deliver a minimum of 4 safety focussed quality improvement programmes aimed at improving clinical safety and experiences of care across Wirral Place: Discharge, Falls, Medication and Wound Care.	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.	Embed a unified, system-wide culture of continual quality improvement through collaborative working across WCHC and WUTH, enabling joined-up, person-centred care and shared ownership of outcomes.
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: Discharge and Falls.	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.

Statement from the NHS Cheshire and Merseyside Integrated Care Board

Sent by email to:
Christine Douglas
chris.douglas2@nhs.net

Re: 2025/26 Quality Account Statement

Dear Christine

NHS Cheshire and Merseyside welcome and support the publication of the 2025/26 Quality Account for Wirral Community Health and Care NHS Foundation Trust. The Quality Account provides a clear, balanced and transparent reflection of the Trust's performance during the year and demonstrates a strong commitment to quality, patient safety and continuous improvement within a challenging operating environment.

We recognise the Trust's proactive and constructive approach to addressing quality and safety priorities, including its response to Care Quality Commission (CQC) inspections, which resulted in the issuing of a Section 29A regulatory notice. NHS Cheshire and Merseyside note the actions being taken to address identified concerns and that the Trust continues to engage with the CQC.

The Trust demonstrates a clear commitment to continuous learning and improvement. NHS Cheshire and Merseyside look forward to receiving ongoing assurance, including formal sight of the regulatory improvement action plan and evidence of sustained progress. This will be monitored through established governance and commissioning arrangements. We remain supportive of the Trust's improvement journey, working in partnership to ensure services are consistently safe, effective, and responsive to the needs of local populations.

We recognise the significant progress made across a number of the 2025/26 quality priorities, as part of the wider Trust 2022/27 quality strategy. NHS Cheshire and Merseyside will continue to work with the Trust to understand and address the two areas with partial implementation.

There has been significant progress made within the Children's Speech and Language Therapy pathway during 2025/26. The Trust has delivered measurable improvements in access and flow, including a substantial reduction in waiting times for initial assessments, with all children seen well below national waiting time standards. These improvements have been achieved through strengthened referral processes, reduced did-not-attend rates, effective workforce skill-mix, targeted recruitment, and the delivery of universal training to education and early years settings to support earlier intervention. NHS Cheshire and Merseyside and Local Areas SEND Partnership recognise the positive impact of this work on children, families and workforce and will continue to monitor the sustainability of performance through routine assurance arrangements.

We welcome the Trust's ongoing commitment to the 'What Matters to You' campaign, with a strong focus on hearing the voices of carers, Global Majority communities, and patients within integrated services. The involvement of Patient Safety Partners and targeted engagement activity is commendable and has provided valuable insight into what matters most to individuals—particularly being listened to, clear communication, and compassionate care. We are encouraged by how these insights are being translated into personalised care

delivery and support the continued embedding of this approach to improve experience, reduce inequalities, and deliver person-centred care.

NHS Cheshire and Merseyside commend the Trust for its strong and consistent focus on patient safety, safeguarding, and infection prevention and control standards. Assurance is further strengthened by the absence of Never Events and the Trust's robust, system-wide approach to learning from deaths. The Trust's active engagement in national clinical audit programmes, alongside the effective implementation of NICE guidance and patient safety frameworks, provides confidence that services are well aligned with national expectations and reflect best practice.

We also welcome the Trust's strong emphasis on partnership working, including collaboration with acute providers, Local Authorities and voluntary sector partners. The Trust's leadership in addressing inclusion and health inequalities, supported by its five-year strategy and workforce development initiatives, aligns closely with system priorities to reduce unwarranted variation in health outcomes across Cheshire and Merseyside.

NHS Cheshire and Merseyside will continue to working closely with Wirral Community Health and Care NHS Foundation Trust during 2026/27 and beyond, supporting delivery of its quality priorities and jointly advancing safe, equitable, innovative and person-centred care for the populations we serve.

Yours sincerely

Fiona Lemmens
Executive Clinical
Director
NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Helen Meredith, Julia Bryant