



**Bridgewater
Community Healthcare**
NHS Foundation Trust

Quality Account

2025 - 2026



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Quality Account

Part 1



Communities Matter
Creating stronger, healthier, happier communities.

Part 1 – Our Quality Account

Quality Account – 2025/26 – CEO introduction

I am pleased to introduce our Quality Account for 2025-26, which reflects on the progress and achievements that have shaped the high quality, safe and compassionate care delivered by our teams over the past year.

This report provides an opportunity to reflect on the quality of care provided across our community services, to be open and transparent about our performance, and to highlight where we are learning and improving. Quality remains at the heart of everything we do, and it is through listening to patients, carers, staff and partners that we continue to strengthen the way healthcare is designed and delivered.

Across our services, colleagues provide care in people's homes, community settings and clinical environments, often in complex and challenging circumstances. I continue to be inspired by the professionalism, skill and commitment shown every day by our staff, who consistently demonstrate compassion, teamwork and a strong focus on doing the best for patients and service users.

As a Trust operating within a changing and increasingly pressured NHS landscape, we recognise the importance of working collaboratively with partners across the health and care system. By focusing on integration, evidence-based practice and person-centred approaches, we aim to improve outcomes, reduce variation and ensure care is responsive to local needs.

The Quality Account also highlights the progress we have made against our quality improvement priorities and the strong governance arrangements in place to provide assurance and oversight. Learning from data, incidents, feedback and lived experience continues to shape our approach to improvement.

We worked together with Warrington and Halton Teaching Hospitals NHS Foundation Trust to establish our quality improvement priorities for 2026/27. These priorities reflect both national expectations and local insight, and I am confident they will support further improvements in quality, safety and experience over the year ahead.

This remains a time of change across the wider health service. Over the past year, we have taken significant steps in our own integration journey between Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH). Both organisations share a strong and collective commitment to high quality healthcare, clinical excellence, and an outstanding experience for our patients, families and staff. By bringing our community and acute services into a single organisation by 1 April 2026, we will further enhance health outcomes, improve the quality and consistency of care, and support the long term clinical and financial sustainability of local services.

Finally, as this is the last Quality Account under the BCH name, I would like to thank our patients, carers, partners and, most importantly, our staff for their continued trust, commitment and contribution over the past 15 years.

Nikhil Khashu

Chief Executive Officer

About the Quality Account

Quality Accounts are annual reports to the public prepared by providers of NHS healthcare organisations about the quality of services they deliver. The purpose of Quality Accounts is to encourage healthcare organisations to assess quality across all the healthcare services they offer, allowing organisations to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Our Quality Account is divided into three sections:

Part 1	<ul style="list-style-type: none">• Statements about our Quality from the Chief Executive
Part 2	<ul style="list-style-type: none">• Priorities for the Trust to improve the quality of our care during 2026-27.• Statements about the quality of services provided by the Trust.
Part 3	<ul style="list-style-type: none">• Looking back over the last year 2025-26.

Quality Account

Part 2



Communities Matter

Creating stronger, healthier, happier communities.

Part 2 - Priorities for Improvement and Statements of Assurance from the Board

Priorities for Improvement in 2026-27




Bridgewater Community Healthcare has worked collaboratively with Warrington and Halton Teaching Hospitals NHS Foundation Trust in the development of its proposed Quality Priorities for 2026/27 as an integrated organisation – North Cheshire and Mersey NHS Foundation Trust. The priorities have been informed by a triangulation of internal intelligence, including learning from patient safety incidents, complaints, claims and the Trust’s risk management processes, to ensure they are evidence-based and aligned to areas of greatest quality impact.

The agreed Quality Priorities for 2026/27 are set out below. Delivery and progress against these priorities will be monitored through a structured governance framework, with quarterly performance reports reviewed by the Patient Safety and Clinical Effectiveness Sub-Committee and escalated to the Quality Safety Assurance Committee. These Committees provide assurance to the Trust Board of Directors on progress, effectiveness and oversight of the Quality Priorities.



North Cheshire and Mersey
NHS Foundation Trust

2026/27 Quality Priorities

The improvement aims	Description of Quality Priorities	The outcome
Improve patient safety 	<ol style="list-style-type: none"> 1. Ensure there is appropriate escalation of care when required, with critical information reliably and clearly communicated and understood during handover, and improved communication with patients and families 2. Prevent and reduce harm from Pressure Ulcers and Community Acquired Moisture Associated Skin Damage, Malnutrition, and Sepsis. 	Patient safety is enhanced through a learning culture where quality and safety is everyone's top priority
Improve clinical effectiveness 	<ol style="list-style-type: none"> 3. Monitor and Improve compliance with non-theatre safety standards (<i>LocSSIPs-Local Safety Standards for Invasive Procedures</i>) within relevant scope of acute and community services. 4. Monitor and Improve compliance with theatre safety standards (<i>NatSSIPs-National safety standards for invasive procedures</i>) 	Practice is based on evidence so that we do the right things the right way to achieve the right outcomes for our patients
Improve patient experience 	<ol style="list-style-type: none"> 5. Strengthen staff wellbeing and emotional support following patient safety incidents. 	The quality of the patient experience is at the heart of all we do and 'seeing the person in the patient' is the norm

Review of progress against the 2025-26 Priorities for Improvement

The following Quality Priorities were identified and agreed for implementation in 2025/26. Throughout the year the progress on each Quality Priority for 2025/26 was reported and monitored on a quarterly basis to Quality Council and Quality and Safety Committee.

- Moisture Associated Skin Damage (MASD)
- Review of the Deteriorating Patient Guidance
- Personalised Care

The Quality Priorities for 2025/26 and the information below provide an update on progress against each of the Quality Priorities.

Priority for Improvement	Update
Moisture Associated Skin Damage (MASD)	<p>Over the past year, considerable progress has been made in delivering the agreed Quality Improvement actions relating to the prevention and management of MASD and moisture lesions across district nursing services.</p> <p>Key achievements include:</p> <ul style="list-style-type: none"> • Barrier Cream Review: A full review was undertaken in collaboration with Medicines Management and the Wound Formulary Group. • The Moisture Lesion Pathway was revised, updated, and restructured as an independent document to make it more accessible and user-friendly for clinical staff. • Training Development: Bladder and bowel training materials were reviewed and updated to align with priority objectives. Sessions for learning sets and case study reviews about proactive prevention and early intervention for MASD have been held in both boroughs. • Standardised Patient Information: Work is underway to standardise the moisture lesion leaflet, with the Tissue Viability Nurse leading adoption of an agreed version for consistent patient education. • A specialised template and care plan for moisture lesions has been created, and its rollout in EMIS and SystmOne is underway to enhance both the consistency of documentation and the quality of care provided. • The equipment audit tools have undergone review and updates, and efforts continue to integrate the chosen audit tool into District Nursing practices. • Examples of shared care plans have been gathered from various teams, and efforts are ongoing to merge them into one unified document. • Incident Learning & Clinical Supervision: A deep dive into reported MASD incidents was started to identify added learning. Clinical supervision sessions and structured case study reviews have been completed to promote proactive prevention and reduce deterioration.
Review of the Deteriorating Patient Guidance	<p>In the year 2025-26, a review of the guidance about deteriorating patients was initiated to enhance staff and patient safety when concerns arise. Throughout this period, notable advancements have been made in several key aspects of the review process.</p> <p>The Deteriorating Patient Group meets monthly and brings together a diverse range of professionals, including representatives from quality assurance, digital services, clinical leads, education, team management, business intelligence, and professional leadership.</p> <p>Guidance and Policy Review</p> <p>A key focus of the group has been the review of recent National Institute for Health and Care Excellence (NICE) guidance. By evaluating these updates, the group ensures that current policies and standard operating procedures (SOPs) are aligned with the latest recommendations. This process helps maintain high standards of care and compliance within the organisation. Due to the integration</p>

	<p>of Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust a review of processes/policies was required to identify where these policies need to align and be brought together. This will also be an opportunity to strengthen escalation processes between community and acute services.</p> <p>Patient Safety and Learning Opportunities</p> <p>The monthly meetings have also served as a forum to discuss and learn from any patient safety incidents that may have occurred. Through collaborative exploration of these events, the group identified learning opportunities that can enhance patient safety and overall quality of care.</p> <p>Continuous Improvement and Collaboration</p> <p>The involvement of various professional groups enabled the sharing and exploration of improvement possibilities. These included the enhancement of training packages and the updating of clinical systems. By using the expertise and perspectives of all attendees, the group has been well-placed to drive meaningful improvements across the organisation.</p> <p>Martha’s Rule - Collaboration with Warrington and Halton Hospital</p> <p>The Director of Nursing has been actively engaged with Warrington and Halton Hospital to observe the implementation of Martha’s Rule within the hospital environment. This collaboration has provided valuable insights into how the initiative operates in acute settings and has informed ongoing discussions regarding potential broader applications in community settings.</p> <p>Community Engagement and NHS England Consultation</p> <p>In addition to hospital-based observations, the Director of Nursing has discussed Martha’s Rule within the community context with the lead at NHS England. The purpose of these discussions was to obtain updates on whether there are plans to guide community Trusts in implementing Martha’s Rule. Currently, there are no plans to launch Martha’s Rule in community settings, which indicates that guidance and support for such an initiative are not yet available at this level.</p> <p>Bridgewater’s Adaptation for Patient Safety</p> <p>Despite the absence of a community-wide rollout, Bridgewater has responded proactively by adapting its deteriorating patient training programme. The revised training now includes raising awareness of Martha’s Rule to ensure staff understand how and to whom concerns should be escalated—whether those concerns are raised by staff, patients, or family members.</p> <p>Future Inclusion in Community Rollout</p> <p>Bridgewater has formally requested to be included in any future plans relating to the community rollout of Martha’s Rule. This demonstrates Bridgewater’s commitment to patient safety and its readiness to support the initiative should guidance and opportunities become available.</p>
Personalised Care	<p>During 2025/26, work commenced on the personalised care priority to identify and implement opportunities for personalised care in line with the six components of personalised care referenced in the NHS Long Term Plan and the Integrated Care Board (ICB) quality schedule.</p>

	<p>This has included the identification of a personalised care lead/deputy within the organisation to lead on future exploration and development of this work.</p> <p>An area for improvement has been identified through the review of Trust data on incidents and risks, patient complaints, and user feedback. This identified a targeted improvement area within the Children's Specialist Services: the management of attention deficit hyperactivity disorder (ADHD) once a diagnosis has been made. This work will consider pharmacological and alternative management strategies and explore decision-making with families and young people. Training sessions are being developed for staff, and engagement with families will be incorporated into this action. Documentation and approach will be reviewed in line with patient feedback and community engagement.</p> <p>A short training/awareness video is in development which outlines the concepts and basic principles of personalised care and includes signposting for further in-depth training if required.</p> <p>An audit of organisation compliance with NICE guidance NG197 has been commenced and all clinical service areas have been requested to complete this via audit framework.</p> <p>Ongoing progression of the Personalised Care priority plan will be monitored through the Trust Improvement Plan and the Patient Safety and Clinical Effectiveness Group once the North Cheshire and Mersey organisation is formed.</p>
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Statements of Assurance from the Board – Review of Services

During 2025/26, the Trust delivered and/or sub-contracted a broad portfolio of community-based services, comprising of 84 individual health services. Care was predominantly provided in people's own homes or from clinic settings across Warrington and Halton, as well as a number of neighbouring areas, as illustrated in the Map of Services at the end of this report.

The Trust has reviewed all the data available to them on the quality of care in 100% of the NHS health services we deliver. The income generated by the health services provided and/or sub-contracted in 2025-26 represents 98% of the total income generated by the Trust for 2025-26.

Participation in Clinical Audit

During 2025/26 four national clinical audits were relevant to health services that Bridgewater Community Healthcare NHS Foundation Trust provides, these were:

- National Diabetes Foot care Audit (NDFA)
- Sentinel Stroke National Audit Programme (SSNAP)
- UK National Parkinson audit
- National Audit of Inpatient Falls

The national audits that the Trust participated in are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Title of National Audit	Number of cases submitted to national audit as a percentage of the number of registered cases required by the terms of that audit
UK National Parkinson audit	100%
National Diabetes Audit - Adults (foot care)	100% Halton 100% Warrington (from August 2025)
National Audit of Inpatient Falls (includes service level audit)	Nil return – no patients met the criteria for submission to the National audit. 100% service level audit
Sentinel Stroke National Audit Programme (SSNAP)	Service inputs into the National Audit via Warrington and Halton Hospital registration to the National body. Data available via Warrington and Halton Hospitals Quality Accounts.

During 2025/26, the Trust participated in all of the national clinical audits. One of the services data collection and registration, SSNAP, is via the Warrington and Halton Hospitals clinical audit programme.

The Trust did not receive any national clinical audit reports during 2025/26.

The Trust participated in 47 local clinical audits during 2025/26, a decrease of 0.8% from 2024/25.

Participation in Clinical Research

To offer our patients opportunities to take part in and benefit from research, Bridgewater continued to focus on building up our research capacity and workforce by developing our talented early career clinical researchers. The Trust's Allied Health Professional Lead was awarded a place on a prestigious national programme to shape and embed a AHP research culture within the Trust. The Developing Research Leaders Programme for AHPs fully funded by the Department of Health and Social Care via the National Institute for Health and Care Research (NIHR). Our staff have also continued to take advantage of NIHR internships, with success for a physiotherapist in Warrington's Neuroscience Team who will use the time to inform changes to local practise in contracture prevention and management in care homes; an area identified as clinically relevant by the team.

During 2025/26, Bridgewater used NHS England's Improving Nursing Research Capacity (SORT) exercise to review our research capacity strengths and weaknesses amongst our nursing and AHP workforce. An action plan is being developed to build our nursing and AHP research readiness.

The Trust's Clinical Audit & Research Steering Group continued to meet quarterly and provided staff with an opportunity to share their findings to ensure that learning is fed back into practice. Our staff also presented their research findings at several national events during the year including the UK Research & Development Forum's annual conference, Stroke Forum and Chartered Society of Physiotherapists Annual conference.

Clinical research plays a vital role in advancing knowledge to support the continuous improvement of the quality of care for current and future patients. By undertaking high-quality research, the NHS is able to address gaps in healthcare delivery and enhance the effectiveness of treatments provided to patients. The Trust participates only in research studies that have received a favourable opinion from a Research Ethics Committee within the

National Research Ethics Service (NRES), providing assurance that all research activity is of high scientific quality and has been appropriately risk assessed.

The number of Trust staff and patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2025-26, who were recruited during that period to participate in research approved by a research ethics committee was 170.

During 2025/26, our patients participated in a wide range of new research studies ranging from a children's dental study looking at the impact of child-friendly dental practices for children with significant dental health problems; to exploring the experiences of how becoming a mum is impacted by women who have not had a relationship with their own mother.

Examples of findings from research studies during 2025/26 are as follows:

An evaluation into the barriers and enablers to the self-management usage of orthotics and splints by stroke survivors highlighted the realities of living with a stroke and uncovered many examples of active problem solving by the participants in the usage of their splints in their self-management to enable their recovery and increase confidence in using the aids. The role and reliance on carers in self-management were also important features. Implications for future practice were linked to three areas: codesign of user-friendly devices, education and training packages and involving patients and carers as experts by experience. This research also emphasised the importance of Patient and Public Involvement, especially when developing interview questions, easy read participant information sheets and dissemination materials such as the lay summary of the results.

Implementing the Community Health and Wellbeing Worker Model in England: Lessons from Three Pilots of which Bridgewater was a pilot site. Community Health and Wellbeing Workers are local individuals who support to households within defined areas to improve access to services, identify unmet needs, and ultimately improve population health outcomes. The results of the pilot show that the Community Health and Wellbeing Workers programme holds significant promise for improving community-based health and social care support to individuals and households. Key strengths lie in the programme's ability to recruit locally trusted workers, build rapport, identify unmet needs, and signpost residents towards appropriate services. Achieving widespread and sustainable implementation is challenging as the pilot areas faced hurdles that ultimately led to the closure of two programmes. However, the lessons learned provide valuable insights for modifying the model to align with the needs and realities of the English health and social care system, ultimately contributing to the goals of preventative, equitable, and person-centred care.

During 2025/26, the Trust did not participate in any NCEPOD studies applicable to the services it provides. Where relevant national audit and confidential enquiry findings apply to community services, these are reviewed through the Trust's clinical governance arrangements and inform quality improvement activity.

With effect from 1 April 2026, Bridgewater Community Healthcare NHS Foundation Trust integrated with Warrington and Halton NHS Foundation Trust to form a single, integrated organisation. As we move forward together, the delivery of high-quality, safe and effective care remains central to our collective purpose, with patient safety, patient experience and clinical effectiveness at the heart of all that we do.

Non-mandated CQUIN

In previous years, the Commissioning for Quality and Innovation (CQUIN) payment framework provided financial incentives for achieving quality improvement and innovation goals which

included the staff flu vaccination uptake rates. The CQUIN was paused in 2024/25 and the Trust continued to report on staff flu vaccination uptake rates.

Staff influenza vaccination programme

Over the past few years, there's been a noticeable decline in national uptake rates, with previous CQUIN targets aiming for 80% of frontline healthcare workers to receive their flu vaccination. However, NHS England has adjusted its approach for 2025/26, setting a new target for all Trusts to increase their uptake rates by 5% compared to their figures from the previous year.

The Trust achieved a 54% uptake rate in 2024/25, which set our 2025/26 target at 59%. Although we did not reach this target, it was recognised at a national level that, given the falling rates across the country, a broader benchmark of 50% uptake would be considered acceptable for all Trusts.

According to national vaccination data, Bridgewater successfully maintained a frontline uptake rate of 54% during the 2025/26 campaign. To offer some perspective, the national average shows only 29% of all frontline healthcare workers, including those in NHS Trusts and GP practices, received the influenza vaccine.

This achievement was made possible by adopting a flexible approach and utilising various incentives, which helped us surpass the wider national benchmark.

Care Quality Commission (CQC)

Bridgewater Community Healthcare NHS Foundation Trust is required to maintain registration with the Care Quality Commission (CQC) and its current registration status is full and unconditional.

The Trust last underwent a comprehensive Well-Led Inspection in September 2018. The report was published on 17 December 2018 and demonstrated a significant improvement since the 2016 inspection with several service lines and domains in the year achieving an improved rating of 'good'. Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remained as **Requires Improvement**.

During the COVID pandemic, all CQC inspections were suspended, following which the CQC have been reviewing their inspection processes. As such, the Trust has not been inspected for eight years. The Trust has therefore commissioned a series of activities to provide the Trust Board with assurance of the quality and safety of its services, including:

- In 2023 an independent 'Well-Led' Review was undertaken by Facere Melius, a healthcare improvement company who provided positive assurance of corporate, quality and safety governance within the Trust.
- In 2024 the Trust commissioned Mersey Internal Audit Agency (MIAA) to undertake a series of activities to ensure CQC readiness and compliance. MIAA delivered training sessions in January / February 2024 to:
 - The Trust Board
 - Council of Governors



- Senior Leadership Team
- Operational managers were provided with “train the trainer” training to support their teams, and mock inspections were undertaken and local improvements initiated.

Subsequently all teams within the Trust now use the CQC self-assessment framework to support monitoring of the quality and safety of their service, with assurance provided at the Directorate Quality meetings to promote CQC readiness. The Single Assessment Framework (SAF) five key areas and quality statements are embedded in the Trusts quality improvement activities. This includes the Trust **Quality Tree**, and at **Time to Shine** events, where teams are invited to share good practice and celebrate their successes using the CQC Framework to focus on an area of practice.

Time to Shine

The *Time to Shine* sessions were established in 2019 and provide a structured forum for staff to celebrate good practice and showcase service-level work across the Trust. The sessions support shared learning and improvement by highlighting achievements, learning from quality review activity, and promoting areas of innovation and excellence.

Sessions are scheduled on a monthly basis and are open to all Trust staff and Governors. Presentations are delivered on a voluntary basis and are also scheduled following the completion of Quality Review Visits, ensuring learning and improvement actions are shared more widely across the organisation.

During 2025/2026, a total of 11 Time to Shine sessions were delivered. Across these sessions, 24 presentations were shared, covering a range of topics including how teams align with CQC quality statements, identified areas for improvement, examples of good practice, team achievements, and outputs from group work and research activity.

Attendance at the sessions included a broad range of stakeholders, including Clinical Leads, Governors, clinicians, presenters, and corporate staff, reflecting the Trust-wide engagement and value placed on the *Time to Shine* programme.



The Bridgewater Quality Tree

Accreditation

During 2025/26, thirty-five Quality Review Visits (QRVs) were undertaken across all clinical services:

- 11 – Warrington Adult Directorate
- 8 – Halton Adult Directorate
- 9 – Children’s Directorate
- 7 – Dental Directorate

Following each visit, the services receive an accreditation report which includes the overall accreditation score, identified areas of good practice as well as those requiring further improvement. All recommendations from the visit are incorporated into the service’s local SAF action plan, and shared with the team, Operational Manager, Associate Director and Director of Nursing. Compliance against action completion is monitored by the Team Leader and Operational Manager and reported to the Directorate Quality Group for oversight.

Services that receive a RED rating in any individual standard of the accreditation tool are required to provide assurance on progress through the Directorate Quality Group. Any services that receive an overall RED accreditation score receive targeted support to complete their actions within three months, after which a focused reinspection is undertaken.

Accreditation outcomes, along with progress against required actions, are reported to Quality Council through bimonthly Directorate reporting alongside the completion of the biannual and annual accreditation report.

Inspections of Local Authority Children's services

On 12 January 2026, Bridgewater Community Healthcare NHS Foundation Trust was notified that Halton Borough Council had received confirmation of an unannounced SEND inspection. In response, daily coordination calls were established during the week beginning 12 January 2026 to ensure effective oversight and alignment of the Trust’s involvement. The Trust engaged fully with the inspection process, working collaboratively with partner agencies, responding to information requests, and meeting with inspectors as required. On Tuesday 27 January 2026, inspectors visited Woodview Child Development Centre to meet with multidisciplinary teams, including the neuro-disability nursing team and community paediatrics, to undertake a review of the neurodevelopmental pathway. Further discussions were also held to explore developments in early notification processes within the 0–19 service.

The outcome of the revisit confirmed that the local area partnership had taken effective action to address four of the priority areas identified at the initial inspection. This provided external assurance that significant progress had been made in strengthening partnership arrangements and addressing key areas of concern.

The inspection also concluded that further improvement was required in relation to the early identification of children and young people’s needs and timely access to specialist health pathways, including the neurodevelopmental assessment pathway. These findings continue to inform the partnership’s priorities and improvement focus.

Key improvements recognised by the Inspectors include:

- Stronger governance and partnership working: There is now clearer accountability and strategic oversight across education, health and social care, resulting in improved collaboration.
- Improved engagement with parents and carers: Parents and carers report having a more influential voice in service development through the Parent Carer Forum.
- Enhanced timeliness and quality of Education, Health and Care Plans (EHCPs): New plans are now surpassing national benchmarks.
- Better support to schools: The “team around the school” model is now embedded, alongside new tools such as the sensory toolkit, ordinarily available provision guidance, and the “Knowing Me” profiling tool.
- Strengthened joint commissioning arrangements: Investment in services has increased, including mental health support in schools and expanded multidisciplinary working.
- Integrated support models: There is development of integrated support, including SEND family hubs and a new education and health hub in Runcorn.

Learning from Deaths

The Trust Board recognises that effective implementation of the Learning from Deaths Framework (National Quality Board, 2017), is an integral component of the Trusts’ learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.

Each unexpected death reported to the Trust in 2025/26 prompted an incident report and has been analysed and investigated appropriately in line with the Trust’s Learning from Deaths Policy, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.

Of the 80 deaths reviewed and closed, none were associated with any care delivery concern or harm caused by services provide by the Trust. There were no concerns raised from any deceased family/carers and no concerns raised by staff about the care that Bridgewater delivered to patients who died.

During several investigations, incidental learning was observed, including the identification of strategies to enhance communication with partners and the recognition of methods to improve record keeping, thereby supporting more effective information sharing. The learning gained was distributed via Directorate Incident Review and Learning Groups, as well as through Learning Circles and to services needing personalised assistance. Electronic Patient Record templates have been modified where needed to enhance documentation and communication between services.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2025/26 for inclusion in relevant national datasets.

The percentage of records in the latest published data which included the patient’s valid NHS number was:

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.9%	87.8%
Emergency Care Data Set	99.8%	967.9%

Mental Health Services Data Set	100%	48.9%
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The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

Data set	Bridgewater Compliance	National Average
Community Services Data Set	100.00%	94.4%
Emergency Care Data Set	99.5%	97.4%
Mental Health Services Data Set	100.00%	69.6%

Information Governance

Information Governance (IG) provides the framework that ensures staff handle information safely, legally, and consistently across the Trust. This covers all personal and corporate information, supported by up-to-date and accessible Privacy Notices for staff, patients, and children.

The Trust remains registered with NHS England's Data Security and Protection Toolkit (DSPT), a national framework for organisations processing health information to demonstrate compliance with data security and IG standards. The DSPT has now moved to align with the Cyber Assessment Framework (CAF), placing greater emphasis on cyber security maturity and evidence of organisational and technical controls. Over the year, the IG team has strengthened policies, improved third-party assurance processes, and continued to oversee information assets in line with national standards, while routinely undertaking Data Protection Impact Assessments (DPIAs) for new or changing systems.

The DSPT, governed by the Department of Health and Social Care (DHSC), is also the national platform through which serious data security breaches including cyber incidents must be reported. When such breaches impact individuals' rights and freedoms, they are investigated by the Information Commissioner's Office (ICO).

No serious IG incidents were reported in 2025/26.

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2025/26.

Statement on Relevance of Data Quality and Actions to Improve Data Quality Validity

The Trust acknowledges the importance of basing all Trust and clinical decisions on reliable data and has implemented several controls to ensure high-quality data.

All Trust staff are required to maintain accurate records through:

- Legal obligations (Data Protection Act 2018)
- Contractual obligations (Contracts of employment)
- Ethical obligations (Professional codes of practice)
- Regulatory obligations (Care Quality Commission, IG Toolkit)

The Trust has proactively worked to improve data quality by:

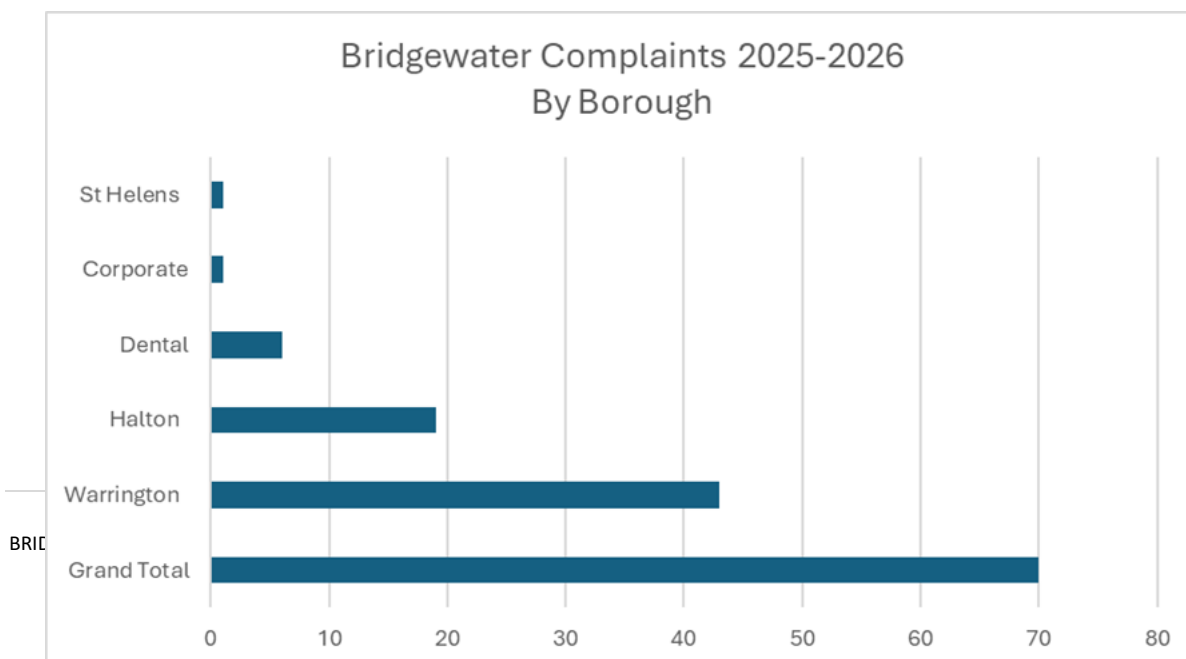
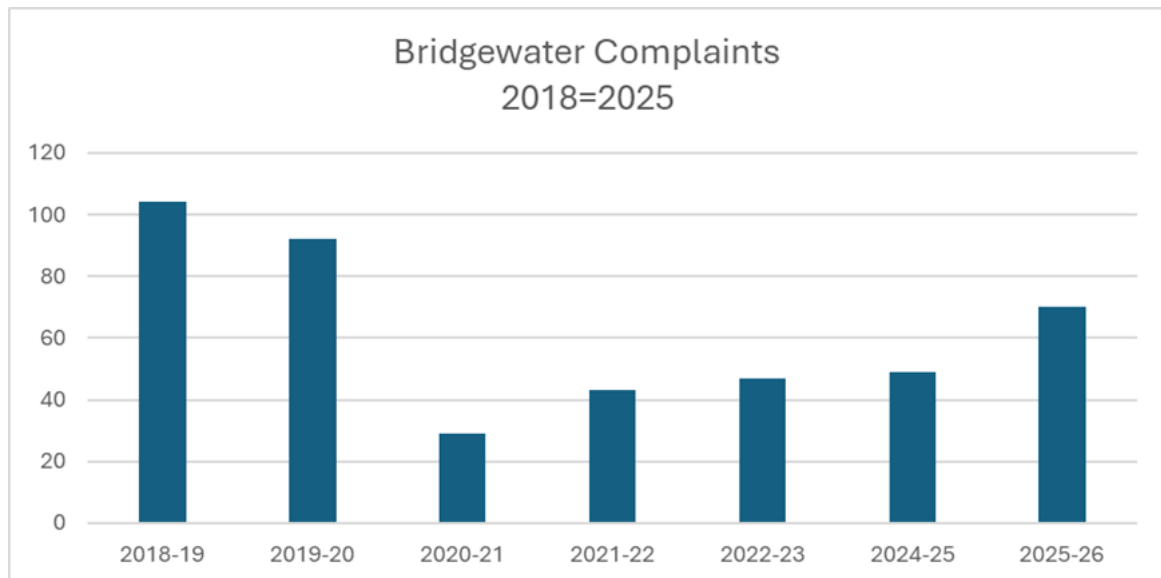
- Ensuring national submissions are updated to reflect the latest version standards.
- Automating daily submissions into the NHS Demographics Batch Service for demographics data from main clinical systems, with ad hoc submissions for other specialised systems
- Offering bi-annual one-on-one Data Improvement sessions to all services
- Maintaining and continuously developing Self-serve Qlik Sense data quality reports

Reporting against Core Indicators

To meet NHS England requirements, Bridgewater Community Healthcare NHS Foundation Trust is able to provide data for the following core indicators using nationally published datasets from NHS Digital.

Complaints

The first table below shows the progression of formal complaints received between 2018 and 2025 by individual year, with an obvious decrease during the pandemic. The second table shows the number of formal complaints received in the year 2025/26, by Borough. The data shows that there has been an increase of 21 compared to the previous year. This is, in large part, due to an increase in complaints for the Dermatology Service in Warrington and the Neurodevelopmental Pathway in both Halton and Warrington. Both these services have received an exceptionally high number of referrals during this period impacting the wait times for patients.



Learning from complaints

The Trust recognises that listening to, measuring and acting upon patient feedback is a key driver of quality, safety and service improvement. Complaints are welcomed as a valuable source of insight, helping the Trust to understand where services can be strengthened and improved. Learning from complaints is used to support continuous improvement and enhance the experience of patients, families and carers.

Recent learning from complaints has led to tangible service improvements, including:

- **Wheelchair Services** – improved communication with patients regarding service changes
- **District Nursing and Treatment Room Services** – strengthened recording of the patient’s voice within clinical documentation.
- **Paediatric Community Medical Services** – development of a Frequently Asked Questions section on the Trust website to improve and clarify communication with families.

All complaint action plans are reviewed and approved by the Director of Nursing, providing senior oversight and assurance. Progress and completion of actions are monitored through Directorate Quality Meetings and the Dental Governance Group, ensuring that learning from complaints leads to sustained service improvement.

Parliamentary and Health Service Ombudsman (PHSO).

The PHSO is the last stage of the NHS formal complaints process which follows local resolution which has not resolved the complainant’s issues in full. It is an independent arbiter who will ensure that the Trust has made every endeavor to answer the concerns raised and taken action to improve services where lessons have been learned from its investigations. The PHSO will review the complaint and relevant medical record with a view to undertaking an investigation into the actions of the Trust. In the majority of cases referred to the PHSO the decision has been made not to investigate.

The PHSO may decide not to investigate further, and no further action will be required from the Trust. Alternatively, recommendations might be made for the Trust to consider. The PHSO may decide to conduct a full investigation which might result in the Trust being required to make an apology, pay compensation and/or produce an action plan to describe what actions are planned to rectify the situation and prevent further occurrences.

There remains one open case in which the Trust is awaiting the decision regarding investigation. All previous cases opened prior to 2024/25 were closed with no further action.

The table below shows the number of cases received per year:

Content	2021/22	2022/23	2023/24	2024/25	2025/26
PHSO cases received	0	1	2	1	1

PHSO cases closed	0	1	2	1	0
PHSO Cases at the end of 2025-26 = 1 Case awaiting decision to investigate or not					

Patient Stories

Patient stories are routinely shared at the Trust Board and support staff education across the Trust. This supports colleagues to develop a deeper understanding of patient perspectives, informs service redesign and highlights examples of good practice that can be shared more widely to support organisational learning.

During 2025/26, six patient stories were presented to the Trust Board, providing valuable insight into patients' and families lived experiences of care. The services featured included:

- Community Dental Service, Halton
- Children's 0–19 Services, Halton
- Urgent Treatment Centre, Halton
- Paediatric Bladder and Bowel Service, Warrington
- Northwest Drive Ability Service
- Treatment Room Service, Warrington

The patient stories highlighted the positive impact of Trust services on patient wellbeing, including a young child sharing their experience of care, the benefits of collaboration between the Urgent Treatment Centre and GP Connect in improving a patient's journey, and the co-production of a new support group for children with special educational needs and disabilities (SEND) and their parents. Collectively, these stories provided assurance to the Board of the Trust's continued focus on person-centred care, partnership working, and meaningful patient and family involvement in service development.

Friends & Family Test (FFT)

The NHS Friends and Family Test (FFT) provides a consistent mechanism for patients, and where appropriate their families or carers, to share feedback on the care and treatment received at the Trust. FFT feedback is actively reviewed and triangulated with other sources of patient insight to provide assurance on patient experience, identify areas for improvement, and inform actions to enhance the quality, safety and responsiveness of services across the organisation.

On the NHS Staff Survey, questions 25c and 25d are the Friends and Family Test (FFT) questions for staff. They are not standalone "performance" questions, but a high-level barometer of staff experience, advocacy and organisational culture.

To improve the Friends and Family Test staff metrics, the trust generally does not target the questions directly. Instead, targeted improvement comes from sustained, visible work on the everyday conditions that shape staff confidence, pride and trust in the form of Directorate Staff Survey Action Plans.

Core Indicator	Bridgewater 2021	Bridgewater 2022	Bridgewater 2023	Bridgewater 2024	Bridgewater 2025	National Average for Community Trusts 2025	Highest Community Trust 2025	Lowest Community Trust 2025
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Question 25d NHS Staff Survey)	77.5%	79.2%	80.5%	80.7%	67.6%	75.7%	84.2%	66.5%
% Of staff that would recommend the Trust as a place to work. (Question 25c NHS Staff Survey)	57.5%	57.7%	65%	64%	46.1%	66.7%	74.5%	46.1%

Provided by Patient Services:

Community Services use a range of methods to seek patient feedback including the use of the Friends and Family Test via SMS text messaging, online surveys via a QR code plus paper surveys. The online and paper surveys provide the opportunity for patients and carers to give more in depth feedback and asks questions based on the key touch points of a patient’s journey based on the nationally recognised Patient Reported Experience Measures (PREMS) questions.

The text message is only based on the FFT requirements whereby all patients/carers are asked about their overall experience of the care and treatment from our services. Respondents rate the FFT question with a score of 1-5, 1 being very good and 5 being very poor and also have the opportunity to provide some additional information to give the reason for their score.

During 2025/26 a total of 36,123 patients/carers provided feedback of their experience of the services received.

Friends and Family Test Results

Community Services: Adult, Children’s and Community Dental

Friends and Family Test (FFT) results are reported at service line level and shared with staff across all Directorates through the monthly Patient Experience reports. Where appropriate, FFT results and patient comments are displayed in patient waiting areas to support openness and transparency. The reports are reviewed at the monthly Adult and Children’s Directorate Quality Meetings and Dental Governance Meetings, providing a forum to share learning from

services receiving higher volumes of feedback and to agree actions to further strengthen engagement and increase feedback from patients, families and carers.

Patients and carers are given the opportunity to provide feedback of their experiences, at each appointment or visit. Actively listening to patients and carers is vital in order to continually improve and develop the services we deliver. It helps us to understand what we do well and the areas we could do better.

The table below shows the overall satisfaction rates for each Directorate over a two-year comparison period.

Month (Financial Year)	Adult Services		Children's Services		Community Dental	
	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
April	94.6%	93.2%	96.3%	98.0%	94.8%	100%
May	93.4%	93.5%	97.0%	98.0%	96.1%	96.2%
June	92.8%	94.0%	98.6%	97.3%	96.9%	96.6%
July	94.3%	93.9%	98.2%	97.2%	91.5%	100%
August	94.8%	94.0%	97.3%	98.4%	98.3%	99.5%
September	94.5%	94.1%	96.5%	97.7%	96.6%	99.6%
October	94.0%	94.2%	94.6%	97.1%	97.7%	100%
November	94.1%	94.2%	95.5%	96.1%	100%	99.4%
December	93.5%	94.5%	95.7%	95.4%	95.8%	100%
January	94.4%	95.9%	94.6%	94.5%	98.2%	100%
February	95.0%	94.4%	97.6%	96.1%	99.3%	100%
March	93.4%	94.1%	97.9%	94.9%	99.2%	100%

During 2025/26, Friends and Family Test (FFT) satisfaction remained consistently high across the Trust, with overall performance broadly maintained or improved compared with 2024/25. Adult and Children's Services sustained very strong results, with performance consistently above 93% throughout the year. Community Dental demonstrated the most significant improvement, increasing from an average of 97.0% in 2024/25 to 99.3% in 2025/26, alongside reduced month-to-month variation and multiple months achieving 100% satisfaction.

Overall, the data indicates sustained positive patient experience, and provides assurance that, for the majority of respondents, the care received was experienced positively.

Compliments

Compliments are received in a number of ways; from greetings cards, letters, emails plus positive comments from SMS Text messages and the Talk to Us online and paper feedback forms. During 2025/26 a total of 19,120 compliments were received for the Community and Dental Services.

Examples of compliments received are shown below:

Dermatology Service

'I was seen by [Name], who was excellent. He put me at ease and fully explained everything and, whilst being extremely professional, was also very friendly. All in all, the treatment I received and the explanations were top-notch. Nothing could have been improved'.

Podiatry Service, Warrington

'Very professional. As newly diagnosed with diabetes, the explanations given regarding risk and prevention were very clear. The clinician explained what she was doing and why'.

Treatment Room Service, Halton

'All on time. Nurse was lovely. So informative and reassuring and thorough. And very friendly. All you need when you are being treated. [Name] is an amazing nurse'.

Urgent Treatment Centre, Halton

'Very efficient service, dealt with in timely manner. Explained everything and was examined and provided next steps in my care'.

Virtual Ward, Halton

'Everything was perfect with the service; my husband has improved so much since they got involved. Thank you to everyone'.

Wheelchair Service, Warrington

'[Name] was amazing with our son made him feel comfy and listened to him'.

Children's Community Nursing Team, Warrington

'We received fantastic care from the whole team, but especially from [Name], who went above and beyond when taking care of my daughter and helped us finish our home oxygen journey'.

Health Visiting Service, Warrington

'Speaking to [Name] was the beginning of a turnaround for both the health of my baby and myself. It was the first time that a healthcare professional had taken the time to listen to our whole story and piece together a plan for the future. Thank you'.

Neurodevelopmental Nursing Team, Halton

'We received great advice and reassurance for our child's needs. Although waiting times for diagnosis are long, we feel we have services and routes to support our child along the way'.

Paediatric Bladder & Bowel Service, Warrington

[Name] was brilliant. She explained everything so clearly and gave me a plan to do going forward. I'm really grateful for her taking the time to explain the reasons behind what's happening and how and why to tackle it going forward.

Paediatric Community Medical Service, Halton

'Everything was really easy; time was spent to understand our needs. Overall, it was really positive'.

Paediatric OT Service, Halton

'[Name] is a credit to the service. The therapies team (physio and OT) are the most approachable and supportive team I have ever met. [Name] is not only an amazing OT but also such a lovely person and, when dealing with issues around your child, it can be emotional. She listens and advocates for the needs of the child. I can't speak highly enough of [Name] and would like this shared with her to show the difference she makes and what a knowledgeable and kind person she is.'

Dental, Bolton

'Dentist was amazing! So, amazing my son tried to take her out the door with us. SEND friendly but more than that, SEND understanding and empathetic, always a lovely experience and one of a few appointments that don't fill me with nerves, thank you so much'.

Dental, Bury

'You empowered our autistic son to get through his treatment by giving him information and choices'.

Patient Safety Incidents

Patient safety incidents are defined as unintended or unexpected events that could have, or did, result in harm to one or more patient's receiving care. The Trust actively promotes a strong reporting culture and regards high levels of incident reporting—particularly of no-harm and low-harm incidents—as a positive indicator of an open and transparent patient safety culture. This approach enables early identification of risk, supports learning, reduces the likelihood of recurrence, and drives continuous improvement in the quality and safety of care.

The data below presents the number of and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number of such patient safety incidents that resulted in severe harm or death.

Core Indicator	2021/22	2022/23	2023/24	2024/25	2025/25
Overall Incidents reported	4,676	4,407	4,157	5,042	5,802
% Reported to NRLS/LFPSE	1,884 (40%) (NRLS)	1,600 (36%) (NRLS)	2,679 (64%) (NRLS/LFPSE)	2,510 (49%) (LFPSE)	3,523 (61%) (LFPSE)
Resulting in severe harm or death	0	0	0	0	3

* NRLS -National Reporting and Learning System.
** LFPSE – Learning from Patient Safety Event service,
The Trust transferred from the NRLS to LFPSE on 04th October 2023.

The Trust considers that the data for 2025/26 is as described above for the following reasons:

- 5,802 incidents were reported and submitted to national portals as follows.
- Learning from Patient Safety Events (LFPSE) service – 3,523 incidents reported.
- Reported patient safety incidents have remained within the expected upper and lower control limits, for reported patient safety incidents.
- Compared to 2024/25 the volume of reported incidents has increased by 760 (↑15.1%)
- There were 3 patient safety incidents, which were reported as resulting in severe harm or death.
- The ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 50% of the total number of patient safety incidents reported. This is an increase from 2024/25 when 46% of the reported patient safety incidents did not result in any harm to the patients.
- Indicating a positive incident reporting culture.

Patient Safety Incident Review Framework (PSIRF)

The Trust has continued to embed its arrangements for delivering the Patient Safety Incident Response Framework (PSIRF) and has maintained robust processes for the monitoring and review of patient safety incidents. These arrangements ensure that themes and learning are

systematically identified and translated into improvement actions to strengthen patient safety and care quality. Delivery is supported through the following governance structure:

- Weekly Directorate Incidents Review and Learning Groups
- Weekly meetings of the Patient Safety Incident Response Framework & Learning Panel (PSIRFaLP)
- Directorate Quality Meetings
- Quality Council
- Quality & Safety Committee
- Monthly Executive Management Team Dashboard report

The Trust has implemented the following actions to enhance this indicator by:

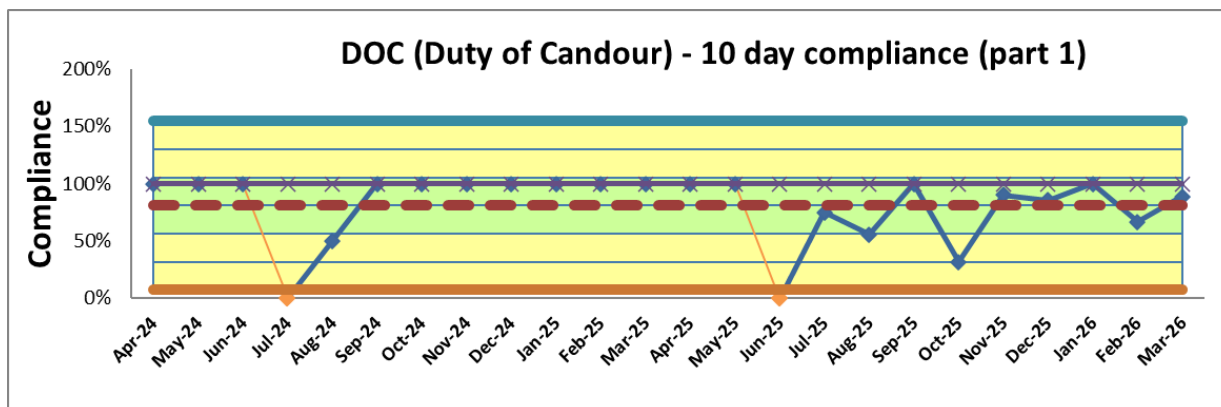
- The Trust continued to strengthen its patient safety systems by undertaking investigations in line with the Patient Safety Incident Response Policy and Plan.
- Clear guidance on NHS England harm grading was reinforced to ensure consistent and accurate application across services.
- Incident reporting was actively encouraged to support learning, prevent recurrence, and drive service improvement, supported by ongoing training in incident reporting, management processes, and the Patient Safety Incident Response Framework (PSIRF).
- Oversight of duty of candour timeframes was strengthened through Directorate Incident Review and Learning Groups (DIRLGs), with senior oversight from the Director of Nursing.
- Incident themes and trends were routinely reviewed and reported quarterly through Patient Safety Incident Response Framework and Learning (PSIRFaLP) meetings.
- The Trust maintained robust scrutiny of incidents through daily, weekly, and monthly reviews by the Risk Team and DIRLGs, with senior clinical involvement to improve data quality and accuracy.
- Data quality indicators from the Learning from Patient Safety Events (LFPSE) system were monitored daily, with prompt action taken to address identified issues.
- Patient Safety Specialists continued to support consistent systems-based learning, alongside the production of daily, weekly, and monthly aggregated incident reports to support local and organisational oversight.

During 2025/26, the Trust commissioned the Mersey Internal Audit Agency (MIAA) to independently review compliance with the Patient Safety Incident Response Framework (PSIRF). The audit provided substantial assurance, confirming that robust arrangements are in place to support effective patient safety incident response and learning. All four low-risk recommendations arising from the review have been fully implemented.

Duty of Candour

The Statutory Duty of Candour was introduced by the Care Quality Commission (CQC) in November 2015 under the Health and Social Care Act 2012 and places a legal requirement on CQC-registered health and social care providers to be open and honest with patients, or their families, when care or treatment has resulted in, or could result in, significant harm. Regulation 20 requires organisations to notify individuals of notifiable safety incidents as soon as reasonably practicable, provide a truthful apology, and share the findings of any subsequent investigation, as a fundamental component of delivering safe, transparent and regulated services.

The statistical control chart regarding the Duty of Candour is presented below.



Data for 2025/26 indicates late delivery of duty of candour notifications following a sustained period of 100% compliance between September 2024 and May 2025. Since June 2025, compliance has been more variable. It should be noted that the number of incidents requiring duty of candour remains low; as a result, a small number of non-compliant cases can lead to proportionately significant fluctuations in reported compliance rates.

The Trust monitors duty of candour at the weekly Directorate Incident Response & Learning Groups and is reported to the Trust Board as part of the integrated Quality & performance Report (IQPR). Actions to address the reduced compliance have supported an increase in March 2026, which include:

- Introduction of a weekly compliance oversight meeting
- Daily review of all incidents by the Directors of Nursing to quality assure harm levels.

Datix Risk Management Suite

From 1 April 2026, following integration with Warrington and Halton Teaching Hospitals NHS Foundation Trust, the Trust’s services will transition to the Datix Risk Management suite as the Trust’s risk management system. In preparation for this change, a suite of e-learning resources has been developed in collaboration with colleagues at Warrington and Halton, which will form the foundation of education and training for incident reporting and management within North Cheshire and Mersey NHS Foundation Trust.

Patient Safety Alerts

Patient Safety Alerts are issued by NHS England via the Central Alerting System (CAS) to highlight recognised safety risks and provide guidance to prevent incidents that could result in serious harm or death. Alerts are informed by expert advice from the National Patient Safety Response Advisory Panel, drawing on incident reviews from national reporting systems (NRLS/LFPSE), other intelligence sources and public concerns. Alerts may relate to widespread safety issues or specific system and equipment risks requiring action. The Trust is required to respond to National Patient Safety alerts, to provide assurance to NHS England that the required actions have been taken within the organisation.

Within the Trust, oversight of Patient Safety Alerts are coordinated by the Risk Team, working with the Directorate Leads to ensure actions are identified and implemented where required.

All alerts received are recorded and monitored within the Risk Management System. In 2025/26 the Trust was compliant with all CAS alerts which were applicable to the Trust.

The table below summarise alerts received by quarter in 2025/26.

Type of alert	Q1 - 25.26	Q2 - 25.26	Q3 - 25.26	Q4 - 25.26	Totals
CAS Helpdesk Team	0	1	0	0	1
CMO Messaging	1	0	1	0	2
National Patient Safety Alert - DHSC	0	2	1	1	4
National Patient Safety Alert - MHRA	0	0	0	1	1
National Patient Safety Alert - NHS England Patient Safety	0	1	2	0	3
National Patient Safety Alert - UKHSA	1	0	0	0	1
Grand Total	2	4	4	2	12

Quality Account

Part 3



Communities Matter

Creating stronger, healthier, happier communities.

Part 3 – Looking Back Over the Year 2025/26

2025/26 Key Achievements

Throughout the previous year, Bridgewater Community Healthcare NHS Foundation Trust continued to deliver safe, effective and compassionate care, supported by the dedication and professionalism of our staff. Over the course of the 12-month period, colleagues and services received significant recognition at local, regional and national level. The following highlights showcase some of our key achievements.

Honoring Our Nurses: International Nurses' Day 2025

On 12 May, the Trust marked International Nurses' Day, recognising the unwavering dedication, compassion and expertise of our nursing workforce. Bridgewater nurses play a vital role across clinics, patients' homes and community settings, combining clinical excellence with emotional support to ensure people receive high-quality care at some of the most challenging moments in their lives.

We extend our sincere thanks to all nursing colleagues for their continued commitment to keeping our communities healthy, safe and supported.

Dental Hygienist Receives Prestigious POINT Passion for Parents Award

On 16 May 2025, Bridgewater Dental Hygienist Janet Hinchliffe received the Health Award at the POINT Passion for Parents Awards.

POINT, an Oldham-based charity, supports children and young people with additional needs and disabilities and their families. Janet was nominated by a parent in recognition of her patience, adaptability and deep understanding of their child's needs. Her compassionate approach enabled a positive dental experience and helped the child to gradually accept routine care, demonstrating the Trust's commitment to inclusive, person-centered services.

Urgent Community Response Team Named Warrington's Health Hero

Bridgewater's Urgent Community Response (UCR) service was named Health Hero at the Warrington Guardian Inspiration Awards 2025. The service was recognised for its outstanding teamwork and impact in supporting people to remain safely at home and avoiding unnecessary hospital admissions.

Operating 24/7, the multidisciplinary team includes advanced nurses, occupational therapists, physiotherapists, social workers, assistant practitioners, and first responders. The service manages approximately 500 referrals each month, with 95% of patients seen within two hours and 92% supported to remain at home.

Led by Bridgewater in partnership with Warrington Borough Council, the service was praised for its high-quality, safe and effective care and its strong collaboration with local NHS partners.



Allied Health Professions Day 2025

On 14 October, colleagues from Bridgewater and Warrington and Halton Teaching Hospitals came together to celebrate National Allied Health Professions (AHPs) Day. Hosted at Warrington Hospital's Postgraduate Centre, the event brought together AHPs, support workers, students and educators to recognise the contribution of the allied health professions across both organisations.

Colleagues showcased service improvement and quality improvement projects aligned to the NHS 10-Year Plan, highlighting innovation and collaboration across community services.

Living Well Warrington Programme Shortlisted for HSJ Award

The Living Well Warrington programme was shortlisted for the HSJ Awards 2025 in the Integrated Care Initiative of the Year category.

Delivered in partnership with Warrington and Halton Teaching Hospitals and other local organisations, the programme focuses on tackling health inequalities and supporting residents to live healthier, more fulfilling lives. The Living Well Hub in Warrington town centre provides accessible services under one roof, helping to prevent ill health, support regeneration and improve outcomes for local people.



BBC Newsround Showcases Community Dental Services

BBC Newsround visited one of Bridgewater's specialist community dental clinics in Greater Manchester to highlight how services support children with special educational needs and disabilities.

The feature showed how small adjustments to appointments can help children feel safe, understood and in control of their dental care, reflecting the Trust's commitment to inclusive and trauma-informed practice.



Bridgewater Opens National NHS Staff Experience Conference

On 18 November, Bridgewater opened the national virtual NHS Staff Experience Conference, *Staff Experience in the NHS: Navigating Challenges and Change Together*.

The Trust's *Making Flexible Work* initiative was showcased as national best practice through a specially produced opening video. This was followed by the publication of a detailed case study on the NHS Employers website, demonstrating Bridgewater's leadership in improving work-life balance and staff wellbeing.



Long Service Awards Celebrate Dedication and Commitment

On 25 November, Bridgewater and Warrington and Halton Teaching Hospitals hosted their first joint Long Service Awards.

Bridgewater colleagues recognised on the day represented a combined 430 years of NHS service. The event celebrated the sustained dedication of staff who have made an extraordinary contribution to patient care and community services over many decades.

National Recognition and Awards UNICEF UK Baby Friendly Initiative Re-accreditation

Halton and Warrington 0–19 Services were successfully re-accredited at Stage 3 of the UNICEF UK Baby Friendly Initiative following a rigorous two-day assessment.

This recognition confirms that evidence-based standards supporting infant feeding and parent-infant relationships are fully embedded in everyday practice. Assessors praised both areas for cultural change, workforce development and positive outcomes for families.



Infection Prevention Teams Highly Commended

Bridgewater’s 3 Boroughs Infection Prevention and Control Service, alongside the Education and Communications teams, received a Highly Commended award at the Infection Prevention Society Impact Awards 2025.

The teams were recognised for developing an accessible and engaging library of infection prevention training videos, supporting consistent learning across health and care settings and helping to reduce system pressures.

Celebrating Practice Excellence Awards

Bridgewater colleagues were nominated for three awards at the Celebrating Achievements and Practice Excellence (CAPE) Awards 2025, recognising excellence in education, assessment and learning environments across Cheshire and Merseyside.

Skills for Health Our Health Heroes Awards

Tim Muttock, Business Administration Apprentice, won Silver in the Apprentice of the Year category at the national Our Health Heroes Awards.

Tim was recognised for his resilience and leadership in delivering a major project to digitise employee records, improving efficiency and record management across the Trust.

NHS England Recognition for Intermediate Care and Frailty Services

Halton Intermediate Care and Frailty Services were recognised by NHS England for exemplary practice in delivering personalised care at home.

A case study and video highlighting joint working across Urgent Community Response and Virtual Ward teams has been shared regionally and nationally as best practice.

Individual and National Honours Emma Grimshaw Awarded MBE

Emma Grimshaw, Warrington’s Named Nurse for Safeguarding and Children in Care, was awarded an MBE in the King’s New Year’s Honours List for her role in Operation Lazurite.

Alongside her role at Bridgewater, Emma serves as a Captain in the Army Reserves and led safeguarding efforts to support displaced Afghan families. Her work exemplifies compassion, leadership and resilience in the most challenging circumstances.



HSJ Digital Awards Finalist

Paula Wright, Chief Nursing Information Officer, was shortlisted for the HSJ Digital Awards 2026 for her leadership of the Digital Skills Development Network.

The recognition reflects the impact of collaborative digital workforce development across partner organisations and reinforces Bridgewater’s commitment to innovation and system leadership.

NHS England Compliance

It is a requirement of NHS England that trusts establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. In 2025/26, several performance standards were measured in their assessment of the overall governance. These are summarised in the table below and demonstrates achievement against the threshold /target during each month of the year.

KPI Name	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment	96%	100% (▲)	56.25% (▼)	89.47% (▲)	95.45% (▲)	86.67% (▼)	33.33% (▼)	25% (▼)	40% (▲)	71.43% (▲)	62.5% (▼)	100% (▲)	
Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral)	85%	91.18% (▼)	90.48% (▼)	94.74% (▲)	66.67% (▼)	86.36% (▲)	79.17% (▼)	71.43% (▼)	53.85% (▼)	72.5% (▲)	70.83% (▼)	89.29% (▲)	
28 day Faster Diagnosis Standard	75%	89.53% (▲)	85.94% (▼)	83.19% (▼)	79.88% (▼)	75.6% (▼)	65.14% (▼)	49.34% (▼)	66.87% (▲)	65.19% (▼)	67.16% (▲)	89.25% (▲)	
A&E: Total time in A&E (% of pts who have waited <= 4hrs)	95%	94.49% (▼)	98.5% (▲)	98.97% (▲)	98.08% (▼)	98.62% (▲)	98.2% (▼)	98.36% (▲)	96.01% (▼)	95.95% (▼)	99.12% (▲)	98.56% (▼)	98.18% (▼)
Audiology - Number of 6 weeks diagnostic breaches	0	57 (▼)	63 (▼)	98 (▼)	93 (▲)	71 (▲)	50 (▲)	16 (▲)	41 (▼)	50 (▼)	2 (▲)	5 (▼)	17 (▼)

The Trust delivers audiological assessment at all initial audiology contacts. The waiting time standard for all diagnostic testing is 6 weeks. The Trust have been working to reduce the numbers of patients breaching this standard and meet monthly with the Cheshire & Merseyside Diagnostic Programme to track progress.

Cancer service

The Trust delivers dermatology community-based cancer services to patients living in the Warrington area which is commissioned by Warrington Place on behalf of the Cheshire & Merseyside Integrated Commissioning Board (ICB).

The Trust remains committed to achievement of all three core cancer performance standards:

- The 28-day Faster Diagnosis Standard (75%)
- 62-day referral to treatment standard (85%)
- 31-day decision to treat to treatment standard (96%)

The service anticipated being well placed to deliver the additional 5% improvement required for the 28-day Faster Diagnosis Standard in 2025/26, having consistently achieved compliance above 80% throughout 2024/25. This position was maintained for the first five months of the year. However, following the implementation of the Skin Analytics Artificial Intelligence project in April 2025, a number of unanticipated operational complexities were encountered, which adversely impacted performance and resulted in compliance falling below the national target of 75%. Compliance was re-established in February, with performance expected to be maintained into Q1 2026.

A similar pattern of reduced compliance was observed against both the 62-day Referral to Treatment standard and the 31-day Decision to Treatment standard. Compliance for both standards was achieved in February and March and is expected to continue into 2026/27.

Due to the relatively small number of patients progressing to treatment for skin cancer, a single patient breach can have a disproportionate impact on the Trust's ability to achieve the 31-day wait from diagnosis to first treatment.

Freedom to Speak Up (FTSU)

When staff have the freedom to 'Speak Up,' they have psychological safety in their place of work and will feel able and safe to contribute diverse ideas and opinions about what is going well, or wrong and what should improve, be resolved, or done better.

Freedom to Speak Up Guardians support staff in speaking up and ensure that those who speak up are thanked and that the issues raised receive appropriate attention. Guardians make sure that the person who speaks up receives feedback on the actions taken in response to their concerns. The FTSU Guardians are supported by a network of Champions. There are currently 19 FTSU Champions with the aspiration to recruit 50 Champions in the future.

This report summarises activity during 2025/26. During this period, 32 concerns were raised involving 83 staff members. In comparison, 26 concerns were reported in the 2024/25 period, marking an approximate 23.93% increase in the number of concerns raised. Comparing the yearly data there has been an increase in concerns being raised but overall, the numbers of concerns being raised remains relatively low.

Moving forward, and in accordance with National Guardians Office (NGO) reporting guidelines, all concerns will be documented on an individual basis rather than collectively. This adjustment aims to enhance clarity and provide a more comprehensive understanding of potential areas for concern. Additionally, subsequent reports will be aligned with those submitted by the FTSU

Guardian from Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), demonstrating our commitment to a unified approach as we transition towards a single organisation.

Of the 32 concerns raised, 3 of the concerns went straight to the grievance process but came in via the FTSU route and also involved Human Resources (HR). Staff can still raise concerns in a number of ways as shown in table 1.

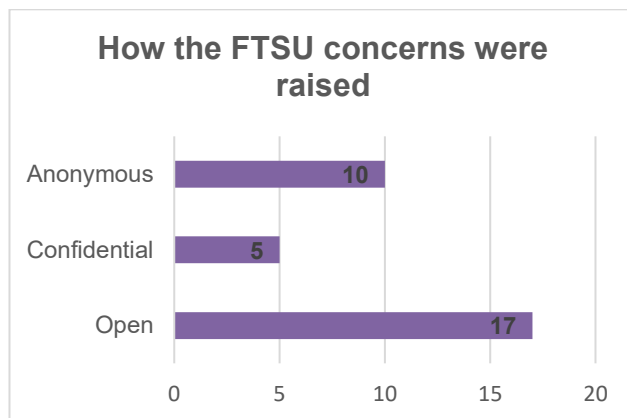


Table 1 – How the concerns were raised.

During this period the majority of the cases have been open, suggesting staff trust the FTSU process. Although anonymous concerns increased, they all related to the same service and issue, so from an organisational perspective, there was no wider cause for concern. The Guardian continues to monitor anonymous reports, and the relevant manager was consulted to assess potential internal issues.

Of those concerns raised, the majority focused on behaviour/relationship themes followed by system/process themes (Table 2), and the concerns continue to be multi factorial in nature. Poor communication continues to be cited as the main concern under the behavioural/relationship theme and staff feeling not listened to.

There have also been some delays in managers responding to staff and the Guardian when concerns have been raised. Further work is underway to explore the reasons for this and what can be implemented to support the FTSU process.

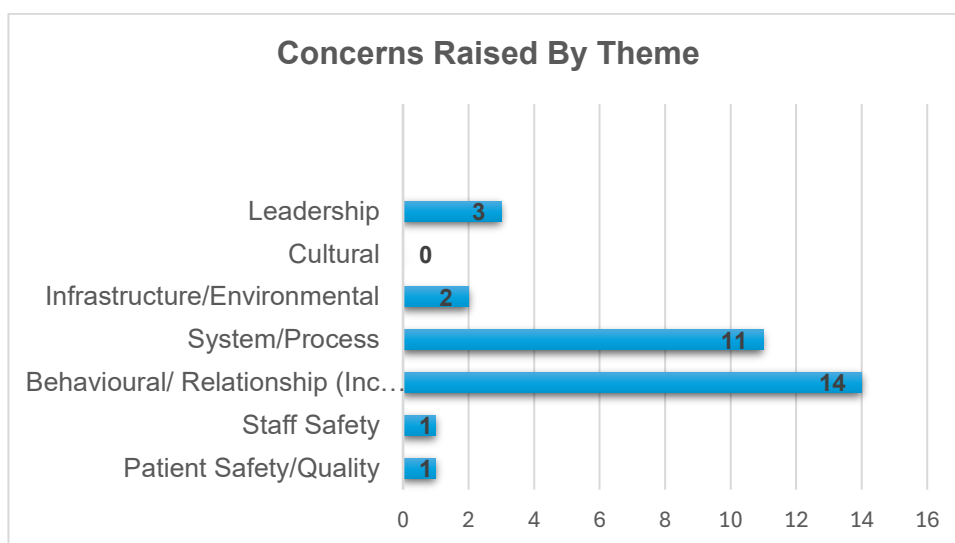


Table 2 – Concerns raised by theme – note that individual concerns can have multiple themes.

For this reporting period, concerns were raised by staff in 4 of our directorates as seen in Table 3. The most concerns were raised by staff in Warrington.

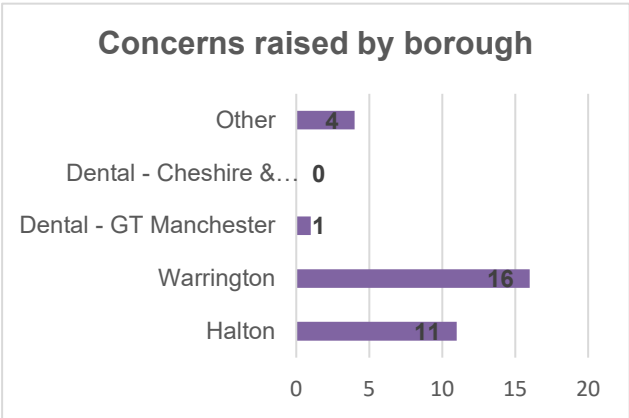


Table 3 – Concerns raised by borough.

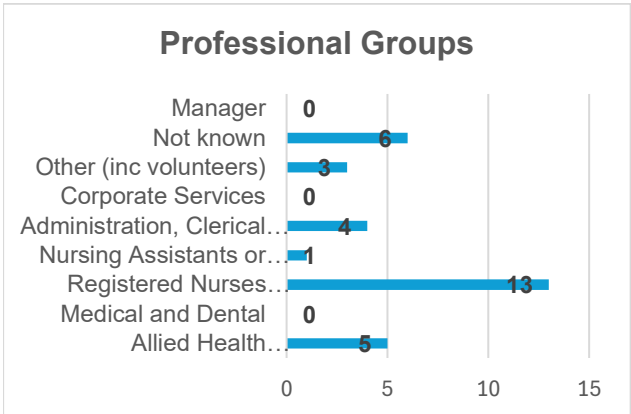


Table 4 – Professional groups raising concerns.

From a worker category perspective, the main professional group reporting concerns are registered nurses (Table 4) – this does reflect our overall workforce demographic as nurses make up the largest proportion of our workforce.

Regular updates about FTSU are included in the Trust’s Bulletin and information cascaded via ‘Team Brief’ which all staff can attend monthly and the FTSU Guardians continue to collaborate with their peers across the region.

Established in October 2016 following the Francis Freedom to Speak Up Review, the National Guardians Office (NGO) has led, trained and supported Freedom to Speak Up Guardians across England. After the 10-year plan and Patient Safety Landscape Review, its functions will be integrated into NHS England, which will assume national responsibilities as the NGO is dissolved. This was due to take place at the end of March 2026 but has been extended to June 2026.

In October 2024, the FTSU eLearning training became mandatory for all staff / workers within the Trust. The training is divided into three modules, ‘Speak Up’, ‘Listen Up’ and ‘Follow Up’ explaining in a clear and consistent way what speaking up is. All staff have to complete the ‘Speak Up’ training, and at the end of February 2025, the Trust’s overall compliance stood at 89.99%. Including all 3 modules currently 1472 members of staff have completed the training.

Staff Survey Results:

The 2025 NHS Staff Survey results reflect a challenging year for the organisation. The findings highlight areas where performance falls short of expectations and where further improvement is required. The Trust does not approach the Staff Survey with complacency; rather, it remains committed to understanding the results in detail and to taking action where additional focus and support are needed to improve staff experience.

This is the fifth consecutive year in which the NHS Staff Survey results have been reported in alignment with the seven elements of the NHS People Promise. This established approach continues to strengthen the consistency and robustness of how employee experience is measured across the NHS. When combined with the additional elements of staff engagement and morale, the survey provides assurance across nine key dimensions of staff experience.

People Promise



Trust Breakdown

In 2025, the Trust undertook an all-staff electronic NHS Staff Survey. The NHS Staff Survey is one of the largest workforce surveys globally and provides a valuable insight into staff experience across the NHS.

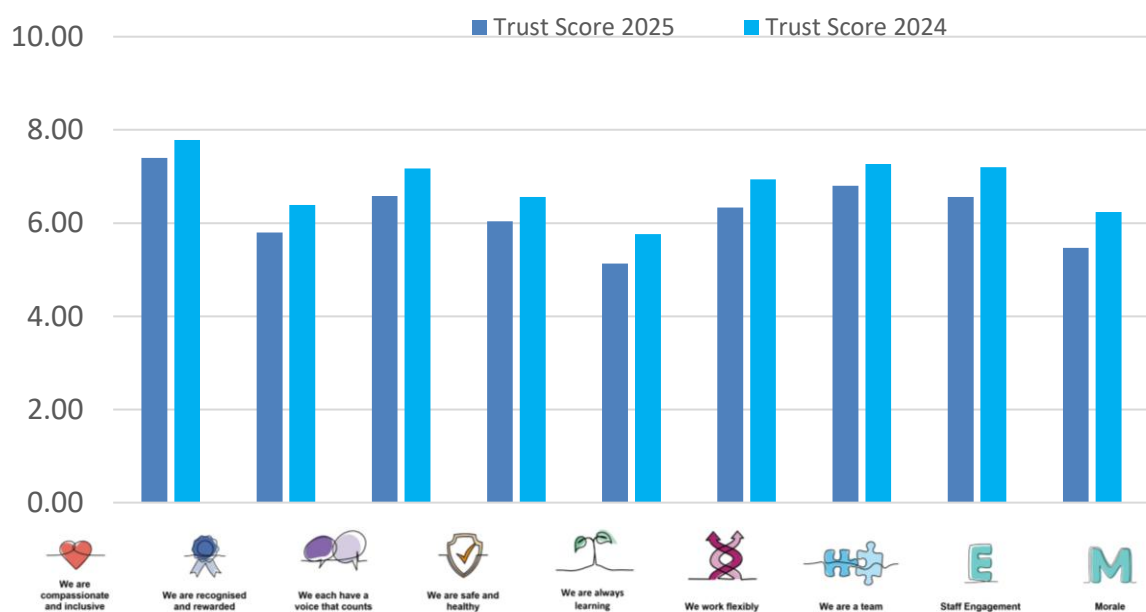
This year, 52% of Bridgewater staff responded to the survey. The survey was open for completion between September and November 2025.

The table below provides a high-level overview of the Trust’s 2025 results, benchmarked against the national average for NHS Community Trusts in England.

Overall, the 2025 NHS Staff Survey results show a decline in performance compared with 2024 across all NHS People Promise themes. While there are some positive indicators, including limited improvement in relation to incident reporting, the majority of measures demonstrate a negative movement.

As illustrated in the table below, the Trust’s 2025 scores across all nine People Promise elements/themes are below the Community Trust average.

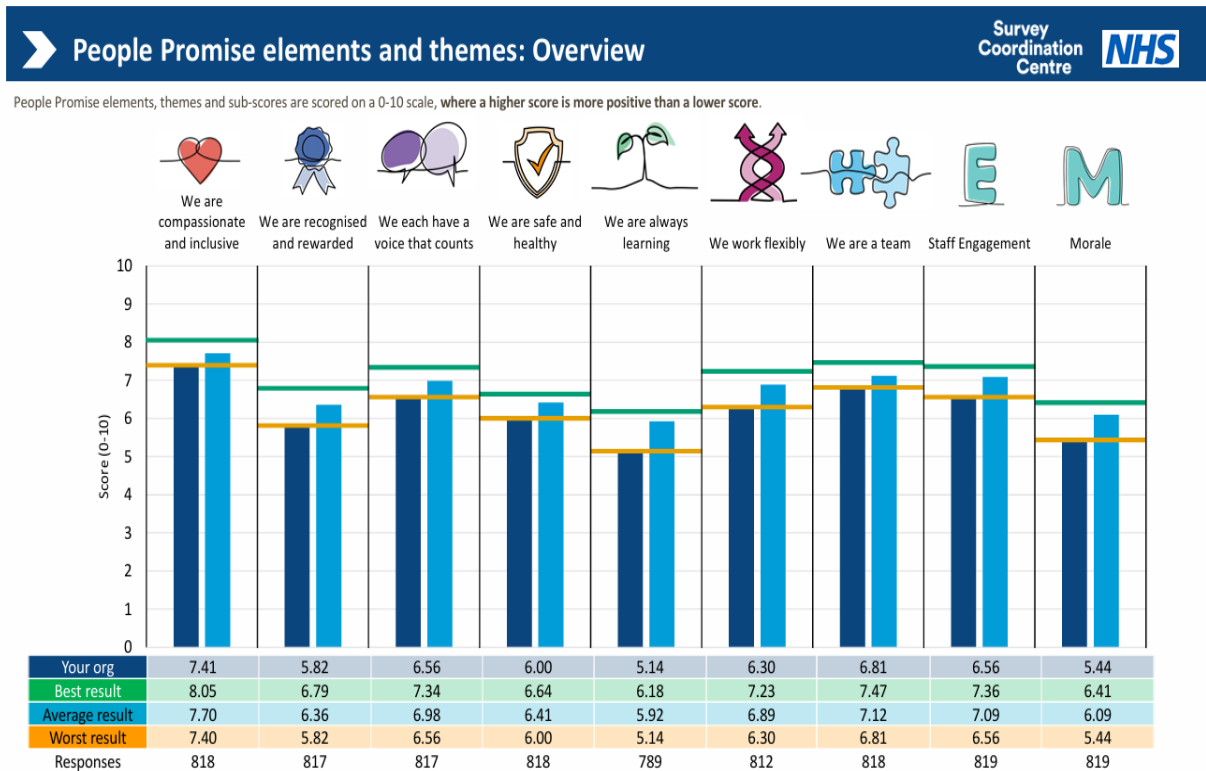
The next table shows the nine themes/elements between Bridgewater’s 2024 results and the 2025 results. All nine themes show a score lower in 2025 compared to 2024.



Regional Breakdown

As we have reported previously, the data for Bridgewater Community Healthcare is compared to other Community Trusts up and down the country.

The table below also shows the breakdown average when compared against the NHS Northwest average as well as the average when compared against the Cheshire and Merseyside Integrated Care System (ICS).



Although the Trust's scores have deteriorated across all themes, work across 2025 has taken place to build the foundations for success in the long term, particularly in relation to 'we are recognised and rewarded' and 'we are always learning'.

We Are Recognised and Rewarded

In 2025, the Trust completed a comprehensive review of its reward and recognition offer. This work explored the impact of the existing approach, identified gaps, and proposed potential strategies to strengthen how colleagues are recognised and rewarded.

As a result of the accelerated integration, the proposed plan was extended and is now being used to develop a new and improved reward and recognition offer across North Cheshire and Mersey NHS Foundation Trust, with implementation planned for 2026.

In addition, responding directly to colleague feedback, the Trust held a joint Long Service celebration to recognise colleagues achieving 25 and 40 years of NHS service.

We Are Always Learning

This People Promise theme has been a consistent challenge for the Trust. In response, the Trust developed and launched a Learning Passport in 2025, enabling colleagues to record and reflect on learning opportunities undertaken throughout their careers.

To further support learning and development, the Trust recorded over 19,000 clinical and non-clinical learning experiences across a wide range of subjects and formats during 2025/26 to date.

Building on this, the Trust launched its Coaching Network in late 2025 and began delivering career conversation sessions aimed at supporting colleagues with their personal development. The full impact of these initiatives is expected to be reflected in future Staff Survey results.

We are Safe and Healthy

In response to the decline in this People Promise theme, the Trust expanded the range of health and wellbeing sessions available to staff. A programme of sessions continues to support colleagues' mental, physical and emotional wellbeing. In addition, a virtual suite of learning materials is being developed so front-line staff can access this training at a time and pace that suits them, improving accessibility.

Friends & Family Test (FFT)

The NHS Friends and Family Test (FFT) provides a consistent mechanism for patients, and where appropriate their families or carers, to share feedback on the care and treatment received at the Trust. FFT feedback is actively reviewed and triangulated with other sources of patient insight to provide assurance on patient experience, identify areas for improvement, and inform actions to enhance the quality, safety and responsiveness of services across the organisation.

On the NHS Staff Survey, questions 25c and 25d are the Friends and Family Test (FFT) questions for staff. They are not standalone "performance" questions, but a high-level barometer of staff experience, advocacy and organisational culture.

To improve the Friends and Family Test staff metrics, the trust generally does not target the questions directly. Instead, targeted improvement comes from sustained, visible work on the everyday conditions that shape staff confidence, pride and trust in the form of Directorate Staff Survey Action Plans.

Healthcare Associated Infections

There has been no reported Healthcare Associated Infections apportioned to the Trust in 2025/26.

Quality Account

Appendix



Appendix A – Stakeholder Feedback

Statement from the NHS Cheshire and Merseyside Integrated Care Board (ICB) on the Quality Account.

Cheshire and Merseyside

Ref: Bridgewater Community Healthcare NHS Foundation Trust

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

29th May 2026

Sent by email to:
Alison Kennah, Chief Nurse
alison.kennah@nhs.net

Re: 2025/26 Quality Account Statement

Dear Alison

NHS Cheshire and Merseyside Integrated Care Board welcomes the opportunity to review and comment on the Bridgewater Community Healthcare NHS Foundation Trust Quality Account for 2025/26.

Bridgewater Community Healthcare NHS Foundation Trust has worked closely with NHS Cheshire and Merseyside throughout 2025-26 to provide assurance on the quality of their services.

We acknowledge the challenge the Trust has faced in delivering against 2025-26 priorities and maintaining high quality services whilst committing to the extensive work needed to efficiently integrate with Warrington and Halton Teaching Hospitals NHS Foundation Trust by 1st April 2026. We acknowledge that the 2025-26 priorities have not been fully achieved and recognise the commitment to continue to progress this work.

Moisture Associated Skin Damage (MASD) has been a considerable challenge during the past year and significant progress has been made against the quality improvement actions. We acknowledge that work continues with standardising patient information, rolling out a specialised template and care plan for moisture lesions, integrating the audit tool, merging the shared care plans and completing a deep dive into reported MASD incidents. We also acknowledge that MASD remains a quality priority for 2026-27 and look forward to seeing this work progress and, consequently, a reduction in patient harm.

Similarly, we acknowledge the advancements made in the review of deteriorating patient guidance, a priority further challenged by the need to review this across both Trusts to ensure alignment. This work will further strengthen escalation processes between community and acute services and ultimately improve patient safety. We acknowledge the proactive work undertaken around establishing Martha's Rule in the absence of guidance for community settings. The Trust recognised the opportunities presented in the integration work in learning from its implementation in the acute setting. We acknowledge that appropriate escalation of care when required is a 2026-27 priority which keeps the focus on this critical patient safety priority.

The Personalised Care priority has commenced with areas for improvement identified and several work streams underway to ensure this is completed, including an audit against national guidance (NG197), a focus on the management of ADHD once a diagnosis is made, the

NHS Cheshire and Merseyside
No 1 Lakeside, 920 Centre Park Square
Warrington, WA1 1QY

 Communications@cheshireandmerseyside.nhs.uk
 Cheshireandmerseyside.nhs.uk

development of training sessions for staff, engagement with families and a review of documentation in line with patient feedback. As this is not a priority for 2026-27 we recognise the governance in place to ensure this priority will continue to be monitored and outcomes reported.

NHS Cheshire and Merseyside commend the internal assurance sought for quality of services given that the last CQC inspection was 8 years ago, including the commissioning of Facere Melius and the Mersey Internal Audit Agency (MIAA), the use of a self-assessment framework, a quality tree and time to shine events.

Considerable work has taken place during the unannounced SEND inspection in January 2026. We are appreciative for the collaboration shown and the commitment of teams when Woodview Child Development Centre was inspected. It is a credit to the hard work of the Trust, its teams, staff and strengthened partnership working that the outcome of the revisit confirmed that the local area partnership had taken effective action to address four of the priority areas identified at the initial inspection.

We recognise the challenges within the cancer service and the work undertaken to achieve the three core cancer performance standards, with compliance achieved in the 28-day Faster Diagnosis, 62-day Referral to Treatment and the 31-day Decision to Treatment standards in February and March 2026. We are keen to monitor sustainability of this achievement into 2026-27.

The Quality Account includes some excellent key achievements over the past year which showcase the dedication of staff during a challenging year. Teams should be proud of the awards they received at local, regional and national level. This demonstrates a commitment to patient safety, clinical effectiveness and patient experience and we extend our congratulations to all teams in their continued dedication to quality.

The Trust's audit and clinical research programmes have been described within the account and assure oversight of clinical effectiveness. We will work closely with the Trust to support delivery in 2026/27 and allow further improvement journeys to be presented in the next quality account.

We support the outlined 2026-27 quality priorities and look forward to working with the trust on quality priorities as North Cheshire and Mersey NHS Foundation Trust.

Yours sincerely



Fiona Lemmens
Executive Clinical Director
NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Josette Niyokindi

Statement from the Trust's Council of Governors on the Quality Account

The Council of Governors welcomes the opportunity to comment on the Trust's Annual Quality Account for 2025/26.

The Quality Account is comprehensive and informative, providing Governors with valuable insight into the quality of services delivered by the Trust. It supports the Council of Governors in its role of holding the Non-Executive Directors to account for the performance of the Board of Directors and provides assurance regarding the quality, safety, and effectiveness of patient care.

A key responsibility of Governors is to maintain a focus on quality. As part of the Trust's governance arrangements, Governors meet regularly with the Chair and Non-Executive Directors and receive performance information that enable them to scrutinise performance, seek assurance, and raise questions where appropriate. Governors also observe Board committees, including the Quality Assurance Committee. Following each meeting, the appointed Governor Observer reports to the Council of Governors on the effectiveness of the Committee Chair, including their ability to provide constructive challenge and obtain assurance regarding the quality of services provided.

Formal meetings of the Council of Governors are held in public and are open to members of the community to observe. Governors also participate in a range of subcommittees and working groups, including the Patient Experience and Inclusion Subcommittee, which provides an important opportunity to represent the views and experiences of members, patients, carers, and the wider community.

The Governors strongly support the Trust's continued focus on patient safety, clinical effectiveness, and patient experience, which are clearly reflected throughout this Quality Account.

As the Trust prepares to transition to the North Cheshire and Merseyside NHS Foundation Trust during 2026/27, Governors support the quality priorities identified for the coming year. These priorities build on learning from 2025/26 and have been informed by national and local priorities, performance data, and stakeholder engagement. Governors have received presentations and updates throughout the development of these priorities and are supportive of the proposed areas of focus.

The Patient Safety Priorities relating to:

1. Ensure there is appropriate escalation of care when required, with critical information reliably and clearly communicated and understood during handover and improved communication with patients and families.
2. Prevent and reduce harm from Pressure Ulcers and Community Acquired Moisture Associated Skin Damage, Malnutrition and Sepsis.

Clinical Effectiveness Priorities regarding:

3. Monitor and improve compliance with non-theatre safety standards (LocSSIPs-Local Safety Standard for Invasive Procedures) within relevant scope of acute and community services.
4. Monitor and improve compliance with theatre safety standards (NatSSIPs-National Safety Standards for Invasive Procedures).

The Patient Experience Priorities relating to:

5. Strengthen staff wellbeing and emotional support following patient safety incidents.

Governors are assured that the 2025/26 Quality Account presents information that is meaningful, accessible, and transparent. The report provides clear evidence of performance, demonstrates trends over time, and enables comparison with previous years.

The format and structure of the report are helpful and reflect the breadth and complexity of services provided by the Trust. Governors believe the Quality Account presents an accurate and balanced view of performance and clearly demonstrates the progress made in improving patient safety, clinical outcomes, and patient experience.

The Council of Governors encourages Trust members, patients, carers, staff, and members of the public with an interest in local healthcare services to read the Quality Account and learn more about the Trust's achievements and priorities for the future.

Sue Fitzpatrick

Lead Governor

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Statement from Healthwatch Warrington and Healthwatch Halton on the Quality Account

1. Does the draft Quality Account reflect people's real experiences?

The draft Quality Account broadly reflects people's real experiences of care, as evidenced by the triangulation of feedback including patient stories, Friends and Family Test (FFT) results, complaints, and compliments. Over 36,000 responses were received through FFT, patient stories are presented at Board level, and over 19,000 compliments highlight positive experiences. High satisfaction rates support this, while areas such as waiting times are also acknowledged, demonstrating a balanced view.

2. Is there evidence that basic things are not being done well?

The Quality Account shows that most core standards are delivered well, supported by high satisfaction rates and positive feedback. However, it also highlights improvement areas including waiting times in high-demand services, communication issues, and some variability in Duty of Candour compliance. Staff survey declines also indicate areas for improvement.

3. Is there a clear learning culture?

There is strong evidence of a learning culture, including structured incident review processes, use of feedback to drive improvements, and learning from deaths reviews. Mechanisms such as governance groups, learning events, and research participation demonstrate continuous organisational learning.

4. Are the priorities for improvement challenging and measurable?

The priorities are evidence-based and monitored through governance structures. Progress is tracked quarterly and linked to incidents, complaints and risks. While actions are clear, some measures are more qualitative than quantitative, and clearer outcome metrics would strengthen assurance.

Overall Summary

The Quality Account provides a balanced and transparent view of performance, demonstrating strong patient experience, openness about challenges, a clear learning culture, and structured improvement priorities.

Lydia Hughes

Joint CEO for Healthwatch Warrington and Healthwatch Halton

Appendix B – Statement of Directors’ responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2025-26* and supporting *Quality Account Requirements 2025-26*
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the financial year, April 2025 and up to the date of this report (“the period”)
 - Papers relating to quality reported to the Board over the period.
 - Feedback from Commissioners
 - Feedback from Governors dated 11 June 2026.
 - Feedback from local Healthwatch organisations dated 15 June 2026.
 - The Trust’s complaints report awaiting publication under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The 2025 staff survey published February 2026
 - The Head of Internal Audit’s annual opinion over the Trust’s control environment (not applicable for this iteration); and
 - Care Quality Commission inspection report, dated 17th December 2018
- the Quality Report presents a balanced picture of the NHS foundation trust’s performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the board



Nikhil Khashu
Chief Executive



Andy Carter
Chair

Appendix C – Glossary

AHP	Allied Health Professional
BCHFT	Bridgewater Community Healthcare NHS Trust

CIC	Children in Care
CQC	Care Quality Commission – An independent regulator of all health and social care services in England
CQUIN	Commissioning for Quality & Innovation - The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients
CSDS	The Community Services Data Set – pseudonymised patient-based data and information for community services.
DHSC	Department for Health & Social Care
DIGIT	Digital Information Governance & Information Technology
DIRLG	Directorate Incident Review & Learning Group
DSPT	Data Security and Protection Toolkit
ECDS	Emergency Care Data Set – pseudonymised patient-based data and information for emergency services (our Urgent Treatment Centre (UTC) data).
EOL	End of Life Services - service provided by Bridgewater Community Healthcare Foundation Trust
EPR	Electronic Patient Record
FDS	Faster Diagnosis Standard
FFT	Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
GP	General Practitioner
HV	Health Visitor
ICB	Integrated Commissioning Board
ICO	Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest
IG	Information Governance

LeDeR	Learning Disability Mortality Review - aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
LFPSE	Learning from Patient Safety Events Service
MARAC	Multi Agency Risk Assessment Conference - associated with the Safeguarding team
MASD	Moisture Associated Skin Damage
MASH	Multi-Agency Safeguarding Hub - multi-agency team consisting of health, local authority, and the police within Safeguarding Services
MECC	Making Every Contact Count
MIAA	Mersey Internal Audit Agency
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NHS England	NHS England authorises the new clinical commissioning groups, which are the drivers of the new, clinically led commissioning system introduced by the Health and Social Care Act
NICE	National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care
NQPS	National Quarterly Pulse Survey
OCDS	Outpatient Commissioning Data Set - pseudonymised outpatient-based data and information for monitoring and contracting purposes.
Ofsted	Office for Standards in Education, Children's Services, and skills - inspects and regulates services that care for young children
PHE	Public Health England - executive agency of the Department of Health
PIER	Prevention, identification, escalation, response
POD	People Operational Delivery

PSIRF	Patient Safety Incident Response Framework
PSIRFaLP	Patient Safety Incident Response Framework & Learning Panel
QA	Quality Assurance
QIA	Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff
QRV	Quality Review Visit
RAG	Red, Amber Green rating – a simple colour coding of the status of an action or step in a process.
RTT	Referral to Treatment Time
SEND	Special Educational Needs & Disabilities
SOP	Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time
UCR	Urgent Community Response
Ulysses	Bridgewater Community Healthcare Foundation Trust's IT risk management and patient safety system

Appendix D – Our Services

Warrington Adults

Our Warrington Services consist of a large team of community nurses supported by specialist nurses and matrons. Here, we respond to care needs and therapy needs as part of an integrated intermediate tier health and care offer, with intermediate care beds, care in care homes, equipment services, wheelchair services, acquired brain injury and neuropsychology as well as podiatry, musculoskeletal and orthopaedic clinical assessment, and dermatology.

Halton & St Helens Adults

As in Warrington, our Halton services have a large team of community nurses supported by specialised nurses and matrons. With a Neuro Rehabilitation service, we also provide integrated urgent care and integrated frailty services with local providers, as we support the community and intermediate care needs of the population.

Dental Services

The Bridgewater Dental Network currently provides services to a combined population of over two million people, who live across Cheshire, Merseyside, and Greater Manchester.

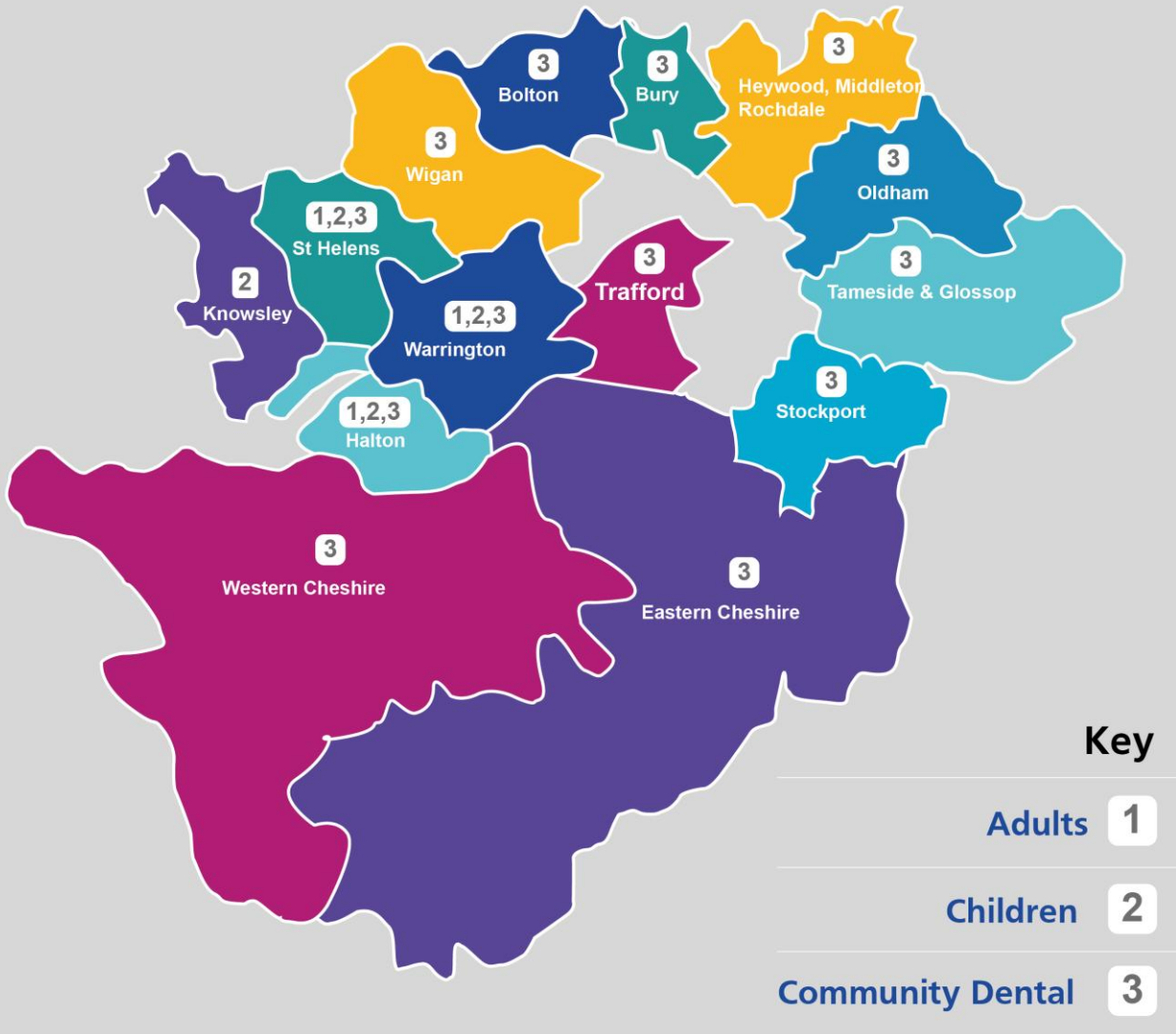
We provide specialised dental care on referral to people of all ages with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist (General Dental Practice).

Children's Services

We deliver 0-19s (25 for those with special educational needs) services in Warrington and Halton as well as a number of specialised children's services in locations such as St Helens and Knowsley.

These include audiology, occupational therapy, physiotherapy and speech and language. We also have community paediatric services and deliver the neurodevelopmental pathway in both Halton and Warrington.

Bridgewater Community Healthcare NHS Foundation Trust Map of Services



We provide services across three Integrated Care Systems, and 25 local places, with a total catchment population of 7.7 million people. Our reach is vast. In over 90% of the sites we deliver from, we are not the sole provider. We co-locate with other providers to deliver services in the heart of communities across the North-West.

Get in touch



01925 635911



www.northcheshireandmersey.nhs.uk/



North Cheshire and Mersey NHS Foundation Trust

Executive Offices

Kendrick Wing

Warrington Hospital

Lovely Lane

Warrington

WA5 1QG