Mersey and West Lancashire Teaching Hospitals
NHS Trust

Quality Account
2025-26

OUR VISION
5 star patient care

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

OUR VALUES

We are KIND

We:
- Treat every individual with respect
- Are compassionate in our support of patients and colleagues
- Are friendly and welcoming and always introduce ourselves
- Care for each other as we care for our patients
- Are polite and value each other's thoughts and ideas

We are OPEN

We:
- Are always listening and learning
- Encourage and support two-way communication
- Are honest, fair and open with others
- Take responsibility for our actions and always aim to improve
- Develop our services in the best interests of our communities

We are INCLUSIVE

We:
- Value everyone's cultural, social and personal needs
- Celebrate our differences and support each other
- Listen to all voices
- Work as a team and learn from each other
- Challenge prejudice and promote acceptance

#TeamMWL

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Part 1

1.1 Statement on quality from the Chief Executive of the Trust

Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) is pleased to present the Trust's third annual Quality Account, which demonstrates our ongoing commitment to ensuring we provide the highest quality of care to our patients and the communities we serve.

This is my second introduction to the annual Quality Account since my appointment as Chief Executive of MWL, on 1st December 2024. MWL is a fantastic organisation, with a longstanding history of outstanding care and a trusted reputation in our local communities, and I am truly honoured to be Chief Executive here. I've been part of MWL for ten years now and over that time, I have had the absolute pleasure of working alongside so many amazingly talented staff.

In July 2025, we welcomed Professor Sarah O'Brien as the Trust's new Chief Nursing Officer. Sarah is no stranger to the organisation, starting her career at St Helens and Knowsley Teaching Hospitals as a staff nurse. She spent 18 years at the Trust in various roles including Diabetes Research Nurse, Diabetes Nurse Consultant and Deputy Director of Nursing before working across commissioning, local government and integrated care system over the last 10 years.

Dr Simon Dowson also joined MWL as the Chief Medical Officer in November 2025. He has spent the last 17 years at Mid Cheshire Hospitals NHS Foundation Trust in various roles, his most recent being Deputy Chief Medical Officer. In addition to his leadership responsibilities, Simon will also continue his clinical practice working alongside paediatric colleagues at Ormskirk Hospital.

Our vision to provide 5 Star Patient Care remains the Trust's primary objective so that patients and their carers receive services that are safe, person-centred and responsive, aiming for positive outcomes every time. The mission and vision have remained consistent and embedded in the everyday working practices of staff throughout the Trust, where delivering 5 Star Patient Care is recognised as everyone's responsibility. The vision is underpinned by the Trust's values, behaviours and five key action areas – care, safety, pathways, communication and systems.

2025-26 continued to present many challenges for staff with ongoing demands on an already stretched workforce. Every part of the NHS is under significant pressure at the moment and the areas of Merseyside and West Lancashire are no exception. My focus has, and will be, on making sure that we continue to look after our patients and our staff to provide the highest standards against this challenging backdrop.

In March 2026, following a rigorous and thoroughly detailed process including a 10-week pre-consultation engagement period and 13-week public consultation the joint committee of the NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria Integrated Care Boards, made the decision to relocate the Children's A&E from Ormskirk to Southport Hospital. It is estimated that delivering this decision could take a minimum of 3 years, allowing the time needed to plan safely, invest appropriately, and work through the practical implications. Throughout this period, we remain fully committed to working closely with our staff, patients, and local communities to ensure everyone is actively involved, kept informed, and able to shape how these changes are developed and introduced.

One of my proudest moments during the year was attending our first LGBT+ Clinical Conference at Edge Hill University. It was inspiring to join colleagues and learn directly from the excellent national speakers. At MWL, I am committed to nurturing kindness, openness, and inclusivity, and it motivates me every day to witness so many teams working hard to strengthen our inclusive practice. I believe even small changes in listening, communication, and support can make a significant difference not only to the care we provide but also to the culture of our organisation.

I was, however, extremely disappointed that during the year there were four never events, relating to wrong site nerve block, implant discrepancy and an insulin incident. Actions have been taken following these as part of the Trust's commitment to learning from incidents and these are outlined in more detail in the report.

The Trust has delivered a comprehensive programme of quality improvement clinical audits throughout the year, with several actions taken as a result of the audit findings. Delivery of the quality improvement and clinical audit programme is reported to the Quality Committee via the Clinical Effectiveness Council.

We continue to roll out and update the ward accreditation programme, to ensure it is fit for purpose. During the year, we have assessed all adult inpatient areas and have included specialist areas, A&E, ICU and paediatrics. The aim is to continue to roll this programme out to all other areas including theatres, maternity and community services in 2026-27.

We continue to work with our local Healthwatch partners to improve our services. Healthwatch representatives are key members of the Patient Experience Council, who report to the Trust Board's Quality Committee, and the Equality and Diversity Steering Group which reports to the People Performance Council. This ensures effective external representation in the oversight and governance structure of the Trust. Meetings have continued to be held virtually to maximise attendance.

The Trust has a Patient Participation Group, which met quarterly throughout the year and patients have continued to share their experiences of care via patient stories for the Board and Patient Experience Council.

We are extremely grateful to our volunteers who make a unique and valuable contribution to patients and carers, relatives, visitors, and staff. The skills and support they provide has a positive impact for people who use our services, including our staff, and the community. An incredible 308 volunteers have contributed to our 5 hospital sites during 2025-26.

This Quality Account details the progress we have made with delivering our agreed priorities and our achievement of national and local performance indicators, highlighting the challenges faced during the year. It also outlines our quality improvement priorities for 2026-27.

I am pleased to confirm that the Trust Board of Directors has reviewed the Quality Account for 2025-26 and confirm that it is a true and fair reflection of our performance and that, to the best of our knowledge, the information contained within it is accurate. We trust that it provides you with the confidence that high quality patient care remains our overarching priority and that it demonstrates the care and patient-centred services we have continued to deliver during the ongoing challenges in 2025-26.

I remain extremely proud of all our staff who continue to give the best of themselves to care for the people who need us. I would like to thank all our staff and volunteers for everything they continue to deliver during the most challenging times we face.

Rob Cooper

Chief Executive
Mersey and West Lancashire Teaching Hospitals NHS Trust

1.2 Celebrating Success in 2025-2026

MWL Staff Awards

Our staff make our organisation and deserve for us to celebrate the outstanding work they undertake. This important event gives us the opportunity to put the spotlight on the extraordinary dedication and compassion of our staff and recognise the difference this makes to individuals and families within the local community.

The winners are acknowledged below with the detail of the nominations.

Special Recognition Award	Following the tragic incident in Southport in July 2024, the Trust joined with the local community to recognise staff from Southport and Ormskirk hospitals who responded with 'the highest levels of professionalism, compassion, and courage'. Presenting the Special Recognition Award, Steve Rotherham, Mayor of the Liverpool City Region, shared his heartfelt thanks with all those involved, saying that the town of Southport will be forever grateful. Reverend Martin Abrams was invited to accept the award on behalf of all the staff involved, and our guests took to their feet to honour their colleagues with an emotional standing ovation.
Outstanding Contribution Award	**Richard Fraser – Former Chairman** Richard Fraser who was recognised with the Outstanding Contribution Award following just over ten years at the Trust. Richard retired in April 2025 after a decade of dedicated service. Presenting the award, Rob Cooper, Chief Executive, expressed our deepest thanks to Richard for his invaluable support and guidance, his advocacy across the region for our hospitals, and his tireless efforts to ensure our staff get the recognition they deserve.
Lifetime Achievement Award	**Ann Marr OBE – Former Chief Executive** After serving the NHS for over 40 years and leading our Trust for an incredible 21 years, former Chief Executive Ann Marr OBE who retired in 2024 was the proud recipient of our first ever Lifetime Achievement Award. Presenting the award, Rob Cooper, Chief Executive, shared his heartfelt thanks and admiration for all that Ann achieved, highlighting her integrity, compassion, determined spirit, and unwavering commitment to 5 Star Patient Care. Joining him on stage Ann took the opportunity to express her deep fondness for our organisation, telling staff that she missed seeing them every day, but knows they'll continue to make her proud.
Excellence in Clinical Care	**Ward 2C, Respiratory, Whiston Hospital** This forward-thinking team deliver expert care to those with significant respiratory illness. Always looking for ways to develop their service, a recently established day care unit offering rapid diagnosis and ongoing treatment has had an enormous impact on patient experience and been praised by CQC for improving the quality of care.
Excellence in Quality Improvement	**Radiology Department, Whiston Hospital** This outstanding department is committed to supporting clinical teams by providing timely and accurate diagnostic services. Named the highest performing CT unit in the country, the team is always looking at ways to advance their service, utilising the latest data insights and technology to improve pathways, reduce turnaround times and aid faster diagnosis.

Excellence in Patient Safety	**Dementia & Delirium Team, Southport & Ormskirk hospitals** This team are passionate about providing a safe and comforting environment for some of our most vulnerable patients. Creating and encouraging a dementia friendly culture that reaches beyond Southport and Ormskirk hospitals and into the local community, they deliver comprehensive training and embed best practice to ensure patients' cognitive needs are always central to their care.
Excellence in Support Services	**Estates and Facilities Department, MWL** From opening new theatres to building therapy units, or even meeting the ever-growing need for more and more car parking, this team always prioritises the needs of patients and staff across the entire Trust. Thanks to their hard work and high standards, in the past 12 months our hospitals received top marks in the national patient-led assessment of the care environment making MWL best in the North-West.
Patient Experience Award	**Prosthetics Department and Laser Suite Team, Whiston and St Helens hospitals** When life delivers significant challenges through illness or injury, this team of highly knowledgeable experts use their extensive skills and innovative techniques to rebuild and transform the lives of their patients. Always empathetic and compassionate, their unwavering dedication, alongside a remarkable attention to detail, provides exceptional results of the highest standard.
St Helens Star People's Choice Award	**Diabetes Department, Whiston and St Helens hospitals** This award is voted for by the readers of the St Helens Star and highlights the appreciation that patients and their families have for the excellent care they receive. Patients say this specialist service is a lifeline when living with diabetes. Innovative, research-based and high quality, this knowledgeable team consistently help to improve day-to-day life for those they treat and have received exceptional feedback for their unwavering support and expertise. They are regularly recognised as being one of the leading departments in the country.
Stand up for Southport People's Choice Award	**Paediatric Department, Ormskirk Hospital** This award is voted for by the readers of Stand Up for Southport and highlights the appreciation that patients and their families have for the excellent care they receive. This multidisciplinary team embodies the Trust's values each and every day. Caring for some of our youngest patients, often with complex conditions and needs, they go above and beyond to provide the highest standards of clinical and holistic care in some of the most difficult and challenging situations. They have been hailed as heroes by patients, families and carers.
Employee of the Year	**Debbie Warburton** Debbie understands that delivering 5 Star Patient Care starts with the welfare of her team. An outstanding member of our Trust, her unwavering commitment to creating a kind, open and inclusive culture is exemplary. Always a positive role-model, she leads by example and has made great improvements to the quality, safety and the overall experience for patients and staff on her ward.
Team of the Year	**Urology Department, MWL** This award recognises the outstanding performance of a team that has continuously delivered an undeniably first-class service. One of the leading urology services in the region, this team are pioneers in their field. They work tirelessly to deliver innovative solutions, transform pathways and provide outstanding clinical care for patients right across MWL. The Trust receives exceptional feedback from patients who describe this team as 'the NHS at its best'.

1.3 Our Challenges

The Trust began 2026 responding to the serious incident at Newton Hospital on the 30th December 2025. While legal proceedings are ongoing and restrict what can be said publicly, our focus has remained on the safety and wellbeing of those directly affected, and of all who work across the Trust.

From an operational point of view, we experienced high demand across all services, and this has been felt at every site and in every team. Whether in our Emergency Departments, Urgent Treatment Centre, Community Services or on our wards, the hard work and the resilience of staff continues and the commitment to our patients is what underpins everything we do.

Infection Prevention Control (IPC) in respect of reportable healthcare associated infections, outbreaks, incident management and lessons learned from these remains a key focus and aligned to the Trust's Quality Objectives for 2026-27, including a key focus on reduction of avoidable hospital onset MSSA and to reduce the incidents of MRSA and improve our Aseptic Non-Touch Technique (ANTT) compliance.

Part 2

Priorities for improvement and statements of assurance from the board.

2.1 Quality objectives for improvement during 2026-27

The Trust's quality objectives for 2026-27 are listed below with the reasons why they are considered important areas for quality improvement. The views of stakeholders and staff were considered prior to the Trust Board's approval of the final list. The consultation included an online survey that was circulated to staff and stakeholders.

The consultation was undertaken using an electronic survey with 81 responses received. There was a high level of agreement with the proposed objectives, four receiving over 85% positive responses and three receiving 73%. The proposed objective which received the most support was 'focus on eradicating corridor care' with 90% positive responses.

Further suggested objectives for coming years included:

- Community Discharge
- Medication Safety
- Digital Improvements
- Focus on mental health
- Staffing levels
- Sustainability and the Environment

No	Objective	Lead Director	Measurement
1. 5 STAR PATIENT CARE – Care **We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families**			
1.1	Transitional Care – Keeping Mothers and Babies Together	Chief Nursing Officer	• Implement comprehensive and uniform transitional care service across MWL, in line with the Maternity Incentive Scheme (MIS) action plan
1.2	Ensure improvement and sustainability of nutritional & hydration standards for patients	Chief Nursing Officer	• Achieve 95% of adult inpatients screened for malnutrition on admission using the MUST tool • 90% of the highest risk patients (with a MUST score or 2+ or AKI Stage 2 or above) have a fluid balance chart in place and accurately completed
1.3	Eradicate corridor care and patient boarding	Chief Nursing Officer	• No patients to be cared for in a non-clinical space (using national definition of corridor care) by 31 March 2027 • Achieve 95% of appropriate patients triaged in the emergency departments within 15 minutes in line with the national standard • Achieve 80% of observations completed within tolerance

No	Objective	Lead Director	Measurement
2. 5 STAR PATIENT CARE – Safety **We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care**			
2.1	All patients with a working diagnosis of sepsis receive antibiotics in line with the NICE guidance	Chief Medical Officer	• Administration of antibiotics within 1 hour of diagnosis for high-risk patients • Administration of antibiotics within 3 hours of diagnosis for moderate risk patients
2.2	Safer Surgery Every Time: embed WHO 5 Steps, NatSSIPs2 (safety checklists) and PSIRF consistently across all surgical sites	Chief Medical Officer	• 0 Never Events in 2026/27 • Audit compliance with WHO 5 Steps and NatSSIPs2 (safety checklists) across theatres and peri-operative pathways • Evidence PSIRF learning loops embedded within Surgical Governance
2.3	Increase Infection Prevention Control awareness and adherence to best practice standards	Chief Nursing Officer	• Eliminate methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia infections resulting from lapses of care • Deliver the improvement plan to reduce avoidable hospital onset MSSA bacteraemia • Achieve minimum aseptic non-touch technique (ANTT) practical training compliance of 85% for Level 2 across MWL (practical) • 90% compliance with visual infusion phlebitis (VIP) monitoring
3. 5 STAR PATIENT CARE – Communication **We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services**			
3.1	Improve patient feedback	Chief Nursing Officer	• Using existing sources (FFT, Patient Surveys, Complaints/PALs trends etc.) set a baseline and trajectories for improvement and action plans in Q1 • Deliver the year one action plans and produce quarterly progress reports against the improvement trajectories

2.2 Statements of assurance from the Board

The following statements are required by the regulations and enable comparisons to be made between organisations, as well as providing assurance that the Trust Board has considered a broad range of drivers for quality improvement.

2.2.1 Review of services

During 2025-26, the Trust provided and/or sub-contracted £948m NHS services.

MWL has reviewed all the data available on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2025-26 represents 96% of the total income generated by MWL for 2025-26.

2.2.2 Participation in Clinical Audit

Annually, NHS England publishes a list of national clinical audits and clinical outcome review programmes that it advises Trusts to prioritise for participation and inclusion in their Quality Account for that year. This will include projects that are ongoing and new items.

During 2025/26, 63 national clinical audits and four national confidential enquiries covered NHS health services that Mersey and West Lancashire Hospitals NHS Trust provide. During that period the Trust participated in 98% of the national clinical audits and 100% of the national confidential enquiries, of the national clinical audits and national confidential enquiries which the organisation was eligible to participate in.

The national clinical audits that Mersey and West Lancashire Teaching Hospitals NHS Trust participated in during 2025-26 are listed in Appendix 1.

The national confidential enquiries that MWL was eligible to participate in during 2025-26 are as follows:

Name of Study	Status during 2025-26	MWL Position
Blood Sodium	Data Collection	Report published Dec 25 Gap Analysis Stage
Emergency procedures in children and young people	Data Collection	Report published Dec 25 Gap Analysis Stage
Acute Limb Ischaemia	Data Collection	Report published Nov 25 Gap Analysis stage
Acute illness in people with a Learning Disability	Data Collection	Awaiting National report - due out Summer 2026

The reports of 249 local clinical audits were reviewed by the provider in 2025-26 and MWL has taken and intends to take the following actions to improve the quality of healthcare provided.

Audit of standards relating to neonatal and maternity transitional care service

This audit was undertaken to look at Transitional Care which is a service given to new mothers following the birth of a baby who would otherwise need to be admitted to the Neonatal Unit in Ormskirk Hospital.

It is a supportive care model designed for newborns who require more than standard care but do not need intensive monitoring in a neonatal unit.

The audit achieved full assurance and will be re-audited to ensure the high standards are maintained.

Appropriate admission – Admitted due to correct criteria	100%
Admission sheet complete	100%
Baby reviewed daily & documented by Medical Staff	100%
Care documented correctly in BadgerNet	100%
Medical/Nursing notes updated daily	100%
BadgerNet discharge complete	100%
Transitional Care discharge checklist complete	100%
Discharge checklist signed by NNU nurse/Midwife	100%

Annual Audit of Consent Documentation

Every year we audit our compliance with the Trust Clinical Consent Policy and review the standard of documentation on consent forms.

The results of the audit are presented at our specialty audit meetings to share learning and discuss improvement required.

	Whiston Site	S&O Site
Patient's surname	100%	100%
Patient's first name	100%	100%
Date of birth	100%	100%
Sex	100%	100%
NHS or hospital number	100%	100%
Name of procedure / treatment	100%	100%
Intended benefits of the procedure	100%	100%
Significant unavoidable or frequently occurring risks	100%	100%
Type of anaesthesia / sedation	98%	62%
Patient signature	100%	100%
Patient printed name	78%	79%

An audit of practice around targeted muscle reinnervation (TMR) in patients with limb amputation within the Burns and Plastics department at Mersey and West Lancashire Teaching Hospitals NHS Trust

Targeted muscle reinnervation is a relatively newer technique for managing severe neuropathic pain in patients who have undergone limb amputation. The Burns and Plastics department at Whiston Hospital is increasingly receiving referrals from all around the North West from amputees with severe post-operative limb pain and increasingly performing this procedure to improve pain. The aim of this audit was to examine our current approach to patient selection, intraoperative technique, timing of surgery, and perioperative pain management, as our patient cohort continues to grow.

Our practice

- Set up an Amputation multi-disciplinary team (MDT) in 2023 as part of Limb Reconstruction Service
- Includes Plastic surgeons, Orthopaedic Surgeons, Vascular (as needed), Limb Rehabilitation Specialists from Clatterbridge and Aintree, Prosthetists, Therapists, Amputation Specialist Nurses
- TMR, Regenerative Peripheral Nerve Interface, Phantom Limb Pain, Residual limb revisions for redo myodesis, bony adjustments, soft tissue coverage free flaps and lipomodelling
- Interface training sessions prior to each MDT
- Links with Chronic Pain Specialists
- Commenced TMR surgery
- Small numbers reflect global practice
- Referrals for residual limb pain (around 1 per limb reconstruction clinic).

Conclusions

- This is a complex patient group who have endured years of pain
- TMR reduces mean pain scores
- Pain score in Phantom Limb Pain reduced from a mean of 9/10 to 6.4/10
- Pain score overall reduced from a mean of 9.4 to 5.8
- One patient's pain score did not change – this could reflect patient selection
- One patient's analgesia requirements were not improved which may reflect choice of technique and learning curve
- 1 patient with TMR experiences no pain at all now
- The primary TMR has no postoperative pain compared to a score of 10 preoperatively
- No patient's pain score worsened
- No neuromas have recurred

As per NICE guidance – more evidence required for primary TMR in formal research setting.

Operationally:

- We have created a standardised preoperative assessment and outcome set tool for prospective assessment and to aid audit
- We will quantify in greater detail effect on pain, sleep and prosthetic usage
- We will continue MDT assessment, planning and follow up for these patients
- We will standardise perioperative anaesthetic management to optimise pain relief which is linked to long term improvement of pain symptoms
- We will collate long term follow-up
- Set up a local / national registry to collect demographic and outcome data
- Potential to set up a Randomised Control Trial with other local units (Alder Hey/ Manchester) to allow primary TMR

2.2.3 Participation and Recruitment in Clinical Research

Background/Introduction

In August 2025 the Department of Health released a policy paper "Transforming the UK clinical research system", part of its vision is to foster cutting-edge research and innovation to encourage breakthroughs in life sciences, thus ensuring a healthier population, allowing patients to access novel treatments and providing a health system that is more accessible, efficient and sustainable to build an NHS fit for the future.

Research and innovation are central to improving outcomes and tackling the major health challenges in our region.

Here at MWL, we are dedicated to providing high quality research to people that use our services. During 2025-26, our Trust continued to play a vital role in advancing research that directly benefits patients, supports our workforce, and contributes to the wider health and care system.

Over the past year, we have been adapting to the changing research landscape, which includes working towards the government's ambitious vision to reduce the setup time for clinical trials to fewer than 150 days. In addition, in 2025, there was a change to the National Institute for Health Research (NIHR) Research Delivery Network (RDN) Funding Model. A portion of an NHS trust's research funding allocation is now linked to actual research activity, which is weighted by type and complexity of study. Another proportion of funding is linked to performance metrics, such as meeting recruitment timelines and other key performance indicators defined for the UK clinical research delivery system. This aligns with the Government's policy targets (e.g. set-up and first-participant recruitment timelines).

In the context of the NIHR RDN funding, the recruitment weighting used to calculate workload and funding across different clinical study types is shown in the table below:

Design	Weighting Score per participant
Interventional	175
Observational	86
Large Interventional	29
Large Observational	1

Activity/Performance

In 2025-26, 1219 patients were recruited to research studies at MWL. This is a reduction compared to the previous year; however, it must be noted that this is partly due to the new NIHR performance metrics, where a higher weighting criterion is applied to interventional, drug trials and commercial studies, all of which have lower recruitment numbers.

Historically we have set our own internal annual recruitment target. In 2025-26 we recruited 1219 participants against a target of 1400 - this was an ambitious target and did not take into consideration the NIHR performance metrics which were introduced part way through the year. Taking this into consideration adjustments will be required when setting the target for 2026-27.

In line with the new recruitment weighting metrics we are pleased to report that we have increased the proportion of both our interventional and observational studies compared to the previous year; interventional from 7.25% in 2024/25 to 19.5% in 2025/26 and the Observational studies from 29% in 2024/25 to 50.6% in 2025/26.

The number of research studies open to recruitment at the Trust during 2025-26 was 199, compared to 185 in 2024-25. The number of studies that were issued with Confirmation of Capacity and Capability (MWL NHS Permission) in 2025-26 was 33, compared to 27 in 2024-25, which was an increase from the previous year.

During 2025-26, the MWL had 36 active commercial studies, including Patient Identification Centres, on its portfolio which remains stable compared to the previous year, this included studies in which patients were followed up after concluding their treatment. This demonstrates our ongoing commitment to focusing on commercial research, it also allows our patients the benefit of earlier access to new treatments and technologies.

The Diabetic Foot Ulcer study, open at the Southport and Ormskirk sites, involved working in collaboration with our colleagues from Mersey Care, which is encouraged to allow patients from the community the opportunity to take part in research that would usually be out of their reach.

Primary Care Research

At MWL, we are in a unique position of having a GP practice (Marshall Cross Medical Centre) based within St Helens Hospital. We are pleased to report that in April 2025 we were successful in securing NIHR funding for Research Nurse support at the practice. This has been a huge success story.

The Research Nurses have worked hard to increase research activity and are embedding a research culture to a previously research naive area. Since April 2025 they have opened 9 studies and have put in a forward plan to ensure the growth and the facilitation of research at the practice.

Good news stories

MWL first site in the UK to consent a patient to an important research study

Whiston Hospital recorded the achievement on a commercially sponsored study investigating a new treatment for ulcerative colitis.

The patient consented to take part in the study after 129 days of the 150-day metric introduced by the Department of Health and Social Care as part of the UK government's commitment to reduce the set-up time for clinical trials to less than 150 days. Not only did we meet the 150-day metric, we also recruited the first patient in the UK to the trial.

This study offers patients the opportunity to take part in cutting edge research, this includes patients from the Southport and Ormskirk site who are also screened for eligibility and offered the opportunity to take part in the study.

MWL also were extremely proud to announce the results of the UNBIASED study, led by Professor May Ng OBE, funded by Diabetes UK, and sponsored by MWL. This was the first national research project to investigate why some young people are missing out on advances such as insulin pumps, continuous glucose monitors and hybrid closed-loop systems.

MWL were also the top recruiters in the UK to several other important research studies.

Update on Commercial Research Delivery Centres (CRDCs)

We are an active partner in the Cheshire & Merseyside CRDC and are committed to working with them to increase commercial research activity across the patch.

The CDRC gives patients access to pioneering clinical trials and treatments in record time and will support the rapid set-up of commercial studies, meaning patients can begin accessing treatments as part of clinical trials as early as possible. Studies show that research-active hospitals and organisations achieve better health outcomes for patients, due to better understanding of the effects of treatments, ongoing care and monitoring as part of a research study.

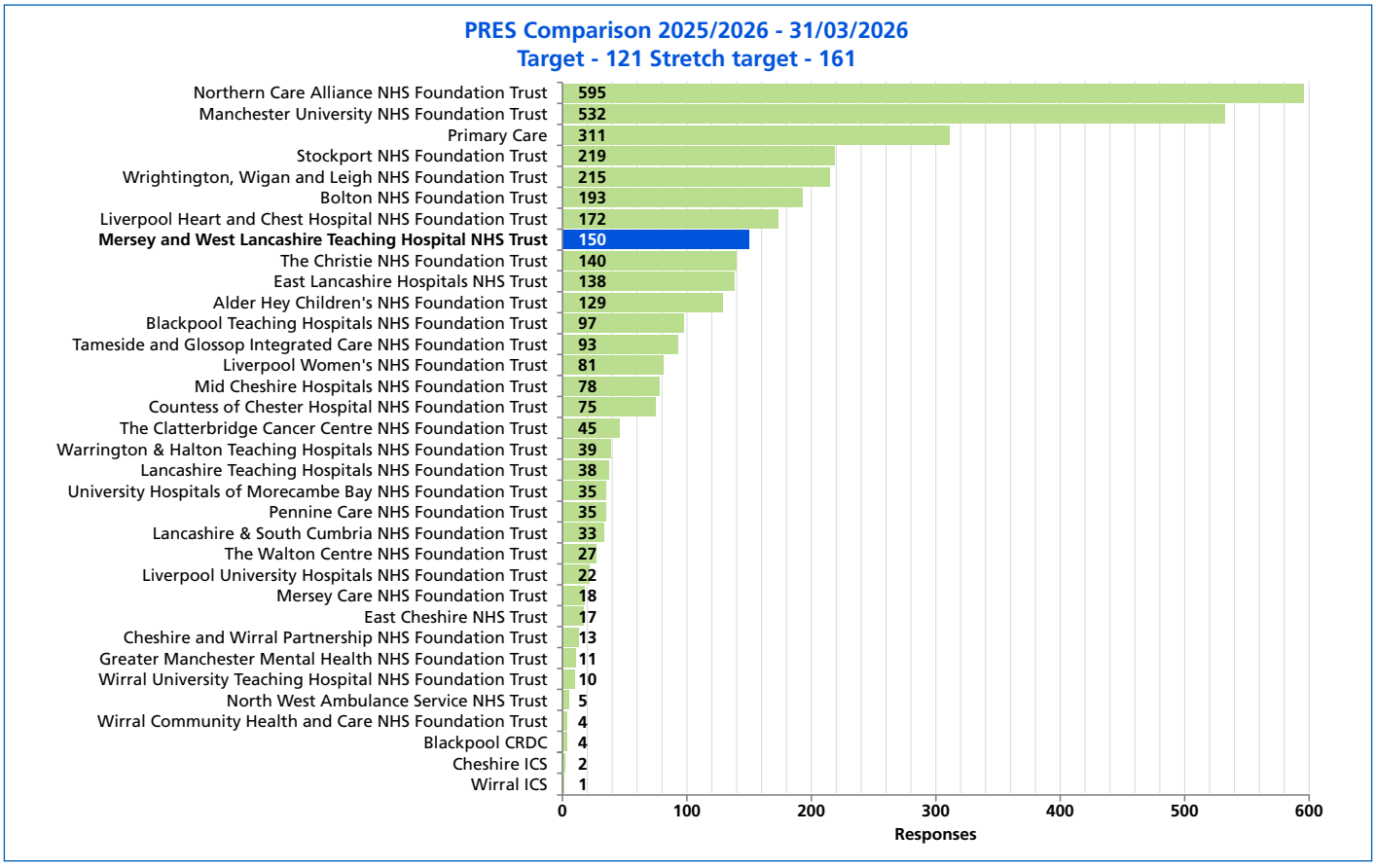
New Chief Nurse at MWL

During 2025-26 we were extremely pleased to welcome our new Chief Nurse Professor Sarah O'Brien, to our Trust. Sarah has worked in the NHS for more than 25 years and has always been a big advocate for raising the profile of research, she is keen to provide opportunities for nurses to develop skills in understanding, using and generating research, as well as building research-focused careers.

My Research Experience Survey

The My Research Experience Survey is conducted annually by the National institute For Health Research (NIHR) Clinical Research Network (CRN). For the first time in 2025-26 the NIHR issued a requirement for the MWL to reach a target of 121 responses with a stretch target of 161.

The PRES is a priority for MWL as participant experience is at the heart of research delivery. We are pleased to report that we met the target and are placed in 8th position on the RRDN dashboard.



Please see below some quotes from some of the participants who took part in research during 2025-26 across the Trust:

"The research team were helpful and friendly and made it easier to understand"

"Everything was explained to me. They were very polite my whole experience of participating in research was perfect, I understood everything"

"Knowing I was helping research that may lead to new treatments"

2.2.4 Clinical goals agreed with commissioners

In 2025-26, the nationally mandated CQUIN scheme remained paused whilst a wider review of incentives for quality is undertaken.

2.2.5 Statements from the Care Quality Commission (CQC)

The CQC is the independent regulator for health and adult social care services in England. The CQC monitors the quality of services the NHS provides and takes action where they fall short of the fundamental standards required. The CQC uses a wide range of regularly updated sources of external information and assesses services against five key questions to determine the quality of care a Trust provides, asking if services are:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

There have been three announced CQC inspections in 2025/26:

- Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) CQC Inspection on the Whiston Site on 30th April 2025.
- St Helens Urgent Care Treatment Centre (UTC) on 8th May 2025. This was one of our first comprehensive inspections undertaken using the CQC's single assessment framework - the CQC rated all key questions as good and the service is rated good overall.
- Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) CQC Nuclear Medicine Inspection on the Whiston Site on 5th August 2025.

Following the transaction and the formation of MWL on 1 July 2023, the original ratings from the former St Helens and Knowsley Teaching Hospitals NHS Trust 2018 inspection remain in place; therefore, the overall Trust rating remains Outstanding.

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	**Good**	**Outstanding**	**Good**	**Outstanding**	**Outstanding**

The Trust is required to register with the Care Quality Commission, and its current registration status is in place without conditions.

The Care Quality Commission has not taken enforcement action against MWL during 2025/26.

2.2.6 Information Governance Toolkit

Information Governance (IG) is the approach taken by MWL to manage its information, and ensure that all information, particularly personal and confidential data, is handled legally, securely, efficiently and effectively. It provides both a framework and a consistent way for employees to deal with the many different information handling requirements in line with Data Protection legislation.

MWL uses the Data Security and Protection Toolkit (DSPT) to benchmark its IG and IT security controls set out in legislation and national policy. The DSPT transitioned in September 2024 to align with the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF). This CAF-aligned DSPT aims to improve data security by emphasising informed decision-making and understanding of information risks within healthcare organisations. This is the first major change to the DSPT since its introduction in 2018, changing the assessment significantly to focus on cyber security. Prior to this change it concentrated on data protection with a slight nod to cyber / IT security.

MWL's Information Security Team, who provide assurances that MWL's IT assets are protected from the ever-changing cyber threat landscape within the digital world are supported by MWL's Information Governance in providing and submitting evidence for the DSPT.

MWL submitted the DSPT assessment at the end of June 2025 for the 2024/25 submission and was able to submit evidence items for all but one of the 'outcomes.' MWL therefore submitted a "standards not met" rating. In order to achieve "standards met" all outcomes within the DSPT must be achieved. It must be noted that due to the significant change to the now CAF-aligned DPST, NHS England were expecting the majority of organisations to not achieve "standards met". Failure to provide sufficient evidence for just one principle even though evidence has been submitted for all the other areas means that an organisation cannot submit "standards met".

This 2024-25 DSPT was also audited by Mersey Internal Audit Agency, who check the quality and veracity of the evidence that has been provided. In line with the 'standards not met' submission, MWL has received the rating of 'Moderate Assurance' against its DSPT. This reflects the one outcome that requires further evidence and assurance: Multi-Factor Authentication (MFA).

During 2026 / 2027, MWL will work towards implementing Multi-Factor Authentication (MFA) on all remote user access to all systems and all privileged user access to externally-hosted systems.

As required when an organisation submits 'standards not met,' the Trust has provided an Improvement Plan to NHSE for this outcome. This plan has been accepted by NHSE which has moved the Trust to 'Approaching Standards' for this DSPT.

MWL has assigned specific roles to ensure the cyber strategy and IG framework is adhered to and is fully embedded:

- Director of Informatics – Senior Information Risk Owner (SIRO)
- Assistant Medical Director - Caldicott Guardian
- Head of Risk Assurance and Data Protection Officer
- Cyber Security Manager

All four staff are appropriately trained.

2.2.7 Cyber Security

During 2025–26, the Trust has continued to strengthen its cyber security arrangements to protect patient data and ensure the resilience of critical digital systems. Building on previous work, all Trust devices are now covered by nationally provided, 24/7 cyber monitoring services, enabling rapid identification and response to potential threats at any time.

Further improvements have been made to technical controls, incident response, and organisational awareness, reducing cyber risk and improving overall preparedness. Cyber security remains a key component of the Trust's approach to quality, safety, and operational resilience.

2.2.8 Clinical coding

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment, or other reason for seeking medical attention into codes that can then be used to record morbidity data for operational, clinical, financial and research purposes. It is carried out using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.10 (OPCS 4.10) for procedural capture.

MWL was not subject to the Payment by Results clinical coding audit during 2025-26 by the Audit Commission.

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service (CCS) approved clinical coding auditors in line with the Data Security and Protection Toolkit (DSPT) 2025-26.

It is widely known throughout the NHS that there is a local and national shortage of qualified and experienced Clinical Coders, which unfortunately creates recruitment challenges across the country. Despite vacancy challenges faced by the team, the Trust and wider community should be reassured that the data reported at MWL is accurate and reflects the activity that is taking place, demonstrated by the 2025-26 DSPT clinical coding audit submission achieving a high standard of accuracy.

These results demonstrate that the department continues to maintain the excellent quality of clinical coding.

Mersey and West Lancashire Teaching Hospitals NHS Trust			
	%	Audited	Errors
Primary Diagnosis	95.00	200	10
Secondary Diagnosis	95.17	891	43
Primary Procedure	92.09	139	1
Secondary Procedure	94.99	379	19

MWL will be taking the following actions to further improve data:

- Continuing to promote clinical engagement to ensure that clinical coding accurately reflects the patient journey
- Ensuring staff are working towards achieving the national clinical coding qualification (NCCQ)
- Ensuring staff attend regular refresher workshops to ensure coding skills are kept up to date
- Continuing to provide a robust audit service to highlight areas for improvement

2.2.9 NHS number and General Medical Practice Code Validity

During 2025-26, MWL submitted records to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and the patient's valid registered GP practice code contributes to the overall Data Quality Maturity Index (DQMI) scores. The DQMI score for the most recent 12 months is shown in the table below.

DQMI	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Trust Score	93.6	93.7	93.5	93.6	93.8	92.5	92.5	92.7	92.8	93.2	93.3	93.3	93.4
National Average	74.1	73.5	71.1	71.1	70.2	69.3	67.9	70.7	70.9	67.9	70.4	69.7	68.7

(Source: DQMI)

The Trust performed better than the national average, highlighting the importance the Trust places on data quality.

The Trust takes the following actions to improve data quality:

- The Data Quality Team monitors the nationally mandated submissions via the NHS digital toolkit and a formal report is presented at the Information Steering Group meeting. Any elements requiring action are agreed at this meeting
- The Data Quality Team continues to monitor data quality throughout the Trust via a suite of reports
- Provision of data quality awareness sessions regarding the importance of good quality patient data and the impact of inaccurate data recording
- The Trust Data Quality Forum is well established and provides oversight to ensure the timely completion of data quality checks across departments in the Trust. The group reports directly into to the Information Steering Group (ISG)

2.2.10 Data quality

The Trust continues to be committed to ensuring accurate and up-to-date information is available to communicate effectively with GPs and others involved in delivering care to patients. Good quality information underpins effective delivery of patient care and supports better decision-making, which is essential for delivering improvements.

Data quality is fully embedded across the organisation, with robust governance arrangements in place to ensure the effective management of this process. Audit outcomes are monitored to ensure that the Trust continues to maintain performance in line with national standards. The data quality work plan is reviewed on an annual basis ensuring any new requirements are reflected in the plan.

There are a number of standard national data quality items, which are routinely monitored, including:

- Blank/invalid NHS numbers
- Unknown or dummy practice codes
- Blank or invalid registered GP practices
- Patient postcodes

The Trust implemented a new Patient Administration System (PAS), Careflow, in 2018 which has the functionality to allow for National Spine integration, giving users the ability to update patient details from national records using the NHS number as a unique identifier.

The Careflow configuration restricts the options available to users. Validation of this work is ongoing and forms part of the annual data quality work plan.

2.2.11 Learning from Deaths (LFD)

MWL has well-established processes across all sites to review deaths occurring in hospital and identifying areas of learning where practice can be improved.

All deaths are scrutinised by Medical Examiners at both sites and support the LFD process by reporting learning through the Mortality Operational Group (MOG) meetings. Any concerns found where lapses in care could have contributed to a patient's death are reported through the Patient Safety Panel route, which also reports learning back to the MOG. Alongside this, deaths within scope of the National Quality Board (NQB) criteria for Subjective Judgement Review (SJR) are referred to the Mortality Group for allocation and SJR completion. Any concerns around lapses in care or learning is categorised in accordance with the national guidance and logged via the mortality incident reporting system.

SJRs are rated as Green, Green with learning, Green with positive learning, Amber (areas identified possibly contributing to patient harm) or Red (death more than likely due to problems with healthcare). Those graded Amber or Red are immediately referred to the Patient Safety Team for consideration of investigation through the PSIRF procedure and cases are presented and discussed at the Mortality Surveillance Group (MSG) meetings, held monthly. Any learning is fed back to the Divisional team and shared throughout the organisation to ensure that all staff are given the opportunity to determine how this could impact on their practice, to make improvements for other patients.

During Quarters1-4 2025-26, 2185 of MWL's patients died in hospital. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 566 in Q1
- 589 in Q2
- 610 in Q3
- 420 in Q4 – up to 18 February 2026

By the end of Quarter 4, 148 case record reviews have been carried out in relation to the 2185 deaths.

To date the LFD results have been presented for Quarter 1 and Quarter 2 of 2025-26 to the Trust Board:

	Quarter 1 (April-June)	Quarter 2 (July-Sept)
Total cases with Structured Judgement Review (SJR) Quarter 1	51	48
Total outstanding with a review Quarter	45	48

Current status of SJRs for MWL: 53 'open SJRs', 44 awaiting completion with 13 unallocated, 9 completed awaiting MSG review.

Summary of learning from deaths

- **Sepsis of uncertain origin**
  - When patients present with sepsis of uncertain origin, it is essential to do a thorough assessment to identify the source of their infection as this allows antibiotics to be tailored appropriately.
  - Assessment should include a skin survey, including removal of any wound dressings / compression bandages. It is also important to consider whether there are any indwelling devices (including prosthetic joints, pacemakers, etc, that may have become infected.
- **Careflow Alerts**
  - It is important to review all Careflow alerts when patients are admitted to hospital. Infection control alerts should trigger review of antibiotic prescribing to ensure that there is appropriate cover for resistant organisms. Failure to do so risks delay to appropriate antibiotic prescribing.

- **Hypoglycaemia in a non-diabetic patient**
  - The presence of hypoglycaemia in a non-diabetic patient who is not taking insulin / oral hypoglycaemic agents should prompt early clinical review. In patients with sepsis or those with severe frailty, hypoglycaemia is likely to be a poor prognostic sign. Its presence should alert the medical team to deterioration in the patient's condition, which should prompt a clearly documented decision to either escalate treatment or consider palliation.
- **Acute Agitation**
  - Patients with acute agitation should be appropriately assessed and managed by the treating team. The Trust delirium guideline can be used to advise on the appropriate steps to take.
  - Where symptoms are prolonged or do not respond to treatment, specialist advice should be sought from the Mental Health Liaison Team (inpatient core 24 referral via Careflow) or discuss with a geriatrician.
- **Mental Capacity Act (MCA) and its use when concern over capacity**
  - A person lacks capacity if they cannot understand, retain, use / weigh, or communicate the relevant information for the decision. The person needing to make the decision usually conducts the assessment, which should be proportionate to the decisions complexity. For important decisions, recorded assessment is required.
- **Movement Disorder Review**
  - Previous delays in movement disorder reviews have now been resolved due to the recruitment of additional consultants and the proactive identification of PD patients at the time of admission.

Lessons identified from the Structured Judgement Reviews have been shared with the Trust Board, Quality Committee, Finance & Performance Committee, Clinical Effectiveness Council, Patient Safety Council, Patient Experience Council, Grand Rounds, Trust Brief Live, intranet home page, global email, local governance and directorate meetings.

2.2.12 Freedom to Speak Up (FTSU)

Making **Freedom to Speak Up** business as usual.

The Trust has well-established systems and routes to encourage and support staff to raise concerns. Concerns can be raised through their own line management structure or via the Freedom to Speak Up (FTSU) Team. In addition, the Trust has a Non-Executive Director, who leads on and champions FTSU. The Chief Executive Officer also has a scheme "Ask Rob", where staff can raise concerns directly with him. Staff are encouraged not only to speak up about anything that gets in the way of delivering great care and treatment but also about areas of good practice that could be replicated elsewhere. The Trust also has a contract with an online supplier "Work in Confidence", this IT system provides a mechanism for staff to raise concerns and communicate with either a FTSU Guardian or a Human Resource representative anonymously, if they wish to.

The Trust has four registered FTSU Guardians, two of whom undertake a dedicated role to both support staff and the development of a speak up, listen up and follow up culture. The team is supported by a FTSU Specialist Administrator and a network of FTSU champions, who come from different professional groups and are working at various levels and roles within the Trust.

Whilst champions primarily support the culture within the teams in which they are embedded, they may also offer support and signposting to any staff member within the Trust. Guardians and Champions come together once a month to share information and develop ideas for further developing the culture. A Champions away day is held annually, and further bespoke training is set up, as required. The away day held in October 2025 had a theme of Equality, Diversity and Inclusion (EDI), and sessions included an introduction to EDI, Civility and Respect oversight and Active Bystander Training.

FTSU is discussed at the Trust Induction events and Guardians regularly undertake sessions with staff, including individual departments or as part of training programmes. The FTSU Guardians meet on a regular basis to discuss any emerging trends, whilst maintaining confidentiality regarding individual cases.

The Trust Board completed a review of the self-assessment of the FTSU arrangements within the Trust in January 2025, using the National Guardian's Office and NHS England's Reflection and Planning Tool. This will be undertaken every two years, going forward in line with National Guidance. The outcome of this has been used to develop an action plan for continuous improvement and an FTSU Strategy.

During October 2025, FTSU week was held and had a focus on engagement with night staff. A number of night walk arounds were undertaken by the FTSU Team, to raise awareness of how staff could raise concerns and provide information and materials. In addition, the Trust published a spotlight series on a number of Champions via the internal social media channels and in the weekly Trust News. A Team Talks session dedicated to FTSU was undertaken with the Chief Executive and a number of staff at the St Helens Hospital site and one of the FTSU Guardians presented at the weekly Trust-wide Trust Team Brief.

The Trust also hosted the annual Northwest FTSU Guardian's conference in November 2025, with excellent evaluations from delegates. Sessions included:

- Learning from the Countess of Chester Hospital NHS Foundation Trust following the Lucy Letby case and their journey in FTSU
- Learning from a successful Employment Tribunal Case against NHS England involving racism and personal experience of speaking up
- The role of FTSU from a Chief Executive perspective and how Guardians can be supported.

In 2025-26, in line with national trends and themes, the majority of concerns raised with the FTSU Team relate to how staff behave towards each other. Whilst staff rarely wish for such concerns of unwarranted and at times, unintentional behaviour to be raised formally through a Human Resources process, they wish to pursue a resolution through raising the concern and for such behaviour to stop. Whilst individual concerns would be raised and responded to in a confidential way, the trend has been recognised and the FTSU Team working with the support of other colleagues has developed Active Bystander Training. This training has been piloted and is now being rolled out to all sites with monthly training being offered.

The FTSU Guardians meet quarterly with the Chief Executive, the Trust Chair, the Chief People's Officer and the Chief Nurse to discuss emerging or actual trends in terms of categories of concerns or areas where a number of concerns are being raised. Whilst individual cases are not discussed due to confidentiality, this meeting allows an open discussion of areas of concern and for actions to be agreed.

This informal meeting is supported by formal reporting to the Quality Committee and its associated sub-committees on a six-monthly basis. In any case where a staff member has reported possible detriment, as a result of speaking up, a report is made to the CEO and Chief Peoples Officer, and the concern is sent for review and investigation by the relevant FTSU Guardian. The Trust has a zero-tolerance approach to detriment in this regard.

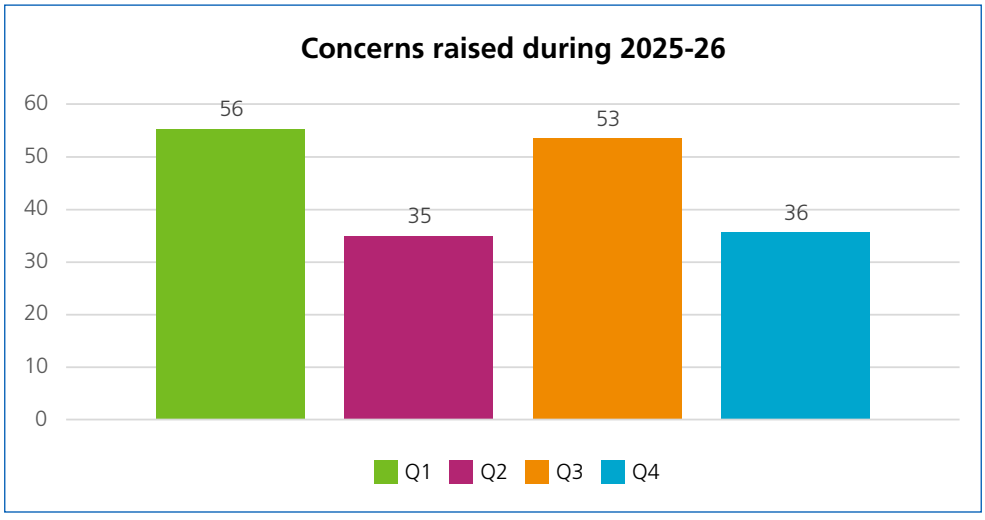
Feedback to the FTSU Team from staff has been consistently positive through the year.

The Guardian has not only supported and guided us through this process, but she has also offered unbiased, honest and open advice / options to consider along the way. She has followed up on all concerns and ensured the matter has been dealt with efficiently and effectively as possible.

We certainly felt heard in a time when our voices were not heard by so many others.

Guardian was very professional, took my concerns seriously and made sensible recommendations on how to address my concern and the various options available. I felt seen by Christine and at all times had the choice to withdraw / amend my preferences which made me feel reassured.

I am very grateful for the support offered to me through the freedom to speak up service they are a credit to the team and hospital.



The Trust continues to work in partnership with the National Guardian's Office and Northwest Regional Network of Freedom to Speak Up Guardians to enhance staff experience with raising concerns.

The range of other routes for staff to raise concerns and receive support are listed below:

Health, work and wellbeing hotline

Staff members have access to a dedicated helpline, to provide advice and support regarding health and wellbeing aspects relating to work or impacting on the individual. Bespoke support can be offered depending on the needs and circumstances. Concerns about the workplace can be raised through the hotline.

Hate crime reporting

A hate crime is when someone commits a crime against a person because of their disability, gender identity, race, sexual orientation, religion, or any other perceived difference. The Trust, in partnership with Merseyside Police, continues to support staff members with the first ever Hate Crime Reporting Scheme based at an NHS Trust. This is a confidential online reporting service that enables anyone from across our organisation and local communities to report, in complete confidence, any incidents or concerns around hate crime to Merseyside Police.

Policies and procedures

There are a number of Trust policies and procedures that facilitate the raising of staff concerns, including the Freedom to Speak Up Policy, Grievance Policy and Procedure, Respect and Dignity at Work Policy and Being Open Policy. Staff are also encouraged to informally raise any concerns to their manager, nominated HR lead or their staff-side representative, as well as considering the routes listed above.

All concerns are taken seriously, and changes are made where appropriate, including making changes to the working environment, providing individual support and information to staff and reviewing staffing levels in key areas. The Trust has made available nationally recommended FTSU training to all staff members on its e-learning platform.

2.2.13 NHS Doctors in Training

This section is intended to illustrate the number of exception reports raised against the vacancy rate by the grade of doctor. Fill rates for ad hoc shifts are provided to illustrate how successfully vacant shifts are filled. This section also illustrates the actions taken to mitigate the risk of having unfilled shifts and any adverse impact on the training experience of Doctors in Training whilst on rotation to the Trust.

High level data

- Number of doctors and dentists in training (total): 293 hosted trainees and 192 locally employed foundation trainees.
- The medical vacancy rate is 0.7%.

Period	Medicine	Surgery	Emergency Medicine	Orthopaedics	Ophthal-mology	Urology	Obst & Gynae	Total
April - June 25	19	8	0	0	0	2	0	**29**
July 25 - Sept 25	29	41	0	3	0	0	0	**73**
Oct 25 - Dec 25	32	26	3	2	0	2	0	**65**
Jan 26 - Mar 26	100	58	2	3	1	9	49	**222**
Total	**180**	**133**	**5**	**8**	**1**	**13**	**49**	**389**

The numbers represent a count of unique exception reports recorded by trainees. Grades range from Foundation Year (FY) 1, 2 through to Specialist Trainee (ST) 1, 2, 3, 4, 5, 6, 7 and 8.

Issues arising

There was a significant change made to the exception reporting process from 4th February 2026. There was a variation to the 2016 Resident Doctor Terms and Conditions of Service which removed the Educational Supervisor from the exception reporting process. The resident doctors now log exceptions, and for anything under 2 hours the Trust is required to approve the exception and process for payment. Anything beyond this must be investigated by the Guardian of Safeworking. This was implemented as many felt unable to exception report as they do not wish to be seen in a less favourable light by their supervisors. This change has seen a significant increase in reports, however it has given the opportunity to review some areas and work with the operational and clinical managers to make positive changes to aim to resolve issues, such as doctors being unable to take breaks or regularly being required to work beyond their finish times.

2.2.14 Reporting against core indicators

The Department of Health specifies that the Quality Account includes information on a core set of outcome indicators, where the NHS is aiming to improve. All trusts are required to report against these indicators using a standard format. NHS Digital makes the following data available to NHS trusts. The Trust has more up-to-date information for some measures; however in the main only data with specified national benchmarks from the central data sources is reported, therefore some information included in this report is from the previous year or earlier and these timeframes are included in the report. It is not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

Please note the information below is based on the latest nationally or locally reported data with specified benchmarks from the central data sources.

Summary Hospital-level Mortality Indicator (SHMI)

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
SHMI	NHS Digital	Dec-24 to Nov-25	0.996	1.009	0.719	1.318
SHMI	NHS Digital	Nov-24 to Oct-25	0.992	1.010	0.718	1.396
SHMI	NHS Digital	Oct-24 to Sep-25	0.997	1.008	0.719	1.341
SHMI	NHS Digital	Sep-24 to Aug-25	0.991	1.008	0.713	1.358
SHMI	NHS Digital	Aug-24 to Jul-25	0.983	1.007	0.717	1.352
SHMI	NHS Digital	Jul-24 to Jun-25	0.992	1.006	0.717	1.311
SHMI	NHS Digital	Jun-24 to May-25	0.993	1.006	0.710	1.266
SHMI	NHS Digital	May-24 to Apr-25	0.997	1.005	0.712	1.276
SHMI	NHS Digital	Apr-24 to Mar-25	1.002	1.004	0.715	1.269
SHMI	NHS Digital	Mar-24 to Feb-25	1.015	1.003	0.715	1.256
SHMI	NHS Digital	Feb-24 to Jan-25	1.051	1.004	0.709	1.340
SHMI	NHS Digital	Jan-24 to Dec-24	1.018	1.004	0.699	1.332

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
SHMI Banding	NHS Digital	Dec-24 to Nov-25	2	2	1	3
SHMI Banding	NHS Digital	Nov-24 to Oct-25	2	2	1	3
SHMI Banding	NHS Digital	Oct-24 to Sep-25	2	2	1	3
SHMI Banding	NHS Digital	Sep-24 to Aug-25	2	2	1	3
SHMI Banding	NHS Digital	Aug-24 to Jul-25	2	2	1	3
SHMI Banding	NHS Digital	Jul-24 to Jun-25	2	2	1	3
SHMI Banding	NHS Digital	Jun-24 to May-25	2	2	1	3
SHMI Banding	NHS Digital	May-24 to Apr-25	2	2	1	3
SHMI Banding	NHS Digital	Apr-24 to Mar-25	2	2	1	3
SHMI Banding	NHS Digital	Mar-24 to Feb-25	2	2	1	3
SHMI Banding	NHS Digital	Feb-24 to Jan-25	2	2	1	3
SHMI Banding	NHS Digital	Jan-24 to Dec-24	2	2	1	3

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
% of patient deaths having palliative care coded	NHS Digital	Dec-24 to Nov-25	52.0%	44.5%	17.2%	69.2%
% of patient deaths having palliative care coded	NHS Digital	Nov-24 to Oct-25	52.2%	44.4%	17.8%	69.3%
% of patient deaths having palliative care coded	NHS Digital	Oct-24 to Sep-25	52.2%	44.3%	17.7%	71.1%
% of patient deaths having palliative care coded	NHS Digital	Sep-24 to Aug-25	52.0%	44.5%	17.8%	72.4%
% of patient deaths having palliative care coded	NHS Digital	Aug-24 to Jul-25	51.8%	44.5%	17.8%	70.8%
% of patient deaths having palliative care coded	NHS Digital	Jul-24 to Jun-25	51.3%	44.6%	17.4%	69.8%
% of patient deaths having palliative care coded	NHS Digital	Jun-24 to May-25	51.3%	44.6%	16.8%	68.8%
% of patient deaths having palliative care coded	NHS Digital	May-24 to Apr-25	52.0%	44.7%	16.7%	67.2%
% of patient deaths having palliative care coded	NHS Digital	Apr-24 to Mar-25	52.2%	44.8%	16.7%	68.0%
% of patient deaths having palliative care coded	NHS Digital	Mar-24 to Feb-25	52.6%	44.7%	16.4%	68.0%
% of patient deaths having palliative care coded	NHS Digital	Feb-24 to Jan-25	45.8%	44.3%	16.6%	65.0%
% of patient deaths having palliative care coded	NHS Digital	Jan-24 to Dec-24	51.0%	44.2%	17.0%	65.7%

MWL considers that this data is as described for the following reasons:

- Information relating to mortality is monitored monthly and used to drive improvements.
- The mortality data is provided by an external source (NHS Digital).

MWL has taken the following actions to improve the indicator and percentage, and so the quality of its services by:

- Monthly monitoring of available measures of mortality.
- Learning from Deaths Policy implemented with continued focus on reviewing deaths to identify required actions for improvement and effective dissemination of lessons learned.

Patient Reported Outcome Measures (PROMS)

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-24 to Mar-25 (final)	0.394	0.451	0.268	0.544
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-23 to Mar-24 (final)	0.456	0.458	0.352	0.581
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-24 to Mar-25 (final)	0.299	0.320	0.231	0.497
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-23 to Mar-24 (final)	0.288	0.323	0.231	0.405

MWL considers that this data is as described for the following reason:

- The questionnaire used for PROMs is a validated tool and administered for the Trust by an independent organisation (IQVIA).

MWL has taken the following action to improve these outcome scores, and so the quality of its services, by:

- Reviewing the process for PROMs collection Trust-wide and agreeing a Trust-wide forum where results will be discussed.

Friends & Family Test (FFT)

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Feb-26	82.56%	79.20%	60.16%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Jan-26	82.85%	77.53%	54.55%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Dec-25	83.32%	78.15%	53.05%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Nov-25	83.64%	77.48%	56.66%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Oct-25	83.45%	77.30%	22.22%	95.65%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Sep-25	87.24%	78.78%	61.11%	98.28%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Aug-25	85.03%	80.85%	33.33%	98.57%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Jul-25	85.63%	79.65%	50.00%	98.37%

Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Jun-25	84.77%	79.54%	35.71%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	May-25	85.53%	79.97%	17.39%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Apr-25	85.26%	79.86%	62.21%	98.62%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Mar-25	81.56%	79.58%	34.78%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - A&E	NHS England	Feb-25	80.46%	78.62%	18.18%	100.00%

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Feb-26	94.33%	94.81%	70.73%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Jan-26	92.85%	94.67%	77.36%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Dec-25	94.88%	94.59%	75.60%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Nov-25	94.23%	94.55%	76.42%	99.72%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Oct-25	93.86%	94.47%	62.50%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Sep-25	93.61%	94.67%	81.91%	99.57%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Aug-25	94.36%	94.66%	80.65%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Jul-25	94.35%	94.69%	82.37%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Jun-25	94.18%	94.60%	82.71%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	May-25	94.27%	94.48%	5.88%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Apr-25	93.65%	94.71%	70.87%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Mar-25	93.96%	94.60%	80.39%	100.00%
Friends and Family Test - % that rate the service as Very Good or Good - Inpatients	NHS England	Feb-25	94.80%	94.89%	80.56%	100.00%

MWL considers that this data is as described for the following reasons:

- The Trust actively promotes the FFT across all areas.
- The data was submitted monthly to NHS England.

MWL has taken the following actions to improve these percentages, and so the quality of its services by:

- Continuing to promote FFT using a variety of methods, including face-to-face and digital technology, supported by volunteers in key areas.
- Actively working with ward staff to improve levels of engagement with the system, to ensure the latest results are shared at local level and actions are delivered to respond to the feedback.

VTE

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 4 2025-26	87.4%	Data not released yet		
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2025-26	88.7%	91.5%	14.9%	99.0%
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2025-26	86.1%	91.2%	15.4%	100%
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2025-26	81.8%	90.5%	14.5%	99.7%

MWL considers that this data is as described for the following reasons:

- Reviews are carried out for all patients who develop a hospital-acquired thrombosis (HAT). A HAT venous thromboembolism (VTE) covers all VTEs that occur in hospital and within 90 days after a hospital admission. Treatment in relation to VTE prevention.
- Patient Safety Investigations undertaken on VTEs are recorded on Datix to ensure best practice is followed.

MWL is taking the following actions to improve this percentage, and so the quality of its services, by:

- Utilising IT systems and pathways to facilitate VTE risk assessment and prescribing of thromboprophylaxis.
- Undertaking audits on the administration of appropriate medications to prevent blood clots.
- Completing investigations on all patients who develop a hospital-acquired venous thrombosis to ensure that best practice has been followed.
- Sharing any learning from these reviews and providing ongoing training for clinical staff.

C. Difficile

Indicator	Source	Reporting Period	MWL	National Performance		
				Average	Lowest Trust	Highest Trust
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-25 to Mar-26	Data not released yet			
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-24 to Mar-25	47.1	53.0	2.7	125.3
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-23 to Mar-24	51	46.8	0	131.2
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-22 to Mar-23	46.6	43.9	0	133.6
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-21 to Mar-22	46.5	44.3	0	138.4
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-20 to Mar-21	41.6	46.2	0	140.5

MWL considers that this data is as described for the following reasons:

- All new cases of C. difficile infection are identified by the laboratory and reported to the Infection Prevention Team, who co-ordinate mandatory external reporting.
- The Trust is maintaining compliance with the national guidance on testing stool specimens in patients with diarrhoea.
- Cases are thoroughly investigated, which is reported back to a multidisciplinary panel to ensure appropriate care was provided and lessons learned are disseminated across the Trust. The Trust has implemented improvement plans in place for E. coli, indwelling devices and C. difficile. This has resulted in the Trust being below the threshold set for rates of E. coli and C. difficile.

MWL has taken the following actions to improve this rate, and so the quality of its services, by:

- Focusing on ensuring staff compliance with mandatory training for infection prevention.
- Ensuring compliance with IPC practice including isolation of patients with suspected / confirmed symptoms.
- Actively promoting the use of hand washing and hand gels to those visiting the hospital.
- Providing a proactive and responsive infection prevention service to increase levels of compliance.
- Ensuring comprehensive guidance is in place on antibiotic prescribing.

Infection prevention remains an ongoing priority for the Trust.

Incidents

Incidents per 1,000 bed days	Internal	Apr-24 to Mar-25	53.263
Incidents per 1,000 bed days	Internal	Apr-25 to Mar-26	53.114
Number of incidents	Internal	Apr-24 to Mar-25	23705
Number of incidents	Internal	Apr-25 to Mar-26	24909
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Apr-24 to Mar-25	0.124
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Apr-25 to Mar-26	0.102
Number of incidents resulting in severe harm or death	Internal	Apr-24 to Mar-25	55
Number of incidents resulting in severe harm or death	Internal	Apr-25 to Mar-26	45
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Apr-24 to Mar-25	0.23%
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Apr-25 to Mar-26	0.19%

MWL has taken the following actions to improve this number and rate, and so the quality of its services by:

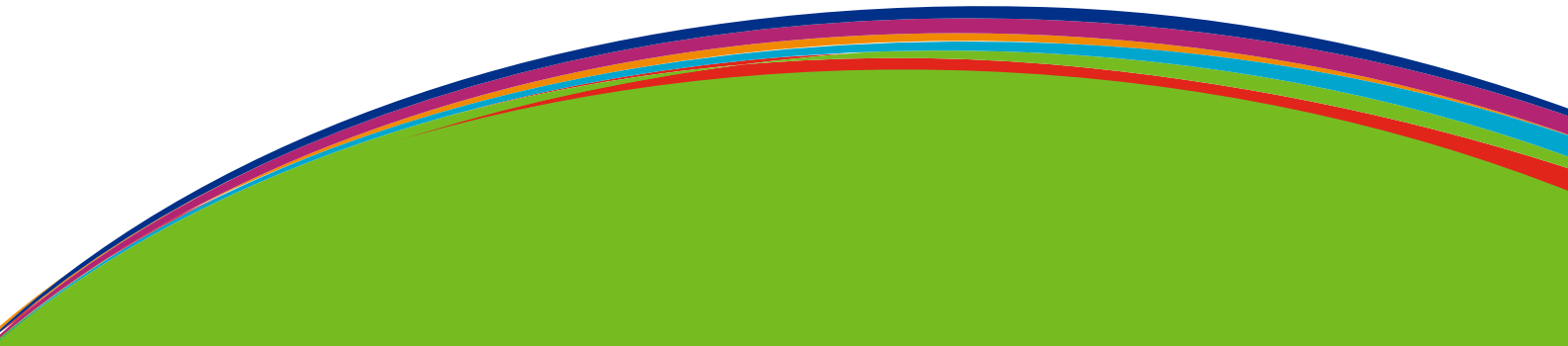
- Undertaking comprehensive investigations of incidents resulting in moderate or severe harm.
- Delivering simulation training to enhance team working in clinical areas.
- Providing staff training in incident reporting and risk management.
- Monitoring key performance indicators at the Patient Safety Council, Quality Committee and the Trust Board.
- Continuing to promote an open and honest reporting culture to ensure incidents are consistently reported.

2.2.15 Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2025-26 is shown in the table below:

Performance Indicator	2024-25	2025-2026
Cancelled operations (% of patients treated within 28 days following cancellation)	88.67%	90.12%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	64.58%	66.53%
Cancer: 31-day wait from diagnosis to first treatment	90.25%	93.63% *(Apr-Feb)*
Cancer: 62-day wait for first treatment from urgent GP referral	79.71%	78.59% *(Apr-Feb)*
Cancer: 28 day wait from GP referral to Diagnosis informed	73.97%	70.30% *(Apr-Feb)*
Emergency Department waiting times within 4 hours – all types (mapped performance)	78.08%	78.18%
Clostridium Difficile	114	109
MRSA bacteraemia	6	4
18 weeks: % of Diagnostic Waits who waited <6 weeks	93.13%	86.65%

Part 3. Other information



This section of the Quality Report provides information on our quality performance during 2025-26. Performance against the priorities identified in our previous quality report and performance against the relevant indicators and performance thresholds set out in NHS Improvement's Oversight Framework are outlined. We are proud of a number of initiatives which contribute to strengthening quality governance systems. An update on progress to embed these initiatives is also included in this section.

1	Southport & Formby Hospital
2	Ormskirk Hospital
3	Whiston Hospital
4	St Helens Hospital
5	Newton Community Hospital
6	Knowsley College
7	Rainhill Clinic
8	Four Acre Medical Centre
9	Haydock Medical Centre
10	Garswood Medical Centre
11	Rainford Health Centre
12	Albion Street Clinic
13	Lowe House
14	Mill Street Medical Centre
15	St Helens Urgent Treatment Centre
16	Fingerpost Medical Centre
17	Jubilee Court
18	Wheelchair Service
19	St Hugh's House
20	Southport Centre for Health & Wellbeing
21	Horton Lodge

3.1 Summary of how we did against our 2025-26 Quality Account objectives

Every year the Trust identifies its priorities for delivering high quality of care to patients, which are set out in the Quality Account. The section below provides a review of how well the Trust did in achieving the targets set last year.

	Fully achieved		Partially achieved		Not achieved

1. 5 STAR PATIENT CARE – Care **We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families**				
1.1	Improve measurable success in areas where our patients told us we didn't get it right first time including inpatient areas, ED, maternity with a focus on antenatal.	CNO	Improvement against previous year's national survey results in relation to: • Management of pain. • Kindness and compassion whilst in hospital. • Experience of waiting time information.	
			As a minimum, conduct quarterly local surveys based on national survey indicators.	
			Maintain and embed the patient experience score from 5* Ward Accreditation Programme.	
1.2	Ensure improvement and sustainability of nutritional standards for patients.	CNO	Achieve 95% of adult inpatients screened for malnutrition on admission using the MUST tool. Achieve 95% of patients with a score of 2 or more who receive an appropriate care plan. Improve the processes to ensure 95% of high-risk patients are referred to a dietician.	
			Achieve and maintain 90% for nutrition score consistently across all wards for the 5* Ward Accreditation Programme.	
1.3	Improve measurable success for people that birth have told us we didn't get it right first time who access antenatal services.	CNO	Improvement against previous year's national survey results via quarterly surveys.	
2. 5 STAR PATIENT CARE – Safety **We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care**				
2.1	Continue to ensure the timely and effective assessment and care of patients in the Emergency Department.	COO / CNO	Achieve 95% of appropriate patients triaged in the emergency departments in line with the national standard of triage within 15 mins.	
			NEWS – 80% of observations completed on time or within tolerance.	
			All patients with a working diagnosis of sepsis receive antibiotics in line with the NICE guidance.	

2.2	Improve the Trust's compliance with IPC standards.	CNO	Eliminate methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia infections as a result of lapses of care.	
			Achieve minimum aseptic non-touch technique (ANTT) compliance of 85% for Level 2 across MWL (practical).	
			90% compliance with visual infusion phlebitis (VIP) monitoring.	
			Achieve 90% for the IPC and indwelling devices standard for the 5* Ward Accreditation programme.	
3. 5 STAR PATIENT CARE – Pathways **As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient**				
3.1	Continue to improve the effectiveness of the discharge process for patients and carers.	COO	Achievement of 20% target for patients discharged before noon by March 2026.	
			10% improvement in discharges by 6pm and 8pm during the week against 2024/25 position.	
			Improve average discharge prescription dispensing turnaround time by 10 mins (from 92 to 82 mins) by March 2026 to below the national average.	
			Reduce average take home prescription arrival time to pharmacy by 60 minutes.	

3.2 Patient experience and Inclusion

The Trust acknowledges that patient experience is fundamental to quality of healthcare and that a positive experience leads to better outcomes for patients, as well as improved morale for staff. Patient experience is at the heart of the Trust's vision to provide 5 Star Patient Care.

The first MWL Patient Experience Strategy 2025-28 was approved in 2025. The strategy is also informed by initiatives such as the Equality Diversity System 2022, Veteran Accreditation and Equality Impact Assessments maintaining our commitment to inclusivity.

There are a total of 13 objectives, 26 actions and 44 measures that sit under the commitments. As we approach our 12 month milestone of the strategy, the Patient Inclusion and Experience Team can demonstrate many improvements that are now in place as a result, these include:

- Friends and Family Test merged into a single platform so that all MWL data can be centralised.
- Staff monthly kindness and compassion award in place.
- Central database of patient surveys across the Trust has been developed.
- The harmonisation of patient experience audits as one organisation.
- Process mapping, template documents and guidance documents have been developed for the Trust accessibility assessments.

The strategy is reinforced with a detailed implementation plan which is monitored by the Trust Patient Experience Council.

At MWL, we know that patient experience is more than just meeting our patient's physical needs, but also about treating each patient as an individual with dignity, compassion, and respect. We do not want to just meet expectations; we want to exceed them. This means we are committed to working in partnership with our patients to improve the quality of care that we provide, and actively seeking, listening and acting on feedback received from our patients.

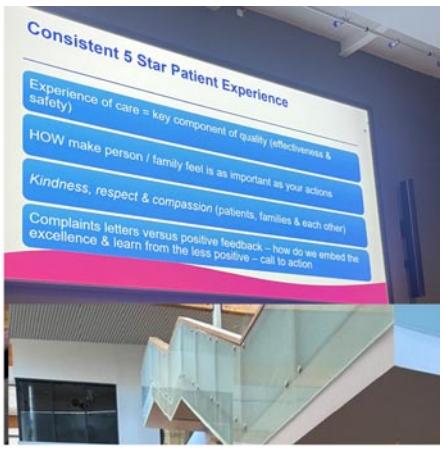
Patient stories have continued to be shared in multiple formats such as handwritten, digital and filmed. Stories have been collected from a wide variety of areas and have included:

- Emergency Care.
- Empowering patients through values-based procurement during Cancer treatment.
- Digital communication in Dementia care.
- Welcoming Louby Lou the clown to our children's ward/departments to provide activity and reassure patients and their families/carers.
- The support of the children of those affected by cancer.
- The importance of acknowledging both the physical and spiritual and/or religious needs of our patients in order to deliver holistic care.
- Utilising the activities co-ordinator in the achievement of holistic care to patients with a focus on improving wellbeing, increasing social interaction and cognitive stimulation.

Patient stories are shared at the Patient Experience Council and bi-monthly at Trust Board. Stories presented demonstrate both positive experiences and those where learning and improvements are required. Digital stories are uploaded to the staff intranet to allow viewing at anytime and provide resources for teaching and education.

Some of the improvements implemented as a result of the patient stories include:

- Secured Ruth Strauss Foundation training for 40 Clinical Nurse specialists/Advanced nurse practitioners titled 'No Conversation Too tough' which will better equip those having difficult conversations.
- Strengthening the awareness of spiritual care and chaplaincy within ward accreditation.
- Improved multidisciplinary documentation of treatment plans for deteriorating patients to support on call teams when asked to review.
- Extending the activity co-ordinator role to other wards (Duffy Suite at St Helens hospital) to increase the number of patients positively impacted by the activity co-ordinator role.
- Environmental improvements to the bereavement room within the Emergency Department at Southport Hospital.
- Additional member recruited to the Patient Participation group.



Equality Delivery System (EDS)

The patient element in the new EDS 2022 system is Domain 1, which involves a deep dive into three services each year to see how inclusive and accessible they are, and to identify any gaps and opportunities for improvement.

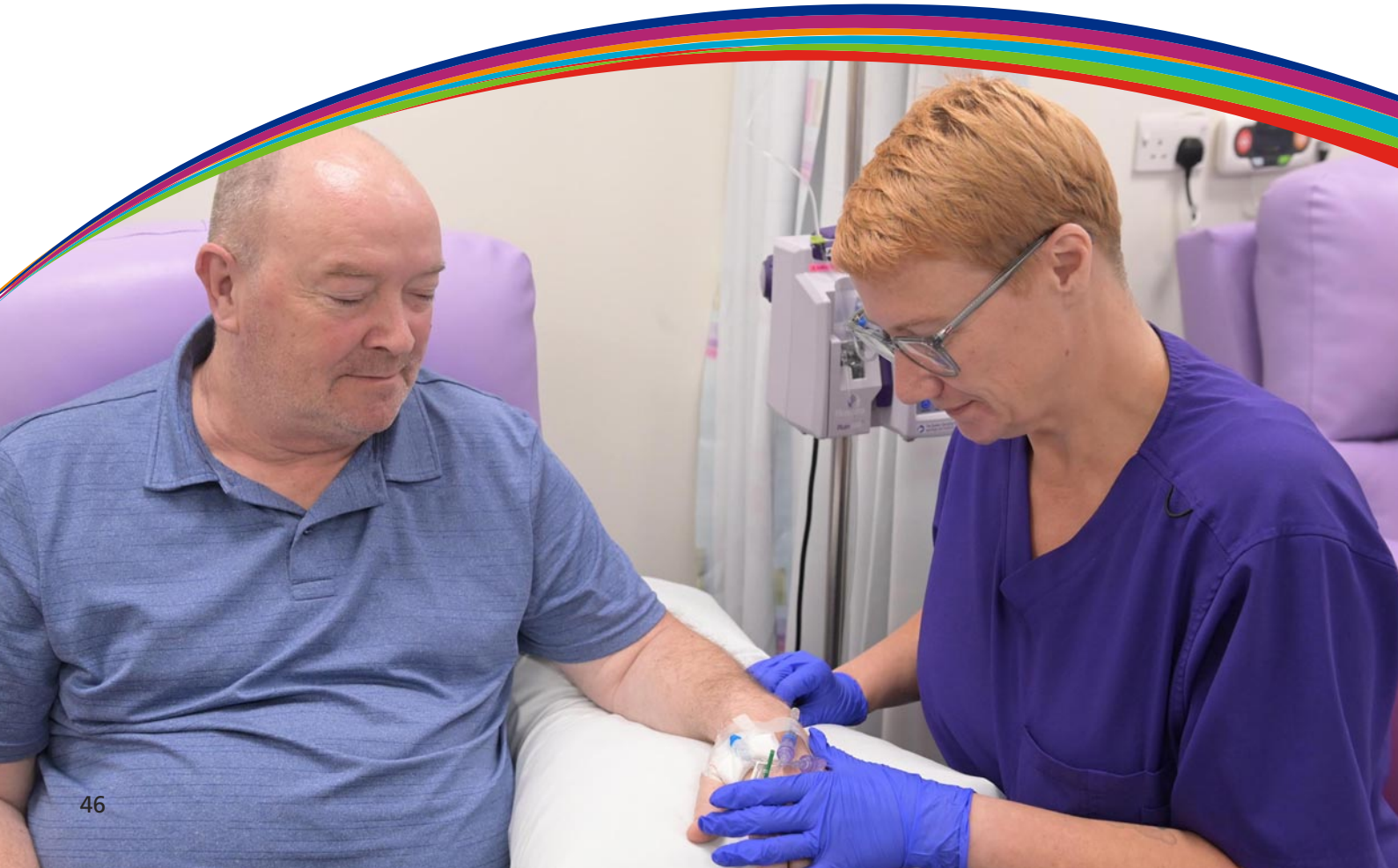
For Domain 1 – 'commissioned and provided services' – each Trust must select three services to focus the assessment on. Following a self-assessment of the evidence provided, a presentation is given to a panel consisting of senior staff, relevant stakeholders and the Governance Lead from Cheshire and Merseyside Integrated Care Board who also score the evidence presented and agree a final domain score for the Trust.

The 2025-2026 EDS assessment was held on 19th February 2026, and our agreed scores for each service and the overall Domain 1 score are shown below.

During 2025-26, the services studied were:

- Diabetes and endocrinology service = scored excelling
- Radiology service = scored excelling
- Interpreting service = scored achieving

Domain 1: Commissioned and provided services approved scores 2025-26	
1A: patients (service users) have required levels of access to the service	**ACHIEVING**
1B: Individual patients' (service users) health needs are met	**EXCELLING**
1C: When patients (service users) use the service, they are free from harm	**EXCELLING**
1D: Patients (service users) report positive experiences of the service	**EXCELLING**



Veterans Aware

In March 2025, MWL was pleased to announce that the Veterans Aware Accreditation had been awarded to the Trust.

Since then, we have continued working to support the armed forces community by networking across different sectors and identifying partnership opportunities, to further embed and enhance the support that MWL offers to members of the armed forces community.

The eight manifesto requirements assessed to be accredited Veteran Aware and MWL must continue to meet until our next reaccreditation are:

Manifesto Requirements Met	
The organisation understands and is compliant with the Armed Forces Covenant	**Yes**
The organisation has clearly designated veterans and armed forces Champions	**Yes**
The organisation identifies veterans and armed forces community status patients to ensure they receive appropriate care	**Yes**
Staff at the organisation are trained and educated in the needs of veterans and the armed forces community	**Yes**
The organisation has established links to appropriate nearby veteran and armed forces community services	**Yes**
The organisation will refer veterans and armed forces community to other services as appropriate	**Yes**
The organisation raises awareness of veterans and armed forces community	**Yes**
The organisation supports the UK Armed Forces as an employer	**Yes**

3.3 Friends and Family Test (FFT)

The FFT allows patients to rate their overall experience of care. It is an important feedback tool that supports the fundamental principle that people who use NHS services are able to offer real-time feedback at any point in their care.

Feedback that is gathered is used to identify trends and themes to direct local improvements to patients, families and carers. Positive feedback is often shared with staff to ensure that they feel their work is recognised and valued.

The opportunity to give feedback is provided via multiple methods such as postcards, online surveys, automated SMS text messaging and interactive voice messaging.

Wards and departments across the Trust monitor the patient feedback and display 'you said, we did' improvements to highlight the actions being taken to continuously improve the care we provide, as well as providing staff recognition and influencing change. The table below highlights some examples of feedback received and actions taken:

You Said	We Did
When having a plastics procedure at Southport Hospital, it is too far and expensive to travel to Whiston Hospital for a follow up appointment.	The plastics service added a further all-day clinic which started in October-25 at Southport Hospital to create further follow up appointments.
It is too far to walk from the main car park at Ormskirk Hospital to the Ruffwood Therapy Centre Ormskirk.	Information further reviewed - patients are advised within appointment letters of where their appointment will be, either the main dept or Ruff Lane. All patients are provided with a map and location as produced by the Trust with departments clearly marked. The post code to Ruff Lane is also included so that if people have an appointment in this building they can be dropped off/ park in this area.
Food items were cold/lukewarm when reaching patients on inpatient wards at Southport Hospital.	New heated kitchen trollies launched across Southport and Ormskirk hospital sites.
Chairs not suitable in Emergency Department waiting room at Southport Hospital.	All chairs renewed with cushioned seats and of differing sizes (inc. bariatric and chairs with arm rests.)
There was a lack of information when attending for Deep Vein Thrombosis (DVT). I was sent by my GP for a scan however, the assessment process did not include a scan.	A DVT patient information leaflet has been devised and is readily available as required. The leaflet outlines what a DVT is, the assessment process and the Urgent Treatment Centre management of DVT.
More is required to support the children of those parents/guardians affected by cancer. (St Helens Hospital)	Through work in the Macmillan Centre at St Helens Hospital using monies from charitable funds, a video has been commissioned that will use a patient's story to support patients with children to include them in their cancer journey.
Robust documentation was required in ED pertaining to the management of patients property in traumatic situations or where the patient dies in the department. (ED Whiston Hospital)	Care of the deceased documentation now includes their property to explicitly record who cared for the patient and dealt with the patient's property.

You Said	We Did
There was disparity between visiting times at differing hospital sites. (Trust-wide)	A Trust-wide consultation including patients was undertaken to explore an open visiting model. Patients told us that they did not want/require an open visiting model. PM visiting times were extended by 1 hour at Whiston, Newton and St Helens in line with Southport and Ormskirk sites.
The patient information leaflet about admission to a hospital ward was very outdated. (Trust-wide)	A new information leaflet "Your admission to hospital" was created so that patients know what to expect when admitted to an inpatient ward.
Migrant patients are experiencing barriers to healthcare. (St Helens Urgent Treatment Centre)	Recognising that migrant patients often face unique barriers, such as language differences, limited knowledge of the healthcare system, or cultural considerations, and traumatic life experiences, St Helens UTC has proactively sought support and insight from community groups, voluntary organisations, and professional partners. We have developed clearer, multilingual patient information to help people understand when and how to access the UTC. We collaborate with local volunteer groups to support patients who may need help navigating their visit. We have also enhanced cultural awareness training for UTC staff to ensure care remains compassionate and inclusive and practiced under the Trust values and developed a new QR code to help people register with a GP.
Our patients want to know that the positive feedback that they provide about a member of staff is disseminated. (Trust-wide)	"Kindness and compassion" awards developed to recognise those staff nominated by patients who have gone above and beyond.
Patients are disturbed by unnecessary noise and lighting in inpatient wards. (Trust-wide)	A Trust-wide "Silent Night" campaign was undertaken to raise awareness of noise at night and provide resources to staff and fellow patients to reduce disturbance and promote rest.

Patient Experience Conference

In September 2025, 160 nurses, midwives and allied health professionals (AHPs) came together at Edge Hill University for the 5 Star Patient Experience Conference.

Chief Executive, Rob Cooper, opened the event, explaining how important it is to make sure every patient has the best experience possible during their time with us. His words set the tone for the day, inspiring everyone to remember the huge difference we make to the lives of our patients and their families.

Each Division, alongside several teams such as Patient Advice and Liaison Service (PALS), Spiritual Care, Dementia and Delirium, the Patient Experience Team and Learning Disabilities practitioners showcased some of the fantastic initiatives we have in place across MWL which helps us to achieve our vision of 5 Star Patient Care.


Welcome to
Newton
Community
Hospital
oking Site
No A & E Facilities
Car Park

3.4 Complaints

MWL takes patient and carer complaints and feedback extremely seriously. Staff work hard to ensure that any concerns are acted on as soon as they are identified and that there is a timely response to resolve issues at the earliest opportunity. Concerns, complaints, comments and feedback are raised either at a local level, via the Trust's two PALS Teams, or through the Chief Executive's 'Ask Rob' process.

Matrons, Ward and Departmental Managers are available for patients and their carers or representatives to discuss any concerns and to provide timely resolution to ensure patients receive the highest standards of care. In every area across the Trust there is a Patient Experience noticeboard to highlight how patients and carers can raise a concern.

Regrettably, sometimes patients or their carers may wish to raise a formal complaint. These are thoroughly investigated and afterwards complainants are provided with a comprehensive written response. Complaints leaflets are available across the Trust and information on how to make a complaint is also available on the Trust website. MWL has a current target to respond to formal complaints within 60 working days, where appropriate. During the reporting period there have been an increased number of resolution meetings held with senior staff and complainants which has led to complaints being resolved as early as possible.

	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4
MWL First stage complaint	109	122	144	142	115	161	146	157
Second Response Trust Target Less than 12 per Q	14	13	12	27	16	16	19	20
Response Compliance Trust Target 80%	74.76%	57.44%	62.9%	64.6%	50.7%	71.6%	60.7%	64.8%
MWL number of complaints breached 60 working timeframe	28	52	54	50	57	34	77	63

Complaint Themes

Themes of Closed Complaints (Top 5)	24/25 Q3	24/25 Q4	25/26 Q1	25/26 Q2	25/26 Q3	25/26 Q4
Clinical Treatment	69	63	61	54	66	73
Patient Care (Nursing)	18	20	19	17	21	27
Values & Behaviours	14	6	2	5	6	13
Communication	21	14	14	21	22	20
Admission & Discharge	0	1	9	4	9	25

**Figures correct at time of reporting from InPhase*

In 2025-26, the Trust received 579 new complaints. This is an increase to the previous year during which the Trust received 517 new complaints.

During 2025-26, the Trust received 71 complaints back for Stage 2 further investigation. This is an increase in comparison to the previous year when the Trust received 48 complaints.

MWL has achieved total compliance of 60% against the timescale of 60 working days during 2025-26. Significant work has been undertaken by key staff at the Trust who are committed to reducing the time taken to respond to complaints, to play a pivotal role in the drive to improve patient experience. Early resolution has increased significantly and Divisional Leads and the Head of Complaints meet with complainants regularly to address issues directly and offer apologies, resolution and inform service improvement.

Figures are reported monthly and subsequently summarised in quarterly reports. Complaints cases may be subject to change as per complainants' wishes - because of this, minor variances in figures can occur between reporting periods.

3.5 Our volunteers

The contribution made by our volunteers cannot solely be quantified by data but also by the rich experience made to patients and carers, relatives, visitors, and staff through their service to the Trust. MWL recognises the impact our volunteers make for people who use our services.

Providing opportunities to volunteer at MWL also benefits individuals who choose to give up their time to help others. Volunteers complement our workforce and provide a valuable contribution to providing a better experience for our people.

During 2025-26 the Volunteer Service has delivered:

- **30 different volunteer roles across 5 sites**
- **380 volunteers completed 2-4 hours per week in 2025/26**
- **Quarterly recognition events and engagement forums held**
- **Adoption of consistent recruitment processes via HR Recruitment team**
- **Outreach promotional activity held within schools and local community**

Our roles

Butterfly Volunteers

Launched in June 2024 in partnership with the Anne Robson Trust, the team have provided over 1100 hours of bedside support to 1773 people (488 patients and 1285 visitors) since the service began. Further funding has been secured to enable the project to continue beyond the initial 2-year pilot, with the aim of providing companionship to patients identified as being in the last days and hours of life.

Feedback continues to be positive, and a family member commented that the butterfly volunteers "are like angels who put their wings around my husband and I".

Families have welcomed the opportunity to be offered respite from the bedside, giving them the chance to go home, update family members or just have a bite to eat. Clinical staff are appreciative of the service, for example an Emergency Department nurse shared "I just wanted you to know about a patient who died in ED Resus and had no next of kin. We were thankful that someone could sit with him while we dealt with other emergencies. The volunteer sat and played music and read to him and it was such a weight off our shoulders that he wasn't alone".

Discharge Support

The volunteer discharge support service at Southport Hospital continues to provide targeted support to patients that are 48 hours post-discharge via telephone. This can often result in engaging with community-based services to provide additional support to the patient.

AGE UK referral feedback

'Just a quick email to say thank you again for your referral for this lovely lady earlier in January. Over the last few weeks, I have been out to visit three times and kept in touch on the phone in-between.

Support given to signpost to the Alzheimer's society for her husband and made referrals to community OT / Physio for support with moving and handling assessments etc to look at providing support / aids etc. I have also helped with completion of a Blue Badge application.

Both OT and Physio teams have been in touch and due to go out to see them next week and the Alzheimer's Society have also arranged a visit to see the family next week.'

Dining Companions

We currently have 11 active volunteer dining companions across Whiston and Southport hospitals. Our dining companions play a crucial role in the hospital; encouraging and enabling patients to eat and drink, therefore helping to reduce the risk of malnutrition and dehydration. Staff welcome the addition of this assistance, and their feedback is very positive.

Voice of the Volunteer

We received a number of positive comments in the Annual Volunteer Survey. These included:

Helping visitors to the hospital, be they outpatients or family/friends visiting inpatients. Meeting with NHS staff who our role brings us into contact with.

Knowing that being there with a patient or others is helping. Knowing that the support is there if needed.

An opportunity to interact with a range of diverse individuals. Dealing with situations that demand I analyse situations and attempt to identify solutions.

During 2025-26, quarterly forums have been introduced to provide additional opportunities for our volunteers to provide feedback. The volunteers are encouraged to come along, meet their fellow volunteers and share experiences. These forums allow for any concerns or suggestions to improve the service to be shared in a relaxed environment.

Training our Volunteers

Mandatory Training

During Q3 & Q4 of 2025-26, we have added our volunteers' details onto the NHS Electronic Staff Record (ESR) with a mandatory training profile. The training profile consists of 14 modules including Oliver McGowan training. This has resulted in the departure from using paper-based training methods to completion of online training modules. Moving over to ESR and the associated reporting tools allow the Volunteer Service Managers to quickly identify those volunteers who require support to complete their training and keep our patients and service safe and compliant.

Regular reminders will then be sent directly to the volunteers to advise when any of their mandatory modules are due to expire resulting in improved efficiency and training compliance.

The Volunteer Service Managers have arranged supplementary training with subject matter experts throughout the Trust. The delivery of this training is a direct result of patient or volunteer feedback.

Deaf Awareness Training

Training is delivered by Merseyside Society for Deaf People. The training explores the different types of deafness and the technology that is available. The session provides practical tips when lip reading and teaches basic signs. Volunteers assist patients and visitors every day and delivery of this training has raised awareness and confidence levels within the volunteer team.

Sight Loss Training

This is delivered by the MWL Liaison Officer at the Rennie Eye Clinic. The sessions are offered to all volunteers; however, attendance is not compulsory. The training is face to face for 90 minutes and feedback received is very positive. The training explores the practical and emotional impact of sight loss and the principles of Sighted guiding and use of canes.

Comments from the Volunteers include:

> *'I would be happy to put this in practice'* and *'Very well understood, the speaker was interesting and engaging'*

Wheelchair Training

This is arranged and delivered by the Moving & Handling Lead and takes 30 minutes. The training consists of a wheelchair presentation, with direction on the correct procedures when assisting wheelchair users. The Health and Safety aspects of using a wheelchair and how to report a broken wheelchair are all covered in the session.

3.6 Patient safety

MWL continues to promote a safety improvement culture and to learn from safety incidents to reduce the risk of harm, improve safety outcomes and thereby improve the experience of our patients across MWL.

The Trust introduced one shared incident management system in March 2025 which has enabled us to measure consistently across all MWL sites for incidents as well as risk. The incident management system has been developing throughout 2025-26 to ensure staff members are supported in its use and reporting numbers have improved across the year.

We have expanded on the number of multi-disciplinary meetings to review incidents, identify learning and agree on actions. This has resulted in a greater variety of reviews and a reduction in Patient Safety Incident Investigations - a focus area as set out in our Patient Safety Incident Response Framework Plan (PSIRP) for 2024-26.

In 2025-26 we introduced Divisional Safety Meetings across all divisions as part of our tiered approach to safety which also includes a daily triage of events with divisional colleagues.

We have taken the opportunity to share the learning from our Never Events at Cheshire and Mersey level to spread awareness as well as cooperate with other providers with similar incidents as part of system-learning.

3.6.1 Falls

The Falls Team continues to develop strategies to minimise the occurrence of inpatient falls. The Trust has continued with falls reduction improvement actions and has achieved 6.34 falls per 1000 bed days for 2025/26. Compared with 2024/25, the Trust achieved a 32% reduction in falls resulting in harm, with falls with harm of 0.118 per 1000 bed days for 2025/26.

A Trust Falls Prevention Framework for 2026/27 has been developed by the Falls Improvement Group. The Framework has a focus on 5 key areas for improvement:

- Ensure all care measures are in place for every patient.
- Ensure supplementary care is in place at the time of a fall.
- Ensure post fall manual handling of patients is appropriate.
- Demonstrate a culture of improvement and learning.
- Ensure adequate and appropriate education and development is in place for all staff who care for patients.

The Falls Team has continuously provided staff with support, education and guidance to ensure the improvement action plan is completed. Furthermore, the Falls Team undertake proactive reviews of falls care standards in areas with reported higher falls numbers and to those areas where support is requested. Real-time audits and training are in place to help with culture and learning on wards and in departmental areas.

MWL implemented a decaffeinated hot beverages pilot for patients on six inpatient wards across the Trust. Decaffeinated drinks were offered as the first line option for patients, to reduce bladder irritability and urgency, positive feedback was received from patients. We plan to roll out decaffeinated drinks as the preferred option for patients at high risk of falls across all of our sites in 2026.

Falls prevention training continues to be provided to newly qualified nursing staff, junior doctors and healthcare assistants, as part of the induction programmes. This includes updating and training staff on various medical equipment and manual handling devices.

The MWL Falls Team is an active member of the Northwest Regional Falls Nurse Forum. The forum provides an opportunity for all members to share best practice and news on national and local initiatives in falls prevention roles across the region.

3.6.2 Pressure ulcers

The Trust has continued to focus on reducing the risk of patients developing hospital-acquired pressure ulcers.

Some of the key actions we've implemented this year to improve performance are:

- Weekly pressure ulcer prevention training
- Continued support to preceptorship training
- Specialist training to high-risk areas including Emergency Department
- Equipment training
- End of life care training for prevention of skin breakdown
- Moisture lesion training
- TVN team support with Pressure Ulcer prevention intervention
- Harmonisation of dressings
- Harmonisation of bed and mattresses

The Tissue Viability Team also hosted awareness sessions on International Stop the Pressure Day in November 2025.

The Trust also provides specialist Tissue Viability Nursing Service for St Helens Community Service. The team supports and provides skill enrichment to residential and nursing care homes and domiciliary care service teams in the Borough.

3.6.3 Venous Thromboembolism (VTE)

VTE covers both deep vein thrombosis (DVT) and the possible consequence, pulmonary embolism (PE). A DVT is a blood clot that develops in the deep veins of the leg. If the blood clot becomes mobile in the blood stream it can travel to the lungs and cause a blockage (PE) that could lead to death.

The risk of hospital-acquired VTE can be greatly reduced by risk assessing patients on admission to hospital and taking appropriate action. This might include prescribing and administration of appropriate medication to prevent blood clots and application of specialised stockings.

National reporting for VTE risk assessment compliance was recommenced in 2024/25 after a pause following the Covid-19 outbreak. For the year 2025/26, VTE risk assessment cumulative compliance for the year was 85.98%.

The Trust continues to support timely completion of VTE risk assessment and VTE prevention intervention:

- Significant progress has been achieved in the transition of VTE risk assessments from Careflow to the Electronic Prescribing and Medicines Administration (EPMA) system. Completion of a VTE risk assessment is now a mandatory requirement before any prescribing activity can take place on EPMA-enabled wards/locations.
- Clinicians have been advised to complete these assessments proactively for all admitted patients, either in advance or during the working day, to avoid delays during prescribing or ward rounds.
- The VTE Team will continue to review compliance data, identify areas where further improvement is required, and work with services to develop targeted action plans to strengthen performance Trust-wide.
- Ongoing VTE training including Moodle-based online learning for all clinical staff.
- Face to face training for new starters to the Trust.

3.6.4 Sepsis

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Improving early identification and timely administration of antibiotics of patients with sepsis is a key patient safety and quality objective.

To improve antibiotic compliance, we have implemented a Trust-wide quality improvement project, and there is a Trust-wide sepsis group along with a ratified MWL sepsis policy. Our sepsis clinical leads are also working with the clinical audit team to create an MWL inhouse data collection tool using AMaT that will enable timely review of sepsis patients across the Trust.

3.6.5 Medicine safety

Alongside members of the MDT, the Pharmacy Department has continued to lead on the safe provision of our medicines to our patients, with a number of actions taken as outlined below.

Electronic Prescribing and Medicines Administration (ePMA)

The ePMA system is being developed and expanded, with plans to unify systems across sites by 2026-2027 to improve medicines management processes. Since October 2025 ePMA has been live for all patients on the Critical Care Unit at Whiston whilst the potential to utilise ePMA in Maternity and Paediatrics has been raised as a future project.

A pilot of transcribing discharge prescriptions directly from ePMA and subsequently into ICE has been ongoing since November 2025 on Level 5 at Whiston Hospital, with further roll-out planned from April 2026 to provide a much more efficient discharge process.

Pharmacy digital transformation (at Whiston, St Helens and Newton sites, and Southport Spinal Unit)

Ward dashboards continue to integrate data from multiple systems to prioritise clinical pharmacy tasks, reduce missed doses, and optimise medicines management. Artificial Intelligence (AI) driven notifications and robotic process automation have enhanced workflow efficiency and patient safety at our Whiston and St Helens sites.

Power BI which is an interactive data visualisation programme provides dashboards that are real-time highlighting operational insights, and the Drug Finder electronic resource was updated in 2025 to aid medication location across sites, improving staff efficiency and reducing delays.

Homecare and Artificial intelligence (AI)

Our AI-enabled robotic process automation was introduced to transform the hospital homecare prescription workflow, replacing a slow, manual, paper-based system that caused delays, duplication, and governance risks. The solution automatically uploads prescriptions into the patient record in real time. It has processed over 5,000 prescriptions with 98% accuracy, reduced handling time dramatically, and released 7.5 staff hours per week.

We're also delighted that the system was nominated for the HSJ Digital Awards.

Medicines Safety

The Medicines Safety Team continues to provide an exemplary service to the Trust with highlights such as:

- Quarterly safe and secure handling audits of wards, with plans to align to Trust's 5 Star accreditation process.
- Cross-site medicines safety bulletins.
- Started 'tip of the month' cascade of medicines safety messages across prescribers / pharmacy / nursing safety huddles / link nurse meetings/global news.
- Critical medicines guidance cards updated for use across MWL.
- Development of paediatric and neonatal drug error reduction system (drug library) for rollout at Ormskirk, with plan to extend to STHK sites after pilot.
- Contribution to Patient Safety Incident Review (PSIR) and Investigations (PSIIs), pharmacy representation at weekly patient safety panel, divisional patient safety meetings and the monthly patient safety council.
- Thematic reviews of serious incident medicines priorities, e.g. Gentamicin, insulin.
- Missed doses audits presented at medicines safety group.
- Ongoing work to review NHS England's enduring standards to benchmark and align processes across MWL.
- Artificial Intelligence (AI) supported oversight of MHRA medicines recalls and assurance these are dealt with in a timely manner.
- Work with risk department regarding timely management of national patient safety alerts.
- Contribution to IV access group including review of extravasation policy.
- Re-introduced link nurse group, extended to Southport and Ormskirk hospital sites, so now an MWL-wide group.
- Medicines Safety Week: (3-9 November) Focus on "five rights" of medicine safety, and reporting medicines reactions and device defects, and drug library. Trust Brief Live Team Takeover and educational materials/stalls.
- InPhase dashboard set up and functioning well. Reviewed at Monthly Medicines Safety Group meetings.
- Top third contributor to regional yellow card reporting scheme, with highest variability in region on professions reporting (i.e.outside of pharmacy team).

Clinical Pharmacy

Work has been ongoing to harmonise clinical practice across our sites with the extensive review of clinical standard operating procedures, guidelines and policies to enable staff to work to one consistent standard within clinical services. This will be further realised when ePMA is rolled out to the Southport and Ormskirk sites. Specialist pharmacists frequently collaborate to facilitate common clinical pathways across all sites.

Developments in 2025-2026 include:

- Discharge medicines service to prompt follow-up of patients by community pharmacists continues to perform well.
- Combined weekly clinical education sessions.
- Combined pharmacy audit meeting.
- Constant review of clinical pharmacist staffing resource to re-allocate staff to priority areas (increased pharmacist presence on the ED at Southport site, increased pharmacist establishment at the Ormskirk site, increased support to women's and children's services at Whiston site).
- Falls and AKI reviews of patients by clinical pharmacists.
- Specialist inpatient diabetes and pain reviews (Southport only) are embedded in practice.

- Specialist pharmacists managing own caseload for gastroenterology outpatients.
- Consultant pharmacist and other pharmacist colleagues providing input to frailty and virtual wards.
- Active pharmacist involvement in antimicrobial stewardship programme on both acute sites.
- Introduction of one neonatal drug chart across MWL sites.
- Improved external profile through regular attendance and presentation at national conferences.

Antimicrobials

In support of the antimicrobial resistance (AMR) agenda:

- Antibiotic guidelines (adult, paediatric, and neonatal) continue to be delivered via the EOLAS medical device platform.
- The IVOST clinical decision support tool has been tested and successfully launched within the EOLAS platform to support IV-to-oral antibiotic switch decisions. There are several important benefits to IVOST, including decreased risk of bloodstream and catheter-related infections, reduced equipment costs, carbon footprint and hospital length-of-stay, increased patient mobility and comfort, and released nursing time to care for patients.
- Pharmacists remain actively involved in the antimicrobial stewardship programme across both acute sites, undertaking ward rounds in medicine, surgery, and virtual wards, including OPAT services as well as weekly attendance at Infection Prevention and Control Panel to support with the learning reviews, system improvements and dissemination of learning.
- The Paediatric Antimicrobial Policy was reviewed and relaunched in 2025.
- A Trust-wide point prevalence audit is conducted 6-monthly, with learning, ward-level feedback and any systems improvements and root cause analysis provided bi-monthly through the Hospital Infection Prevention Group (HIPG).
- MWL Trust MRSA and related infection control policies were aligned in 2025.
- The Trust continues to deliver education events across all sites, including initiatives such as World Antimicrobial Resistance Awareness Week.
- OPAT business cases are in development to support expansion of the MWL service across all our geography.

Pharmacy

In addition to the above, there have been a number of significant improvements specifically to the pharmacy team and pharmacy environments:

- The Medicines Information service is now merged and based at the Ormskirk site.
- The new pharmacy robot at our Southport site is due to come online by Easter 2026.
- MWL Pharmacy SOP alignment continues to progress alongside Policy harmonisation.
- Monies have been awarded from NHSE to introduce a Consultant Microbiology Pharmacist to support the AMR agenda within MWL and across our Places.

3.6.6 Infection Prevention and Control (IPC)

The Health and Social Care Act 2008 requires trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infections (HCAI). The Trust's Director of Infection Prevention and Control (DIPC) reports to the Chief Nursing Officer and Board-level responsibility for infection control. The position of a designated Director of Infection Prevention and Control (DIPC) was formally appointed to in January 2025.

The Trust's infection prevention priorities are to:

- Reduce the incidence of healthcare-associated infections.
- Adopt and promote evidence-based infection prevention and control practice across the Trust.
- Identify, monitor and prevent the spread of pathogenic organisms, including multidrug-resistant organisms throughout the Trust.
- Reduce the incidence of HCAI by working collaboratively across the whole health economy.

The Infection Prevention and Control Team provides expert advice to the organisation regarding all aspects of IPC, including national policy initiatives and the development and implementation of the HCAI Annual Plan with key stakeholders.

The NHS Standard Contract for 2025/2026 outlines the reportable healthcare associated infections, and the combined threshold for the Trust is as follows:

- C. difficile </=97
- E coli </=151
- Klebsiella </=49
- Pseudomonas </=14
- Zero tolerance to MRSA bloodstream infection

Trust performance against NHSE objectives

MWL YTD	HOHA	COHA	Total	
MRSA	3	1	4	Above threshold (x 4 cases)
MSSA	57	21	78	No threshold set (12 cases less than previous year)
CDT	70	39	109	Above threshold (x 12 cases)
E coli	84	77	161	Above threshold (x 10 cases)
Klebsiella	27	20	47	Above threshold (x 2 cases)
Pseudomonas	10	5	15	Above threshold (x 1 cases)

MRSA bacteraemia

A zero-tolerance approach is still in place to support no MRSA bacteraemia. Reducing MRSA bacteraemia remains a Trust Quality Objective as laid out in the Quality Account 2025-26.

Disappointingly, there have been 4 healthcare-associated MRSA cases during the period April '25 to March '26. This is a reduction of 3 cases compared to last financial year.

Hospital-associated MRSA bacteraemia 2025/26

Case	Date	Attribution	Dept	Site	Source	Avoidable
1	22/04/25	Hospital (HOHA)	7B	Southport	Shoulder joint	No
2	04/09/25	Hospital (HOHA)	3B	Whiston	Prosthetic hip	Yes
3	08/02/2026	Community (COHA)	ED	Whiston	Contaminant	No
4	17/03/2026	Hospital (HOHA)	1D	Whiston	Cannula	Awaiting outcome

MSSAb

There is no NHSE threshold for MSSAb however the Trust set a 10% reduction on the previous year's number of cases. MWL had 79 cases (57 and 22 COHA) which is a reduction of 11 cases (12.1%) from the 90 cases in 2024-25.

The Bloodstream Infection Improvement Plan that was implemented in 2025/26 is in progress. Prompt identification and management of sepsis is a key action, with measures of NEWS and Sepsis 6 monitored to provide assurance. VIP monitoring compliance is a key measure within the Bloodstream Infection Improvement Plan and the Trust Quality Objective for MRSA reduction. The VIP score is a validated tool used to assess and manage early signs of phlebitis in patients with peripheral intravenous catheters.

Tendable compliance data for each quarter is in the table below:

Quarter	VIP % Compliance
Quarter 1	84.81%
Quarter 2	80.22%
Quarter 3	84.75%
Quarter 4	83.34%
Average annual compliance	83.28%

This is below the Trust's target of minimum 90% compliance, however cannula-related bloodstream infections have reduced compared to previous financial years, with 1 potential MRSA-attributable cases to be confirmed.

Prompt identification and management of sepsis is a key action within the Bloodstream Infection Improvement Plan, as one of the most common themes within IPLR reviews. The most recent data available is Q3 compliance and indicates a slight reduction in compliance with timely blood cultures and antibiotic treatment compared to Q2. Microbiology tests within 1 hour for severe diagnosis and 3 hours for moderate diagnosis was 74.4%, and antimicrobials given within 1 hour of severe diagnosis and 3 hours for moderate diagnosis was 60.3%.

Aseptic Non-Touch Technique (ANTT) is a standardised clinical practice framework designed to ensure safe and effective aseptic technique during invasive health care procedures. ANTT compliance for Levels 1 and 2 training has reduced slightly at the end of Q3. Level 1 e-learning is below the Trust target at 88.5% while Level 2 (practical) meets the target at 83.6%. ANTT compliance is monitored within the divisional IPC meetings and any need for improvement in compliance is discussed at the weekly IPLR meetings, as individual cases are discussed.

IPC Level 1 e-learning compliance was 89.2% in February 2026 which is above the Trust target of 85% minimum. Level 2 e-learning compliance for clinical staff was 85.3% which means we achieved the Trust target in February. This will remain an area of focus for divisional teams with assurance to HIPG.

The IPC Team continues to raise the need for improvement with ANTT and IPC mandatory training at IPLR reviews and at Divisional IPC Governance meetings.

Clostridioides difficile (CDI)

The C. difficile NHSE threshold for MWL is for no more than 97 cases in year. There were 108 healthcare-associated cases which related to 70 HOHA and 38 COHA cases, and the Trust is above NHSE threshold by 11 cases. This represents a decrease of six cases compared to the previous year (114).

The regional UKHSA benchmarking data indicates that MWL is the only large acute Trust in C&M below the C&M rate from Q1-Q3.

The IPC Team continues to support wards and departments with improving diarrhoea management (timely testing and isolation) across the Trust.

The Consultant Nurse IPC continues to represent the Trust at the Cheshire and Mersey IPC Provider Collaborative (CMAST), which developed a C. difficile Toolkit, which includes standardisation of the approach to diarrhoea management and testing, cleaning and Antimicrobial Stewardship (AMS).

All cases of hospital-associated C. difficile undergo infection prevention learning review (IPLR). Themes in these cases are largely unchanged, with the most common lessons identified in the timely isolation and stool testing of patients, and antimicrobial stewardship in some cases.

The Infection Prevention Team undertakes a programme of clinical practice and environmental audits, to provide assurance on compliance with key standards and to identify areas where improvements can be made.

E. coli

The NHS Standard Contract for 2025-26 outlines the E. coli threshold for MWL for no more than 151 cases in year. The Trust reports there has been 161 healthcare-associated cases (84 HOHA and 77 COHA) which is 10 cases above NHSE threshold, and 3 cases above the same period last year (158).

In the most recent comparative data available, in Q3 the MWL rate of 35.2 per 100,000 bed days is below the C&M rate of 40.3. MWL has been below the C&M rate for the last four quarters, and the E. coli bloodstream infection (BSI) improvement plan was closed.

Klebsiella

The NHS Standard Contract for 2025-26 outlines the Klebsiella threshold for MWL for no more than 49 cases in year. The Trust has reported 46 cases (27 HOHA and 19 COHA) healthcare-associated cases which is 3 cases below NHSE threshold and 7 cases above the same period 2024-25 (47).

Following an increased incidence of cases over the summer months the Trust is now identified as a low outlier in Cheshire and Merseyside.

A revised IPLR process is also being trialled in collaboration with divisional leads, using an after-action review (PSIRF) template. The aim of this to identify learning in a timelier manner and to engage with clinicians and clarify decision-making regarding patient management while they remain inpatients.

Pseudomonas

The NHS Standard Contract for 2025 -26 outlines the Pseudomonas threshold for MWL for no more than 14 cases in year. The Trust has reported 15 (10 HOHA and 5 COHA) healthcare-associated cases which is 1 case above NHSE threshold, but equal to the same period of 2024/25.

There was a period of increased incidence of infection in Q1, and water safety and related clinical practices were reviewed in the clinical areas, which have not had any further cases since then.

Outbreak management

There were 127 outbreaks during April 2025 to March 2026 at MWL, with the majority relating to respiratory infections, and Norovirus.

This increase in outbreaks corresponded with widespread community transmission of Influenza A and Norovirus and impacted significantly on both operational and staffing pressures. The IPC team work in collaboration with operational managers and clinical teams to ensure prompt isolation of patients and specimen collection were possible to reduce transmission of infections.

The IPC team provided comprehensive support throughout each incident, implementing enhanced cleaning procedures and ensuring that all affected wards received the appropriate level of decontamination. Norovirus-related outbreaks resulted in bed closures, creating pressure on patient flow. To help mitigate this impact, the IPC team has continued to support operational flow through regular coordination meetings.

Covid and influenza

There were 19 Covid, 10 Influenza, and 5 Influenza and Covid outbreaks across MWL during 2025-26.

Hospital Onset COVID Infection (HOCI) includes three categories for determining Hospital Onset Covid infections:

- Hospital-Onset Indeterminate Healthcare-Associated (HO-iHA) – First positive specimen date 3-7 days after admission to trust.
- Hospital-Onset Probable Healthcare-Associated (HO-pHA) – First positive specimen date 8-14 days after admission to trust.
- Hospital-Onset Definite Healthcare-Associated (HO-dHA) – First positive specimen date 15 or more days after admission to trust.

There were 87 definite and 51 probable healthcare-associated Covid infections at Whiston, St Helens and Newton sites during 2025-26 with the peak in September and October months, this was significantly lower than Southport and Ormskirk (predominately Southport) who had 179 definite and 84 probable healthcare-associated Covid infections with peak months between June to December. A lack of side rooms will have contributed to ability to isolate the patients.

Cases of influenza A have continued to rise across MWL from October, with Whiston, St Helens and Newton experiencing a notable increase from 294 cases in November to 418 cases in December. There were a total of 883 cases confirmed in Q3, of which 4.5% of cases' sites were healthcare-associated.

In Q3, there were 352 cases confirmed at the Southport and Ormskirk sites, with healthcare-associated cases representing 15% of cases.

This upward trend was also highlighted during the NHSE IPC Regional Network meeting, where it was acknowledged that case numbers during December exceeded the national average.

To support winter respiratory viruses the following is in place:

- Increased laboratory testing at the Southport and Ormskirk sites.
- The Viral Respiratory Infections Policy.
- IPC Team working closely with operational and Patient Flow teams.
- Staff vaccination arrangements.
- Staff Filtering Face Piece (FFP) fit testing. Fit testing is a practical examination to ensure face masks can properly seal around a wearer's face and are therefore suitable for the individual.

At the Winter Debrief summit it was identified that IPC would be a key objective in planning for next winter.

To support winter respiratory viruses the following are in place;

- Increased laboratory testing at the Southport and Ormskirk sites.
- The Viral Respiratory Infections Policy.
- IPC Team working closely with operational and Patient Flow teams.
- Staff vaccination arrangements (led by HWWB).
- Staff FFP fit testing.

IPC Audit

IPC practices and the clinical environments continued to be audited by the IPC Team in Q3. Feedback is given directly to clinical teams and reported within divisions. The IPC Team has worked collaboratively across the legacy IPC teams, to align the MWL IPC Audit programme, and to address key priorities and lessons from infection and outbreak reviews.

Clinical areas are required to submit hand hygiene, PPE, and cannula audits monthly via the Tendable app. Audit findings are presented within the legacy Trusts' IPC reports. The IPC Team is working on the harmonisation of these reports across the Trust to support divisional governance processes.

Improvements in the IPC Practice and Environment audits are required as the majority of areas are scoring less than 90% (see audit report). The IPC Team is supporting individual areas with IPC improvements, delivering training, engaging the wider MDT and support teams (e.g. Estates and Facilities), and considering human factors and ergonomics in driving improvement in clinical IPC.

These audits are reported within the divisional IPC meetings and action plans are monitored.

Further achievements for 2025-26 included:

- The Infection Prevention Team works collaboratively across MWL, with a focus on harmonising policies and guidance to ensure standardised and reliable IPC practice.
- The revised Infection Prevention Learning Review (IPLR) process has been embedded across all sites for hospital-associated CDT cases, and MSSA, E coli, Klebsiella and Pseudomonas HOHA bloodstream infections. The aim is to support the PSIRF principles and to assist with thematic review across MWL, to identify further areas for improvement regarding healthcare-associated infections.
- As part of the MWL Mandatory Training project, ANTT has now been harmonised with alignment of the delivery model, frequency and staff groups who require training.
- Proactively responded to the endemic and emerging infections e.g. mpox, tuberculosis and measles, ensuring appropriate surveillance and management of the patients presenting to the Trust.
- The IPC Team plays a key supportive role in the Trust's clinical accreditation programme.
- The IPC Team supports a network of IPC link practitioners and delivers regular education sessions and study days to develop their knowledge and skills.
- Improved engagement with ward leaders to optimise the clinical environment for patients, with a programme of 'estates walkarounds', with the Estates Team and the IPC Team Matron.
- Support from the IPC Team on the extensive capital estates projects, to improve the built environment for patients and staff across MWL.
- The IPC Team continues to work closely with Trust sustainability leads and Procurement to seek further efficiencies, both financially and in terms of driving the sustainability agenda e.g. improving waste streaming and standardising hand hygiene and cleaning products.

3.6.7 Being Open – Duty of Candour

The Trust is committed to ensuring that we tell our patients and their families/carers if there has been an error or omission resulting in harm. This duty of candour is a legal duty for Trusts to inform and apologise to patients if there have been mistakes in their care that have, or could have, led to significant harm (categorised as moderate harm or greater in severity).

The Trust promotes a culture of openness, honesty and transparency. Our statutory duty of candour is delivered under the Trust's Being Open - A Duty of Candour Policy, which sets out our commitment to being open when communicating with patients, their relatives and carers about any failure in care or treatment. This includes an apology and a full explanation of what happened with all the available facts. The Trust operates a learning culture, within which all staff feel confident to raise concerns when risks are identified and then to contribute fully to the investigation process in the knowledge that learning from harm and the prevention of future harm are the organisation's key priorities.

The Trust's incident reporting system has a mandatory section to record duty of candour. Weekly incident review meetings are held, where duty of candour requirements are reviewed on a case-by-case basis allowing timely action and monitoring. This ensures the Trust meets its legal obligations.

The Trust has continued to raise the profile of duty of candour through the lessons learned processes and incident review meetings. In addition, duty of candour training is included as part of mandatory training and investigation training for staff.

3.6.8 Never events

Never events are described by NHS England in the 2018 framework as serious incidents that are wholly preventable. Each never event has a potential to cause serious harm or death. However, serious harm or death is not required for the incident to be categorised as a never event.

The Trust remains committed to understanding the cause of these incidents through comprehensive investigation. This approach is underpinned by the Trust's commitment to ensuring an open and honest culture in which staff are encouraged to report any errors or incidents and to feedback in the knowledge that the issues will be fairly investigated, and that any learning and improvement opportunities will be implemented.

The Trust reported four never events which met the criteria in 2025-26.

Incident	Date of Incident	Harm Level
Insulin Never Event	June 2025	Low
Wrong site nerve block	September 2025	None
Wrong site nerve block	January 2026	Low
Wrong implant	February 2026	None

The Trust has also extended its focus on learning from never events to a targeted approach on improving processes in theatres and other clinical environments where invasive procedures are performed. This has led to the formation of the Invasive Procedures Working Group which endeavours to improve safety by reviewing current best practice whilst taking into account the principles of NatSSIPS2. The group has senior clinical leadership representative and is underpinned by Quality Improvement (QI) methodology. The key drivers for this area of improvement are the recent never events and the learning identified following investigation.

Learning from these incidents was identified using Systems Engineering Initiative in Patient Safety (SEIPS) methodology to minimise chances of such an incident happening again in the future. This methodology is part of the national PSIRF toolkit and is a well-recognised and endorsed system-based model.

A number of actions were identified and implemented. These include reviewing and updating the policy for the Local Safety Standards for Invasive Procedures (LocSSIP) and local safety checklists and enhancing the pause/stop moment for local anaesthetic procedures. In March 2026, the Medical Director for the Surgical Division oversaw an extraordinary theatre audit event, opened by the Chief Medical Officer, which focused on improving safety in theatres with interdisciplinary presentations on civility, checklists, themes from reviews and human factors in theatres.

3.6.9 Theatre safety

The Trust's Operating Theatre department continues to develop and refine patient safety initiatives in keeping with the National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Procedures (LocSSIPs), to reduce the number of patient safety incidents related to invasive procedures.

The department has reported 3 incidents meeting Never Event criteria in 2025-26, which relate to wrong implant insertion and 2 incidents of wrong site nerve block. There has not been any identified long-term harm to the patients affected as a result of these incidents.

All incidents have been subject to an in-depth Patient Safety Incident Investigation (PSII) in accordance with the Patient Safety Incident Response Framework (PSIRF). Careful evaluation of systems and pathways using the Systems Engineering Initiative in Patient Safety (SEIPS) has been undertaken and learning shared across all theatre teams.

As an outcome of the trends with the Never Events an extraordinary theatre audit event was held on 11 March 2026 and was led by the Chief Medical Officer and the Divisional Medical Director for Surgery.

The session focused on shared learning from Never Events and included:

- Adherence to Theatre Safety checklists across the patient pathway
- Scenario-based demonstrations
- Introduction to Human Factors and application within theatre environments
- Civility, respectful relationships, and the associated impact on patient outcomes

The event adopted an interdisciplinary approach, with contributions from Deputy Divisional Directors and the Central Patient Safety Team. Feedback was gathered from staff across Whiston and Southport sites to inform further improvement work across all MWL theatre locations.

3.6.10 Safeguarding

The Trust is committed to ensuring safeguarding responsibilities are carried out in line with legislation and national and local policy. There are dedicated Safeguarding Teams situated on different Trust sites. Within these teams there are Named Nurses and Named Midwifes for both children and adults supported by specialist safeguarding practitioners. Assistant Directors support the Chief Nursing Officer to ensure that the Trust is fulfilling its statutory safeguarding responsibilities.

The Trust has a suite of safeguarding policies, along with associated robust processes to protect unborn infants, children and young people and adults at risk (including those with a diagnosis of a learning disability and/or autism) from harm or abuse. In addition, there is a specific harmonised MWL Safeguarding Training Needs Analysis which identifies the level of training every staff member within the organisation must complete, including safeguarding adults and children training, mental capacity, deprivation of liberty, Prevent, and learning disability awareness. The Safeguarding Teams ensures there are processes in place to support patients who are unable to consent to care and treatment and require a formal capacity assessment and authorisation of an urgent Deprivation of Liberty Safeguard (DoLS). This process has been digitalised across all sites, and all urgent authorisations and applications for a standard DoLS are quality assured and processed by the Safeguarding Teams.

The Safeguarding teams maintain a visible presence across Trust sites and are available to offer advice, support and supervision to all staff. The Trust safeguarding key performance indicators (KPIs) are submitted on a quarterly basis and quality assured by the Integrated Care Board (ICB) Designated Nursing Team (St Helens and Sefton Places). During 2025-26, a red/amber/green (RAG) rating of green was given in all areas except safeguarding training compliance where at the end of Q4 there were 2 levels below the required 90%, with adults level 3 at 87.1% and mental capacity that only fell below 90% in the last quarter to 88.3%.

The compliance for the Children in Care key performance indicator has been between 83% and 98% throughout 2025 -2026 which is an improvement from the previous year. The expectation in relation to initial health assessments for Children in Care is that 100% of children will receive their assessment within 20 days of entering the care system.

The Developmental Paediatric Team has taken steps to ensure that there is capacity to support appointments, however breaches are still an issue due to a number of children not being brought or having to rearrange appointments, as well as some late notifications from the Local Authority.

The ICB continue to support assurance in relation to safeguarding activity which has risen consistently across all areas demonstrating appropriate referrals and extensive multi-agency working. Quarterly safeguarding reports and an annual report are presented to the Quality Committee, and a safeguarding report is presented quarterly to the Clinical and Quality meeting for each Division.

The Trust provides representation at five local safeguarding partnership boards for adults and children, and to their associated subgroups. When required there is additional representation and contribution to adult and children multi-agency reviews, domestic abuse-related death reviews (previously known as Domestic Homicide Reviews) and theme-specific multi-agency audits.

3.7 National Staff Survey

The National Staff Survey provides a key measure of the experiences of Trust staff, with the findings used to reinforce good practice and to identify any areas for improvement. For the 2025 survey, reported in 2026, the Trust conducted a full census staff survey. 3835 completed questionnaires were returned giving a 35% response rate.

Eligibility to participate in the NHS Staff Survey continues to include Bank workers in NHS organisations, using a tailored version of an online questionnaire. Eligibility was based on Bank workers who had worked in the six months between 1 March 2025 and 1 September 2025 and who did not have a substantive or fixed term contract. Out of the 1344 people the survey was sent to, 150 people responded providing a response rate of 11%.

We are able to make comparisons with the Trust's benchmarking group, which comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure. The Trust's benchmarking group comprises 122 organisations under the heading 'Acute and Acute & Community Trusts' although this does include a couple of specialist children's hospitals such as Alder Hey.

The survey questions remain related to the themes and sub-themes of the NHS People Promise with additional themes of staff engagement and morale retained from earlier surveys. The results give a wide picture of satisfaction across the whole organisation.

Results are reported both as individual question responses and as themes, aligned to the NHS People Promise which are:

- We are a team
- We are always learning
- We are compassionate and inclusive
- We are recognised and rewarded
- We are safe and healthy
- We each have a voice that counts
- We work flexibly

In addition, there are the two recurring themes:

- Staff engagement
- Morale

The results for MWL against the best/worst/average for our comparator group are shown in the chart below: *Scores are out of a scale of 10 with 10 being the best.*

Theme	MWL	Best Result	Average	Worst result	
We are compassionate and inclusive	7.32	7.71	7.28	6.71	Above Average
We are recognised and rewarded	5.82	6.34	5.87	5.27	Below Average
We each have a voice that counts	6.60	7.12	6.60	5.93	Average
We are safe and healthy	6.17	6.58	6.07	5.51	Above Average
We are always learning	5.48	6.21	5.57	4.98	Below Average
We work flexibly	5.86	6.74	6.22	5.69	Below Average
We are a team	6.61	7.14	6.75	6.29	Below Average
Staff engagement	6.75	7.36	6.74	5.92	Above Average
Morale	5.90	6.42	5.84	5.06	Above Average

Results from the NHS Staff Survey have been disseminated to service leads, managers, and subject matter experts. Plans have been developed to implement improvements based on the feedback received.

Additionally, Staff Survey engagement is being scheduled at each site to engage with staff and discuss the implications of the survey results.

3.8 Equality, Diversity and Inclusion (EDI)

The Trust remains committed to ensuring that its staff and service users enjoy the benefits of a healthcare organisation that respects and upholds individuals' rights and freedoms. Equality and human rights are at the core of our beliefs and the Trust strives to ensure that people with protected characteristics, as defined by the Equality Act 2010, and those individuals from traditionally underserved groups are not disadvantaged when accessing the services that the Trust provides.

The Trust's EDI Steering Group meets regularly to ensure compliance with all external standards, including those statutory requirements conferred on the Trust by the Equality Act 2010. The membership of the group is drawn from a wide range of staff from all disciplines, clinical, non-clinical, trade union representatives, Healthwatch representatives and members of the Trust staff networks.

The Trust is a member of the following external charter marks, accreditations and commitments, which are used to further our equality strategy:

- Armed Forces Covenant (re-signed 2023)
- Defence Employer Recognition Scheme (Armed Forces, gold accreditation 2024)
- Disability Confident Scheme, Leader (Level 3, reaccredited 2023)
- Dying to Work Charter (member, 2023)
- North West Anti-Racism Framework (Bronze, accredited 2025)
- NHS Rainbow Badge Accreditation (LGBT) (Bronze, accredited 2022)
- NHS Sexual Safety Charter (member, 2023)
- Veterans Aware (Armed Forces, reaccredited 2023)
- North West region Stroke Voices

3.9 Summary of national patient surveys reported in 2024-25

The national patient survey programme is run by the Care Quality Commission to gather data on patient feedback on patient experiences in healthcare settings. It aims to identify areas for improvement in care and treatment across the NHS. The surveys cover various aspects of the patient journey including access to services and treatment experiences.

National Inpatient Survey 2024	Published September 2025
National Maternity Survey 2025	Published December 2025
National Children and Young Peoples Survey 2024	Published May 2025
National Urgent and Emergency Care Survey 2024	Awaiting publication of report: November 2026
National Cancer patient experience survey 2024	Published June 2025
National General Practice GP patient survey 2025	Published June 2025

The full results for all the latest Care Quality Commission's national patient surveys can be found on their website at www.cqc.org.uk.

National Inpatient Survey 2024

The 2024 National Inpatient Survey was undertaken between January and April 2024. 1186 patients aged 16 or over who had spent a minimum of one night in hospital in November 2024 were invited to give their views and feedback on the care they received throughout their admission.

352 invited participants completed the survey, which was a response rate of 30%. This was lower than the national average of 41%.

Of the 45 questions asked, MWL performed about the same as other trusts in 42 questions, 1 question somewhat worse than expected, and 2 questions worse than expected.

The table below details the overall section scores:

Section	Trust Score 2023	Trust Score 2024	Trust Ratings
Admission to hospital	6.4/10	5.6/10	Worse than expected
The hospital and ward	7.5/10	7.510	About the same
Basic needs		7.9/10	About the same
Doctors	8.5/10	8.9/10	About the same
Nurses	8.2/10	8.4/10	About the same
Care and Treatment	7.8/10	8.3/10	About the same
Leaving Hospital	6.8/10	7.1/10	About the same
Kindness and Compassion	8.6/10	8.8/10	About the same
Respect and Dignity	8.8/10	8.9/10	About the same
Overall Experience	7.9/10	8.1/10	About the same

Question where MWL was somewhat worse than expected:

Question	Trust Score 2023	Trust Score 2024	National Average 2024
How long did you wait, in total, before you were admitted onto a ward?	No score new question in 2024	4.5	5.6

Questions where MWL was worse than expected:

Question	Trust Score 2023	Trust Score 2024	National Average 2024
How did you feel about the length of time you were on the waiting list before your admission to hospital?	6.6	5.5	6.9
How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital? This includes verbal, written or online information	7.2	6.6	7.6

The following actions are being taken to improve results from the National Inpatient Survey:

- Improve the patient experience whilst being on a waiting list.
- Support patients to sleep well at night.
- Improve information and the experience of receiving care on a virtual ward.
- Improve information regarding medicines that patients take home from hospital.

National Maternity Survey 2025

The 2025 National Maternity Survey was undertaken between April and Aug 2024. 463 women aged 16 or over at the time of delivery who had given birth to a live baby between 1st and 28th February 2025 at Whiston Hospital, Ormskirk Hospital or at home, were invited to give their views and feedback on the care they received throughout their pregnancy journey.

141 invited participants completed the survey, which was a response rate of 35.79%. This was lower than the national average of 39%.

Of the 58 questions asked, MWL scored better than most trusts for 3 questions, somewhat better for 1 question, about the same as other trusts in 51 questions and 3 questions somewhat worse.

The table below details the overall section scores:

Section	Theme	Trust Score 2024	Trust Score 2025	Trust Ratings
Antenatal Care	Start of care during pregnancy	6.8	7.4	About the same
	Antenatal check-ups	7.8	8.2	About the same
	During your pregnancy	8.0	8.4	About the same
Labour and Birth	Your labour and birth	8.0	8.6	About the same
	Staff caring for you	8.1	8.7	About the same
Postnatal Care	Care in the ward after birth	6.6	6.8	About the same
	Feeding your baby	7.8	8.3	About the same
	Care at home after birth	7.7	7.9	About the same
Triage	Assessment and evaluation	New question in 2025	7.8	About the same
Complaints	Complaints	6.4	6.6	About the same

Questions where MWL performed better than expected:

Question	Trust Score 2023	Trust Score 2024	National Average 2024
If you raised a concern during labour and birth, did you feel that it was taken seriously?	7.9	9.1	8.2
Thinking about your care during labour and birth, were you treated with respect and dignity?	8.8	9.7	9.2
Thinking about the last time you attended triage in person, how did you feel about the length of time before you waited to be seen by a midwife?	New Question	7.7	6.4

Questions which scored somewhat better than expected:

Question	Trust Score 2023	Trust Score 2024	National Average 2024
If, during evenings, nights or weekends you needed support or advice about feeding your baby, were you able to get this?	6.0	7.4	6.3

Questions which scored somewhat worse than expected were:

Question	Trust Score 2023	Trust Score 2024	National Average 2024
During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	8.1	8.4	9.0
Thinking about your stay in hospital, if your partner was involved in your care, were they able to stay with you as much as you wanted	4.9	4.7	7.4
Thinking about the last time you contacted the telephone triage line, did you feel that you got the advice that you needed?		7.5	8.3

The following actions are being taken to improve results from the National Maternity Survey:

- Increase timely feedback from service users.
- Expanding the maternity education offer to support informed decision making.
- Improve the communication during contact via the triage line.
- Continue to improve pain management with a specific focus on the postnatal period.
- Continue to progress the ability to support partners to stay overnight.

National Children and Young People Survey 2024

The 2024 National Children and Young People Survey was undertaken between January and April 2024. 1250 children/parents/carers between the age of 0-15 years who were admitted to hospital during March, April and May 2024 were invited to give their views and feedback on the care they received throughout their admission:

Parent and carers of children aged 0 to 7 answered a questionnaire to feedback on their child's experiences.

Children and young people aged 8 to 11 and 12 to 15 each answered their own questionnaire, which also included questions for their parent or carer.

150 invited participants completed the survey, which was a response rate of 12%. This was lower than the national average of 20%.

Of the 78 questions asked, MWL scored better than expected than most trusts for 7 questions, somewhat better than most trusts for 4 questions, 65 questions were about the same as other trusts, 1 question somewhat worse than expected and 1 question worse than expected.

*This was the first survey as MWL NHS Trust and therefore cannot be compared to previous survey results.

The table below details the overall section scores:

Section	Trust Score 2024	Trust Ratings
The waiting area – Parents and carers' reports (0-7years)	7.6/10	About the same
The waiting area – Children's and young people reports (8-15years)	6.2/10	About the same
Hospital ward - Parents and carers' reports (0-7years)	9.7/10	About the same
Hospital ward - Children's and young people reports (8-15 years)	6.6/10	About the same
Talking to hospital staff - Parents and carers' reports (0-7 years)	9.0/10	About the same
Talking to hospital staff - Parents and carers' reports (0-15 years)	8.3/10	About the same
Talking to hospital staff - Children's and young people reports (8-15 years)	8.8/10	About the same
Being looked after in hospital - Parents and carers' reports (0-7years)	7.4/10	About the same
Being looked after in hospital - Parents and carers' reports (0-15 years)	8.6/10	About the same
Being looked after in hospital - Children's and young people reports (8-15 years)	7.8/10	About the same
Hospital food- Parents and carers' reports (0-11 years)	6.1/10	About the same
Facilities – Parents and carers' reports (0-15 years)	7.3/10	About the same
Facilities – Children and young people's reports (8-15 years)	6.6/10	About the same
Pain – Parents and carers' reports (0-15 years)	8.6/10	About the same
Pain – Children and young people's reports (8-15 years)	8.4/10	About the same
Operations and Procedures- Parents and carers' reports (0-15 years)	9.1/10	About the same
Operations and Procedures- Children and young people's reports (8-15 years)	8.3/10	About the same
Leaving hospital - Parents and carers' reports (0-15 years)	8.3/10	About the same
Leaving hospital - Children and young people's reports (8-15 years)	8.1/10	About the same
Overall experience - Parents and carers' reports (0-15 years)	8.8/10	About the same
Overall experience - Children and young people's reports (8-15 years)	8.8/10	About the same

Questions where MWL performed better than expected:

Question	Trust Score 2024	National Average 2024
Being able to stay as much as needed (parents and carers)	9.9	8.0
Not being stopped from sleeping by lighting (8-15 years)	9.4	8.4
Staff introductions (parents and carers)	9.5	9.0
Able to ask staff questions (8-15 years)	9.2	8.0
Accommodating individual needs (parents and carers)	8.9	8.7
Staff explanation before operation and procedure (parents and carers)	9.4	9.0
Explaining how well an operation or procedure went (parents and carers)	8.9	8.2

Questions where MWL performed somewhat better than expected:

Question	Trust Score 2024	National Average 2024
Understandable communication (8-15 years)	9.1	8.8
Privacy during care (parents and carers)	9.5	8.6
Confidence and trust in staff (parents and carers)	8.8	8.4
Hospital food choice (12-15 years)	7.5	7.0

Questions where MWL performed somewhat worse than expected:

Question	Trust Score 2024	National Average 2024
Activities during hospital stay (parents and carers)	4.2	5.0

Questions where MWL performed worse than expected:

Question	Trust Score 2024	National Average 2024
Being around others of own age on the ward (8-15 years)	4.7	6.5

The following actions are being taken to improve results from the Children and Young People Survey:

- Where appropriate, placing children receiving care with those of a similar age.
- Review of play specialist resource.
- Parents to be provided with the relevant discharge information leaflets to so they know who to contact with any concerns after discharge.
- Alignment of care plans to incorporate the signature of the Child or Young Person (where age appropriate) onto the care plan to ensure Voice of the Child is captured.

National Cancer Patient Experience Survey 2024

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer-related treatment in the months of April, May and June 2024. The fieldwork for the survey was undertaken between November 2024 and February 2025.

The MWL 2024 response rate was 47% (423 patients). This compares to a national response rate of 50%.

Of the 59 questions asked, MWL scored above the expected range for 6 questions which related to the availability and quality of information. There were 0 questions where scores were below the expected range with all other questions within the expected range.

Cancer services have identified three priorities from the 2024 results – improving information about support services, enhancing shared decision making and clarifying patients' understanding of the side effects of cancer treatment.

Further information can be found at www.ncpes.co.uk.

National General Practice (GP) Patient Survey Updated

Marshalls Cross Medical Centre participates in the National GP Patient Survey each year. In 2025, 122 surveys were returned providing a response rate of 27%.

Question	Marshalls Cross	National Results	Inhouse Survey
- find it easy to get through to this GP practice by phone	39%	53%	79%
- find it easy to contact this GP practice using their website	28%	51%	70%
- find it easy to contact this GP practice using the NHS App	32%	49%	78%
- find the reception and administrative team at this GP practice helpful	26%	83%	96%
- usually get to see or speak to their preferred healthcare professional when they would like to	14%	40%	87%
- were offered a choice of time or day when they last tried to make a general practice appointment	21%	54%	44%
- were offered a choice of location when they last tried to make a general practice appointment	7%	14%	24%
- felt they waited about the right amount of time for their last general practice appointment	48%	67%	92%
- say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	77%	87%	94%
- say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	73%	86%	87%

As part of our improvement plan, we have recently refreshed our patient participation work - we have 2 groups (one digital, one face to face). We also undertook an in-house survey in January 2026 replicating the national survey to measure our improvement journey more frequently.

5 Star Accreditation Programme

NHS England recommends that locally driven ward/unit accreditation approaches bring together key measures into a single overarching framework. These programmes incorporate a set of standards so that areas for improvement can be identified as well as areas of excellence celebrated. These programmes can drive continuous improvement in patient outcomes, satisfaction and staff experience.

In the last 12 months, we have successfully completed phase 1 of the 5 Star Accreditation, which has included 48 adult inpatient areas. Phase 2 was commenced late 2025 for speciality areas such as Accident and Emergency, Paediatrics and Critical Care Units. The 5 Star Accreditation Programme is now a continuous schedule of quality assessments completing within the Trust, which provides a benchmark of quality and improvement performance.

Each of the 16 standards focuses on a key theme covering key quality elements of care: Documentation, Environmental Observations, Patient Questions / Experience, Staff Questions / Knowledge and Ward Manager Questions / Leadership. The standards are reviewed on an annual basis.

The ward/department accreditation framework provides Ward to Board assurance of quality and safety standards, highlighting performance across the five CQC key standards and the Trust's 5 Star Patient Care Vision which not only focuses on continuous improvement strategies but also highlights excellence in practice.

The accreditation framework has the following benefits:

- Targets setting consistent expectations of patient care delivery across the Trust.
- Provides strong focus to the leadership team.
- Strengthens leadership.
- Improves quality.
- Reduces avoidable harm.
- Improves patient experience.
- Provides evidence compliance against regulatory standards thus improving CQC ratings.
- Improves clinical efficiency and effectiveness.
- Shares good practice.
- Team building.

Since the Accreditation launch in 2024, there have been significant improvements within the Trust, supported by the Quality team and subject matter experts. Data analysis shows there has been a reduction in aspiring areas and an overall increase in 3 star, 4 star and 5 star outcomes.

Following assessments, clinical areas are provided with action trackers to develop and monitor their own improvement plans, which are monitored within the divisions and supported by the quality team. An accreditation dashboard has been developed which emphasises areas of good practice and areas requiring improvement across all standards (also aligned to the CQC domains of safe, effective, caring, well-led and responsive).

Appendix 1
National Clinical Audits

NHS England Quality Accounts List 2025-26. The table below lists the National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement programmes which NHS England advises trusts to prioritise for participation and inclusion in their Quality Accounts for 2025-26.

Number	Project Name	MWL Status
1	BAUS British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	Participating
2	BAUS Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	Participating
3	Breast and Cosmetic Implant Registry	Participating
4	British Spine Registry	Not applicable
5	Case Mix Programme (CMP) - Intensive Care National Audit & Research Centre (ICNARC)	Participating
6	Child Health Clinical Outcome Review Programme	Participating
7	Cleft Registry and Audit NEtwork (CRANE) Database	Not applicable
8	RCEM - Adolescent Mental Health	Participating
9	RCEM - Mental Health Self Harm	Participating
10	RCEM - Care of Older People	Participating
11	RCEM - Time Critical Medications	Participating
12	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Participating
13	Fracture Liaison Service Database (FLS-DB	No service, not applicable
14	National Audit of Inpatient Falls (NAIF)	Participating
15	National Hip Fracture Database (NHFD)	Participating
16	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	Participating
17	Maternal, Newborn and Infant Clinical Outcome Review Programme1	Participating
18	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Participating
19	Mental Health Clinical Outcome Review Programme	Not Applicable
20	National Diabetes Core Audit	Participating
21	Diabetes Prevention Programme (DPP) Audit	Not applicable
22	National Diabetes Footcare Audit (NDFA)	Participating
23	National Diabetes Inpatient Safety Audit (NDISA)	Participating

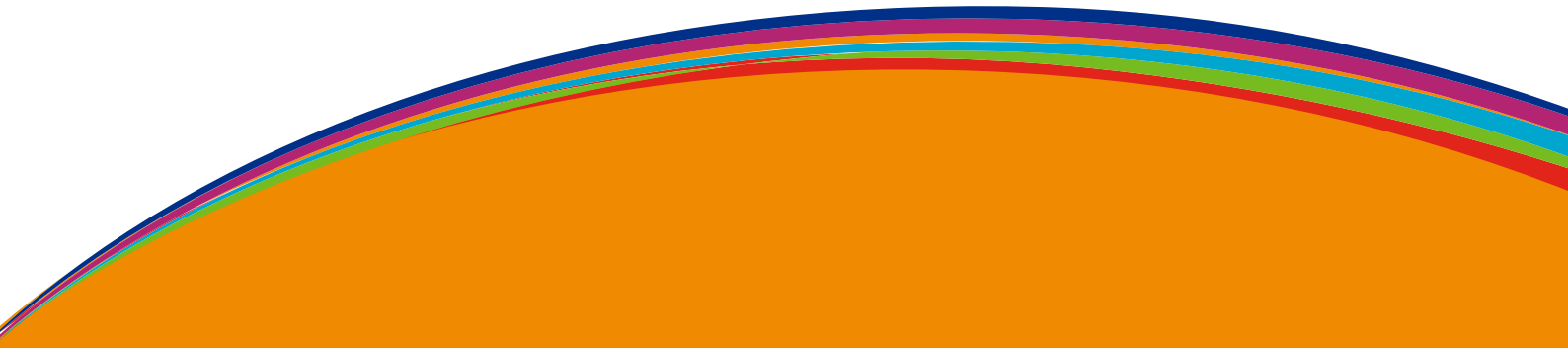
Number	Project Name	MWL Status
24	National Pregnancy in Diabetes Audit (NPID)	Participating
25	Transition (Adolescents and Young Adults) and Young Type 2 Audit	Participating
26	Gestational Diabetes Audit	Participating
27	National Audit of Cardiac Rehabilitation	Participating
28	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	Not applicable
29	National Audit of Care at the End of Life (NACEL)	Participating
30	National Audit of Dementia (NAD)	Participating
31	National Audit of Eating Disorders (NAED)	Not applicable
32	National Bariatric Surgery Registry	Participating
33	National Audit of Metastatic Breast Cancer (NAoMe)	Participating
34	National Audit of Primary Breast Cancer (NAoPri)	Participating
35	National Bowel Cancer Audit (NBOCA)	Participating
36	National Kidney Cancer Audit (NKCA)	Participating
37	National Lung Cancer Audit (NLCA)	Participating
38	National Non-Hodgkin Lymphoma Audit (NNHLA)	Participating
39	National Oesophago-Gastric Cancer Audit (NOGCA)	Participating
40	National Ovarian Cancer Audit (NOCA)1	Participating
41	National Pancreatic Cancer Audit (NPaCA)	Participating
42	National Prostate Cancer Audit (NPCA)	Participating
43	National Cardiac Arrest Audit (NCAA)	Participating
44	National Adult Cardiac Surgery Audit (NACSA)	Not applicable
45	National Congenital Heart Disease Audit (NCHDA)	Not applicable
46	National Heart Failure Audit (NHFA)	Participating S&O sites behind with data collection
47	National Audit of Cardiac Rhythm Management (CRM)	Not applicable

Number	Project Name	MWL Status
48	Myocardial Ischaemia National Audit Project (MINAP)	Participating S&O sites behind with data collection
49	National Audit of Percutaneous Coronary Intervention (NAPCI)	Not applicable
50	UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Not applicable
51	Left Atrial Appendage Occlusion (LAAO) Registry	Not applicable
52	Patent Foramen Ovale Closure (PFOC) Registry	Not applicable
53	Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	Not applicable
54	National Child Mortality Database (NCMD)	Participating
55	National Clinical Audit of Psychosis (NCAP)	Not applicable
56	National Comparative Audit of Bedside Transfusion Practice - 2025 Major Haemorrhage Audit	Participating
57	National Early Inflammatory Arthritis Audit (NEIAA)	Participating
58	National Emergency Laparotomy Audit (NELA) Laparotomy	Participating
59	National Emergency Laparotomy Audit (NELA) No-Lap	Participating
60	National Joint Registry	Participating
61	National Major Trauma Registry	Participating
62	National Maternity and Perinatal Audit (NMPA)	Participating
63	National Neonatal Audit Programme (NNAP)	Participating
64	National Obesity Audit (NOA)	Participating
65	Age-related Macular Degeneration Audit - National Ophthalmology Database (NOD):	Participating
66	Cataract Audit - National Ophthalmology Database (NOD):	Participating
67	National Paediatric Diabetes Audit (NPDA)	Participating
68	National Perinatal Mortality Review Tool	Participating
69	National Pulmonary Hypertension Audit	Not Applicable
70	COPD Secondary Care	Participating
71	Pulmonary Rehabilitation	Participating
72	Adult Asthma Secondary Care	Participating

Number	Project Name	MWL Status
73	Children and Young People's Asthma Secondary Care	Participating
74	National Vascular Registry (NVR)	Participating
75	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Not applicable
76	Paediatric Intensive Care Audit Network (PICANet)	Not applicable
77	Perioperative Quality Improvement Programme	Not participating
78	Improving the quality of valproate prescribing in adult mental health services	Not applicable
79	Use of clozapine	Not applicable
80	Use of medicines with anticholinergic properties in older people's mental health services	Not applicable
81	Sentinel Stroke National Audit Programme (SSNAP)	Participating
82	Serious Hazards of Transfusion (SHOT)	Participating
83	UK Cystic Fibrosis Registry Adults	Participating
84	UK Cystic Fibrosis Registry Children	Partcipating
85	UK Interstitial Lung Disease (ILD) Registry	Not applicable
86	UK Parkinsons Disease Audit	Participating
87	UK Renal Registry Chronic Kidney Disease Audit	Not applicable
88	UK Renal Registry National Acute Kidney Injury Audit	Not applicable


NHS

Annex A
Statement of Directors' responsibilities in respect of the Quality Account



The Trust Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012) to prepare a Quality Account for each financial year.

The Department of Health issues guidance on the form and content of the annual Quality Account, which has been included in this Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered for 2025-26.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Trust Board.

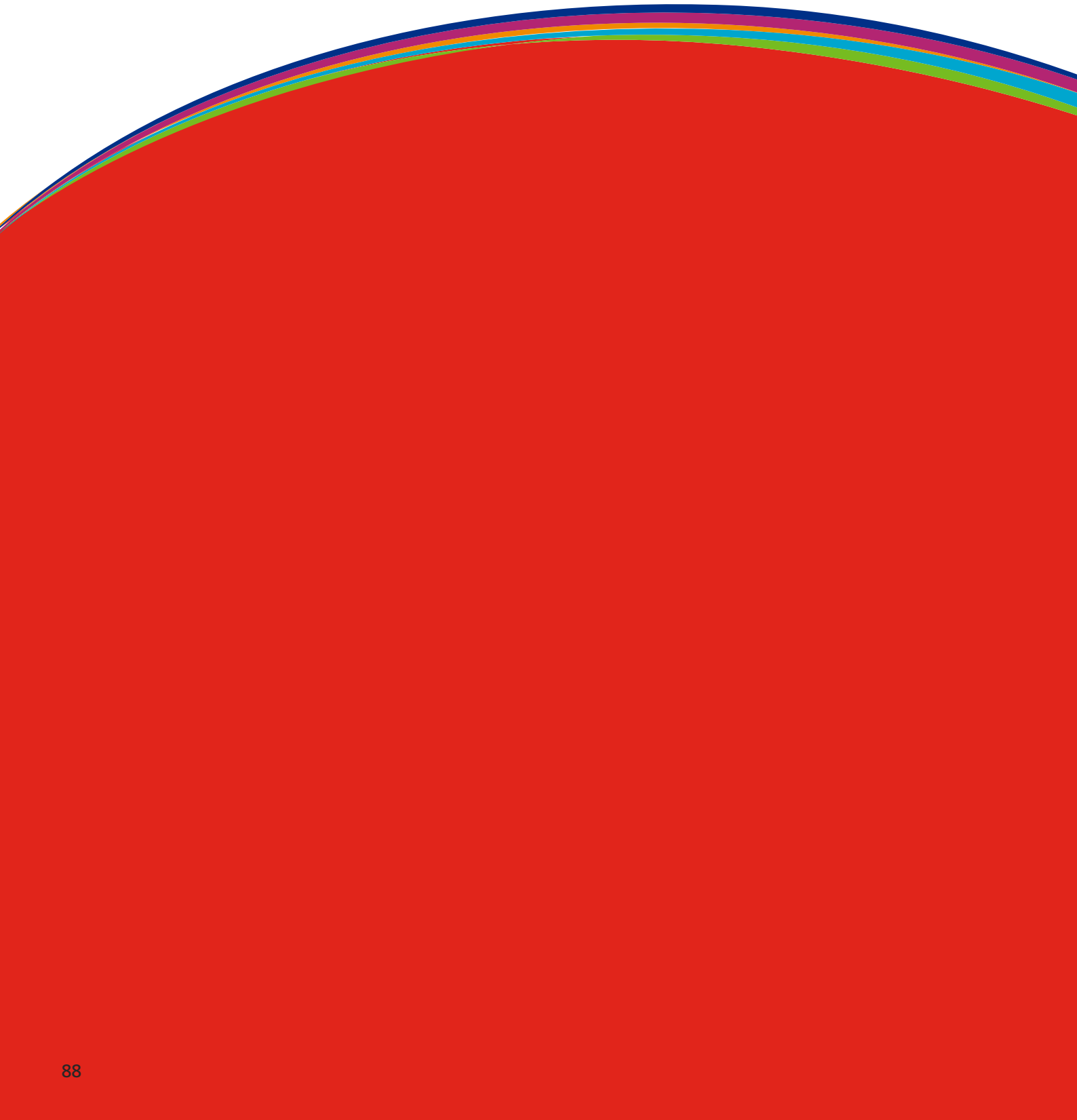
Steve Rumbelow

Steve Rumbelow, Chairman

Rob Cooper

Rob Cooper, Chief Executive

Annex B
Written statements by other bodies



Statement from NHS Cheshire and Merseyside ICB

NHS Cheshire and Merseyside Integrated Care Board welcomes the opportunity to review the Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Quality Account for 2025- 26 and recognises the continued commitment of the Trust to delivering high quality, safe and patient-centred care.

NHS Cheshire and Merseyside acknowledge the Trust's strong overall position and its sustained Care Quality Commission rating of Outstanding following three inspections in 2025, reflecting a well-established culture of quality and continuous improvement. The Trust's Quality Account is comprehensive and presents a robust range of both quantitative and qualitative information, including data relating to complaints, patient safety incidents, learning from deaths, surveys and clinical audits. The Trust has demonstrated openness and transparency in reporting areas of challenge, including those relating to ongoing legal proceedings, operational pressures associated with demand and capacity, and Infection Prevention and Control (IPC) outbreaks across services. The clear commitment to inclusivity is of critical importance in supporting an effective workforce and patient experience and resonates throughout the account.

An overview of performance against the 2025/26 quality objectives indicates that the majority of objectives have been partially achieved, with some fully achieved. In relation to the timely and effective assessment of patients within the Emergency Department; the associated targets have been partially achieved, and the Trust continues to implement a range of measures aimed at improving patient experience within the department. These include the adoption of the Cheshire and Merseyside *Red Lines Toolkit Guidance* and *Mental Health Action Cards*.

In terms of patient experience, it is encouraging to note that the Trust has actively responded to patient feedback through a clear *You said, we did* approach. Furthermore, the Trust has demonstrated improvements in patient safety outcomes, including a reduction in harm associated with falls. There is also continued evidence of a strong commitment to fostering an open and learning culture, supported by effective incident reporting, thorough investigation processes, and dissemination of learning. We will continue to work collaboratively with the Trust to support delivery against the remaining priorities and actions required.

It is also positive to see recognition of staff and departmental achievements across both sites, including the Radiology department at the Whiston site, which received the *Excellence in Quality Improvement* award. It is encouraging that work is underway to increase staff participation in future staff surveys, alongside continued investment in Freedom to Speak Up arrangements and broader initiatives to support staff wellbeing.

We welcome MWL's participation in the Research Delivery Networks (RDN) strategic commitment, alongside the focus on the 'Neighbourhood Health Implementation Programme' which incorporates both National and Cheshire and Merseyside ICB priorities. In addition, MWL participated in the Research Experience Survey and achieved sixth place on the RDN dashboard which is a fantastic achievement.

The Trust demonstrates strong clinical effectiveness, with high participation in national and local audits. A maternity and neonatal audit achieved full assurance, and it is positive to see that MWL will undertake a further audit of the service to ensure these standards remain consistent. The findings described around targeted muscle reinnervation in patient with limb amputation sound positive, we will work closely with the Trust to understand more about the clinical audit findings requiring action during 2026/27 and support this delivery to allow further improvement journeys to be presented in the next quality account.

There are opportunities to improve the timeliness of responses to complaints and to further strengthen communication with patients and their families. We recognise that the Trust has identified these issues and has put in place appropriate improvement plans, supported by robust governance and assurance processes.

NHS Cheshire and Merseyside is supportive of the Trust's priorities for 2026-27, which are well aligned with system-wide objectives. In particular, we endorse the focus on eradicating corridor care, improving patient flow and discharge processes, and embedding safer surgical practices with the aim of eliminating Never Events in 2026/27.

Overall, NHS Cheshire and Merseyside consider that this Quality Account provides a balanced and transparent reflection of the Trust's performance during 2025–26, highlighting both achievements and areas where further progress is required. We will continue to work closely with the Trust through system partnership arrangements to support delivery of these improvement priorities and to ensure that patients across Merseyside and West Lancashire receive safe, effective and high-quality care.

Yours sincerely

Fiona Lemmens Executive Clinical Director
NHS Cheshire and Merseyside ICB
cc.Kerry Lloyd, Lisa Ellis

Statement from Healthwatch Sefton

Healthwatch Sefton would like to thank the Trust for the opportunity to comment on this Quality Account.

Healthwatch Sefton continues to act as an external partner through representation on the Patient Council, which we attend monthly. We provide regular feedback reports that highlight key themes and trends, offering the Trust independent insights into patient experience.

In addition, we have an ambassador who attends the Trust's Patient Participation Group meetings. During this period, a number of these meetings have taken place at Southport Hospital, which has been a positive development. These meetings provide valuable opportunities to hear updates from the Trust, and our ambassador has contributed to work relating to the BAME Assembly Anti-Racist Framework, engaged with the national Procurement Lead, and participated in a range of discussions.

We have also supported the wider 'Shaping Care Together' programme and have been active members of both the Communications and Engagement Steering Group and the Engagement and Patient Advisory Group (EPAG), alongside colleagues from Healthwatch Lancashire and local Council for Voluntary Service (CVS) organisations.

During this period, the Trust sought our views on the draft Patient Experience Strategy. We submitted a response, which has informed subsequent developments. It is encouraging to see improvements in the Emergency Department at Southport Hospital, particularly the provision of additional seating, which has also been identified as a concern through Healthwatch feedback. Travel to hospital remains a recurring theme in the feedback we receive. We were pleased to read how the Trust responded to concerns from patients travelling from Southport to Whiston Hospital for plastics procedures, where distance and cost were affecting access to follow-up care. The introduction of an all-day clinic at Southport demonstrates a positive example of the Trust listening to patient feedback and implementing improvements ("You said, we did").

We note from the report a slight increase in the number of complaints this year. We also noted a 60% compliance rate in responding to complaints within 60 working days. We would welcome further updates at future Patient Council meetings regarding the actions being taken to improve performance against this target. It is, however, encouraging to see that, where agreed by complainants, an increased number of resolution meetings are taking place to support more timely resolution of concerns.

We welcome the Trust's objective for 2026–2027 to eradicate corridor care and patient boarding. In March, the Trust supported an Enter and View visit at Southport Hospital to gather feedback from patients receiving care in corridor areas or temporary escalation spaces. We would like to thank the Trust for its support and continued engagement with Healthwatch in facilitating this work. We had also planned to undertake an informal listening event at Southport Hospital in January to speak with patients, visitors, and staff on ward areas; however, this has been postponed twice on the advice of the Trust's infection prevention team. We are currently working to reschedule this for summer 2026.

In reviewing performance against national targets, we welcome the reported improvements in falls prevention, particularly the 32% reduction in falls resulting in harm compared to the previous year. This demonstrates the positive impact of the Trust's improvement programme and associated audit activity. We also note the information provided regarding hydration; however, it would have been helpful to include further detail on future targets in this area.

It was also encouraging to read the results of the staff survey. We would like to join the Trust in recognising the staff who responded to the Southport incident, delivering care with compassion and professionalism.

Healthwatch Sefton would like to thank the Trust for its supportive and collaborative approach in working with us as a critical friend. We value the Trust's commitment to listening and responding to the experiences of patients, carers, and families, and we look forward to continuing our work together.

Healthwatch Sefton
29.05.2026

Statement from Healthwatch Knowsley

Healthwatch Knowsley welcomes the opportunity to review and comment on the Mersey and West Lancashire Teaching Hospitals NHS Trust Quality Account for 2025– 2026.

As the independent champion for people who use health and social care services, our role is to ensure that the patient voice is represented and that services reflect the experiences and expectations of local communities.

Overall, we recognise the Trust's continued commitment to improving quality across its services, particularly in relation to patient safety, clinical effectiveness, and patient experience. It is positive to see a clear focus on learning from incidents, strengthening governance processes, and continuing to build a culture of continuous improvement.

From a patient perspective, we particularly welcome the emphasis placed on patient feedback and engagement. The inclusion of patient experience data, alongside examples of how feedback has informed service improvements, demonstrates a clear willingness to listen and respond. Healthwatch Knowsley's contribution to this area of work has been welcomed by Trust leaders, and throughout this reporting period we have continued to provide independent patient experience reports to the Patient Experience Council. These reports have been informed by feedback gathered through our regular presence at both the Whiston and St Helens hospital sites. Overall, the feedback received has been positive about the services provided.

We were also grateful to Trust staff for their support with an Enter and View activity focused on corridor care within the A&E department (24th March 2026), a visit informed by the Cheshire and Merseyside Red Lines Toolkit guidance. It is acknowledged that non-clinical settings used for patient care present challenges in maintaining patient comfort and dignity, but we recognise the Trust is doing everything within its power to make these environments as appropriate as possible and respond to the national ambition to eliminate corridor care.

In addition, volunteers from Healthwatch Knowsley were invited to support the PLACE inspection process, contributing further to the learning arising from this work.

We would encourage the Trust to continue strengthening this approach by ensuring that feedback is consistently captured from a diverse range of communities, including those who may be less likely to engage through traditional channels. Again, this is an area of work on which Healthwatch Knowsley can also contribute.

We also note the Trust's focus on access to services and waiting times, which remains an ongoing concern for local people. Healthwatch Knowsley continues to hear from residents about the impact of delays in accessing care, particularly in relation to diagnostics and outpatient appointments. Our experience long term is that the Trust staff proactively respond with care and compassion to any negative patient experience information regarding delays in treatment.

We are particularly encouraged by the recognition of the importance of patient and public involvement. Meaningful engagement goes beyond consultation and should involve patients and carers as active partners in the design, delivery, and evaluation of services. We would like to see further examples of co-production approaches being embedded across the organisation, particularly in areas of service redesign and quality improvement.

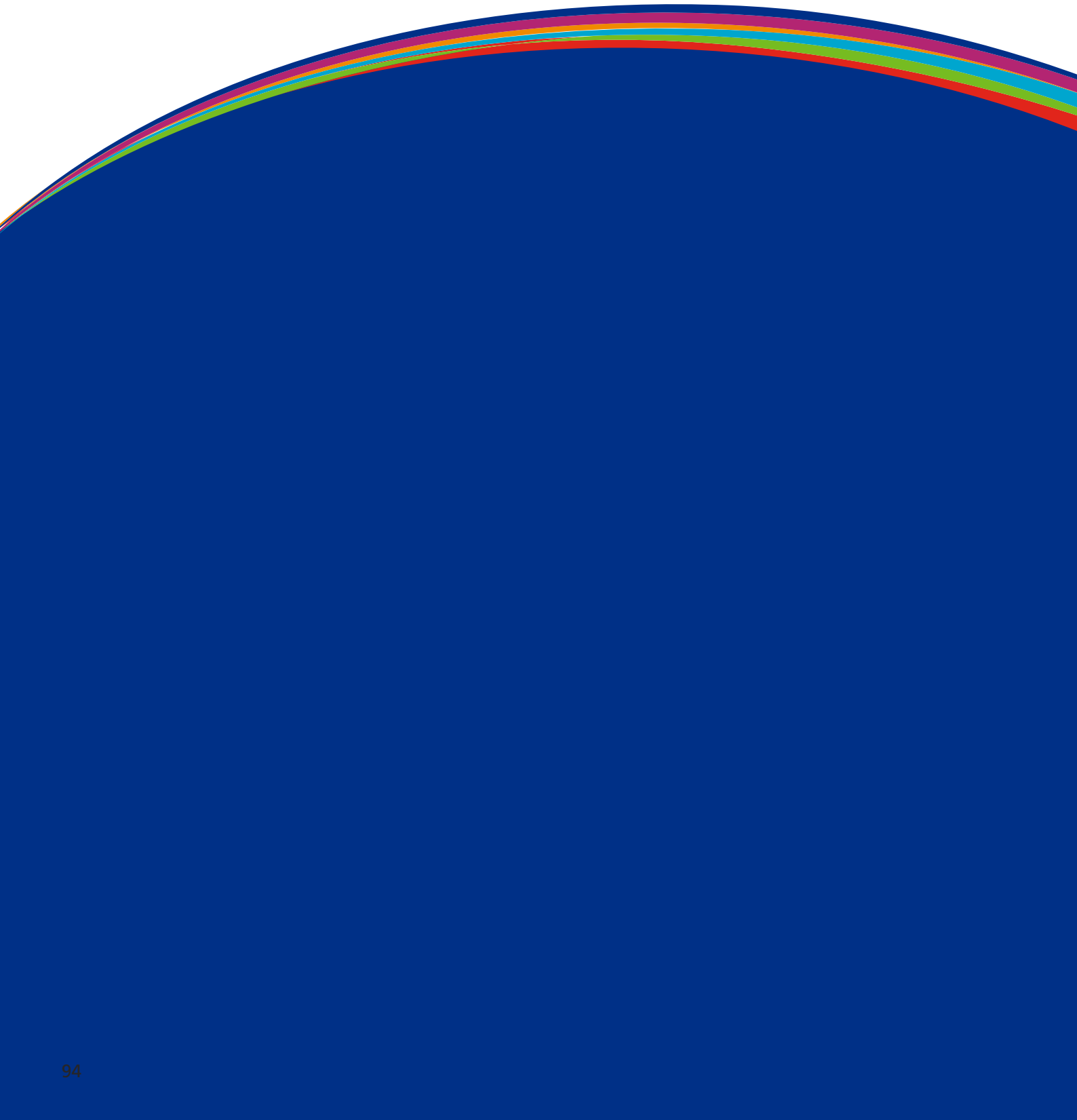
Health inequalities remain a key issue within Knowsley, and we welcome the Trust's acknowledgment of this within its priorities. We would encourage continued focus on reducing inequalities in access, experience, and outcomes, ensuring that services are tailored to meet the needs of different population groups and that no one is left behind.

In conclusion, Healthwatch Knowsley supports the overall direction of the Quality Account and recognises the progress being made and is grateful for the hard work and dedication shown by staff to the care provided to the people of Knowsley.

We look forward to continuing to work collaboratively with the Trust to ensure that the voices of people in Knowsley are heard and that services continue to improve in ways that matter most to patients and their families.

Healthwatch Knowsley

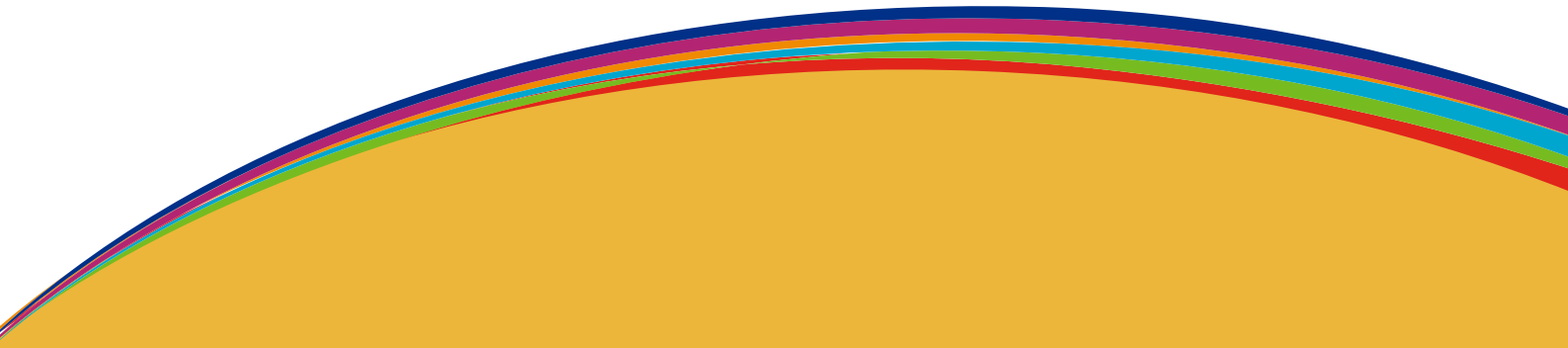
Annex C
Amendments made to the Quality Account following feedback and written statements from other bodies



The following amendments were made following feedback from other bodies:

Section	Amendment/addition

Annex D
Abbreviations



ADR	Adverse drug reaction
AHPs	Allied Health Professionals
AI	Artificial intelligence
AIS	Accessible Information Standard
AKI	Acute kidney injury
AMU	Acute Medical Unit
ANC	Ante-natal Clinic
ANTT	Aseptic non-touch technique
App	Application
AQ	Advancing Quality
AMaT	Audit Management and Tracking (computer package)
ARC NWC	Applied Research Collaboration North West Coast
BADGERNET	Maternity electronic notes programme
BAME	Black, Asian and minority ethnic
BAUS	British Association of Urological Surgeons
BJP	Bence Jones Protein
BP	Blood pressure
BRAIN	Benefits, Risks, Alternatives, Intuition and Nothing – tool used during pregnancy to help parents get the information they need to make decisions about their care providers during pregnancy, birth and postpartum.
BSI	Blood stream infection
BSL	British Sign Language
BSPED	British Society for Paediatric Endocrinology and Diabetes
BTS	British Thoracic Society
C&M	Cheshire and Merseyside
Careflow	Electronic Patient Record System
CCS	Clinical Classifications Service
CD	Controlled drugs
C. difficile	Clostridioides difficile infection
CDT	Clostridioides difficile infection
CGM	Continuous glucose monitoring
CHPPD	Care hours per patient per day
CNO	Chief Nursing Officer
CMAST	Cheshire and Merseyside Acute and Specialist Trust provider collaborative
CMP	Case mix programme
COHA	Community Onset Health Care Associated
COO	Chief Operating Officer
COPD	Chronic obstructive airways disease
CPD	Continuing professional development
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQuIN	Commissioning for quality and innovation

CRAB	Copeland risk adjusted barometer
CRB	Cervical ripening balloon
CRN NWC	Clinical Research Network, North West Coast
CSP	Cervical Screening Programme
CT	Computerised tomography
CTG	Cardiotocography
CYP	Children and young people
Datix	Integrated risk management, incident reporting, complaints management system
DIEP	Deep inferior epigastric perforators
DIPC	Director of Infection Prevention and Control
DLQI	Dermatology Life Quality Index
DNA	Did not attend
DNACPR	Do not attempt cardiopulmonary resuscitation
DQMI	Data quality maturity index
DRC	Deafness Resource Centre
DrEaM	Drink, eat and mobilise
DSPT	Data Security and Protection Toolkit
DVT	Deep vein thrombosis
EASI	Eczema Area and Severity Index
ED	Emergency Department
EDI	Equality, diversity and inclusion
EDS or EDS2	Equality Delivery System
EMIS	Egton Medical Information System
ENT	Ear, nose and throat
ePMA	Electronic prescribing and medicines administration
EPR	Electronic patient record
ESR	Electronic staff record
eVTE	Electronic venous thromboembolism (recording)
FBC	Full blood count
FDA	Food and Drug Administration
FDS	Faster diagnosis standard
FFT	Friends & Family Test
FGR	Fetal Growth Restriction
FRAX	Fracture Risk Assessment Tool
FTSU	Freedom to speak up
GAP	Growth assessment protocol
GAP SCORE	Growth assessment protocol standardised case outcome review and evaluation
GI	Gastrointestinal
GIRFT	Get it right first time
GP	General Practitioner
HASU	Hyper-Acute Stroke Unit

HAT	Hospital-acquired or hospital-associated thrombosis
HbA1c	Haemoglobin A1c - average blood glucose (sugar) levels for the last two to three months
HCA	Healthcare Assistant
HCAI	Healthcare associated infections
HCSW	Healthcare Support Worker
HES	Hospital Episode Statistics
HHS	Hyperosmolar Hyperglycaemic State
HOHA	Hospital Onset Health Care Associated
HPMA	Healthcare People Management Association
HR	Human Resources
HS	Hidradenitis Suppuritiva
HWWB	Health, Work and Well-being
IBD	Inflammatory bowel disease
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office
ICB	Integrated Care Board
ICCR	Individual care and communication record
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision
ICS	Integrated Care System
IG	Information governance
IMCA	Independent mental capacity advocate
IPC	Infection prevention and control
IT	Information technology
IV	Intravenous
JAK	Janus Kinase
JSNA	Joint Strategic Needs Assessment
KPI	Key performance indicator
LAC	Looked after children
LeDeR	Learning disability mortality review
LFPSE	Learn from Patient Safety Events
LGA	Large for gestational age
LGBT	Lesbian, gay, bisexual, transgender
LGBTQIA+	Lesbian, gay, bisexual, transgender, questioning, intersex, asexual
LocSSIPs	Local safety standards for invasive procedures
MBRRACE-UK	Mothers and babies - reducing risk through audits and confidential enquiries across the UK
MDT	Multi-disciplinary team
MHRA	Medicines and Healthcare products regulatory agency – primary role is to regulate medicines, medical devices and blood components for transfusion ensuring they meet safety, quality and efficacy standards to protect public health.
MINAP	Myocardial infarction national audit programme

MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant staphylococcus aureus
MRSAb	Methicillin-resistant staphylococcus aureus bacteraemia
MSSA	Methicillin-sensitive staphylococcus aureus
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust
NACAP	National asthma and COPD audit programme
NACEL	National audit of care at the end of life
NAOGC	National audit oesophago-gastric cancer
NatSSIPs	National safety standards for invasive procedures
NBOCA	National bowel cancer audit
NCAA	National cardiac arrest audit
NCAP	National cardiac arrest programme
NCCQ	National clinical coding qualification
NCEPOD	National confidential enquiry into patient outcome and death
NCPES	National cancer patient experience survey
NDA	National diabetes audit
NELA	National emergency laparotomy audit
NEWS	National early warning score
NG	Nasogastric
NHS	National Health Service
NHSE	National Health Service England
NHSP	NHS Professionals
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NJR	National joint registry
NLCA	National lung cancer audit
NMPA	National maternity and perinatal audit
NMTR	National Major Trauma Registry (formerly TARN)
NNAP	National neonatal audit programme
NOD	National ophthalmology audit
NPCA	National prostate cancer audit
NPDA	National paediatric diabetes audit
NRLS	National Reporting & Learning System
NVR	National Vascular Registry
OBE	Order of the British Empire
ODPs	Operating Department Practitioners
OH	Occupational Health
OPAT	Outpatient Antibiotic Therapy
OPCS	Office of Population, Census and Statistics Classification of Interventions and Procedures
OSCE	Objective structured clinical examination
OT	Occupational Therapist/Therapy

P2, P3, P4	Priority 2, 3, 4
PALS	Patient Advice and Liaison Service
PACS	Picture archiving and communication system
PAS	Patient administration system
PCC	Prothrombin complex concentrate
PCI	Percutaneous coronary intervention
PE	Pulmonary embolus
PIR	Post infection review
PLACE	Patient-led assessments of the care environment
PMRT	Perinatal mortality review tool
PPE	Personal Protective Equipment
PRES	Participant in research experience survey
PROMs	Patient reported outcome measures
PSII	Patient safety incident investigation
PSIRF	Patient Safety Incident Response Framework
QI	Quality improvement
QICA	Quality Improvement and Clinical Audit
RAG	Red, amber, green
RCEM	Royal College of Emergency Medicine
RDI	Research, development and innovation
RDIG	Research, Development and Innovation Group
RCOG	Royal College of Obstetricians and Gynaecologists
RLC	Rugby League Cares
RN	Registered Nurse
RNDA	Registered Nurse Degree Apprenticeship
RTT	Recruiting to time and target
RSV	Respiratory syncytial virus
SAG	Safeguarding Assurance Group
SAMBA	Society for Acute Medicine (SAM) benchmarking audit
SAU	Surgical Assessment Unit
SBAR	Situation, background, assessment, recommendation
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SFLC	Serum free light chains
SHMI	Summary hospital-level mortality indicator
SHOT	Serious hazards of transfusion
SIRO	Senior Information Risk Owner
SJR	Structured judgement review
S&O	Southport and Ormskirk Hospital NHS Trust
SOP	Standard operating procedure
SSI	Surgical site infection

SSNAP	Sentinel stroke national audit programme
STHK	St Helens and Knowsley Teaching Hospitals NHS Trust
SUS	Secondary Uses Service
TARN	Trauma Audit and Research Network
TAR	Transfusion authorisation record
TAT	Thrombin-Antithrobin Complex
TIA	Transient ischaemic attack
TILIA	Tozorakimab in Patients Hospitalised for Viral Lung Infection Requiring Supplemental Oxygen
TNA	Trainee nursing associate
TTO	To take out
TURBT	Transurethral resection of bladder tumour
TURP	Transurethral resection of prostate
uDNACPR	Unified do not attempt cardiopulmonary resuscitation
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
UK	United Kingdom
VBAC	Vaginal birth after caesarean
VIP	Visual infusion phlebitis
VTE	Venous thromboembolism
WDES	Workforce Disability Equality Standard
WHO	World Health Organisation
WRES	Workforce Race Equality Standard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Vision is 5 Star

Contact details

Additional information about the Trust is available on the website:

www.merseywestlancs.nhs.uk

If you have any queries relating to this Quality Account please direct them to the following email:
sarah.o'brien2@merseywestlancs.nhs.uk