

QUALITY ACCOUNT

2024 - 2025



Communities Matter

Creating stronger, healthier, happier communities.

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QUALITY ACCOUNT

Part 1



Part 1

Statement on Quality by Chief Executive

I am pleased to introduce the 2024/25 Quality Account for Bridgewater Community Healthcare NHS Foundation Trust (BCH).

The annual Quality Account gives us a chance and opportunity to reflect on some of our quality achievements over the past 12-months, as well as enabling us to identify those areas we want to spend greater time and focus on in the coming year.

Since my appointment as joint Chief Executive for BCH and Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), it's been a real privilege to witness firsthand the dedication, skill and compassion of colleagues across the services we provide.

Whether it's home, community or hospital, our teams work tirelessly to ensure patients receive the highest quality care, often in the most challenging of circumstances.

As work continues to bring BCH and WHH together as a new single organisation by no later than April 2027, our vision, as outlined in our **Better Care Together: A Case for Change** document (which can be found on the [Bridgewater NHS website](#)), is to create a more seamless, patient-centred healthcare system that has quality at its heart.

By further improving healthcare pathways between hospital, community, local authority, and third-sector services, we can ensure that high quality care is more coordinated, accessible, and responsive to the needs of our population. As the integration journey gathers pace, we will continue to engage with our patients, service users, and partners to shape and refine this approach. Always striving for better outcomes and experiences.

We are already seeing the impact of having quality focused integration in areas such as dermatology, where collaboration has led to a more efficient and patient-friendly service at Halton Health Hub, located in Runcorn Shopping City. This is just one example of how we are beginning to work differently together to improve care, and I look forward to sharing more joint successes in the coming months.

As I take a closer look back over the year, there is one area of quality that really shines and stands out. That area is our dedicated staff and the teams who work hard to maintain safe, effective, and caring services to our patients and service users. Throughout 2024/25 there were many achievements at local, regional, and national level.

Whether it's recognising and rewarding our staff internally as part of our well embedded colleague engagement programme, which includes the annual #TeamBridgewater 'Thank You' Awards, or externally through regional and national award wins, we take great pride in rewarding the contribution that community healthcare colleagues make to the lives of local people.

Keeping on the theme of our staff, we once again produced a confident set of NHS Staff Survey results this year. Whilst we are not complacent on some areas we wish to spend more focus on in the coming 12-months, we are pleased to report above average scores for all NHS People Promise themes when compared against the average of all northwest providers.

As a proud forces-friendly employer, the Trust moved from bronze to silver status in the Ministry of Defence's Employer Recognition Scheme (ERS) this last year. The ERS acknowledges employers who uphold the values of the Armed Forces Covenant and support those who have served. We are honoured

to have further enhanced our commitment to the Defence and Armed Forces community by achieving silver status.

From a digital point of view, it can be easy to overlook the importance of technology when it comes to quality. The Bridgewater public website is very much the shopwindow for many patients, public and stakeholders. It's often their first interaction with the Trust. This website reached a significant milestone in 2024/25, ranking ninth out of 252 NHS websites for accessibility. This achievement into the Top 10 reflects our efforts to ensure our digital services are of the highest quality and accessible to all.

As you will read in greater detail within this report, I am pleased to highlight that good progress has been made against all three priorities for improvement. These being:

1. Community Accreditation Scheme
2. Consolidation of the Patient Safety Incident Response Framework
3. Development of Core Role Competencies

Quality Review Visits are well established as part of the community accreditation scheme with 29 visits taking place in year. The Quality Review Visit assessment tool is aligned to the Care Quality Commission's five key questions – are services safe, effective, caring, responsive and well led thereby providing assurance in relation to the quality of care provided. Work is progressing with the development of core role competencies which will ultimately support staff within their roles and enhance the quality and consistency of care being delivered.

Following the introduction of the Patient Safety Incident Response Framework (PSIRF) in 2023/24, during 2024/25 the teams worked hard to refine and embed the related processes, ensuring incidents were reviewed through a systems lens and the ultimate focus being on learning to improve patient safety, but also patient and staff experience. Recognition of the achievements was evident when Mersey Internal Audit Agency conducted an audit into the Trust's PSIRF processes and awarded substantial assurance.

Quality priorities have been identified for 2025/26 which reflect local requirements and also align to national workstreams. I am confident that these will realise further improvements to patient care and look forward to reporting on their achievements.

As we anticipate the publication of the NHS 10-year plan, we welcome the long-overdue shift towards greater community-based care. This is an exciting and necessary evolution, and I am confident that, together, we can build a stronger, more integrated health and care system - one that truly meets the needs of those we serve.

The progression we are embracing with WHH and our wider partners and stakeholders will give us even greater opportunity to improve clinical pathways and quality of care to meet population health needs.

To my colleagues across the Trust: thank you once again. Your passion, expertise, and unwavering commitment inspire me every day, and I am proud to be on this journey with you.

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 2025-26.• Statements about the quality of services provided by the Trust.
Part 3	<ul style="list-style-type: none">• Looking back over the last year 2024-25.

QUALITY ACCOUNT

Part 2



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

Priorities for Improvement in 2025-26

The Trust continues to develop a continuous improvement culture which is driven by our staff and quality teams. The Trust invests in Leader in Me events, Time to Shine and staff 'Thank You' Awards to develop staff, capture and share great practice and ideas, innovation and improve the quality of care delivered to our patients.

As part of our strategy, '**Communities Matters. Creating stronger, healthier, happier communities. 2023-2026**', we reviewed our mission statement:

"We will improve health, health equality, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners".

In considering our priorities for 2025-26, the Trust has identified the following priority areas to improve and develop further over the next 12 months:

1. Moisture-Associated Skin Damage
2. Review of the Deteriorating Child Guidance
3. Personalised Care

Quality priorities for the year 2025-26 include:

No	Quality Priority	Synopsis
1	In 2025/26 we will begin to scope the incidence of Moisture Associated Skin Damage (MASD) and review the data for any themes and trends and intended outcomes to initiate a quality improvement programme based on the findings.	<p>Moisture-Associated Skin Damage (MASD) is an umbrella term, which covers a range of types of skin damage caused by repeated or prolonged moisture on the skin. Incident rates of MASD have risen in the Trust. There is increased risk in any care setting where patients' skin can be exposed to excess bodily fluid or moisture for prolonged periods.</p> <p>In community care settings, patients in their own homes and nursing /care homes are a high-risk group of developing MASD.</p> <p>Every member of staff, from healthcare assistants to matrons and allied healthcare professionals (AHPs), have a role to play in preventing MASD. Early identification of those patients most at risk and implementation of the appropriate care plans are vital in preventing avoidable cases of MASD.</p>
2	Review of the Deteriorating Child Guidance	The Trust will begin the review of the deteriorating child guidance, recommendations and training currently available to staff within the Trust. In 2024, NHSE released The Prevention, Identification, Escalation, Response, (PIER) toolkit, containing a range of resources

		<p>to introduce the PIER approach across the local systems to support with the management of acute physical deterioration in children.</p> <p>The aim is to reduce deterioration associated harm by improving the planning, identification, escalation and response (PIER) to physical deterioration through better system co-ordination and as part of safe and reliable pathways across health and social care. The PIER guidance has Martha's rule threaded throughout. Martha's Rule and the PIER framework are crucial steps toward enhancing patient safety and ensuring that concerns about deterioration are addressed promptly and effectively.</p> <p>This work will improve how the Trust supports staff to manage deterioration and encourage greater involvement from patients, families and carers via Martha's rule.</p>
3	Personalised Care	<p>The trust will begin work 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) schedule.</p> <p>This will include an audit of organisation compliance with NICE guidance and developing a training and awareness plan in line with patient feedback and community engagement.</p> <p>Personalised care enables people to have improved choice and involvement with their care. It is based on 'what matters' to them and their individual needs and wishes.</p>

The table below highlights the implications on workforce and finance.


	Quality	Workforce	Finance
1	Moisture-Associated Skin Damage	Engagement with clinical and Subject Matter Experts and the Tissue Viability network	Staff time
2	Review of the Deteriorating Patient Guidance	Engagement with clinical and corporate staff	Staff time
3	Personalised Care	Engagement with clinical staff	Staff time

The priorities will be monitored through the Trust's Quality Team. Information will be gathered by triangulating data and quality reports which will be discussed, challenged, and monitored at monthly Borough Quality and Operational meetings. Reports will be shared with the Quality Council to provide assurance to the Quality & Safety Committee which reports to the Board.

To provide assurance to the Trust Board, the Quality & Safety Committee monitors performance on a bi-monthly basis by receiving regular reports on all quality and operational issues. This enables the Trust to demonstrate its commitment of encouraging a culture of continuous improvement and accountability to patients, the community, and our stakeholders.

Review of progress against the 2024-2025 Priorities for Improvement

Priority for Improvement	Update			
Community Accreditation Scheme	<p>A Trust wide Quality Review Visit (QRV) process was developed and implemented in 2023/24. The QRV’s effectiveness of the assessment tool and process was reviewed in quarter 3 of 2024/25, adaptations were made to increase the relevance and reliability of the tool, including:</p> <ul style="list-style-type: none">• Additional service specific Clinical Effectiveness and End of Life standards added as appropriate options• The pre visit service information presentation and leaflet were updated based on staff feedback• The QRV report template was updated to reflect the identification of clinical safety concerns• The QRV tool questions underwent a thorough review to ensure consistency of assessment, and that questions are objective and proportionate• Guidance to an acceptable standard of answer was added to the tool to support the assessors• The accreditation scoring was tried and tested <p>During quarter 4 2024/25 the QRV assessment process transitioned to the accreditation process, which will support the celebration of areas of good practice, identify areas requiring focussed improvement and determine future visit schedules dependent on the accreditation awarded. QRV/Accreditation data collection has transferred to QLIK, (Bridgewaters’s information system), which will support the transition, enable more detailed reporting and closer oversight of actions required.</p> <p>Successes from the quality priority include:</p> <ul style="list-style-type: none">• Completion of 29 Quality Review Visits across the organisation <table><tr><td>Adult Directorate- Halton</td><td>8 teams</td></tr></table>		Adult Directorate- Halton	8 teams
Adult Directorate- Halton	8 teams			

	<table><tr><td>Adult Directorate- Warrington</td><td>11 teams</td></tr><tr><td>Children Directorate</td><td>6 teams</td></tr><tr><td>Dental Directorate</td><td>4 teams</td></tr></table> <ul style="list-style-type: none">• Implementation of the Accreditation process• Opportunity to celebrate Teams good practice and achievements through Time to Shine• Positive feedback from staff and Teams <div><p>The reviewers made myself and staff feel very at ease and gave relevant feedback</p></div> <div><p>I felt prepared</p></div> <div><p>Gave the Team a chance to 'Shine' but also to learn and highlight some areas for development</p></div> <div></div> <p><i>Quality review Visit Padgate House January 2025</i></p>	Adult Directorate- Warrington	11 teams	Children Directorate	6 teams	Dental Directorate	4 teams
Adult Directorate- Warrington	11 teams						
Children Directorate	6 teams						
Dental Directorate	4 teams						
Consolidation of the Patient Safety Incident Response Framework (PSIRF)	<p>12 months on from the implementation of the Patient Safety Incident Framework (PSIRF) the four Directorate Incident Review & Learning Groups (DIRLGs) are well established in Warrington & Halton Adults, Children's and Dental services.</p> <p>The Chairs of the DIRLGs and the local incident priority groups write Chairs reports to the Patient Safety Incident Framework & Learning Panel (PSIRFaLP) on a monthly basis to provide assurance on the management of patient safety incidents.</p>						

	<p>PSIRF training has been a key theme throughout the implementation programme to ensure that staff have the key knowledge and skills to report and manage patient safety incidents. Level 1 & 2 Patient Safety – National Patient Safety Training Syllabus training compliance has been consistently above 90%. Staff have also received training in ‘Systems approach to Learning from Patient Safety Incidents’, ‘Engaging and involving patients, families and staff following a patient safety incident’ and ‘Oversight of learning from patient safety incidents. The Trust also has four Patient Safety Specialists who have completed the NHSE Patient Safety Modules 3 and 4.</p> <p>As part of the delivery of the PSIRF there were three Local Incident Priority Groups that were developed:</p> <ol style="list-style-type: none"> 1. Medicine Management Group 2. Falls Group 3. Pressure Ulcer Group <p>Each group looked at the themes and trends of incidents related to their area and developed improvement plans to improve the patient’s journey.</p> <p>In quarter 4, Mersey Internal Audit Agency conducted an audit into how the Trust had implemented and operationalised PSIRF which received substantial assurance in relation to the efficacy of the approach.</p>
Development of Core Role Competencies	<p>A refreshed Competency Framework Policy was written and has been effective since November 2024. This framework captures competences within three levels defined as essential, enhanced and expert.</p> <p>A clinical skills matrix has been developed for the District Nursing service, enabling clinical skill competences, across pay bands 2 to 7, and will lead and result in a standardised template for skill competency.</p> <p>A suite of newly developed, standardised job descriptions, for the District Nursing Service have been written using the following 6 domains of:</p> <ul style="list-style-type: none"> • Promoting Health and Health Equity • Communication and Care Delivery • Promoting Evidenced Based Practice in Care • Person and People Development • Leading Improvements in Safety and Quality of Care • Leadership and Accountability <p>A project plan is in place with governance and scrutiny arrangements in place, providing assurances on project progress across adult nursing including Urgent Care, Allied Health Professionals and Children Services.</p> <p>A suite of job descriptions, capturing the skill mix of each discrete service will be developed, compared to information detailed in the anticipated, new national nursing profiles once received. There will also be a suite of role competencies</p>

	developed. These will be finalised and submitted via the agreed governance arrangements of the Trust.
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Statements of Assurance from the Board – Review of Services

During 2024-25 the Trust provided and/or sub-contracted a wide range of community-based services (82 health services) to people in their own homes or from clinics predominantly in Warrington and Halton, and a number of surrounding areas identified on the Map of Services at the end of the 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 2024-25 represents 97% of the total income generated by the Trust for 2024-25.

Participation in Clinical Audit

During 2024-25 three national clinical audits were relevant to health services that Bridgewater Community Healthcare NHS Foundation Trust provides, these were.

- National Diabetes Foot care Audit (NDFA) - (including Annual National Diabetes Audit (NDA) Integrated Specialist Survey)
- National Decontamination Audit (Dental)
- 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
National Decontamination Audit (Dental)	100%
National Diabetes Audit - Adults (foot care)	100%

During 2024-25, the Trust participated in two of the three national clinical audits. One service opted not to participate in the national audit as they were revising their local policies and procedures.

One national clinical audit report was received by the provider in 2024-25. The report was sent to the relevant services. To date the clinical audit team are awaiting response from the services.

Title of National Audit	Findings and Actions
National Diabetes Audit - Adults (foot care)	Key findings indicated that patients who are assessed by the specialist foot team in less than 13 days/ or who self-refer have better outcomes. The team are looking at how digitalise the process to improve access and outcomes.

The Trust participated in 59 local clinical audits during 2024-25, an increase of 61% from 2023-2024. The provider reviewed 20 completed audit reports and intends to take actions to improve the quality of healthcare provided.

Participation in Clinical Research

The number of Trust staff and patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2024-25, who were recruited during that period to participate in research approved by a research ethics committee was 223.

Goals agreed with Commissioners – Non-mandated CQUIN

During 2024/25 the mandatory CQUIN scheme did not operate. NHS England produced a list of optional indicators that could be used by any systems that have agreed to operate a local quality scheme during the pause.

Operation of such scheme was entirely optional and a matter for local agreement between providers and commissioners.

The two CQUINs agreed by the Integrated Care Board (ICB), and the Trust were:

- Assessment, diagnosis, and treatment of lower leg wounds
- Achieving high quality transition to adult services

Assessment, diagnosis, and treatment of lower leg wounds It is estimated that approximately 1.5% of the adult population in the UK is affected by active lower limb ulceration (73,000 patients) and yet less than a quarter receive appropriate assessment and treatment. This unwarranted variation of care and the under use of evidence-based best practice results in sub-optimal healing rates, poor patient experience and increased NHS spend. The goal was to achieve 25-50% of patients with lower leg wounds receiving appropriate assessment, diagnosis, and treatment in line with NICE Guidelines. Bridgewater also set a stretch target of 75%	Q1	88.37%
	Q2	83.08%
	Q3	61.76%
	Q4	90.90%
	In all quarters we have exceeded the upper target of 50%, and achieved our own stretch target of 75% in 3 out of 4 quarters. The dip in performance in quarter 3 has been explored and it has been identified that this was due to difficulty navigating SystmOne and locating the correct documentation template. The Chief Nursing Information Officer has supported with redesigning the template which resulted in improved compliance in quarter 4.	

<p>Achieving high quality transition to adult services</p> <p>This indicator is in support of the Long-Term Plan ambition for there to be “person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services”, by 2028.</p> <p>The process of transition and subsequent transfer is often fragmented, both within and across specialties.</p> <p>This indicator focuses on the thread running through transition that relates to patient empowerment.</p> <p>This sets an expectation to ensure that transition support “treats the young person as an equal partner in the process and takes full account of their views and needs”, and “supports the young person to make decisions”.</p> <p>This approach is applied to measure the quality of the transition process, both prior to and following transition. This indicator can therefore be used in both children’s and adult settings</p>	Q1	<p>Children’s services were scoped to ascertain what current transition documentation was currently being used.</p> <p>The cohort of young people to be included in the CQUIN data collection was established.</p> <p>Due to the large number identified for young people –a sample of the full cohort was undertaken.</p> <p>The documentation and process was relaunched with a Standing Operational Procedure (SOP) for all services to follow.</p>
	Q2	<p>Ready Steady Go paperwork was coded and added to SystmOne. (Patient Electronic Record). The community paediatric units were added initially and then rolled out across other paediatric units</p> <p>Data collection format for adult cohort agreed and time arranged to review any current compliance with Ready Steady Go Paperwork for completed transitions.</p>
	Q3	<p>Baseline data was sampled to understand completion rates for the Ready Steady Go questionnaire at present.</p> <p>96 records reviewed, of which 0% of adult records used HELLO questionnaire (used on receipt by adult services to support transition), 0% of children’s records reviewed used GO questionnaire</p> <p>36% of children's records reviewed had some narrative in the record of discussion with families around transition, evidence of clinics or planning taking place for transition and the majority of this is currently being undertaken by neuro developmental nursing teams for learning disability or attention deficit hyperactivity disorder transitions.</p> <p>A Proposal document to create a procedure has been drafted to be approved by Corporate and Clinical Polices Group, which will support</p>

		clinicians involved in transfer to implement the READY STEADY GO and HELLO questionnaire.
	Q4	A Proposal to create a procedure has been approved formally by Corporate and Clinical Policies Group. This procedure will describe the step by step process in order to complete the READY STEADY GO and HELLO documentation in order support clinicians to implement these questionnaires and plan for the transition from children to adult services. The document writing is underway and with a target of August 2025 for approval. The aim is to have the electronic patient records template available by summer for staff to use to support completing the documentation.

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 17th 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 seven 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 Mersy 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.

A CQC Preparation Guide was developed and distributed to staff within the Trust, and a series of engagement activities were undertaken with staff to promote CQC readiness and the new inspection framework using the Trust approach of a “CQC Quality Tree”.



Warrington Intermediate Care were the winners in the Quality Tree competition. The feedback was *‘The submission excelled with the inclusion of identified service actions to further improve the quality of the service delivered to patients. It appeared that the development of the Quality Tree and self-assessment had whole team involved and they had the opportunity to input into the document’.*

Inspections of Local Authority Children's services

Ofsted visited both Halton and Warrington in quarter one of 2024/25 to complete inspections of Local Authority children services. These inspections focus on the effectiveness of Local Authority services and arrangements to help and protect children and families.

Halton's inspection report was published on 12th July 2024. The overall Judgement was '**inadequate**'. Bridgewater has been invited to work with the Local Authority to achieve the required improvements and support children's services response to Ofsted's findings.

Warrington inspection was published on 30th July 2024. The Local Authority have received an **overall grading of good**.

SEND

No Special Educational Needs and/or Disability (SEND) inspections were conducted in 2024/25, but Bridgewater continues to work with the Local Authority and the Cheshire and Merseyside Integrated Care Board (ICB), to implement the priorities for improvement following the 2023 inspection.

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 death reported to the Trust in 2024/25 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 91 deaths reviewed and closed, none were associated with any care delivery concern or harm caused by services provide by the Trust. Duty of Candour was not applicable in any of these cases. 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.

Some themes were identified as incidental learning for the Trust, including communication with partner agencies and documentation/record keeping.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2024/25 for inclusion in relevant national datasets.

The percentage of records in the latest published data (December 2024) which included the patient's valid NHS number was:

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.9%	89.7%
Emergency Care Data Set	99.5%	97.9%
Mental Health Services Data Set	100%	50.1%

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%	96.9%
Emergency Care Data Set	99.2%	98.1%
Mental Health Services Data Set	100.00%	70.3%

Information Governance

Information Governance (IG) establishes the framework that enables staff to consistently adhere to various rules, laws, and guidelines regarding information handling. Ensuring the security of Trust information requires the engagement of individuals, teams, services, and departments, including information asset owners, service/department managers, Estates, Facilities, and Procurement.

Information Governance encompasses the processing of all types of information, including personal information such as patient and employee data, as well as corporate information such as financial and accounting records, policies, and contracts.

To ensure our staff, patients, and service users are informed about how we handle their information, we maintain up-to-date Privacy Notices for both patients and staff, including a bespoke Privacy Notice for the children who attend our services. These Privacy Notices are available in various formats to accommodate different needs.

The Trust, like all organisations that process health information, must be registered with NHS England's Data Security Protection Toolkit (DSPT). The DSPT is an essential tool for maintaining high standards of data security and protecting patient information. Since 2022, we have consistently achieved the "standards met" status and ensure that our third-party suppliers also meet the DSPT requirements.

The DSPT is governed by the Department of Health and Social Care (DHSC). It serves as the platform on which health organisations report serious data security breaches, including any cyber breaches. When a breach affects the rights and freedoms of individuals, it is investigated by the Information Commissioner's Office (ICO).

In accordance with DHSC requirements, all serious incidents are reported through the DSPT. In 2024/25, we reported one significant incident involving our third-party supplier. During this incident, a delivery van was robbed, resulting in the loss of patient delivery details. The matter was thoroughly investigated by the police, and the Trust ensured that the supplier implemented a rigorous action plan to prevent future occurrences.

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2024/25.

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
- Holding monthly Data Quality Steering Group meetings with attendance from operational leads and corporate support services, which feed into the Trust's Digital and Performance Councils

Reporting against Core Indicators

In accordance with NHS England requirements, Bridgewater Community Healthcare NHS Foundation Trust is able to provide data related to the following core indicators using data made available by NHS Digital.

Friends & Family Test (FFT)

Core Indicator	Bridgewater 2021	Bridgewater 2022	Bridgewater 2023	Bridgewater 2024	National Average for Community Trusts 2023	Highest Community Trust 2023	Lowest Community Trust 2023
Staff Friends & Family Test 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)	77.6%	79.2%	80.5%	80.7%	77.6%	84.5%	65.4%
% Of staff that would recommend the Trust as a place to work. (Question 25c NHS Staff Survey)	57.5%	57.6%	64.9%	68.9%	76.3%	59.7%	55.9%

The Trust intends to take the following actions to improve these scores further, and so the quality of its services by:

- Continue working with the People Promise Champions and People Promise Ambassadors. This will help deliver the importance of the NHS People Promise and the link this has to the NHS Staff Survey each year and the regular National Quarterly Pulse Survey
- Trust-wide Corporate and Directorate specific NHS Staff Survey Action Plan templates have been created. These plans are not about quantity of information written down, they are more about the quality of that information and the assurance given in fulfilling any said actions
- All action plans, whether Trust-wide or Directorate, will be used to demonstrate improvements over the next 12 months. These plans will be carefully monitored through various Trust governance channels
- The National Quarterly Pulse Survey (NQPS) runs during the months of January (Q4), April (Q1) and July (Q2). It also asks colleagues if they would recommend Bridgewater to their family and friends as a place of work and receive treatment. The survey is anonymous and enables colleagues to add their feedback / comments when responding. The results of these survey are fed back into the regular People Operational Delivery (POD) Council and are displayed on the MyBridgewater extranet
- In addition to the NHS Staff Survey, the NQPS provides Bridgewater with three temperature checks per year to monitor progress and consider staff feedback

Patient Safety Incidents

Core Indicator		2020/21	2021/22	2022/23	2023/24	2024/25
The number and, where available, rate of patient safety incidents reported within the Trust during 2024/25, and the number and percentage of such patient safety incidents that resulted in severe harm or death	The number and, where available, rate of patient safety incidents reported within the Trust during 2024/25.	4,887 incidents were reported. 2,062 incidents (45%) were reported to NRLS*	4,676 incidents were reported. 1,884 incidents (40%) were submitted to NRLS*	4,407 incidents were reported. 1,600 incidents (36%) were submitted to NRLS*	4,157 incidents were reported. 1,672 incidents were reported to NRLS* 1,007 incidents were reported to LFPSE**	5,042 incidents were reported. 2,510 incidents were reported to LFPSE.
	The number and percentage of such patient safety incidents that resulted in severe harm or death	There were 2 patient safety incidents reported that resulted in severe harm to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients

* 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.

During 2024/25, the Trust has continued to embed arrangements to implement the Patient Safety Incident Response Framework (PSIRF).

The Trust considers that the data for 2024/25 is as described above for the following reasons:

- During 2024/25, 5,042 incidents were reported. These were submitted to national portals as follows: -

Learning from Patient Safety Event service – 2,510 incidents.

- There were zero patient safety incidents, regarding the Trust's patients which were reported as resulting in severe harm or death. The gradings for the severity of outcomes, are challenged at the weekly Directorate Incident Review and Learning Groups (DIRLG's), to ensure that the recorded severity reflects the harm for which the patient sustained as a result of the incident, opposed to the clinical outcome for the patient.
- Compared to 2023/24 the volume of reported incidents has increased by 885 (21.3%)

- The Trust continues to encourage staff to report incidents, to prevent recurrence of incidents where possible and to promote opportunities to support staff learning and support service improvement
- The Trust has maintained provision of a virtual training package for reporting and management of incidents, which is designed to ensure that staff are aware of the Trust's processes. During 2025/26 this will be supplemented by classroom-based delivery.
- The continuing operation of the governance structures introduced for the oversight of incidents, which consist of the weekly Directorate Incident Review and Learning Groups (DIRLG's), Local Incident Priority Groups (for pressure ulcers, medication incidents & slips / trips / falls) and the overarching Patient Safety Incident Response Framework and Learning Panel (PSIRFaLP).
- The Chair of each DIRLG is required to prepare a monthly report to the PSIRFaLP, identifying activity in their respective DIRLG's, this includes a quarterly review of themes and trends that are evident in the incident data for their respective directorates.

The Trust considers that this data is as described for the following reasons, compared to 2023/24:

- The levels of reporting of patient safety incidents have remained with the expected upper and lower control limits, for reported patient safety incidents.
- The overall number of incidents in 2024/25 increased. 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 2023/24 when 46% of the reported patient safety incidents did not result in any harm to the patients.
- The Trust is providing training regarding the reporting and management of incidents. This process will continue to enhance the Trust's incident reporting culture, by ensuring that there is increased knowledge of the processes for reporting and management of incidents
- The Trust has previously implemented levels 1 & 2 of the national patient safety e-learning programmes, the levels of compliance have been maintained above the Trust's 85% compliance target, for all mandatory training.

The Trust has taken the following actions to improve this data and indicators, and so the quality of its services, by:

- Weekly Directorate Incident Review and Learning Groups (DIRLG's), were held to ensure that there is an effective overview of all reported incidents in the Directorates. These review meetings ensured that all incidents were reported and managed correctly depending on the nature and severity of the incident and were chaired by the Director of Nursing (or equivalent) for the relevant Directorate.
- At each DIRLG, there is an opportunity to focus and challenge the reporting and management of incidents in the directorate
- Provision of training to identified staff in the key elements of the Patient Safety Incidents Response Framework (PSIRF).
- A 'virtual' training program remains in place regarding the 'Reporting and Management of Incidents.' This is designed to give staff knowledge of the Trust's arrangements for the reporting and management of all incidents. This is supplemented by one-to-one support sessions involving incident managers, and the Risk Team to address specific concerns regarding use of the Trust's Risk Management system.
- Maintaining support for incident investigators and managers, through regular peer review. Review of investigations at the Directorate Incident Review and Learning Groups, is the main vehicle for providing support to colleagues regarding the management of incidents.

- Ensuring that risk management processes are embedded, in the operational directorate services. This is achieved by ensuring that there is regular challenge of risks to allow the Trust to be assured that risks are identified and are being managed to a satisfactory standard. Management of risk is challenged at the monthly Risk Management Council. The key elements of the Trust Risk Management have been subjected to an external audit, which received High assurance regarding the Trust's processes for managing risks.
- Ensuring the continued routine scrutiny of incidents on a daily, weekly, and monthly basis by the Risk Team and Directorate Incident Review and Learning Groups and ensuring the active involvement of senior clinicians to increase data quality and accuracy. The Trust regularly monitors & actions data quality indicators from the Learning from Patient Safety Events (LFPSE) system.
- Maintaining the production of daily, weekly, and monthly automated aggregate reports regarding incidents to assist the Trust's managers and staff to manage the incidents that have occurred in their respective areas.
- The Trust's commissioners may access any of the Trust's DIRLG and PSIRFaLP meetings, to gain assurance regarding the Trust's processes for reporting and managing incidents.

QUALITY ACCOUNT

Part 3



Part 3 – Looking Back Over the Year 2024-25

At Bridgewater Community Healthcare NHS Trust, we are proud of our dedicated staff and teams who work hard to maintain safe, effective, and caring services to our patients and service users. Throughout 2024/25 there were a lot of achievements both at local, regional, and national level. Below are some examples of those achievements.

Bridgewater NHS says ‘Thank you’ at its annual community awards event

We applauded our dedicated workforce by announcing the winners of this year’s ‘Thank You’ awards.

A palliative care team who went over and above to achieve a patient’s final wish, a Dental Officer whose career spans a remarkable 40 plus years and a school immunisation team who quickly vaccinated children after a Chicken Pox outbreak, were just some of those recognised over the past 12-months.

The yearly awards acknowledge and reward the huge contribution community healthcare colleagues make to local people.

We paid tribute to our clinicians and corporate staff who have supported the delivery of frontline services in health centres, clinics and patients own homes and the individuals and teams who have helped them to do so.



This year, the ceremony highlighted the work of one very special colleague, Dental Officer Linda Dunlop, who had a double whammy, receiving both the Dental Employee of the Year Award and the prestigious Chair’s Award.

This was in recognition of her unwavering dedication to the Trust’s Community Dental service and its patients, many of whom have special needs.

The full list of winners, and what made their nomination standout, included:

Children's Directorate Employee of the Year

Emma Godfrey, Team Leader and Specialist, Paediatric Bladder and Bowel Service

"Someone who overcomes all challenges with a smile, Emma's huge enthusiasm to develop her team makes for happy patients and families, too. Because of Emma her team love their jobs, Bridgewater and the NHS."



Children's Directorate Team of the Year

Halton and Warrington School-aged Immunisation Team

"Halton and Warrington School-aged Immunisation team always go over and above. This year, faced with an outbreak, they offered Chicken Pox vaccinations with less than 24 hours' notice."



Corporate Directorate Employee of the Year

Susan MacFarlane, Administrator

“With an unwavering care and dedication to her work that positively impacts on patient outcomes and experience, Susan is recognised for her robust work ethic, living and breathing the Trust Values.”



Corporate Directorate Team of the Year

Practice Education Facilitator Team

“This year, the Practice Education Facilitators' increased retention and recruitment to the District Nursing teams, their education programmes also retaining students and giving them a sense of belonging.”



Dental Directorate Employee of the Year

Linda Dunlop, Dental Officer, Dental West, St Helens

“The first into work, the last to leave and the first to volunteer, Linda ensures that all patient needs are met. As she approaches the end of her exemplary career, she’s as dedicated to her colleagues and patients now, as she when she began.”



Dental Directorate Team of the Year

HCRC Widnes Dental Team

“100% committed, HCRC Widnes Dental team go the extra mile, using their creativity to encourage often anxious children to relax during their treatment. As one patient said, ‘if only all dentists could be like this!’”



Halton Directorate Employee of the Year

Claire Regan, District Nurse Co-ordinator – Adult District Nurses, Runcorn West

“Often the first port of call for her colleagues, Claire’s hard work ethic and attention to detail make her stand out. Her team say that Halton are very lucky to have her.”



Halton Directorate Team of the Year

Halton Palliative Care Team

“Halton Palliative Care team’s goal is for every person to have a good death. When a patient became unable to crochet the hearts she wanted given out at her funeral, the team crocheted in their spare time, ensuring she achieved her final wish.”



Warrington Directorate Employee of the Year

Beverley Hoolihan, Administrator, Warrington Central District Nurses

“Integral to her team, Beverley works tirelessly and professionally. Her willingness to lend a hand has also helped develop relationships and collaboration with other teams.”



Warrington Directorate Team of the Year

Warrington Dermatology team

“Warrington Dermatology Team’s patients are always at the forefront of their minds. Anxious patients leave with smiles on their faces and colleagues say: “I would want this team to care for my family.”



Partnership and Collaboration Award

The Apprenticeship Team

“The Apprenticeship Team contribute to the Trust’s commitment to being an Anchor Institute and its aim for Health Equity. Their excellent recruitment and support retain Bridgewater’s Apprentices and this year alone, they’ve told over 3,500 students about NHS careers.”



Research and Innovation Award

Warrington Community Neuroscience Team

“Having already introduced “off the shelf splinting” to patients, reducing referrals and hospital appointments, Warrington Community Neuroscience Team now hope to bring bespoke thermoplastic splinting to the service by the end of the year.”



Kindness and Compassion Award

Charlene Liptrot, Infection Control Nurse, Infection Control Assurance

“Always with a kind word, Charlene’s team say she provides the level of kindness, empathy, and compassion in her care that they’d wish to receive themselves.”



Bridgewater Celebrates National Apprenticeship Week 2025 Success

The Trust marked another successful National Apprenticeship Week with a series of achievements, events and new initiatives.

The nationwide celebration saw organisations across the UK showcasing their commitment to apprenticeship programs through various platforms and activities.



Digital engagement and community events

We used our digital platforms to spotlight inspiring Bridgewater Apprentice People stories and launched our 2025 apprenticeship recruitment campaign.

The Trust's presence extended beyond online channels, with #TeamBridgewater colleagues participating in community events to promote upcoming apprenticeship opportunities and support potential candidates with existing vacancies.

Celebrating our own

Our internal National Apprenticeship Week recognition campaign culminated in 'Celebration Friday,' where we visited various Trust locations to present certificates to exceptional apprentices and mentors. Detailed coverage of these celebrations was featured in the 'Feel Good Friday' bulletin.

Looking ahead: 2025 opportunities

The Trust is now gathering expressions of interest from both staff and the public to shape our 2025 apprenticeship offer.

Interested individuals who complete our expression of interest form will be added to relevant mailing lists and receive direct notifications when opportunities become available.

Bridgewater win big with Business Employer Champion of the Year!

Bridgewater celebrated National Apprenticeship Week (February 10 - 16) by winning the prestigious Employer Champion award at Warrington and Vale Royal College's annual Apprenticeship Awards!

Commending Bridgewater on its fantastic work, the College said:

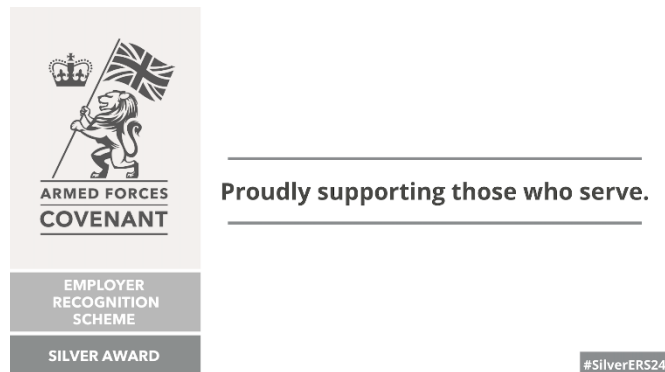
“We have had a successful partnership for several years as our organisation’s values are closely aligned. Bridgewater put the apprentice at the heart of all they do and have provided exceptional support, over and above the normal expectations. They actively recruit their apprentices from the local community and realise the benefits of providing opportunities to local people. Sarah and the Apprenticeship Team work closely with the college and have been involved in several college events and supported the college during our recent Ofsted inspection.”



Pictured at the Awards ceremony are Sarah Power, Bridgewater's Careers and Apprenticeship Lead and Amelia Ruddick, Careers and Apprenticeship Facilitator.

Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) has been honoured with a prestigious award for its dedication to the Defence and Armed Forces community.

The Trust has earned silver status in the Ministry of Defence's Employer Recognition Scheme (ERS), which acknowledges employers who uphold the values of the Armed Forces Covenant and support those who have served.



Moving from bronze to silver, BCHFT adopts various measures to assist the Defence and Armed Forces community, such as guaranteeing interviews to members who use the armed forces identifier on NHS Jobs and meet the essential criteria for a role.

On this special commemorative week marking the 80th anniversary of the D-Day landings, the Trust was one of only 47 recipients of silver award status announced across the North West.

Paula Woods is Director of People and Organisational Development for Bridgewater Community Healthcare. She said:

“This has been a poignant week for our veteran community as we remember the sacrifice so many took in 1944 in Normandy.

“Eighty years may have passed since the D-Day landings, but the recognition and acknowledgement of all veterans throughout the decades remain as strong today as it was back then.

“As a forces-friendly employer, we are in the heart of our local communities. We are proud to have further enhanced our commitment to the Defence and Armed Forces community by achieving silver status.”

Colonel Mark Underhill OBE DL, Chief Executive of the North West of England and the Isle of Man Reserve Forces' and Cadets' Association, said:

“On behalf of the Ministry of Defence, we are honoured and delighted to recognise the outstanding support and commitment given to the Armed Forces Covenant by businesses and organisations in the region through the Employer Recognition Scheme.

“Each recipient has demonstrated their support not only to the Covenant and the wider Armed Forces community but also their readiness to support Reservists, Service Leavers, Spouses, Veterans, Cadet Force Adult Volunteers, and Cadets in the workplace.”

Bridgewater website ranks in NHS top 10 for accessibility

Bridgewater's public website has achieved a significant milestone, ranking 9th out of 252 NHS websites for accessibility (according to the Silktide Accessibility Index).

This achievement reflects our Communications team's dedicated efforts to ensure our digital services are accessible to all.



Acting as our shop window for the public, website accessibility is essential for ensuring everyone can access healthcare information and services online, including people with:

- Visual impairments
- Hearing impairments
- Motor disabilities
- Cognitive impairments

As a legal requirement for all NHS organisations, website accessibility demonstrates our commitment to inclusive healthcare services and compliance with UK Government standards.

Key internal events focused on quality

Communities Matter – Start of Year Event

Held on Tuesday 26 March 2024 at Haydock Park Racecourse, this key event brought our Bridgewater leaders together to discuss our 2024/25 priorities and planning guidance for the financial year ahead.

Communities Matter

Creating stronger, healthier, happier communities.



Key topics discussed included what this meant for our Boroughs and teams in terms of delivery and the expectations of our leaders for the coming year.

There was also an opportunity to take time to explain the NHS landscape nationally, regionally and locally for 2024/25.

Information about the Mental Health Learning Disability and Community Provider Collaborative, as well as our plans to develop Place partnerships across Cheshire and Merseyside and our dental networks, was also covered.

Leader in Me event

As part of our staff community, we want all colleagues to be able to develop, personally and professionally and this year's Leader in Me event was open to all staff, at all levels.

The event featured motivational speakers that provided new and innovative ideas and ways of working, it was also a chance for staff to step out of their usual working environment and network with other colleagues from across Bridgewater.

The theme for the event was taken from the NHS People Promise: We are compassionate and inclusive.

As a Trust, we are kind and respectful. We all feel the pressure at times, but we care for each other, just like we care for our patients.

The event had two exciting public speakers:

Dan Grimes

Having started his NHS career in Human Resources, Dan has nearly twenty years' experience in a range of senior operational management and corporate strategy roles including as Director of Operations in two separate trusts. Dan's masterclass explored the evidence supporting the importance of creating kinder organisational cultures as a basis for undertaking improvement activity.

Alison Blackler

Alison is a leading workplace culture coach specialising in corporate leadership, inspiring leaders around the world. She is also a sought-after media spokesperson, public speaker and author.

Building on the NHS People Promise of “We are compassionate and inclusive”, Alison created a space to explore what resilience in the workplace really is and what makes a resilient team.

Helen's exceptional work wins prestigious Sue Thompson Award

Crosby Management Training's annual Sue Thompson Awards showcase exceptional Chartered Institute of Personnel and Development (CIPD) learners within the people professions industry, and those dedicated to their CIPD learning.



Helen Aghanian, Bridgewater Organisational Development Practitioner, shone at this year's ceremony on 25 February, winning the Level 7 CIPD (OD) Award.

Known at Bridgewater for her dedication to supporting her colleagues through her role, Helen stood out amongst what was described as 'an incredibly tough competition, with a record number of nominations showcasing so many inspiring individuals making a positive impact in their organisations and the wider industry.'

Speaking at the event, Ali House, CIPD Qualifications and Assessment Lead said:

"Your achievement today is not just a milestone but a testament to your hard work and passion for making a difference."

Congratulations Helen, on this very well deserved award!

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 2024/25, a number of 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-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment	96%	100% (▲)	100% (▲)	92.31% (▼)	92.86% (▲)	100% (▲)	100% (▲)	90.91% (▼)	61.54% (▼)	100% (▲)	94.12% (▼)	83.33% (▼)	100% (▲)
Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral)	85%	97.22% (▲)	100% (▲)	100% (▲)	93.75% (▼)	93.48% (▼)	93.33% (▼)	100% (▲)	82.35% (▼)	92.31% (▲)	88.1% (▼)	89.47% (▲)	90.91% (▲)
28 day faster diagnosis	75%	92.56% (▼)	90.57% (▼)	87.31% (▼)	87.5% (▲)	81.27% (▼)	91.69% (▲)	89.33% (▼)	88.82% (▼)	82.01% (▼)	83.53% (▲)	82.69% (▼)	91.89% (▲)
A&E: Total time in A&E (% of pts who have waited <= 4hrs)	95%	98.64% (▼)	97.81% (▼)	99.49% (▲)	98.67% (▼)	98.84% (▲)	99.14% (▲)	98.92% (▼)	97.72% (▼)	95.06% (▼)	98.68% (▲)	94.5% (▼)	96.88% (▲)
Audiology - Number of 6 weeks diagnostic breaches	0	154 (▼)	194 (▼)	217 (▼)	192 (▲)	149 (▲)	100 (▲)	88 (▲)	71 (▲)	76 (▼)	53 (▲)	43 (▲)	32 (▲)

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%)

We are in a good position to embrace the 5% increase to the 28-day faster diagnosis next year, having consistently achieved above 80% compliance throughout 2024/25.

Due to such small numbers of patients progressing through to treatment for skin cancers, one patient breaching can have a significant impact upon the Trusts ability to achieve the 31 day wait from diagnosis to first treatment.

Freedom to Speak Up (FTSU)

Speaking up is integral to enabling the Trust to continuously improve through demonstrating positive behaviours and living our values. 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.

The primary purpose of the Guardian is to support staff in speaking up and to 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 Lead Guardian is supported by a second Guardian and a network of Champions. There are currently 17 FTSU Champions with the aspiration to recruit 50 Champions, in the future.

This Quality Report provides an overview of the activity that took place between 1st April 2024 and 31st March 2025 across the Trust to deliver our commitment to Freedom to Speak Up. In total 28 concerns were raised to the FTSU Guardians, compared to 18 concerns raised for the same reporting period in 2023/24, which represents an increase of 55.56% in the number of concerns being raised.

Staff can continue to raise concerns openly (where the person raising the concern is happy for their identity and nature of the concern to be shared), confidentially (where only the Guardian and identified persons have access to the reporter’s identity), or anonymously. No actions are taken without the consent and agreement of the person raising the concern and Table 1 shows how the concerns were raised.

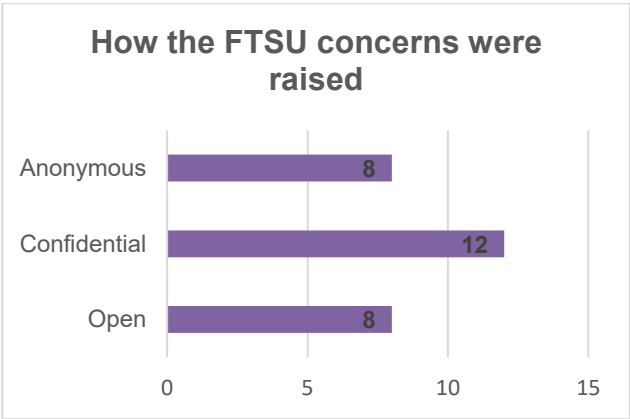


Table 1 – How the concerns were raised.

Following the raising of a concern through FTSU, recommendations might include self-management of next steps or the triggering of review or investigation. More open concerns raised suggest higher psychological safety in the workforce. However, most cases reported in this period were confidential, as shown in Table 1. Additionally, a high number of anonymous concerns could indicate a cause for concern, but not for this reporting period, as a number were raised for the same concern.

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

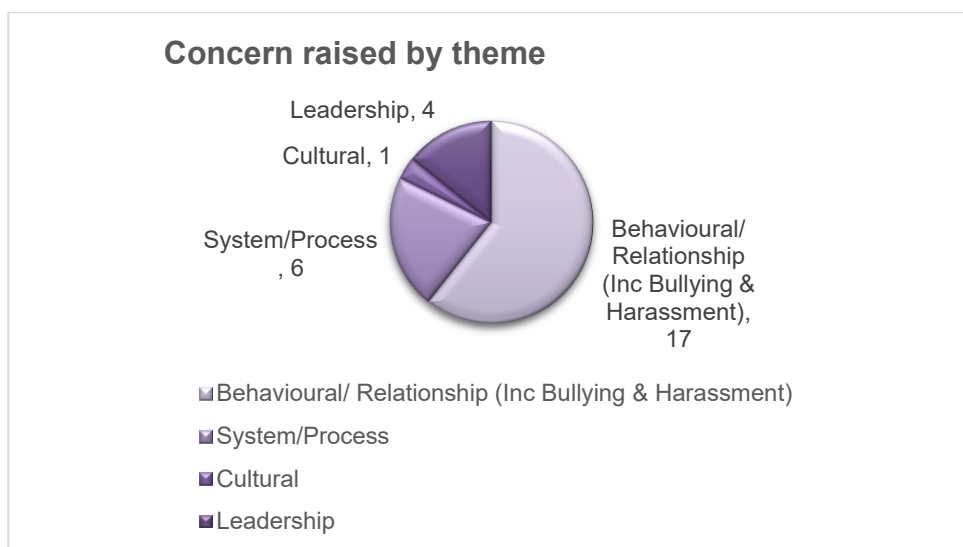


Table 2 – Concerns raised by theme – note that individual concerns can have multiple themes

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.

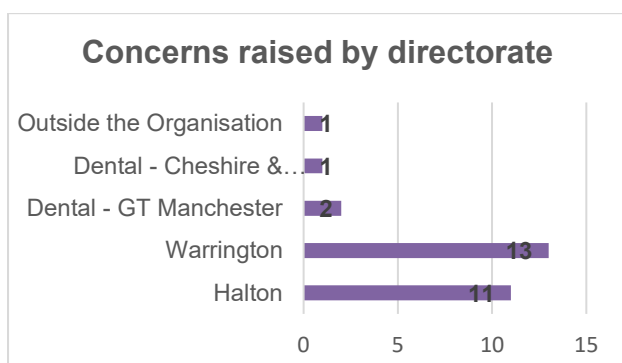


Table 3 – Concerns raised by borough.

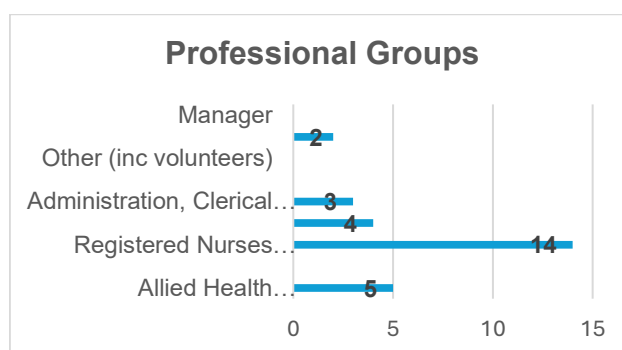


Table 4 – Professional groups raising concerns.

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

Comparing the yearly data there has been an increase in concerns being raised but overall, the numbers of concerns being raised remains relatively low. As part of the commitment to staff that they 'have a voice that counts', Time to Talk sessions continue to take place. Staff and Teams have the opportunity to talk to one of the Executive team to chat about any good news, ask questions and raise anything that is important to them. This has meant that concerns may have already been raised and dealt with.

Regular updates about FTSU are included in the Trust's Bulletin and information cascaded via 'Team Brief' which all staff can attend monthly. The FTSU Guardians continue to collaborate with their peers across the region and work with the National Guardian's Office and will attend regional meetings and relevant seminars and conferences.

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%.

The Freedom to Speak Up Strategy has been revised to include the self-assessment action plan, which is progressing well and actions completed. A Freedom to Speak Up Concern Escalation Timeframe Flowchart has also been created in response to staff feedback indicating that the response time after raising a concern was too long. The flowchart will be sent to the relevant person or manager when a concern is raised to ensure they are aware of the timescales.

The Mersey Internal Audit Agency (MIAA) audited Freedom to Speak Up arrangements, reviewing objectives like Trust Policy, resources, Training, Awareness, Monitoring, Feedback, Confidentiality, and Oversight. The audit rated the arrangements 'High' overall, with one recommendation: improving feedback provision between Guardians and staff. A feedback form was created and is now accessible on the FTSU webpage and included in the bulletin. Staff will receive the form when a concern case is closed to provide feedback, which will be used for improvements and highlighting good practices.

Staff Survey Results:

Despite it being 12-months of various ups and downs when it comes to our NHS challenges and pressures, the results showcase a steady year for the organisation.

Do we have parts of the survey that fall short, and we need to improve? Yes absolutely. We are never complacent when it comes to the annual NHS Staff Survey. We will continue to work hard to improve on the areas that need greater support.

Before we get into the results themselves, this is now the fourth year in which the findings have been aligned to the seven elements of the NHS People Promise. This updated way of reporting is really starting to bring a consistent and robust way of measuring employee experience across the NHS. If we also include the additional elements of 'staff engagement' and 'morale', it takes the overall reporting of the NHS Staff Survey to nine elements.



Trust Breakdown

In 2024 we conducted an all-staff electronic survey.

The annual NHS Staff Survey is one of the largest employee surveys in the world. 62% of Bridgewater staff completed the survey this year, equalling the best response rate ever for the Trust set in 2023. The survey period was open between September and November 2024.

The table below gives a very quick snapshot of our 2024 results, compared to the national average of NHS Community Trusts in England.

People Promise Element / Theme	BCHFT 2024 score	Community Trust Average	Trust results v's Community Trust Average	Best Performing Trust Score	Trust vs Best Score	North West Average
We are compassionate and inclusive	7.79	7.76	0.03	8.01	-0.3	7.32
We are recognised and	6.4	6.42	-0.02	6.79	-0.4	6.02
We each have a voice that counts	7.17	7.11	0.06	7.34	-0.2	6.73
We are safe and healthy	6.53	6.49	0.04	6.60	-0.1	6.20
We are always learning	5.79	5.97	-0.18	6.20	-0.2	5.58
We work flexibly	6.95	6.91	0.04	7.30	-0.4	6.30
We are a team	7.27	7.2	0.07	7.40	-0.2	6.83
Staff engagement	7.21	7.23	-0.02	7.50	-0.3	6.83
Morale	6.24	6.26	-0.02	6.47	-0.2	5.97

The table below shows that in 2024, five of the nine People Promise elements/themes show a higher score than the Community Trust average:

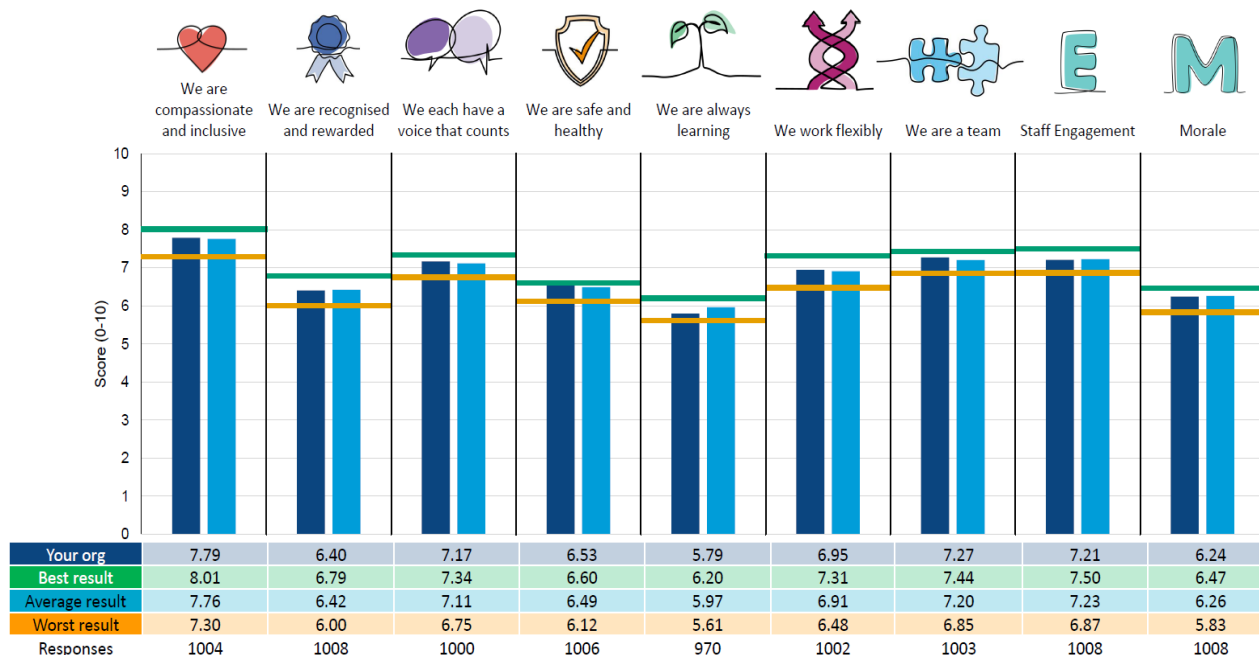
- We are compassionate and inclusive (+0.03)
- We each have a voice that counts (+0.06)
- We are safe and healthy (+0.04)
- We work flexibly (+0.04)
- We are a Team (+0.07)

Four elements of the People Promise/themes are below the national average:

- We are recognised and rewarded (-0.02)
- We are always learning (-0.18)
- Morale (-0.02)
- Staff Engagement (-0.02)

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The next table shows the nine themes/elements between Bridgewater's 2023 results and the 2024 results. Four results show an increase when compared to 2023, one remains static and four results show a decline.

People Promise Element / Theme	2024 score	2023 Score	2024 vs 2023
We are compassionate and inclusive	7.79	7.77	0.02
We are recognised and rewarded	6.4	6.35	0.05
We each have a voice that counts	7.17	7.18	-0.01
We are safe and healthy	6.53	6.53	0.00
We are always learning	5.79	5.92	-0.13
We work flexibly	6.95	6.76	0.19
We are a team	7.27	7.2	0.07
Staff engagement	7.21	7.29	-0.08
Morale	6.24	6.7	-0.46

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 North West average as well as the average when compared against the Cheshire and Merseyside Integrated Care System (ICS). It is pleasing to report that the Trust ranks green against these two average comparators.

People Promise Element / Theme	BCHFT 2024 score	Community Trust Average	Trust results v's Community Trust Average	Best Performing Trust Score	Trust vs Best Score	North West Average	Trust results v's North West Average	C&M ICS Average	Trust results v's CM ICS Average
We are compassionate and inclusive	7.79	7.76	0.03	8.01	-0.3	7.32	0.47	7.41	0.38
We are recognised and	6.4	6.42	-0.02	6.79	-0.4	6.02	0.38	6.07	0.33
We each have a voice that counts	7.17	7.11	0.06	7.34	-0.2	6.73	0.44	6.81	0.36
We are safe and healthy	6.53	6.49	0.04	6.60	-0.1	6.20	0.33	6.28	0.25
We are always learning	5.79	5.97	-0.18	6.20	-0.2	5.58	0.21	5.60	0.19
We work flexibly	6.95	6.91	0.04	7.30	-0.4	6.30	0.65	6.29	0.66
We are a team	7.27	7.2	0.07	7.40	-0.2	6.83	0.44	6.87	0.40
Staff engagement	7.21	7.23	-0.02	7.50	-0.3	6.83	0.38	6.92	0.29
Morale	6.24	6.26	-0.02	6.47	-0.2	5.97	0.27	6.04	0.20



The full findings of the 2024 NHS Staff Survey, which includes two reports, can be found on the official NHS Staff Surveys website at www.nhsstaffsurveys.com/.

Throughout 2025, our focus will now be on the development of Trust wide and Directorate action plans, ensuring thorough engagement with staff on their content. The driving of these action plans will take place at a local level but with Trust wide reporting on progress.

QUALITY ACCOUNT

APPENDIX



Appendix A – Stakeholder Feedback

Quality Account Statement 2024-25

Bridgewater Community Healthcare NHS Foundation Trust



Cheshire and Merseyside

Ref: Bridgewater Community Healthcare NHS Foundation Trust

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

27 June 2025

Sent by email to:

Lynne Carter, Chief Nurse
Lynne.Carter@bridgewater.nhs.uk

Re: 2024/25 Quality Account Statement

Dear Lynne

NHS Cheshire and Merseyside Integrated Care Board (ICB) have worked closely with Bridgewater Community Healthcare NHS Foundation Trust throughout 2024/25 to gain assurance that the services Bridgewater deliver are safe, effective, and personalised to patients. We thank you for the opportunity to review your Quality Account and we would like to note areas where the Trust further demonstrates the positive work completed to support quality improvement for our patients.

The ICB wanted to acknowledge the commencement of early workstreams as part of the organisational integration work which has already demonstrated opportunities for more seamless care and a better experience for patients, and we look forward to seeing further positive outcomes in the future as you work towards achieving a single organisation status.

The achievements against the identified quality priorities have been built on significant work, fully achieving all three priorities for 2024/25. The development of a Community Accreditation Scheme highlighted the opportunity for individual services to have a continuous improvement approach to delivering services for patients. The implementation of PSIRF has continued to embed within the Trust and is well supported by the substantial assurance for efficacy of the approach noted by Mersey Internal Audit Agency (MIAA). This is a credit to the Trust and acknowledges patient safety as a key priority through the organisation. The ICB have been a regular stakeholder partner at the Directorate Incident Review & Learning Groups, and we have seen the progress made in 2024/25. We note the local incident priority groups the Trust have setup that align with system wide groups for falls and pressure ulcers, and we would welcome learning being shared at a system level.

The work undertaken to develop core role competencies reflects a commitment from the Trust to support its workforce to access skills and competencies aligned to national standards, offering their staff opportunities for progression whilst future proofing the workforce. The collaborative work with schools

and colleges is positive, this provides opportunities for the Trust to expand their future workforce offering local people access to placements and apprenticeships.

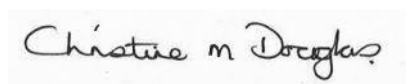
The ICB note the quality priorities for 2025/26 and look forward to updates on their achievement. The involvement of wider teams to recognise risk of moisture associated skin damage is positive and will provide a preventative approach and avoid unnecessary harm. The work to support the review of the Deteriorating Patient Guidance builds on the Martha's Rule initiative which was initially introduced in hospital settings. The roll out into community services demonstrates further the Trust's progression and commitment to patient safety. With regards to progressing the personalised care approach, this aligns with the ICB priorities and supports patients to experience care that is tailored to their individual needs.

The Trust active clinical audit programme has been described within the account; we will work closely with the Trust to understand more of the clinical audit findings requiring action during 2025/26 and support this delivery to allow further improvement journeys to be presented in the next quality account.

The Trust continues to demonstrate an open learning culture; the account outlines a thorough review process in relation to mortality. We will again work closely with the Trust in relation to the themes identified from mortality reviews.

Finally, it is recognised that the individual effort of staff and teams within the Trust make a huge impact to patient care. It was good to see the extensive number of colleagues and Teams whose work and commitment to patient care has been celebrated through your Trust 'Thank You Awards' this year. The ICB also offers its congratulations to your staff, but also to the wider organisation and their on-going commitment locally to system partnership working to improve quality for the populations we serve.

Yours sincerely



Chris Douglas MBE (she/her)

Executive Director of Nursing & Care

NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Denise Roberts

NHS Cheshire and Merseyside

No 1 Lakeside, 920 Centre Park Square
Warrington, WA1 1QY



Communications@cheshireandmerseyside.nhs.uk



[Cheshireandmerseyside.nhs.uk](https://cheshireandmerseyside.nhs.uk)

Sue Mackie

Director of Quality Governance
Bridgewater Community Healthcare NHS Foundation Trust

5 June 2025

Dear Sue

Re: Quality Account Report 2024 / 2025 We hope you're
keeping well.

Thank you for the chance to comment on Bridgewater Community Healthcare NHS Foundation Trust's Quality Account for 2024/25.

Overall, we found the Quality Account clear, informative and a helpful summary of what the Trust has done over the past year—and what it plans to do next. Many of the priorities and achievements reflect what we've been hearing from local people who use its services, particularly around kind and caring staff, patient safety, and the importance of better communication.

From the feedback we've received, we feel the report does a good job of reflecting people's real experiences. Many tell us how hardworking and compassionate the staff are, and it's good to see that the Trust is recognising and supporting its teams through schemes like the 'Thank You' awards and staff development programmes.

That said, we also continue to hear about issues with communication and access to some services. It's positive to see the Trust acknowledge these challenges and take steps to address them, including through better staff training, digital improvements, and clear systems for learning from mistakes.

The Quality Account shows that the Trust is open to listening and learning. There's strong evidence of how staff are encouraged to raise concerns, how safety issues are followed up, and how feedback is used to improve care. The introduction of Quality Review Visits and the Patient Safety Incident Response Framework is a good example of how learning is being built into everyday practice.

The new priorities for 2025/26—reducing skin damage from moisture, improving care for seriously unwell children, and making care more personal—are sensible and well targeted. These are areas where local people have raised concerns, so we're pleased to see them included. Going forward, we'd like to see the Trust keep sharing how these priorities are making a difference in practice.

Looking back at the previous year's targets, the report gives a clear picture of progress. The updates on training, safety, and staff roles show the Trust is moving in the right direction and working hard to improve quality.

At Healthwatch, our role is to listen to people's experiences of care—whether they're patients, families, or carers—and make sure those voices are heard by health and care services. We're independent and work to highlight the issues that matter to local communities. We're always glad to have the chance to feed into reports like this and will continue to support improvement through regular feedback and engagement.

In summary, this is a positive and honest report that reflects the hard work of staff and the voices of local people. It shows real progress, while also being clear about the challenges ahead. We're encouraged by the Trust's openness and commitment to involving staff, patients, and partners in shaping the future of care.

Kind regards



Dave Wilson

Chief Officer - Healthwatch Halton



Lydia Hughes

Chief Officer – Healthwatch Warrington

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 2024/25* and supporting *Quality Account Requirements 2024/25*
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes for the financial year, April 2024 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 (not applicable for this iteration)
 - Feedback from local Healthwatch organisations (not applicable for this iteration)
 - The Trust’s complaints report awaiting publication under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The 2024 staff survey published February 2025
 - 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

NB: sign and date in any colour ink except black

A handwritten signature in blue ink, appearing to read 'M. Taylor'.

(Chair) Martyn Taylor

Date: 9th June 2025

A handwritten signature in blue ink, appearing to read 'N. Khashu'.

(Chief Executive) Nikhil Khashu

Date: 13th June 2025

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

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.

Our Urgent Treatment Centre in Widnes is the focal point for a lot of community-based services, with clear connections to our own services and those of our local partners. We also deliver wheelchair services, equipment services, podiatry and speech and language services.

The St Helens based Drive Ability North-West service, delivered in partnership with Driving Mobility and the Department of Transport, provides services across the North-West of England.

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.

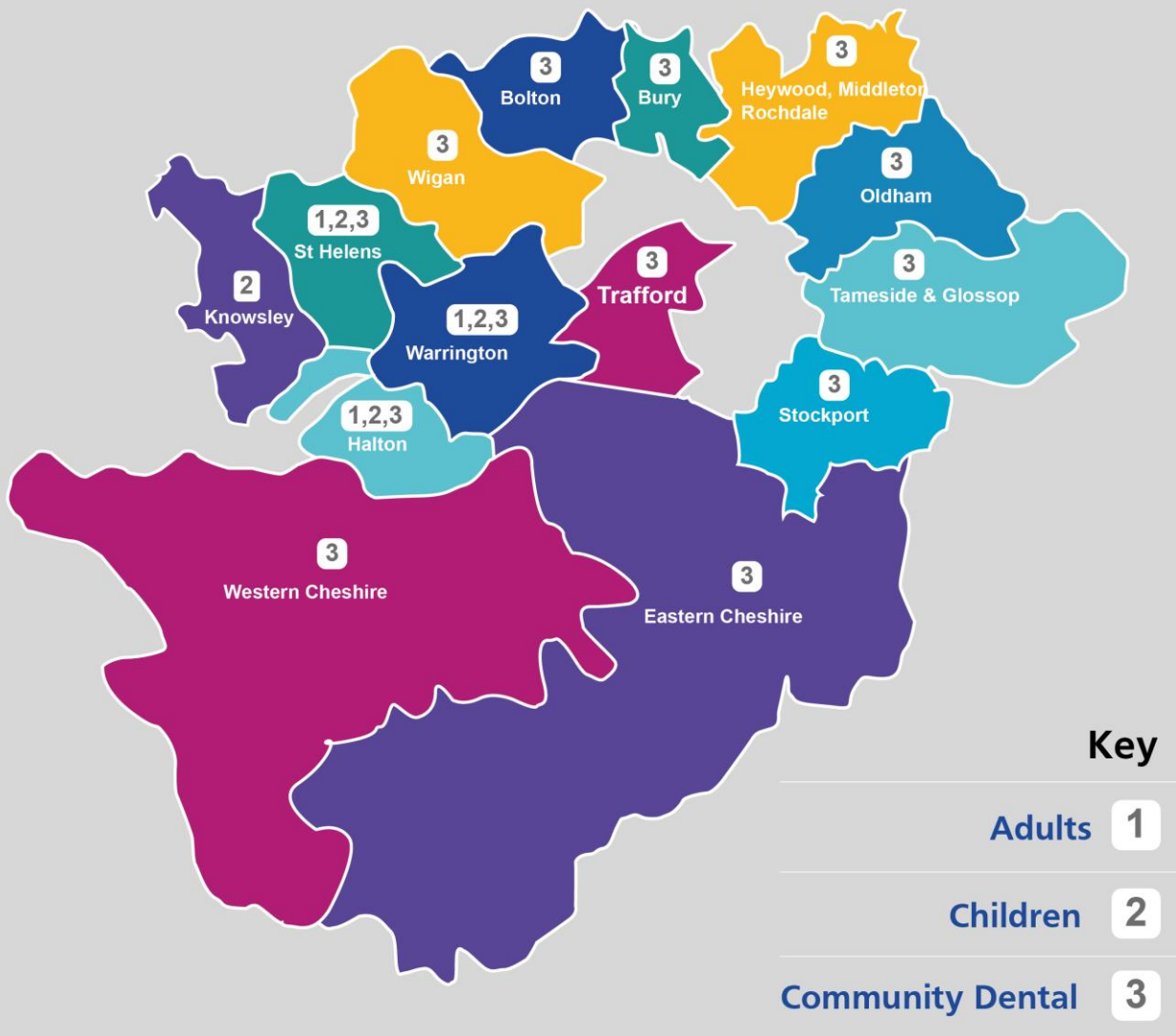
We provide specialised dental care on referral to people of all ages with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist (General Dental Practice).

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 946400



bchft.enquiries@nhs.net



www.bridgewater.nhs.uk



Trust Headquarters, Spencer House,
Birchwood, Warrington, Cheshire, WA3 7PG

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