North Bristol NHS Trust

QUALITY ACCOUNT

2025-26

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PART 1

Quality Statement

Introduction by the Chief Executive

Maria Kane OBE

Joint Chief Executive
NBT & UHBW

Welcome to the North Bristol NHS Trust (NBT) Quality Account 2025/26, where we share details of the quality of the services we provide and assess our performance against key priorities. My thanks go to all of our staff, volunteers and partners whose professionalism and dedication continue to drive NBT forward and ensure we provide safe, high-quality care for the people and communities we serve.

This has been a year of strong delivery and significant progress for NBT. We have continued to improve our performance in areas that positively impact patient safety and quality of care such as ambulance handover times. We have prioritised observation compliance with National Early Warnings Scores to ensure staff recognise and refer early to prevent acute deterioration and also successfully rolled out Martha's Rule to support the early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon. These initiatives demonstrate our commitment to quality and outstanding patient centred care, making every interaction count and getting it right first time. Because when we focus on quality, we not only improve patient experience but also critically reduce the potential for harm.

Our major investments in digital and physical infrastructure have also strengthened our ability to meet rising demand and improve care in 2025/26. A significant milestone was the opening of The Princess Royal Bristol Surgical Centre. Built in partnership with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the Integrated Care Board (ICB), the centre is making a substantial contribution to the quality of care and experience of our patients, enabling us to increase capacity, modernise the environment in which care is delivered, and support better patient flow and experience. Our introduction of a new electronic prescribing and medicines administration system is helping is ensure a more controlled prescribing and administration process.

Throughout the year, I have remained clear that our direction of travel must be tested against the Four Ps: better outcomes for Patients, greater support for our People, improved health and fairness for our Population, and responsible stewardship of the Public purse. For patients, this means being involved in decisions about their care and improved communication from our clinicians. For our people, it means investing in the tools and systems that increase the quality and safety of their practice every day. For our population, it means more equitable access to services, closer to home. And for the public purse, it means making disciplined, intelligent use of finite resources.

Of course, challenges remain. The pressures facing the NHS are real, and we should be honest about that. But I believe this year has shown that NBT is not standing still. We are building, improving, innovating and partnering and this is having a real, positive impact on the safety and quality of care we provide.

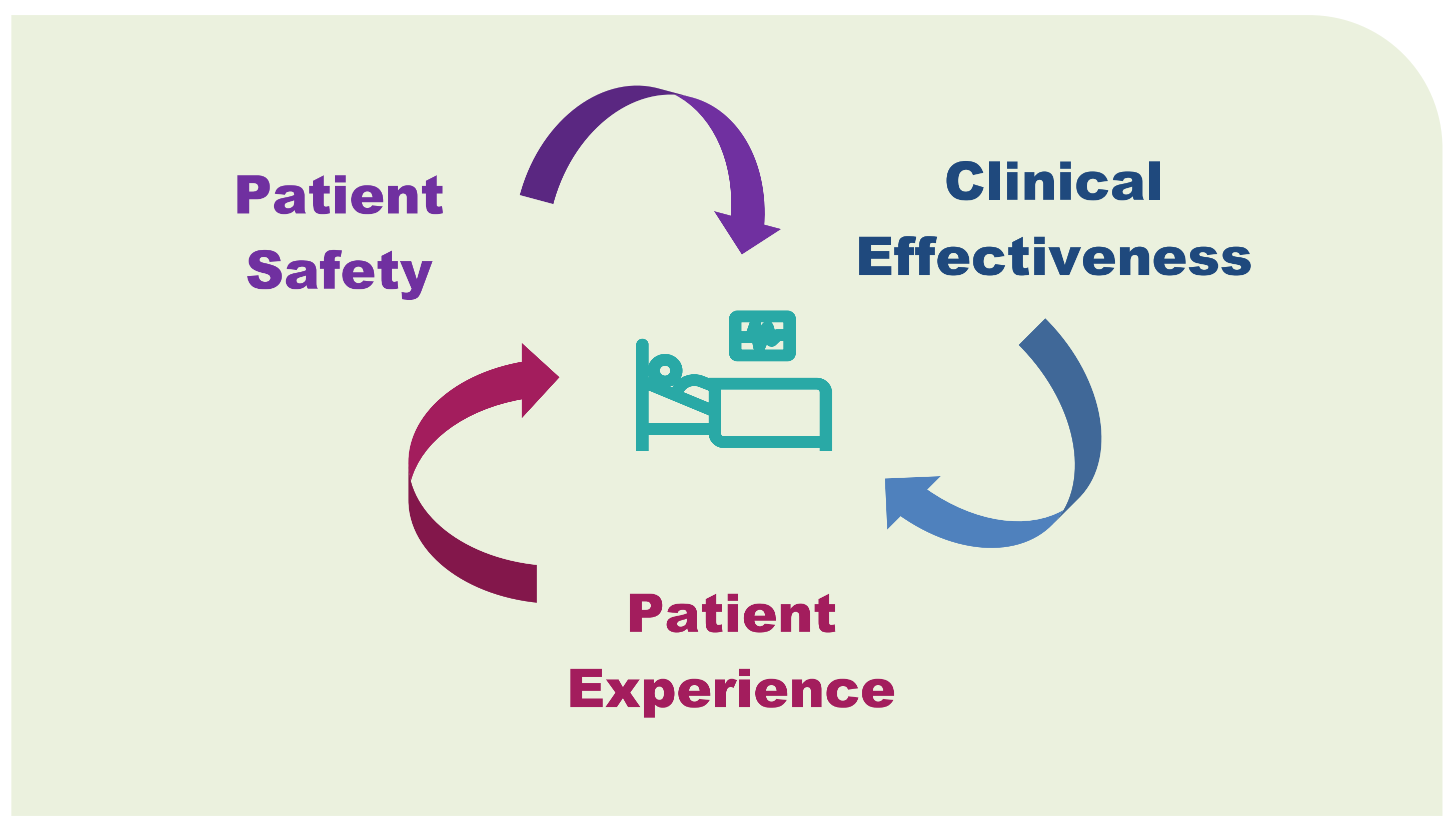
Partnership has been essential to our progress and impact. Our work with UHBW through Bristol NHS Group, including through our shared clinical strategy, continues to create new opportunities to align services, strengthen governance and accelerate transformation. In the year ahead, we plan to build on this partnership by coming together as a single organisation with a shared focus to go even further to strengthen the quality, safety and timeliness of care we provide.

Best wishes,
Maria Kane
Chief Executive

What is a Quality Account?

A Quality Account is an annual report that NHS healthcare providers publish to inform the public of the quality of the services provided. This not only describes things we are doing to provide the best quality healthcare services, but also encourages us to focus and be completely open about service quality and helps us develop ways to continually improve.

Each year we collect a large amount of information within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness, and patient experience.



1.1

A review of our services

North Bristol NHS Trust (NBT) provides care to the population of Bristol, North Somerset and South Gloucestershire (BNSSG). This is delivered primarily from Southmead Hospital, as well as a number of satellite sites e.g. Cossham Hospital. We are also a regional centre for services such as the Severn Trauma Centre and Neurology, and deliver clinical services across the South-West region. The new Princess Royal Surgical Elective Centre was opened at Southmead in 2025 to provide additional surgical capacity for patients across BNSSG.

Our 12,563 staff care for people from birth and throughout their lives, often with complex medical conditions. The Trust provides services in the three principal domains of clinical service provision, teaching and learning, and research and innovation. The most significant of these with respect to income and workforce is the clinical service portfolio, consisting of general and specialised services.

As a University Teaching Trust, we also place great importance on teaching and research. The Trust has strong links with both of the city's universities and teaches students in medicine, nursing and other professions allied to health. Research is a core aspect of our activity and has an increasingly important role in the Trust's business with significant grant funding.

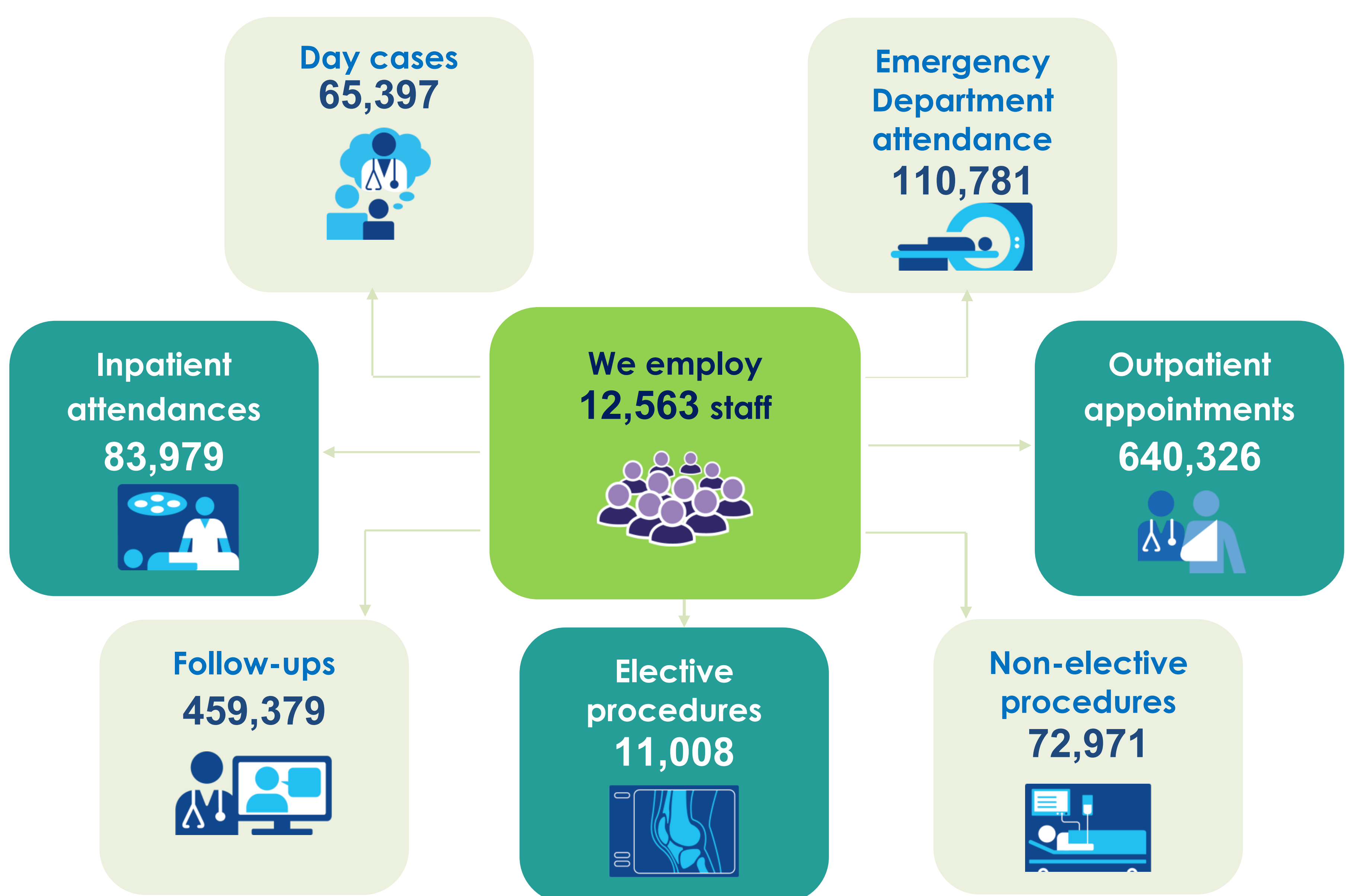
Our services are delivered via our five clinical divisions:

- **Anaesthesia, Surgery, Critical Care & Renal (ASCR)**
- **Core Clinical Services (CCS)**
- **Medicine**
- **Neurological & Musculoskeletal Sciences (NMSK)**
- **Women & Children's Health (W&CH)**

The leadership teams of our clinical divisions are responsible for their own internal assurance systems. There are regular executive reviews of performance against agreed standards of quality and safety. Divisional data quality plans are in place in addition to Trust-level monitoring and improvement activities.

Robust data quality and continual improvement activities, together with extensive monitoring of clinical coding output, provides assurance to the Trust that we are obtaining appropriate income from our activity.

1.2 Key Trust Figures



PART 2

Priorities for Improvement

The following section details the progress against our 2025/26 quality priorities and outlines our priorities for 2026/27.

2.1

Review of 2025/26 Key Priorities

Priority 1a

Understanding Patient Experience

We consistently deliver person-centred care and ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time.

What we said we would do:

Patient and Carer Conversations

- Expand the pilot approach developed in 2023 for real-time feedback of the experiences of our patients and carers at ward/unit level and identification of thematic actions.

Digital Intelligence

- Social listening and enhanced thematic analysis of current narrative feedback.
- Feasibility review of a new digital system for reviewing patient and carer surveys, social listening, Friends and Family Test (FFT) data etc. in one system.

What we did:

Patient & Carer Conversations

Patient and Carer Conversations continue to grow from strength to strength, with outpatient visits now taking place regularly alongside ongoing inpatient ward visits. Over the past year, we have spoken to more than 308 patients and visited over 100 locations, including Cancer Services. We held 11 conversations with patients with Learning Disabilities or Autism. We have also successfully introduced a new module in Radar that enables us to record, theme, and track feedback from these conversations, strengthening our ability to identify learning and improve patient experience.

Digital Intelligence

This year we concluded our one-year feasibility study exploring the introduction of a single patient experience platform to bring all patient experience data together in one place. While the system offered several benefits, including social listening insights and AI-driven analysis, it ultimately did not meet the core requirement of collating all data sources and instead became another standalone platform that could not integrate with existing systems. As a result, we paused further development to prioritise digital alignment with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). As part of this alignment work, we will now be implementing their digital system for reviewing patient and carer surveys.

We have not achieved improved FFT scores across our care areas this year, with the exception of Maternity (Birth), where we have seen a small increase of 0.2%. All other areas have experienced a slight decline, although these remain within the expected range of normal variation. This downward shift reflects increased operational pressures across the organisation, which are impacting patient experience within emergency and planned care pathways. While FFT remains a useful high-level indicator, we recognise its limitations due to variations in data collection methods, response volumes, service mix, and local population demographics, meaning results cannot be reliably compared between Trusts.

In order to enhance and tailor our insights, since 1 October 2025, we have introduced a monthly survey in the Emergency Department, incorporating the FFT question alongside additional priority questions informed by previous national Urgent and Emergency Care Survey results. Collecting this throughout the year enables us to maintain visibility of performance, track month-to-month trends, identify emerging issues early, and act proactively rather than waiting for the annual survey cycle.

This approach also aligns closely with UHBW's patient survey model, supporting greater consistency across the Group. While we are receiving slightly fewer ratings (around 3% fewer), the volume of comments has increased, and the new questions are providing richer insight to improve. We aim to roll out a similar methodology to maternity and inpatient areas over the coming year.

Priority 1b

Understanding Patient Experience

We consistently deliver person-centred care and ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time.

What we said we would do:

Shared Decision-Making (SDM)

- Embed existing Shared Decision-Making approach into business as usual with sustained outcomes. Expand the programme along with enhanced consent processes to additional specialties across the Trust, facilitated through National Institute for Health and Care Research (NIHR) grant application.
- Pilot eConsent system in new Elective Centre to support 'Digital First' approach with improvements in communication and electronic capture of risks/benefits and treatment options.

Mental Health Strategy

- Develop, approve and commence implementation of the Mental Health Strategy in collaboration with our system partners.

Enhancing Strategic Patient & Carer Engagement

- Establishment of a joint Patient & Carer Partnership Group to support the development of clinical services under the Joint Clinical Strategy. Ensuring this is 'set up to succeed' and provide authentic and diverse input into service changes.

What we did:

Shared Decision-Making (SDM) and Consent

During 2025/26, the Trust continued to progress its Personalised Care approach through the Shared Care Programme, which brings together related SDM and consent improvement work under a single, clinically-led framework. This supported consistent expectations for high-quality clinical conversations and patient involvement in decision-making.

We maintained SDM as business as usual, ensuring that SDM principles continued to underpin clinical conversations and patient involvement across established services. The programme was expanded into a further specialty, supporting wider adoption of SDM approaches and reinforcing consistent expectations for high-quality, person-centred decision-making.

This work was underpinned by strong clinical leadership and external recognition of the Trust's approach, including receiving a South-West Personalised Care award for Shared Decision-Making, reflecting sustained progress in embedding SDM and provides further momentum for continued spread across clinical services.

Progress has also continued to strengthen consent processes alongside SDM, with further development and implementation of procedure-specific consent forms in additional specialties. These forms support clearer, more structured discussions between clinicians and patients, helping to ensure that risks, benefits, and alternatives are consistently explained and understood. In parallel, preparatory work was undertaken to support the Trust's longer-term ambition to move towards a digital consent model, although it has not proven feasible to rollout digitally within the Elective Centre initially intended.

Enhancing Clinical Communication

We have supported the formation of the Community Participation Group (CPG), working with and learning from our communities to help shape better care. The CPG brings together people with lived experience and Voluntary, Community and Social Enterprise (VCSE) organisations to contribute to the delivery of the Joint Clinical Strategy. Recruitment was undertaken through the Bristol, North Somerset and South Gloucestershire (BNSSG) VCSE Alliance to reflect the diversity of our local population, and it has met five times since its creation.

Mental Health Strategy

Following the launch of the Mental Health (MH) Strategy in 2024, the Year One commitments have been progressed successfully, and we have focused on delivering a number of the 16 commitment areas outlined in the Year Two Delivery Plan. The Trust has made significant progress in delivering the overall MH Strategy and advancing the Group service model for Liaison Psychiatry. As of March 2026, 7 of the 16 commitments have been progressed, with work ongoing across the remaining areas. These will be reviewed at the end of July 2026.

The Mental Health Operational Group continues to oversee delivery of the strategy, with regular reporting to the Quality Governance Committee and other relevant committees as required. The Clinical Strategy provides a structured mechanism for embedding lived experience into service redesign and supports our ambition to reduce health inequalities and improve experience across pathways. The Group has been meeting since September 2025 and now has around 20 members.

Key progress includes:

Emergency Department Mental Health Provision

Continued implementation of partial 24-hour mental health cover in the Emergency Department (ED), currently operating Friday to Sunday. This model is working well. However, the absence of full Core 24 provision remains a risk and has been escalated to the Trust and System as a key priority for the coming year.

Mental Health Dashboard

Development of an MH dashboard to support performance monitoring, with ongoing benefits for both service delivery and wider reporting. Further work is required to enable referrals via CareFlow. Hampshire and Isle of Wight Healthcare NHS Foundation Trust have approached NBT for support in this area. NHS England has also recognised NBT as a national leader in mental health clinical coding.

Group Liaison Psychiatry Service

Bristol NHS Group has officially launched the Bristol Group Liaison Psychiatry Service. A delivery and networking group is now in place to support ongoing service development under the new Group model.

Safewards Study

NBT Emergency Department has been selected to pilot Safewards within ED settings. Resources for inpatient wards have also been secured through charitable funding, and development of the associated training programme is ongoing.

Mental Health Emergency Department (MHED) Proposal

The Bristol Group Liaison Psychiatry Service continues to engage in discussions regarding the NHS England capital bid submitted by Avon & Wiltshire Partnership NHS Trust (AWP) for the development of a Mental Health Emergency Department at Callington Road Hospital. Initial agreements have been reached regarding a potential joint management model, with clear System-wide benefits identified.

The Group will continue to contribute to shaping this model to ensure it delivers wider System benefits, while also advocating for the implementation of Core 24 provision within EDs as a fundamental priority.

Priority 2

High-Quality Care: Better by Design

We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.

What we said we would do:

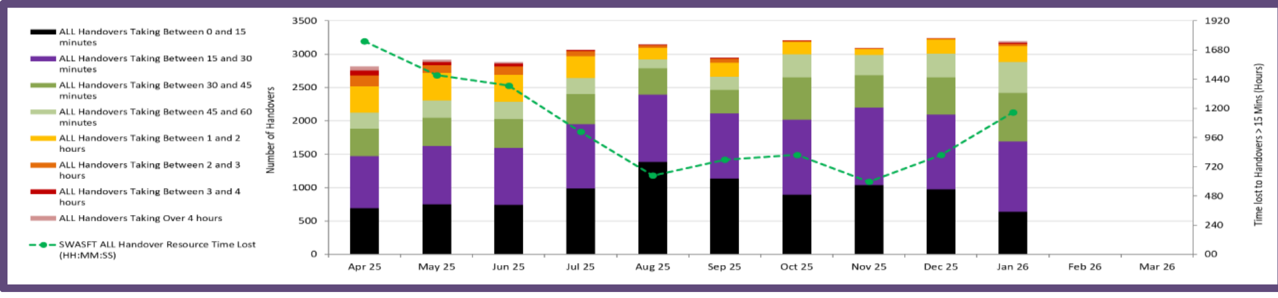
- Improve the timeliness of ambulance handover.
- Continued focus on Urgent & Emergency Care (UEC) improvements focusing on two key workstreams – Front Door and Flow & Discharge. This includes both internally and externally driven components (for example, streaming and redirection to reduce time in ED and reducing the number of beds occupied by patients with no criteria to reside).
- Deliver national target of 75% patients treated within 62 days for cancer.
- Focus on Urology, Gynaecology and Skin pathways, through direct to test pathway delivery, further expansion of tele-dermatology and the opening of The Princess Royal Bristol Surgical Centre to provide additional capacity and efficiency for surgical interventions.

What we did:

Ambulance handovers and Urgent & Emergency Care

Over the year, NBT improved the timeliness of ambulance handovers as follows:

- Reduced the total hours lost to handover, despite an increasing number of monthly conveyances.
- Reduced the average handover time from over 51 minutes in April 2025 to a year-to-date average of 34 minutes.
- Reduced the proportion of handovers over 45 minutes from >30% in Apri 2025 to 22% in February 2025.

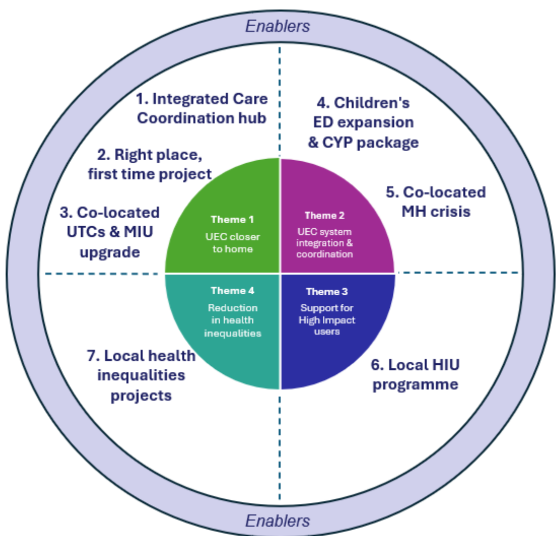


NBT's Urgent & Emergency Care improvement plan for 2025/26 worked on the following priority projects:

- Reprovision of minor injury care from a new location – we successfully bid for regional capital funding to enable minor injury treatment to be delivered from an alternative location within the Brunel building. This move is scheduled to take place during Autumn 2026 and will facilitate improved facilities and performance for this important area of urgent care work. A new project for 2026/27 is currently designing new workflows for the ED in the vacated Minors' space. This will facilitate further improvements to ambulance handover performance through the provision of additional space for more complex care to be delivered.
- Redesign of the inpatient bed base in the Division of Medicine – this has included a focus on Divisional efficiencies and length of stay and delivered a new model of care and additional capacity for general medical patients on ward 7B.

- Working with the NHSE Getting It Right First Time (GIRFT) Team, we have revised our Clinical Operational Standards and associated pathway dispositions. This piece of work will launch formally in early 2026/27 with Key Performance Indicator (KPI) monitoring and a comms and training plan for clinical staff. Further work will be to standardise referral processes across the Trust to improve timeliness and reduce duplication.
- NBT's approach to ward-based flow and discharge processes, "Every Minute Matters", launched in 2025/26, and will continue into the new year. Clinical and improvement leadership will support ward teams and support services to eliminate waste across our processes to ensure patients spend the shortest amount of time possible away from the place they call home.

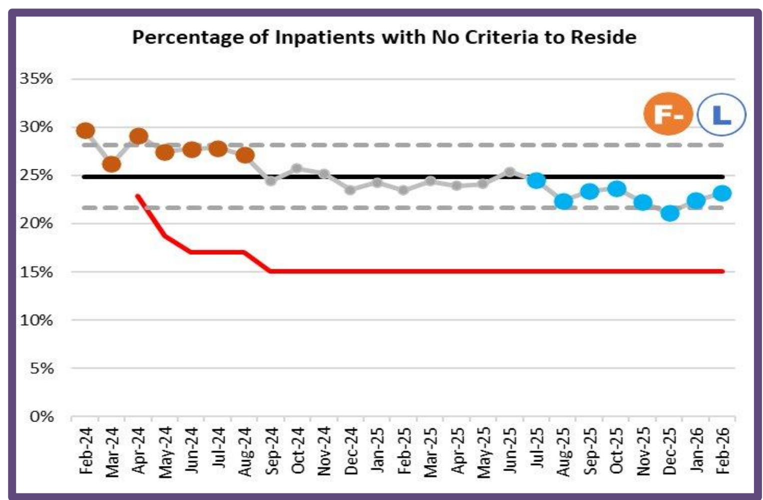
Working with System partners, NBT staff have been fundamental to the development of the BNSSG three-year UEC strategic plan. Six priority areas were identified through system workshops and other discovery work:



With governance provided by the System UEC Operational Delivery Group, chaired by NBT's Director of UEC, the strategic priorities are moving into design and delivery:

- A system group, led by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) in partnership with the Acute Liaison Psychiatry teams, is working on the delivery model for a mental health ED to be located at Callington Road Hospital.
- A discovery report for the System care co-ordination priority has just been released, and further engagement work took place across April 2026, prior to reaching conclusions regarding design of the best fit model for BNSSG.
- System work on provision of Urgent Treatment Centres across BNSSG commenced work during Quarter 1 of 2026/27.

Improving the experience of people with no criteria to reside remains a priority in the system, though it must be noted that progress has been slow and has not met the ambition of 15% set for the year:



Strategic work in 2026/27 includes a transformation approach across BNSSG to improve the integration of home-based intermediate care between community and all three Local Authorities.

Further work will focus on consolidating and improving inpatient intermediate care across the System.

Further work is being led on reducing variation in approaches taken across the Local Authorities to reduce length of stay across all pathways.

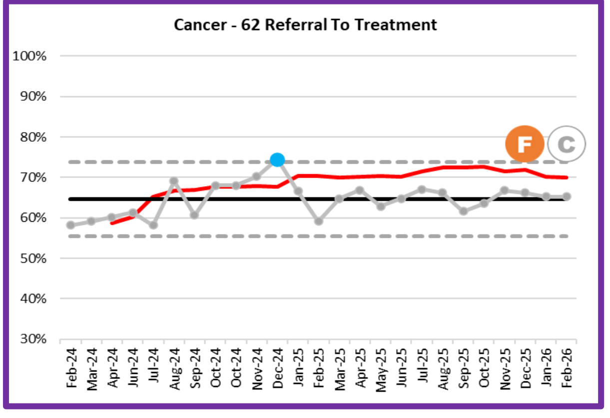
62-Day Cancer Pathway – align with the combined pathway national target of 70%

During 2025/26, NBT reported fluctuation. However **as of the end of March 2026 both the overall waiting list and >63 day are at their lowest reported position.**

In 2025/26, the unvalidated year end average performance for the faster diagnosis standard is reporting 80.1% (82.9% in 2024/25) with an average of 75.1% for the uploaded months so far (April – January) (76.3% in 2024/25).

In 2025/26, the average performance for the 62-day treatment standard to date is 65.1% (April – January). The year end position is forecast at 70.8% (64.8% in 2024/25).

NBT has not delivered the trajectory for 2025/26 since April 2025. In October and November, the Trust delivered the recovery forecast but has been off plan since due to challenges in the Urology and Breast pathway. Improvement plans are in place to reduce diagnostic times, increase treatment capacity and support recovery, with Urology showing in-year improvement.



The Breast Service has a longstanding 1.4 Whole Time Equivalent (WTE) Radiologist gap. A locum arrangement ended in May 2025 and cover since then has been intermittent, with heavy reliance on the independent sector. External funding has been secured, but consistent locum cover has not been achieved. Since January 2026, 0.8 WTE has been covered, leaving a 0.6 WTE gap. The Consultant Radiologist post remains hard to recruit to; however, recruitment is underway to strengthen one-stop provision across symptomatic and screening pathways, including posts for a Breast Clinician and Consultant Radiographer.

Challenges in the Prostate pathway, specifically demand and capacity for Robotic-Assisted Laparoscopic Prostatectomy (RALP), continue to impact Urology performance and the Trust position overall. Around 38% of inpatients received are already in breach, regardless of the referring organisation, which limits backlog recovery and performance improvement despite investment. Earlier referral timing is essential to achieving the 62-day standard.

In 2026/27, the challenge is to sustain this improvement. Work to date has focused on strengthening systems and processes, and maximising performance across all tumour sites. To improve delivery of the 62-Day standard, the Trust is targeting the

most challenging pathways and backlog areas - including Urology, particularly robotic prostatectomy, diagnostic turnaround times and straight to test pathways in Lung and Neuro.

All patients awaiting cancer treatments are visible on the Trust Cancer Patient Treatment List, which is reviewed weekly by Cancer Services, and daily by Divisional teams. Weekly escalations are identified and actions assigned to mitigate delays and expedite events in a pathway. Where a patient is delayed for a potentially avoidable reason (i.e. capacity or hospital factors, as opposed to patient choice, clinical complexity or medical deferral), a clinical review is required to confirm no one is at particular risk. In 2025/26, there have been no reports of harm due to treatment breach. If harm is identified this would be reported as an incident and reviewed by the Cancer Clinical Lead.

Cancer timed pathway delivery

At NBT, Urology and Lower GI (LGI) participated in the 'Days Matter' project with the support of Somerset Wiltshire Avon and Gloucestershire (SWAG) Cancer Alliance. The project aimed to improve and enhance suspected cancer pathways to support timely and effective diagnosis and treatment. In LGI, work focused on aligning the Community Diagnostic Centre (CDC) contract with the Best Practice Timed Pathway (BPTP) to reduce time to diagnosis. Progress was made with community bowel prep which will pilot in Q1. LGI have delivered improvements in the Faster Diagnosis Standard (FDS) throughout the year, holding >80% from Q3. In Urology, the project focused on Bladder and Prostate pathways, with NBT progressing Straight To Test (STT) MpMRI within prostate, as well as other changes in clinic configuration, Multidisciplinary Team (MDT) protocolisation, and improved access management across key pathway elements. Urology has reported improvements in FDS from a Q1 average of 46% to a Q3 average of 58%.

NBT secured an additional robot which has supported cancer treatments in LGI and precancer conditions in Gynaecology. In 2025/26 we completed 95 for LGI and 20 robotic hysterectomies for hyperplasia, a precancer treatment. In Urology we have completed 478 RALPS, 89 Cystectomy, 317 Nephrectomies across the existing 2 robots and a proportion of the newly acquired robot.

My Medical Record (MMR) patient registrations have increased by 1,583 across the Prostate, Breast, Colorectal and Lymphoma) with a total of 4593 patients registered. Since January 2026, MMR has expanded to Weston General Hospital (WGH) for NBT Breast and Prostate patients under WGH follow up. Patient portal access across all specialties have increased from 9% in March 25 to 31.4% March 26, exceeding the KPI to increase IT users by 10%. Bladder and Chronic Lymphocytic Leukaemia (CLL) are next to go live, with Lung and Neurosurgery next to model. Collaboration with UHBW is ongoing to align MMR protocols and complete the required information governance review.

NBT's improvement and transformation programme has focused on delivery to the Best Practice Timed Pathways (BPTP) for time to diagnosis, as well as treatment pathway milestones beyond diagnosis. In ASCR, this work has included the development of Statistical Process Control (SPC) charts to monitor the timed pathway milestones. This data-led approach

allows for daily review and monitoring of time between events. With this intelligence, we can identify delays in the pathway and implement mitigations early on. It also allows us to assess the impact of these actions, e.g. bottlenecks in diagnostics and treatments capacity challenges, and avoiding correlated delays. The SPC charts have driven funding allocation, allowing us to maximise efficiency and impact of additional resources on performance. In 2026/27, the Trust will extend the SPC monitoring across all tumour sites.

Priority 3a

High-Quality Care: Better by Design

We will minimise patients' harm whilst experiencing care and treatment within NBT services

What we said we would do:

In November 2023, the Trust refreshed the Patient Safety Incident Response Plan (PSIRP) to help us identify the key areas for targeted safety improvements. Those priorities are:

- Patient Falls.
- Medication.
- Responding well to clinically changing conditions.
- Patient Flow, specifically aspects relating to communication, handover, clinical systems and the interconnectedness of different parts of the North Bristol NHS Trust.

In the last year we have used a range of initiatives to explore and identify learning from a range of incidents which are subsequently supporting the progression of improvement programs.

Examples include Pressure Ulcer Care, Allergy Management, Managing the Deteriorating Patient and Martha's Law.

A new Group-wide Patient Safety Incident Response Plan is being developed for 2026/27.

What we did:

Patient Falls

There are 4 strategic priorities for falls management:

Systems and practices: Significant progress has been made over the past year. The falls lead has worked closely with the Radar team to strengthen learning from reported incidents. A digital post-falls action document is ready for piloting, with plans to automate learning from digital assessment records to enhance insight. Following the expansion of National Audit criteria for inpatient falls reporting in January 2025, a trigger question within Radar now supports case identification. Further development is required to fully automate data collection for reporting.

Data driven: The Power BI dashboard is now live, providing real-time insight into falls and associated activity. The lying-to-standing blood pressure view will support targeted quality improvement work. The falls lead continues to undertake detailed case reviews to strengthen learning from incidents and has escalated concerns relating to shower chairs and trolleys identified through this process.

Quality improvement: A review of hoist sling availability was undertaken following concerns raised by clinical staff, with the falls lead supporting a working group to implement immediate actions and explore root causes. This work is currently paused pending potential Group-wide solutions. Improvements in lying-to-standing blood pressure measurement were successfully piloted on a care of the elderly ward, resulting in significantly improved completion rates. This initiative is now ready for rollout across the hospital.

Wider remit for falls: The falls lead continues to contribute to the BNSSG Falls Collaborative, ensuring that the perspectives of acute service providers are represented in discussions around access to community falls prevention services.

Medication

The Medicines Safety Forum, launched in 2025, was successful in terms of staff engagement and consideration of human factors and medication error themes within NBT. It is currently on hold pending agreement of medication safety priorities and strategy.

Alongside colleagues at UHBW we are working towards development of an aligned Medicines Safety Group (meeting) and strategy for the merged organisation which will focus on addressing the priorities identified.

A key focus over the past year which will remain going forward is related to allergies, with significant work undertaken to reduce the risks in this area. This has been regularly reported through the Trust's Quality and Outcomes Committee and updates shared with the CQC. Specific actions to date include:

- Introduction of an Electronic Prescribing and Medication Administration (ePMA) system in October 2025 improves the recording and visibility of allergy information. Built in safety software puts in barriers to prescribing medication patients have allergies to.
- Working with the provider of the Trust's patient record system to improve access to the National Summary Care Record (NSCR) to improve identification of allergies.
- Regular communication raising awareness of allergy management practices, including direct communications to clinical staff and posters for use within clinical environments.
- Implementation of a Trust-wide allergy policy to provide clarity on expectations and processes for staff.
- System working with provider organisations across the ICB on joint workstreams around allergy data quality and standards and response to the Penicillamine National Patient Safety alert.

Responding well to clinically changing conditions

The Deteriorating Patient Group has implemented significant change over the last two years with a new Deteriorating Patient mandatory training programme, a 24/7 Acute Response Team (ART) and instituting Martha's Rule across adult inpatients. Over the last 12 months we have seen:

- **Martha's Rule**: The Acute Response Team have taken 133 calls under the Martha's Rule initiative in a little under a year. Two thirds of these are from relatives, one quarter from staff and the remainder from patients. Around half the calls are for acute deterioration and the Acute Response Team have reviewed multiple patients and instituted a number of interventions including IV access, giving antibiotics and IV fluids. There have been two patients admitted to ICU following Martha's Rule referrals - a real testament to the benefit of this novel safety net.
- The **Acute Response Team** has blended the pre-existing Hospital@Night service with a Critical Care Outreach Function. They are taking calls directly for elevated National Early Warning Scores (NEWS), presumed Sepsis, severe hyperkalaemia and acute deterioration; whilst also reviewing every ICU step-down patient and safely supporting local partner organisation: The Frenchay Brain Injury Rehabilitation Unit (BIRU).
- There has been sustained improvement in the key performance metric of observation compliance with NEWS standards; ensuring our staff are able to **recognise** and refer early to **prevent** acute deterioration.

- Newly developed **data dashboards** are now available for the Acute Response Team and Martha's Rule. These will facilitate learning and drive future improvements through understanding our workload and stress-points within the system.
- Regular **Sepsis Audit** is now underway - helping us to understand our compliance and performance in managing this key patient group and paving the way for future adaptation to updated national guidance.

Next Steps:
Key priorities for the future will be refined in light of the Hospital Merger and recent appointment of a Group Lead for Deteriorating Patients. This will lead to new, Group-level priorities for the coming year and offers the opportunity to learn from each other, adapting where valuable. With this in mind, precise goals may change in the coming months whilst a new vision is defined and determined across the Group. However, there are some suggested priorities for NBT that are already underway:

- The Women's and Children's Division is working on upcoming launch of Martha's Rule alongside the new Maternal Early Warning Score system.
- Data Dashboards will be used to close the loop by feeding back learning points and outcomes from ART and Martha's Rule interventions.
- We will ensure the Mandatory Training programme compliance is optimised across all staff groups and explore different mechanisms for achieving this.

Clinical Flow

A thematic review was undertaken to explore the system interactions contributing to the flow of clinical information, specifically tests, as the patient moves from the emergency zone to an inpatient ward. Findings from this have formed actions across clinical practice and digital services. Delivery of these actions is still in progress at the time of writing this update.

Patient Safety Incident Response Framework (PSIRF)

In the last year we have continued to implement patient safety training expand this further into other topics. We have transitioned to Radar as our incident management system achieving no significant change to reporting levels demonstrating a positive safety culture. With this, we have developed a range of new dashboards to support oversight of safety and delivery of PSIRF. The Trust continues to deliver its annual plan and is working towards aligning policies, processes and practices with UHBW as part of the Group.

Priority 3b

Hight Quality Care: Better by Design

We will minimise patients' harm whilst experiencing care and treatment within NBT services

What we said we would do:

- Implement the Radar Incident Reporting System as the Trust's incident reporting system and embed it into practice.
- Implement priority workstreams in collaboration with the Medical Examiner Service and UHBW. Focus on mortality events and mortality surveillance and developing local and national Community of Practice.

What we did:

Radar Incident Reporting System

- Reporting rate maintained during system change – average of 320 Incidents per week – consistent with previous Datix reporting rates which is a positive sign that the system has been successfully embedded.
- Positive feedback regarding the ease of use of the Reporter form.
- Analytics in place to support location managers through to divisional leads to manage Incidents more efficiently.
- 30+ Specialist teams involved in process (IPC, TV etc).
- Close gaps in previous process – Feedback given to Reporter for every incident reported.
- Continuous improvements based on feedback and process engineering:
    - 6 0 + adjustments made to the process and system post go live including Specialist Team move (response to user feedback/Radar support).
    - E.g. Tissue Viability – One system for triage, validation and management. Collaboration of process and data engineering resulting in 4 days clinical time saved per month.
    - Development of Incident Investigation process and data output highlighting status.
    - Development of Incident data models and exception reports to ensure robust reporting and data quality.

Mortality Improvement Programme

During 2025/26, we have continued to progress the Mortality Improvement Programme (MIP) to strengthen Learning from Deaths (LfD) across Bristol NHS Group. The programme has focused on establishing the foundations for a consistent, Group-wide approach to mortality review and learning, supporting safe merger Day 1 arrangements while enabling further alignment during the first year of the new organisation.

Key progress this year includes development of aligned digital solutions and improving how mortality data is used to support and share learning and improvement. This has been achieved through prototyping and piloting clinician-designed approaches to mortality review, action tracking, and reporting.

The programme is on track to deliver a single, aligned approach to data collection from Day 1 as a single organisation, with further process and reporting alignment planned during Year 1 post-merger.

Other areas of focus include system-wide alignment on priority areas for LfD, including implementation of a standardised late maternal death review process across the BNSSG system, and agreement of a shared definition of Severe Mental Illness (SMI) for mortality review.

In addition, the Group produced an aligned Learning from Deaths Annual Report shaped with input from Volunteer Patient & Carer Partners, helping ensure that learning is communicated clearly, transparently and in a way that reflects what matters most to people and families.

2.2

Group Quality Priorities for 2026/27

Improvement Priority | **Experience of Care**

1. Improve the experience of waiting for planned care

Proactive communication, fewer cancellations, better information and support, using the national "experience of people waiting for care" survey cycle to drive targeted improvements and (where needed) re prioritisation.

2. Improve safety and patient/family/carer experience of hospital discharge

Focusing on quality and effectiveness of discharge planning and communication, including digital discharge summaries, capturing near real-time inpatient experience and triangulate with FFT and PALS themes to drive improvement.

3. Maternity: women and families are listened to, with equitable experience

Strengthen how we hear and act on feedback, using the inequalities dashboard and Perinatal Equity & Anti-Discrimination Programme to reduce variation and improve culture and experience.

4. Reduce inequalities in experience of care

Routinely use health inequalities information (disaggregated at minimum by deprivation, ethnicity, age and sex and informed by local PLUS groups), alongside qualitative insight, to target improvement where gaps are greatest and track impact through board-level governance.

5. Corridor Care

Strengthen review process of feedback received from patients and families, identifying learning and sharing across divisions. Focus on preservation of patient dignity and comfort: provide privacy screens, call bell/visibility to staff, explanations and apology, family communication, toileting privately, hydration/nutrition, warmth, and pain relief.

Improvement Priority Safety of Care

1. Strengthen our safety management system

Embed an aligned approach to PSIRF, develop a Board-approved Group Patient Safety Incident Response Plan ensure patient safety specialists/partners are in place, and fully implement all 3 components of Martha's Rule in acute inpatient settings.

2. Deliver consistently high-quality, evidence-based care every day of the week

Deliver consistently high-quality, evidence-based care every day of the week – align to the National Quality Board (NQB) Quality Strategy direction, implement Modern Service Frameworks as they are launched, and deliver National Care Delivery Standards to reduce unwarranted variation.

3. Reduce avoidable deterioration and harm for children

Implement Paediatric Early Warning System (PEWS) requirements across paediatric inpatient settings.

4. Maternity safety step-change

Deliver Maternity Incentive Scheme (MIS) – Year 8, embed the Maternity Outcomes Signal System (MOSS) as a near real-time safety signal, and begin implementation of the Maternal Care Bundle.

5. Prevent infection and tackle antimicrobial resistance (AMR)

Reduce healthcare-associated infections (MRSA bacteraemia, C. difficile infection, and E. coli bacteraemia) and deliver the three Board-agreed AMR priorities (e.g., stewardship/optimal prescribing, infection prevention and control, and diagnostics/surveillance & feedback loops).

Improvement Priority Timeliness of Care

1. Reduce long waits for elective care through planned care reform

Expand Advice & Guidance and effective clinical triage/single points of access, reduce low-value follow-ups, and scale straight-to-test/one-stop models to improve RTT performance in line with the national improvement expectations.

2. Improve cancer and diagnostics timeliness Backlog

Maintain Faster Diagnosis at the new threshold and deliver the 31/62-day standards trajectory, alongside demand optimisation and productivity improvements in diagnostics.

3. UEC flow:

Fewer 12-hour waits and improved ED/ambulance performance – strengthen UTC-first/non-admitted pathways, reduce overcrowding, commit to the actions to virtually eliminate corridor care, improve ambulance handovers, and deliver the 4-hour and 12-hour improvement trajectory for 2026/27.

Improvement Priority Quality Delivery

Develop and implement a Bristol NHS Group Quality Management System (QMS)

A single, Group-wide approach that hardwires:

- clear standards and expectations (aligned to the emerging national quality strategy, National Care Delivery Standards and modern service frameworks),
- a consistent safety and learning system (PSIRF, Martha's Rule, PEWS delivery),
- a common experience intelligence cycle (waiting-for-care survey, near real-time inpatient/discharge feedback, triangulated with FFT/PALS),

PART 3

Statements of Assurance

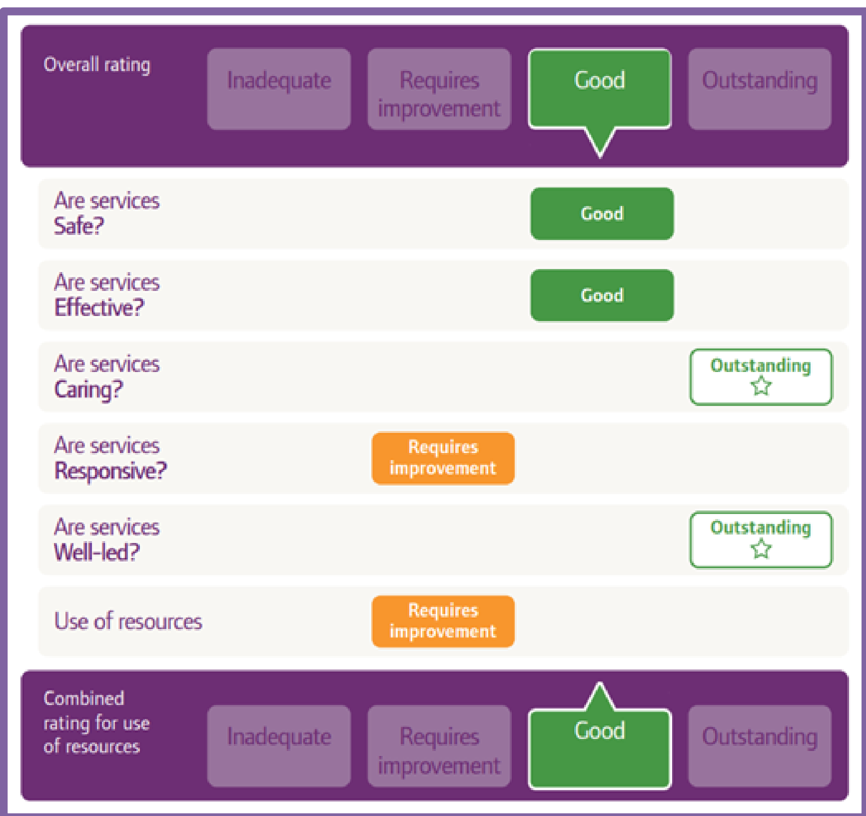
3.1

Care Quality Commission

North Bristol NHS Trust is registered with the Care Quality Commission (CQC) under section 10 of the Health and Social Care Act 2008. NHS trusts are registered for each of the regulated activities they are registered to provide, and each location they are provided.

The last routine inspection activity was in 2019.

The hospital and Trust ratings continue to be rated as Good overall, and Outstanding for Caring and Well-Led.



The CQC continues to monitor the Trust's actions through ongoing engagement and site visits with our assigned Inspection Team.

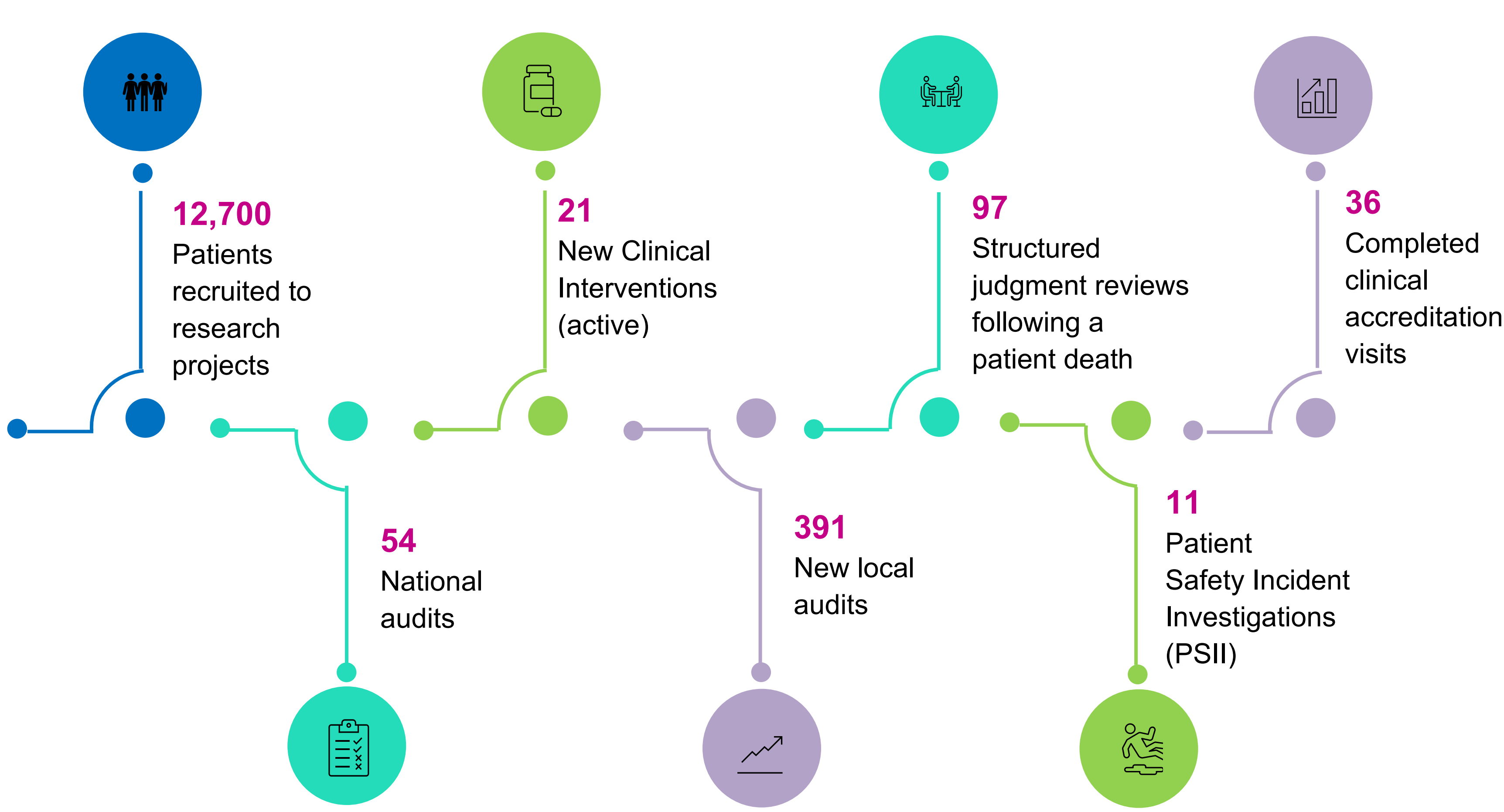
Following NBT and UHBW joining as a Group in 2025 the CQC processes across both Trusts have been aligned.

Since September 2025 the quarterly CQC engagement meetings have been held jointly by North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust.

The CQC has continued to review and improve its regulatory framework throughout 2025/26, with involvement and input by sector specific providers. This has resulted in a return to sector specific inspection regimes and improved reporting.

3.2

Quality Governance and Assurance



3.3

Clinical Accreditation Programme

The Clinical Accreditation Programme (CAP) brings together key measures of clinical care into one overarching framework to enable a comprehensive assessment of the quality of care provided at an individual clinical location.

The process will provide an ongoing internal assessment of quality assurance, improvement and patient safety delivered within each clinical area.

The assessment consists of approximately 150 questions and observations, including a review of existing data. Detailed results are then produced and fed back to the ward with a rating. The staff within the location then identify and implement changes and improvements. This is supported by the Trust's Patient First Approach.

To date, we continue to visit our Inpatient wards; however, there remains a plan to roll out to other clinical locations, e.g. outpatients, theatres, ED, later in the programme.

In 2025/26 we completed the initial assessments within the Medicine Division and started the second round of visits across ASCR and NMSK, with W&CH & Medicine due to be completed by June 2026.

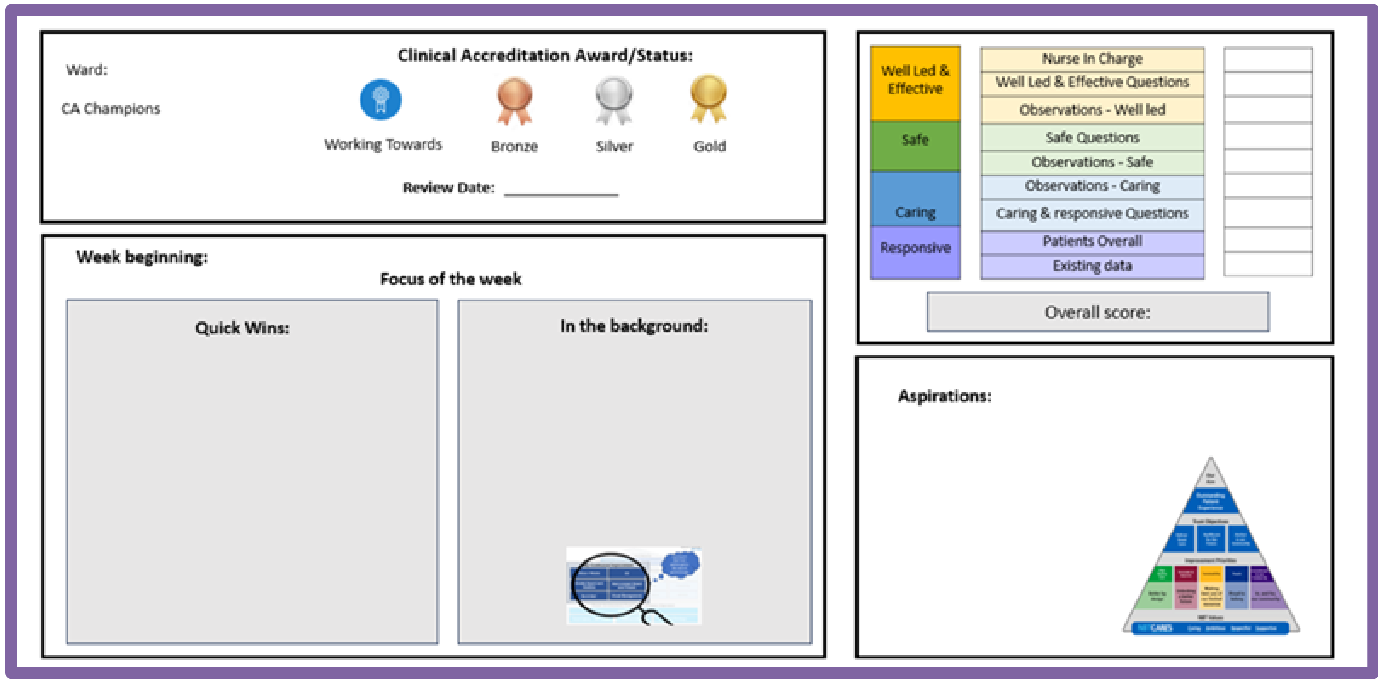
So far, we have seen in overall increase in compliance against the questions & observations, with all locations achieving an overall award of Bronze (with many individual sections achieving Silver), with 1 location (Rosa Burden Centre, NMSK) achieving an overall award of Silver, this is a huge achievement and the first one given at NBT since we went live with CAP. No location was given a “working towards accreditation” award, compared to two locations last year.

It should be also noted that as part of the second round of visits, the assessment was reviewed and the standards raised, so that even if a location retained their Bronze award, this meant that the overall standard had improved due to the increased scrutiny and approach of the assessment.

Another improvement undertaken this year is that in addition to the individual wards having a report and suggested actions, the Divisional Leads are now provided with a Divisional summary where they can decide which themes need to be prioritised and reported on. These are undertaken at the end of each divisional block, and as such only Neurological and MusculoSkeletal Sciences (NMSK) & Anaesthesia, Surgery, Critical Care and Renal (ASCR) have begun this process to date.

Since the first round of visits, we have been working alongside specialist teams to help support the clinical teams with their improvements, whilst allowing the clinical teams to remain delivering direct patient care.

Examples of this are the work undertaken exploring the development and implementation of medicines management including consistent labelling, storage and safety.



We continue to work alongside the Patient First Team, who provide Coaching support to the ward managers and ward teams, to make local improvements and implement sustainable changes. The CAP poster, issued to each clinical area undergoing CAP, enables communication of next steps and maintains focus whilst displaying their results and celebrating their efforts as a team.

Finally, working with the Core Clinical Services division, we are currently piloting a Therapy staff Clinical Accreditation Program which will run alongside the main one. This will then pull together and help identify themes to improve safety culture within the clinical locations between professional groups.

3.4

Data quality: clinical coding and data security

Data Quality Improvement Plan (DQIPS)

Commissioners' Data

As part of the contractual reporting requirements all Trusts must agree and undertake Data Quality Improvement Plans (DQIPs) for both NHS England and the regional Clinical Commissioning Group. No DQIP has been instigated for the preceding seven years. The table describes the volume of queries identified and resolved over the past two years:

	2024-25		2025/26	
Data Quality Tasks Identified/Completed by Company Year	Tasks identified	Tasks Completed	Tasks Identified	Tasks Completed
Both Commissioners	**18**	**14**	**17**	**11**
BNSSG	**8**	**7**	**7**	**6**
NHSE	**10**	**7**	**10**	**5**

In total, seventeen tasks have been identified in 2025/26 compared to eighteen in 2024/25. Of the seventeen tasks raised in 2025/26, six are progressing to resolution through established plans and will be delivered in early 2025/26.

Processes for raising ad hoc data quality queries will remain in place and will be used on an ongoing basis to support the existing governance structures around quality and performance.

NHSE has confirmed that mandated Data Quality Improvement Plans will be implemented nationally in 2026/27. The Trust is currently reviewing the requirements and expects to be well-placed to respond.

Both commissioners and key Trust stakeholders are advised of data quality performance via established governance structures, and additional DQIPs may be instigated or amended in future should the need arise and with the agreement of all parties.

The performance against our Data Quality plans has been a recurring item for assurance to key governance forums.

Secondary User's Service (SUS) Statistics

NBT Provider vs National SUS Statistics	M10 2025 / 26			FY 2024 / 25			FY 2023 / 24		
Data Item	NBT	National	Variance to National	NBT	National	Variance to National	NBT	National	Variance to National
Attendance Indicator	100.0%	99.5%	+0.5%	100.0%	99.5%	+0.5%	100.0%	99.6%	+0.4%
Attendance Outcome	100.0%	93.1%	+6.9%	100.0%	94.2%	+5.8%	100.0%	95.4%	+4.6%
Commissioner	99.9%	99.4%	+0.5%	99.9%	99.3%	+0.6%	99.9%	99.0%	+0.9%
Ethnic Category	90.1%	91.8%	-1.7%	90.4%	92.4%	-2.0%	90.1%	91.9%	-1.8%
First Attendance	100.0%	99.8%	+0.2%	100.0%	99.8%	+0.2%	100.0%	99.9%	+0.1%
Main Specialty	100.0%	98.9%	+1.1%	100.0%	99.4%	+0.6%	99.4%	99.1%	+0.3%
NHS Number	99.9%	99.8%	+0.1%	99.9%	99.7%	+0.2%	99.9%	99.7%	+0.2%
Org of Residence	99.7%	96.6%	+3.1%	100.0%	96.9%	+3.1%	99.8%	95.6%	+4.2%
Patient Pathway *	0.1%	0.3%	-0.2%	0.0%	0.2%	-0.2%	48.8%	66.7%	-17.9%
Post Code	100.0%	99.9%	+0.1%	100.0%	99.8%	+0.2%	100.0%	99.9%	+0.1%
Primary Diagnosis	94.4%	93.9%	+0.5%	98.1%	97.8%	+0.3%	98.7%	98.6%	+0.1%
Primary Procedure	99.8%	99.7%	+0.1%	99.8%	99.6%	+0.2%	100.0%	99.6%	+0.4%
Priority Type	100.0%	91.7%	+8.3%	100.0%	92.2%	+7.8%	100.0%	92.6%	+7.4%
Referral Received Date	100.0%	91.5%	+8.5%	100.0%	93.2%	+6.8%	100.0%	93.7%	+6.3%
Referral Source	100.0%	96.1%	+3.9%	100.0%	96.6%	+3.4%	100.0%	96.4%	+3.6%
Registered GP Practice	100.0%	99.6%	+0.4%	100.0%	99.4%	+0.6%	100.0%	99.7%	+0.3%
Site Code of Treatment	100.0%	95.8%	+4.2%	100.0%	96.1%	+3.9%	99.4%	96.1%	+3.3%
Treatment of Function	100.0%	99.3%	+0.7%	100.0%	99.4%	+0.6%	100.0%	99.2%	+0.8%

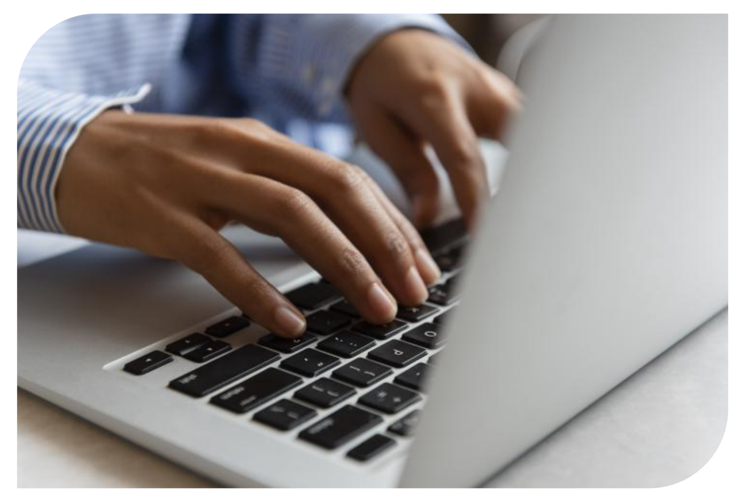
*There is a National error within the Dashboard for this identifier which currently does not accurately represent our position, or the National compliance for Patient Pathway identifier for 2024/25, or 2025/26.

The Trust routinely submits a wealth of information and monitoring data centrally to our commissioners and the Department of Health. The accuracy of this data is of vital importance to the Trust and the NHS to ensure high-quality clinical care and accurate financial reimbursement. Our data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high-quality data. We submit to the Secondary Users' Service (SUS) for inclusion in the Hospital Episode Statistics (HES).

The table shows that the Trust continues to outperform the National average in most areas of measurement.

This performance continues the pattern of excellent data quality established in recent years.

Clinical Coding



What is Clinical Coding?

Clinical Coding is the process whereby information written in the patient notes is translated into coded data and entered into hospital information systems for statistical analysis and to support financial reimbursement from commissioners.

Clinical Coding Performance

The 2024/25 performance results reflect another year of outstanding achievement. We have upheld the high standards in primary procedure coding, and while there has been a slight decline in other areas, we have still achieved the 'standards met' criteria in the Data Security and Protection Toolkit overall. Additionally, secondary diagnoses and procedures have surpassed the required standards, attaining standards exceeded. The table below illustrates our year-on-year performance:

Clinical Coding Performance	DSP Toolkit Met	2023/24	2024/25	↓↑
Primary Diagnosis	90%	93.50%	93.50%	0%
Secondary Diagnoses	80%	95.52%	90.60%	- 4.92%
Primary Procedure	90%	95.23%	90.00%	- 5.23%
Secondary Procedure	80%	91.31%	90.00%	- 1.31%

The following factors influenced the results obtained this year:

Delivery of training programme

The training program has been a tremendous success, achieving a 100% success rate, with all 5 candidates completing and passing their National Clinical Coding Qualification on their first attempt, and with outstanding results. One of these candidates earned two National awards for achieving the highest results in the country. The program continues to support new cohorts of trainee coders, and the current group is progressing through the first year of the established syllabus and timetable.

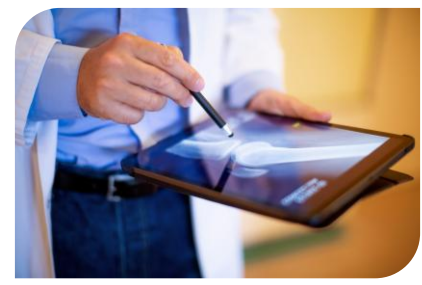
The wider team has also completed their mandatory training, including refresher courses (where necessary) and annual updates to standards training, ensuring they remain current with the latest clinical coding practices.

Department Structure and Recruitment

The department has maintained a stable, established team over the past year, following successful recruitment in the previous year. Additionally, they have successfully recruited more staff to expand their team in preparation for the opening of the Elective Care Centre in 2025/26. They achieved one of their best year-end results, with minimal uncoded volumes and lost income. The department effectively operated within their budget, utilising resources efficiently to deliver positive monthly and year-end outcomes.

Coding improvement

The coding team are working in several different areas to ensure accurate and consistent data, this includes:



Clinical Form Digitisation:

The Clinical Coding service continues to offer guidance on coding standards, rules, and governance, which can be considered when digitising existing paper forms or implementing new systems and digital workflows.

Trust-wide Improvement Projects:

A key contributor to the Income Capture Group, providing ongoing support and leadership in GIRFT (Getting it Right First Time) reviews and related action plans. Involved in the development and continued implementation of NBT's Stroke Service, contribution in Venous Thromboembolism (VTE) Board, further assistance with the Mortality Board, and participation in Digital projects such as CareFlow Medicines Management (CMM)

Communication & Engagement:

Delivering 'Coding Awareness' sessions to both clinical and non-clinical staff, including an introduction to coding for F1 and F2 Resident Doctors.

Overall Performance

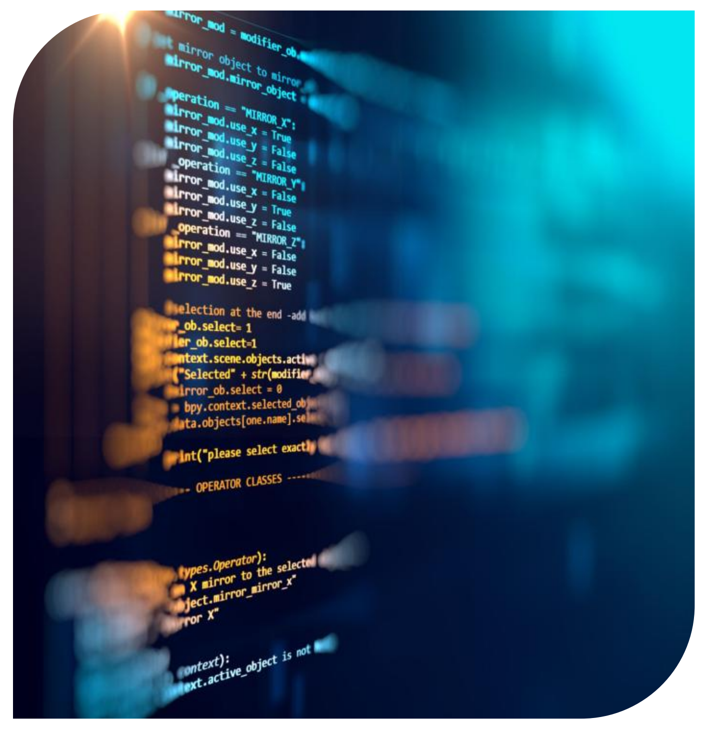
The overall 2024/25 performance is indicative of **'Standards Met'** assurance rating within the DSP Toolkit.
In isolation secondary diagnosis and secondary procedure meet the **'Standards Exceeded'** assurance levels within the DSP Toolkit.

Data Security and Protection Toolkit (DSPT)

The **Data Security & Protection Toolkit** is an online assessment tool that allows us to measure our performance against the National Data Guardian's data security standards. It provides assurance that we are practicing good data security, and personal information is handled correctly.

In 2021/22, 2022/23 and 2023/24 the Trust achieved **'Standards Met'**, and in 2021/22 made significant strides to achieve the highest level of performance with an internal audit rating of **'Significant Assurance'**. Auditors have advised that in 2022/23 we ranked in the top 3% of Trusts nationally. Auditors again confirmed upper-quartile benchmarking in 2023/24, with the Trust again achieving **'Standards Met'** and 100% completion of all assertions in the Toolkit.

In 2024/25, the DSPT was significantly strengthened to embrace the Cyber Assurance Framework (CAF) standards. The change reflects a shift in emphasis from confirming compliance statements ("assertions") to demonstrating progress against defined improvement goals ("objectives"). This meant that the Trust must demonstrate a mandatory level of competence and assurance, along with evidence-based progress and plans associated with the non-mandatory objectives. Embracing these changes, the Trust has maintained a **"Standards Met"** rating this year.



Data Security & Protection Toolkit	2023/24	2024/25	2025/26
Mandatory Evidence items provided 2025/26 – Objectives Confirmed	108/108	47/47	47/47
Non-Mandatory Evidence items provided 2025-26 – Objectives Partially Achieved	32/32	10/47	5/47
Assertions confirmed 2025-26 – Objectives Achieved	34/34	37/47	42/47
Assessment status	Standards Met	Standards Met	Standards Met

3.5

Timeliness of care – national standards

Operational performance

Our services are delivered via our five clinical divisions:

- **Anaesthesia, Surgery, Critical Care & Renal (ASCR)**
- **Core Clinical Services (CCS)**
- **Medicine**
- **Neurological & Musculoskeletal Sciences (NMSK)**
- **Women & Children's Health (W&CH)**

2025/26 has been a successful year in the delivery of Planned Care, where the Trust has been meeting key performance objectives in Referral to Treatment and Diagnostics. However, there have been ongoing challenges, particularly in Urgent and Emergency Care (UEC) and Cancer.

Performance in 2025/26

Referral to Treatment (RTT)

In 2025/26 the Trust continued its focus on a planning and delivery approach, which aligned with national priorities. We have been further reducing the number of long-waiting patients on our waiting list and have consistently had less than 1% of our patients waiting over 52 weeks for their treatment; a target we achieved over a year ago and well ahead of national expectation.

The number of patients waiting over 52 weeks is now the lowest it has been since 2020.

The Trust has participated in the national validation sprints and has had considerable success across the year, with additional patients being treated and/or discharged plus additional activity above planned volumes. These schemes have supported improvements in delivery against RTT targets in the last quarter of the year.

The new Princess Royal Bristol Surgical Centre (PRBSC) opened in September 2025 and has been supporting a reduction in the elective backlog across the Bristol NHS Group, with over 2,000 operations performed since it opened.

Cancer

Despite recovery plans, Cancer performance has remained challenged in 2025/26. The 28-Day FDS, 31-Day and the 62-Day combined position have been off-plan for the majority of the year. Improvement in the 28-Day FDS performance delivered the national standard at year-end; 83.1% for March 2026.

Main challenges have been in the Urology and Breast pathways; improvement plans are in place to reduce time to diagnosis and provide sufficient treatment delivery capacity. The Trust has forecast delivery of the 28-Day FDS by year-end and will continue to deliver recovery plans into 2026/27 for the 62-Day and 31-Day standards.

Diagnostics

The Trust continues to meet the national constitutional standard of no more than 1% of patients waiting more than 6 weeks for a diagnostic test – first achieved in September 2024, well ahead of national targets. Despite in-year challenges with Dual-Energy X-ray Absorptiometry (DEXA) and Echocardiography which impacted overall Trust performance, the position was recovered by February 2026, and we expect ongoing delivery of the national constitutional standard. The Trust continues to have no patients waiting more than 13 weeks. April 2026 marked two years since the opening of the Community Diagnostic Centres (CDCs) at North Bristol and Weston.

Urgent and Emergency Care (UEC)

Challenges remain in the delivery of the UEC Plan. In 2025/26 a combination of high demand, challenged bed occupancy and continued impact of patients with No Criteria to Reside (NCTR), a demanding clinical, operational and performance environment. NBT also saw an increase in direct admissions from GPs to Emergency Zone units e.g. the Acute Medical Unit (AMU) and Acute Frailty Unit (AFU) which further contributed to the UEC pressures.

Improving the experience of people with NCTR remains a priority; NBT continues to work closely with System partners on a range of measures aimed at reducing the discharge delays from acute hospitals with the aim of reducing the impact of NCTR. However, the System ambition to reduce the NCTR percentage to 15% remains unachieved.

Delivery Theme	Delivery Indicator	Key Improvement/Delivery Action
UEC	UEC Plan	Internal and partnership actions continue.
	NCTR	No progress to the system ambition of 15%.
RTT	52-week wait	Continue to deliver 52-week wait reduction to <1%, ongoing month-to-month reduction.
Diagnostics	1% 6-week target	Delivered, some in-year challenge but expect ongoing compliance to constitutional standard.
Cancer	28-day FDS standard	Continued focus and actions on the most challenged pathways e.g Breast and Urology.
	62-day Combined Standard	

Future Plans for 2026/27

Cancer

Key areas of focus are the Breast and Urology pathways, particularly for the 62-Day standard which saw the most challenged performance this year.

Performance has been impacted by long-standing vacancy in Breast Radiology; NBT is progressing recruitment across different work groups outside of the hard-to-recruit Consultant Radiologist to deliver the one-stop clinic across symptomatic and screening. In Urology, the main driver has been the demand and capacity for Robotic-Assisted Laparoscopic Prostatectomy (RALP) in the Prostate pathway. An upstream change in referral timing is essential to our delivery of the 62-day standard going forward. A detailed recovery plan was provided to NHS England through the Tier 2 support, delivery of which is being monitored through Chief Operating Officer level oversight.

The Trust has submitted a plan compliant with national Cancer targets over the next three years and will continue to focus on the most challenging pathways and areas of backlogs; in addition to Breast and Urology, work is being done around diagnostic turnaround times and progressing straight-to-test pathways in the Lung and Brain tumour sites. The Trust will require further significant investment in capacity and pathway redesign to deliver further improvement, as well as Regional support with regards to demand management for the increasing volumes of late transfers from other Providers.

Referral to Treatment (RTT)

In 2026/27, NBT aims to continue meeting the national requirement that no more than 1% of our patients will wait less than 52 weeks for their treatment; NBT has been exceeding this since June 2025 with less than 0.5% of patients on our waiting list waiting over 52 weeks since then. NBT will continue to focus on reducing the number of patients waiting over 52 weeks.

The Princess Royal Bristol Surgical Centre (PRBSC) will continue to help reduce elective care waits and will support the optimising of orthopaedic activity.

The Trust will continue aiming beyond compliance, with a focus on promoting equality and addressing health inequalities in patient waiting times.

Diagnostics

The Trust is anticipating that it will continue to meet the target of no more than 1% of patients waiting longer than 6-weeks for their diagnostic test.

April 2026 marked two years since the opening of the Community Diagnostic Centres (CDCs) at North Bristol and Weston, which have seen a combined total of over 110,000 patients for their diagnostic tests. The North Bristol Centre is one of the largest CDCs in the country; open 12 hours a day, seven days a week. It is supporting the Trust to see more of our patients quicker for their diagnostic tests and scans.

Urgent and Emergency Care (UEC)

Strategic work in 2026/27 includes a transformation approach across Bristol, North Somerset and South Gloucestershire (BNSSG) to improve the integration of home-based intermediate care between community and all three local authorities. Further work will focus on consolidating and improving inpatient intermediate care across the System. Additional work will focus on reducing variation in approaches taken across the local authorities in order to reduce length of stay across all pathways. The Trust will be working with all partners to strengthen partnership working and specifically scoping new ways of working both prior to attendance and admission to the hospital and at the point of discharge.

NBT has continued to deliver projects across the UEC pathway to improve patient care and performance. 2025/26 has seen some key areas of work commence which will be taken through to the 2026/27 UEC plan and will support improvement in performance across the UEC pathway from the Accident & Emergency (A&E) 'front door', flow through the hospital and to discharge:

- Throughout the year, NBT actively worked with the 'Getting it Right the First Time' (GIRFT) team, whose recommendations have been incorporated into the UEC programme to form the basis of 2026/27 improvement through an operational delivery lens.

- The Clinical Operational Standards (COS) Oversight Group has identified priority areas of focus which include Standardised Referral Pathways, Diagnostic pathways, and Frailty / Care Homes, all of which will reduce patient length of stay across UEC pathways.

- Approval of expansion of the Community Emergency Medicine Service (CEMS) which is expected to support reduction in conveyance to A&E.

- Service modelling and a detailed operational plan are currently being worked up to move Emergency Department (ED) Minors to an alternative onsite location. The current area will then be used to provide services in line with the new NHSE Model Emergency Department and Extended Emergency Medicine Ambulatory Care (EEMAC) guidance (target date of November 2026).

NHS Oversight Framework (NHS OF)

NHS England published the revised NHS Oversight Framework 2025/26 on 26 June 2025, describing an approach to assessing NHS organisations, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.

A score is calculated for each organisation, based upon performance against a range of metrics which determines the level of support that each organisation may require. The metrics are:

- **Access to services**
- **Effectiveness and experience of care**
- **Patient safety**
- **People and workforce**
- **Finance and productivity**

This score is then used to determine a segment which identifies the level of support that each organisation requires (segments described in table):

Segmentation allocation is republished each quarter and NBT has been placed in Segment 2 since publication of the revised NHS OF, placing the Trust in the top seven providers in the South-West. This means that the Trust has good performance overall, with some specific issues.

Headline	Q1 (Sep 2025)	Q2 (Dec 2025)	Q3 (Mar 2026)
Oversight framework adjusted segment	2	2	2
Average metric score	2.27	2.20	2.30
Adjusted segment	2	2	2
Financial override?	No	No	No
Is the organisation in the Recovery Support Programme?	No	No	No

3.6

Safety of Care

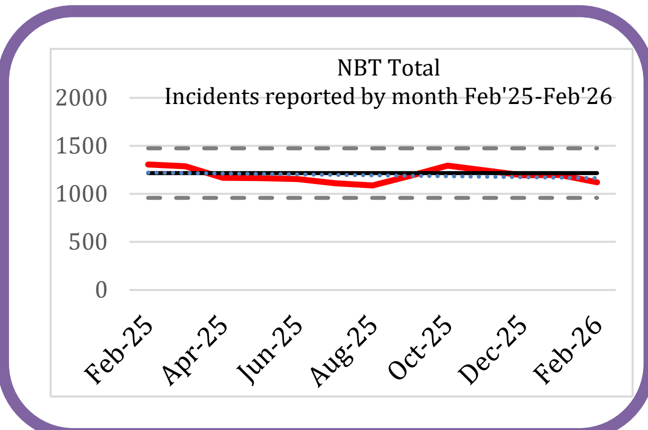
Key indicators

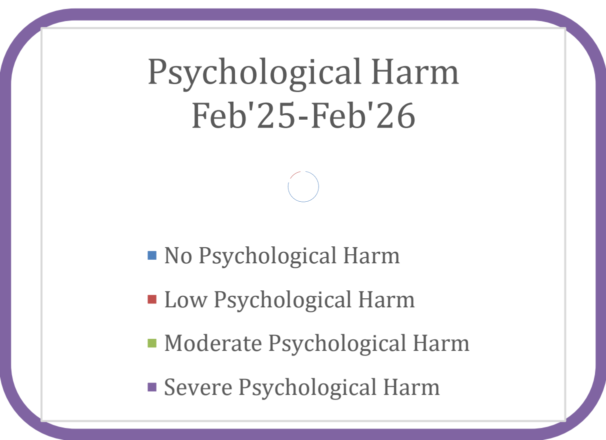
North Bristol NHS Trust has continued in 2025/26 to put patients first and at the centre in everything we do to ensure the safety of our care and treatment.

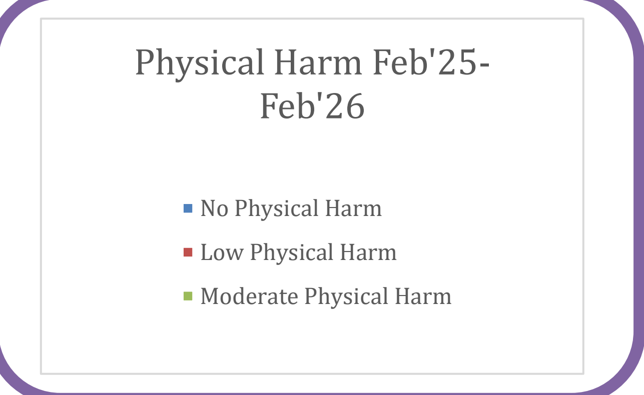
In the last year patient safety incident reporting levels have remained stable, indicating a positive safety culture. Harm data shows that most patients are not physically or psychologically harmed by safety incidents, with most being reported as low or no harm.

In July 2025, NBT transitioned its patient safety incident reporting system from Datix to Radar.

A continued priority for NBT is to focus on safety culture to deliver care and build on a positive culture of engagement with patients and their families within the patient safety processes.



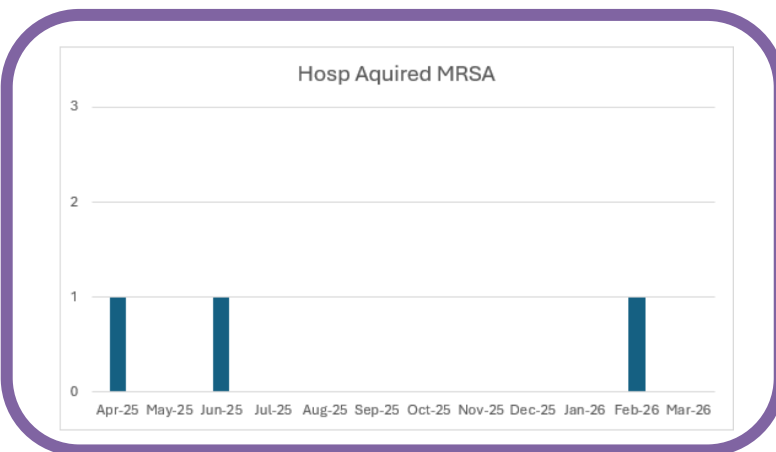




3.6.1

Infection Prevention and Control

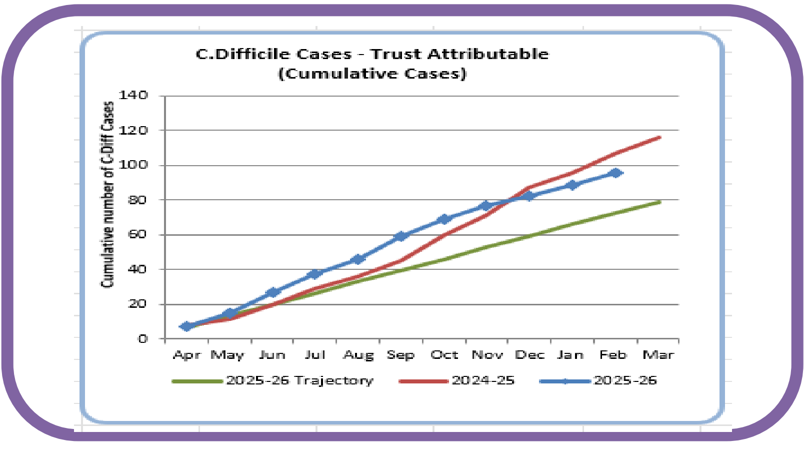
Methicillin Resistant Staphylococcus Aureus (MRSA)



To date, the Trust has seen a slight reduction of MRSA with 3 cases reported for 2025/26. Two of these cases had line-related issues with the other as an unknown source.

NBT are actively contributing to regional reduction work looking at all aspects of both hospital and community acquired transmission as well as looking at other Trusts who have implemented wider testing and decolonisation.

C. Diff Cases – Trust Attributable (Cumulative Cases)



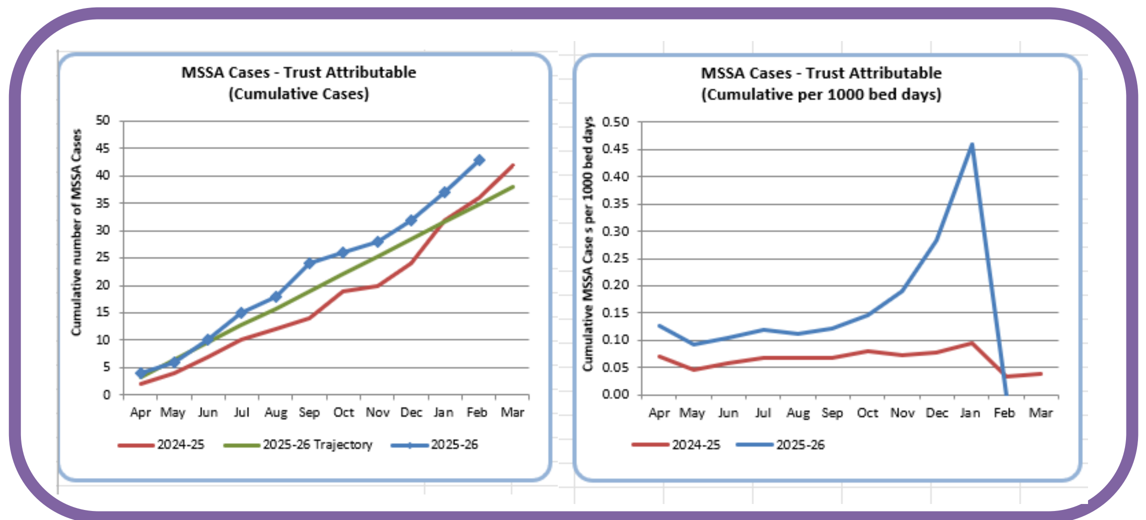
C. Diff cases have been over the NHSE trajectory but with slightly lower cases than last year.

There continue to be large work streams both regionally and nationally looking at reduction plans all of which NBT Infection Prevention and Control (IPC) team contribute to.

MSSA Cases – Trust Attributable (Cumulative Cases and per 1000 bed days)

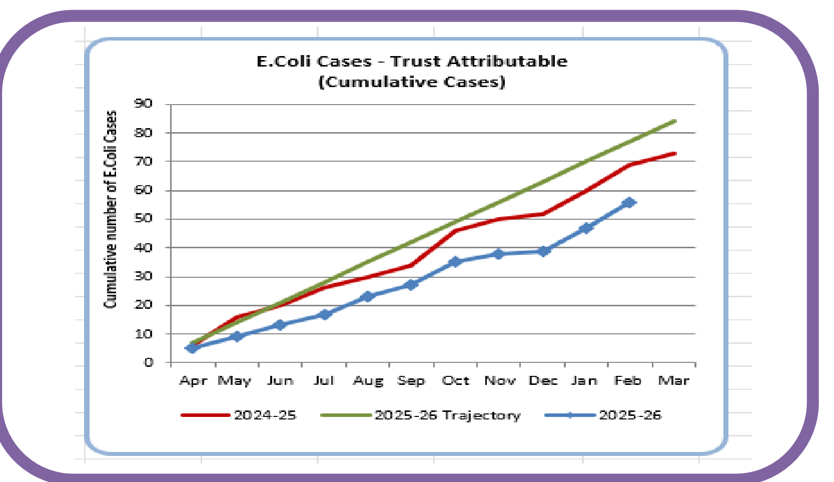
Cases have been slightly higher this year due to complexity of many cases. Some work is being established in Intensive Therapy Unit (ITU) looking at Ventilator Associated Pneumonia and prevention of this. Vascular access business case has been approved; this has resulted in a decrease of line-related infection.

The trajectory for MSSA is internally set at NBT.



E-coli

Cases have remained below trajectory with work being conducted with BD medical looking at catheter care and reduction in use, this is particularly helpful in the management of E.coli and moisture associated skin damage.



SARS – Cov-2 Covid 19 / Influenza

Winter respiratory virus management have been managed well with Point of Care Testing at the front door and appropriate placement of patients have been carried out from this. The winter season started earlier than in previous years, but no outbreaks were seen causing any flow- related issues.

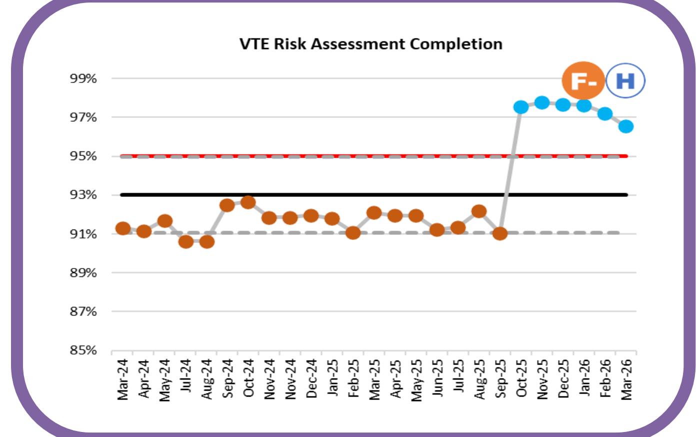
VTE Risk Assessment

Overview

During the 2025/26 financial year, the Trust enhanced its focus on thrombosis prevention as a key patient safety priority. The implementation of digital Venous Thromboembolism (VTE) risk assessment, now embedded and mandated across many inpatient pathways and aligned with the Trust's digital medicines management system, has supported improved completion and consistency of assessment. Dedicated site and Bristol Group thrombosis leads were also appointed, providing strengthened clinical leadership and enabling the extension of work beyond risk assessment completion to encompass the wider venous thromboembolism (VTE) prevention agenda.

What the data is telling us

Reported VTE risk assessment (VTE RA) compliance increased to around 97% from October 2025 following introduction of mandatory VTE RA within CMM. This metric reflects completion at any point during admission and does not yet align with the NHS Digital standard of completion within 14 hours of admission. Reported performance is also influenced by cohorting, whereby defined patient groups are treated as VTE RA compliant. At NBT, VTE RA is mandated across a wide range of areas and is supported by long-standing organisational focus and established processes for VTE prevention.



Actions being taken to improve

Reporting is being aligned to the NHS Digital 14-hour standard. In parallel, cohort definitions are being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of performance across clinical areas will strengthen operational and divisional oversight.

Impact on forecast

Reported compliance is expected to reduce as timeliness standards are applied and cohort definitions refined, removing artificial inflation. Sustained performance will depend on timely VTE RA completion across all admission pathways.

3.6.2

Safeguarding

North Bristol NHS Trust has a duty and responsibility to protect patients of all ages, including any children of patients.

Throughout 2025/26 our safeguarding service continued to develop and improve, demonstrating commitment to empowering all Trust staff around their all-age safeguarding duties. This has involved collaborative and joint working with UHBW, focusing on opportunities to develop a joint working model. In line with national data and the previous year self-neglect, domestic abuse, and children's safeguarding themes have increased significantly.

The safeguarding senior leadership continues to engage with the wider partnerships, ensure escalation of risk and provide robust oversight and assurance around strategic challenges by identifying improvement and collaboration opportunities.

Key Achievements in 2025/26

The Safeguarding Service

Our team of safeguarding professionals, whose expertise covers the all-age continuum, have engaged in training and development opportunities alongside their role of developing and supporting Trust staff. The key message is that safeguarding is core business for all staff, and the service criteria is to enable all Trust staff to be confident in delivering their safeguarding duties.

The Integrated Safeguarding Team has provided robust support to ensure safe practice Trust-wide around children and adults at risk who are presenting with safeguarding concerns. Safeguarding processes continue to be developed digitally, supporting efficient reporting and management of concerns contributing to better patient experience.

Multiagency Statutory Working

The Interim Director of Safeguarding and Interim Associate Director of Safeguarding have participated in national events and workstreams. The NBT safeguarding service has contributed to an increased number of statutory safeguarding review requests across the six boards and partnerships and has responded to increased information sharing requests through multiple risk management processes with partner agencies across BNSSG (Bristol, North Somerset and South Gloucestershire).

Collaboration

We have continued to engage in Safeguarding Boards and Partnerships across BNSSG. Our long term joint senior leadership approach across NBT and UHBW has continued to demonstrate commitment to positive and effective joint working and focus on collaborative improvements with a view to becoming a merged organisation in due course.

Training

Safeguarding training compliance across the Trust has remained generally good throughout the year. A well-trained and competent workforce around safeguarding topics assures the community that the most vulnerable members of society are safe when accessing our services. The service has a critical role in monitoring adherence to training and ensuring appropriate training at the correct levels is available.

Future plans for 2026/27

- Actively move towards a merged service across both NBT and UHBW, providing a seamless, standardized, single point of contact model enhancing the experience of both staff and the communities we service, removing duplication where it exists.
- Focus on preparing a model which is statutory safeguarding focused, is strategically and operationally structured to meet the increasing challenges of our population, whilst optimizing available resources within an increasingly challenged public purse.
- Further strengthen divisional and wider ownership of all areas of safeguarding practice, including learning from statutory reviews, upskilling of clinical staff and placing the duty to safeguard vulnerable patients in the hands of the frontline staff where it belongs.
- Design and improve data workflows and workstreams to optimise opportunities to identify themes, focus delivery, and meet the requirements of the NHS 10-year plan.

3.6.3

Freedom to Speak Up (FTSU)

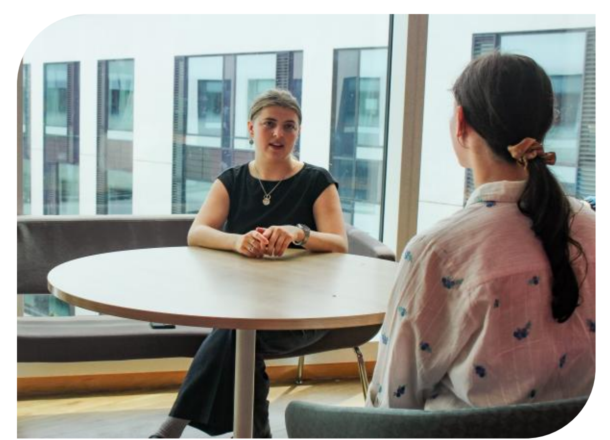
Sir Robert Francis QC's independent "Freedom to Speak Up Review" (2015) found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. One of the recommendations was to create **Freedom to Speak Up Guardians** to encourage and support workers in healthcare to raise any concern that they feel gets in the way of patient care, or that affects their own or others' working life.

A routine **'speaking up, listening up and following up'** improvement environment is nationally expected as part of safe and effective services in which worker's voices are valued as a gift to the organisation, and supporting colleagues to thrive at work.

In addition to responding to concerns raised to them, FTSU Guardians proactively engage to raise visibility, train and support workers to feel able to speak up routinely in their service, and the organisation's leadership and managers to develop, role model and deliver the expected culture, in addition to reflecting back opportunities for related improvement.

NBT currently has a Lead FTSU Guardian and an interim Associate FTSU Guardian to support capacity in responsiveness and visibility, along with assisting in supporting further evolution of the network of FTSU Champions as a key mechanism to breaking down barriers to speaking up (signposting to appropriate sources).

2024/2025	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSU Guardians	26	36	37	38	137
National Comparator Average	35	35	40	Not available	



Key areas of focus in 2025/2026 have been:

- Walkarounds, training and communications to raise awareness.
- Further evolution of the Freedom To Speak Up Champion network.
- Working with Divisional leadership to triangulate data and support speaking up, listening up and closing the loop and increased link with FTSU Champions.
- Manager session availability as a key part of a focus on supporting managers.
- Encouraging completion of national FTSU related e-learning modules.
- Improving data recording system.
- Supporting NBT data triangulation (including improvement evolution).
- Supporting key related areas of cultural improvement and worker voice: ‘We do not accept’, sexual safety, anti-racism.
- Bringing together FTSU Champions from the Hospital group (NBT and UHBW) for networking and support (also attendance at a South West Champion day).
- Speak Up week activity in October 2025 (National Focus: Follow up in Action).
- Contributing to Group FTSU alignment considerations.

Further details of the work of the Freedom to Speak Up service at NBT is included in reports to Board, available on the NBT website.

Future Plans for 2026/27

As NBT and UHBW move from a Bristol NHS Group model toward merger, opportunities for alignment of the service are under consideration.

A Group Speaking Up Steering Group has been instigated to inform aligned further improvement actions (including refreshed review of the Speaking Up organisational self-review).

3.6.4

Guardian for Safe Working Hours

North Bristol NHS Trust prioritises patient safety, resident doctor wellbeing and safe working practices. The Guardian of Safe Working Hours (GoSWH) provides independent assurance that contractual safeguards are met and that workforce pressures are identified and addressed.

The 10 Point Plan to improve Resident Doctors' working lives has become embedded in our day-to-day practice and we are working hard to improve all areas within the plan.

During Quarter 3 of 2025/26 (1 November 2025 to 31 January 2026), NBT maintained effective systems for monitoring working hours, exception reporting and locum usage. Separate site-based Guardians remained in place to reflect local service models, while work continued to align approaches in preparation for the Bristol NHS Group.

The Resident Doctor Forum continues to be an important engagement mechanism, enabling direct resident input into Trust improvement work.

Looking ahead, the focus will be on strengthening workforce capacity planning in high pressure specialties, improving workforce and locum data quality, embedding revised exception reporting arrangements introduced in February 2026. The Trust remains committed to providing safe working environments that underpin high quality and safe patient care.

3.7

Experience of Care

Patient Experience Strategy

Our three-year Patient and Carer Experience Strategy builds on our Trust Strategic aim: Outstanding Patient Experience. In our final year, we have continued to focus on our four key commitments which have underpinned and shaped our work:

Four key commitments:

1. **Listening to what patients tell us.**
2. **Working together to support and value the individual and promote inclusion.**
3. **Being responsive and striving for the better.**
4. **Putting the spotlight on patient and carer experience.**

For each of these commitments, we identified a set of priority objectives for the second year. A detailed work plan guides and supports their implementation. A summary of progress is outlined below:

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	More routine use of Patient and Carer Partners or condition-specific or demographic-specific patient focus groups and qualitative interviews to provide their expertise through lived experience in the redesign of services.	We have supported the formation of the Community Participation Group, bringing together people with lived experience and VCSE organisations to contribute to the delivery of the Joint Clinical Strategy. Together, we have co-produced a PPI framework that will now guide the transformation of services, ensuring the voices of patients and our communities are central to decision-making. This approach embeds expertise through lived experience into service redesign and sets a clear expectation that meaningful involvement becomes routine and part of business-as-usual for clinical teams.

	We will continue to work with, and strengthen the Bristol, North Somerset and South Gloucestershire Maternity and Neonatal Voices Partnership (MNVP) to ensure we listen to and act on feedback from women and their families.	Our NBT Maternity team continues to work closely with the local MNVP. Over the past year, the MNVP has supported the review of patient communications and information materials, contributed to the analysis of the 2025 Maternity Survey, and advised the team on the prioritisation of actions arising from the findings.
Listening to what patients tell us	We will explore the implementation of a single system which allows us to collate the different sources of patient experience data in one place to allow for automated reporting and effective analysis which will in turn support us in turning data into realisable actions.	This year we concluded our one-year pilot project exploring the introduction of a single patient experience platform to bring all patient experience data together in one place. While the system delivered several benefits, including insights from social listening, it ultimately did not meet the core requirement of collating all data sources. Instead, it became another standalone system that could not integrate with existing platforms. We hope that, through our alignment work with UHBW, we will revisit this commitment and explore a more integrated solution in the future.
	We will upskill our divisional leadership teams and front-line staff in how best to engage with and involve patients and use their experience and feedback to influence how they develop their service.	As noted above, as part of our Group Clinical Services programme, we have co-produced a PPI framework which equips project teams (including clinical staff, operation staff, etc.) to engage and involve patients more confidently.
Working together to support and value the individual, and promote inclusion	We will build upon existing volunteering roles such as purple butterfly volunteers, mealtime companions and patient feedback volunteers, and spiritual care volunteers, that support staff to understand and meet the individual needs of our patients.	We were pleased to launch our Volunteers Strategic Plan 2025-2028 back in April 2025. This commitment was picked up in that strategic plan for taking forward.
	Working with our Equality, Diversity, and Inclusion team and the VCSE sector we will develop a programme of community health activism, supporting communities to positively engage with hospital services.	We continue to work closely with our local communities and have proactively engaged with Carers and Young Carers, the Bristol Deaf Health Partnership, Caafi Health, and the West of England Sight Loss Council. We have also collaborated with an individual with lived experience to understand how we can improve cancer care for Black women. In forming the Community Participation Group (CPG), we worked with the BNSSG VCSE Alliance to ensure the group is representative of our local communities and that VCSE partners have a meaningful place at the table. This approach strengthens our commitment to inclusive engagement and ensures community voices directly influence our work.
	We will improve our Cancer Patient Experience scores, learning from the insight this provides.	We ranked 73rd out of 131 Trusts in this year's (2024) National Cancer Patient Experience Survey (NCPES). We performed above the expected range in 16 questions, demonstrating areas of strong patient experience. To maintain visibility of our performance throughout the year, we continue to run a monthly survey aligned to key NCPES questions. This enables us to track in month performance, identify

		emerging issues early, and take action proactively rather than waiting for the next annual survey cycle.
Working together to support and value the individual, and promote inclusion	We will commit to co-design volunteer roles together with patients.	We were pleased to launch our Volunteers Strategic Plan 2025-2028 back in April 2025. This commitment was picked up in that strategic plan for taking forward.
	We will ensure an Equality and Quality Impact Assessment (EQIA) is completed on significant decisions taken by the organisation.	Equality Impact Assessments (EQIAs) have been fully embedded within the Group Clinical Services programme, ensuring that all significant decisions are viewed through the lens of health inequalities. This approach supports more equitable service planning and helps clinical teams consider the potential impact of changes on different patient groups from the outset.
Being responsive and striving for better	We will respond to 85% of our Patient Advice and Liaison Service (PALS) concerns within agreed timescales.	Due to significant staff shortages within the Complaints and PALS team, we have been unable to closely monitor performance against this target. In addition, our PALS response timescales have recently been extended from 5 working days to 10 working days to align with UHBW. We are not currently auditing our responses against this revised timeframe, and therefore cannot confirm whether we are meeting the measure. Operational focus has also been directed toward improving the timeliness of formal complaint responses, which has taken priority over monitoring PALS performance.
	We will be better at sharing best practices and positive feedback across the Trust by systematically promoting this.	We were pleased to introduce the Outstanding Patient Experience Awards, which took place in April last year and will now be repeated annually. These awards provide an opportunity for staff to nominate individuals, teams or projects that have improved the patient experience, with four categories aligned to the four commitments of the strategy. The awards are widely promoted across the Trust, and winners and highly commended nominations are shared to highlight and spread best practice.
	We will improve the collection and recording of compliments and positive feedback.	We have successfully added a module to Radar that enables us to record and theme feedback from patient conversations. The next step is to explore how we can apply the same approach to compliments, while also reviewing and aligning our processes and systems with UHBW to ensure a consistent and integrated way of capturing patient experience across the Group.
	We will be able to triangulate data from other sources (Claims, Patient Safety, Safeguarding, Risk, Audit) to enable divisions to know where they need to be responding and acting.	This year we updated our reporting templates and refreshed our governance structures to improve the triangulation of data across patient experience, quality and operational metrics. This has helped shift the focus toward understanding the whole picture and encouraging divisions to consider the 'so what?' behind the data they receive. As a result, the quality of insight has improved, enabling teams to take more meaningful and targeted actions.

	We will promote the importance of patient experience and responding to feedback through the NBT Healthcare Excellence in Leadership and Management Programme (HELM).	Due to the corporate transformation programme and the alignment work across the Bristol NHS Group, the HELM Programme was suspended pending the development of a new joint Leadership and Management Development programme. This will enable a more consistent and integrated approach to leadership development across both organisations.
Putting the spotlight on patient and carer experience	We will actively support patients to participate in clinical research.	No update.
	We will collaborate with colleagues in our Learning Development to further embed patient experience training in leadership development	As above, due to the corporate transformation programme and the alignment work across the Bristol NHS Group, the HELM Programme was suspended pending the development of a new joint Leadership and Management Development programme. This will enable a more consistent and integrated approach to leadership development across both organisations.

Our current Strategy concludes on 31 March 2026. University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is currently delivering its own **Experience of Care Strategy**, which remains in place until 31 March 2027. As both organisations continue to align, to ensure continuity and a clear sense of direction during this transition period, NBT will implement an Interim Strategic Plan to bridge the gap between the end of its current strategy and the conclusion of UHBW's.

This interim plan will run from **1 April 2026 to 31 March 2027** and will:

- **Maintain momentum on key group/merger alignment priorities.**
- **Ensure national statutory/regulatory requirements are met.**
- **Include and Group Patient First Improvement Priorities.**
- **Carry forward any unfinished priorities from our current strategy.**

3.7.1

‘Listening to what patients tell us’

Friend and Family Test (FFT)

The NHS Friends and Family Test (FFT) allows people using our services to give feedback about their experience.

The questions we ask are: **“Overall, how was your experience of our service?”** and **“Please tell us why you gave your answer.”**

Between 1 April 2025 and 31 March 2026, we received 101,121 responses. Our Trust-wide response rate has decreased slightly, from 13.2% to 12%. We achieved a 91.31% positive rating, which represents a small decrease from last year’s rating of 92.39%.

The table below shows the positive scores for each care domain. All areas have seen a decline over the past 12 months. Although these scores have decreased, the overall trend remains within the expected range of normal variation and is likely to reflect the increased activity and operational pressures across the hospital.

	Response Rate	% Positive Scores	Response Rate	% Positive Scores
	2024/25		**2025/26**	
Trust-wide	13%	92.39%	12%	91.31%
Emergency Department	19%	74.68%	15%	73.84%
Inpatients	22%	89.60%	20%	88.19%
Outpatients	11%	94.94%	10%	94.35%
Birth	21%	93.43%	21%	93.22%
Day-case	19%	95.21%	18%	95.03%

The table below highlights the top positive and negative themes from the past 12 months. These remain consistent with last year, with the same themes appearing in the same order. We are pleased to see that positive comments continue to significantly outweigh negative ones, and that our staff remain the most frequently cited positive theme in the feedback.

Top Themes

Positive		Negative	
1. Staff	30789	1. Waiting Time	3001
2. Waiting Time	14664	2. Communication	2202
3. Clinical Treatment	11479	3. Staff	2142
4. Communication	6756	4. Clinical Treatment	1789
5. Environment	4272	5. Environment	1231
6. Catering	681	6. Discharge	364
7. Discharge	626	7. Catering	211
8. Staffing levels	189	8. Staffing levels	107

Since 1 October 2025, we have introduced a monthly survey in the Emergency Department. This includes the FFT question, alongside additional priority questions informed by previous national Urgent and Emergency Care National Survey results. Collecting this insight throughout the year enables us to maintain visibility of our performance, track in-month trends, identify emerging issues early, and take proactive action rather than waiting for the next annual survey cycle. This model also aligns closely with UHBW's patient survey programme, where monthly surveys are administered across different areas, supporting greater consistency across the Group.

In addition to administering the FFT, we have continued to successfully deliver patient conversations, our real-time feedback approach, supported by our brilliant feedback volunteers.

- We visited more than 130 locations and spoke with around 400 patients.
- We carried out 9 visits to cancer services for the first time.
- We completed 11 conversations with patients with lived experience of a learning disability or autism.
- We delivered specialist training for our feedback volunteers on learning disabilities and autism, as well as on using translation and interpreting services to support conversations with patients whose first language is not English.

3.7.2

National Patients Surveys

We continue to participate in the national patient survey programme. Over the past year we have received results for:

- National Cancer Patient Experience Survey 2024
- The Adult Inpatient Survey 2024
- The Maternity Survey 2025

For the first time this year, NBT and UHBW reviewed these results collaboratively from the outset and produced a joint report with an analysis of the results for each survey.

National Cancer Patient Experience Survey (NCPES) 2024

NBT achieved an overall NCPES experience rating of 8.9 out of 10, placing the Trust 73rd out of 131 nationally, with 16 questions scoring above the expected range. While this reflects several areas of strong performance, the survey highlights the need for more integrated, System-wide working across cancer pathways. The main priority is to develop a joint improvement plan with UHBW to strengthen collaboration between specialty teams and improve the consistency of patient experience across shared pathways. Alongside this, NBT will focus on key System-wide improvement projects, including securing long-term funding to fully implement digital Remote Monitoring across all relevant tumour sites and improving the quality of ethnicity data by reviewing NCPES sample profiles and working with the Trust's EPR team to enhance ethnicity recording.

Adult Inpatient Survey 2024

Patients scored NBT 8.2 out of 10 for the 'overall experience of care' question. This places NBT 60th out of 131 Trusts nationally. We performed slightly better than most Trusts on four questions, with no areas scoring worse than most Trusts.

We were particularly encouraged by the improvement in discharge-related scores, which reflects the focused improvement work undertaken and the implementation of the new Leaving Hospital Strategy.

Looking ahead, NBT's priorities include:

- Conducting a deep dive into cleanliness, specifically the cleanliness of hospital rooms and ward environments.
- Continuing delivery of the Leaving Hospital Strategy.
- Implementing a monthly survey programme to align with UHBW.

Work to understand the decline in cleanliness scores has already begun, including a review of broader indicators such as cleanliness audit results, Patient-Led Assessments of the Care Environment (PLACE) assessments, and other patient experience data sources.

Maternity Survey 2025

There is no single 'overall experience' score in the Maternity Survey; however, the average of all survey questions is 8.26 out of 10, placing NBT 44th out of 119 Trusts. NBT scored slightly better than most Trusts on five questions and worse than most Trusts on one question.

Priority areas for improvement include enhancing the information provided to women postnatally about their own physical recovery, and ensuring women receive sufficient support and advice about feeding.

3.7.3 'Be responsive and striving better'

Complaints and Patient Advice and Liaison Service (PALS)

Complaints

The overall number of formal complaints received by the Trust has increased by 44% to 833, compared to 578 in the previous year. The Trust has a target to respond to 90% of formal complaints within the agreed timescale. Performance has fluctuated throughout the year, and the target has not been met. On average, 68% of complaints were responded to within the agreed timeframe, representing a 10% decline compared with the previous year. This reduction is not unexpected given the significant increase in the number of complaints received.

One division in particular has had a notable impact on overall Trust performance due to the high volume of complaints it receives. This division is now engaged in an improvement project focused on strengthening both the timeliness and quality of complaint responses, with the aim of achieving and sustaining compliance with the Trust standard.

Of the 833 complaints received, 70 were reopened, which is 8.4%. This represents a slight decrease compared with the previous year (10%).

In May 2025, we aligned the reopened categories with UHBW so that both organisations now use the same categorisation. The main reason for reopened complaints was 'unresolved issue(s) or not all issues addressed'.

Despite the increase in activity, the complaints service continues to be responsive at initial contact with 100% of complainants receiving an acknowledgement of their complaint within the regulatory three working days under the NHS Complaints Regulations.

NBT continues to be supported by the Complaints Lay Review Panel, a group of trained volunteers who meet quarterly to review a sample of complaint cases. The panel assesses the quality of investigations and written responses, provides a scored evaluation, and highlights both good practice and areas where further improvement is needed. Their feedback is then shared with the clinical divisions to support learning, strengthen complaint handling, and improve the overall quality of patient experience.

Patient Advice and Liaison Service (PALS)

PALS activity increased by 9.2% in 2025/26, with 1,987 concerns received compared with 1,811 the previous year.

Due to both increased activity and capacity constraints within the PALS team, the acknowledgement timeframe for new concerns was extended from 2 working days to 3 working days. In addition, the target timescale for responding to PALS concerns was revised from 5 working days to 10 working days, bringing the service in line with UHBW standards.

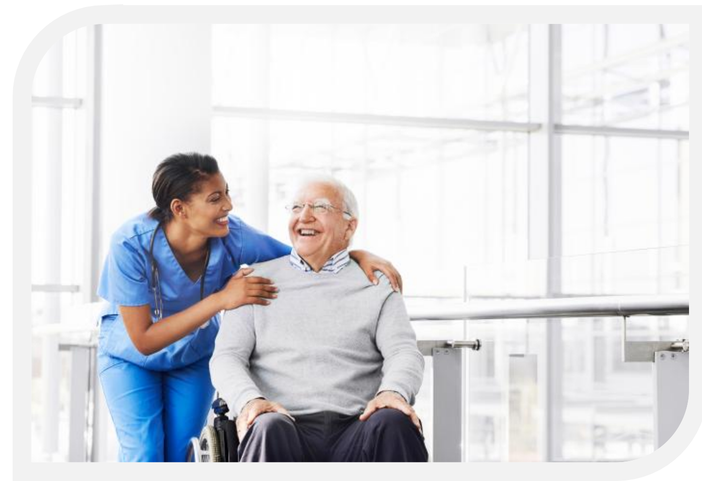
'Working together to support and value the individual and promote inclusion', and 'Putting the spotlight on patient and carer experience'

- Our first Outstanding Patient Experience Awards, held in April, provided an opportunity to recognise and celebrate the individuals and teams delivering exceptional patient experience across the Trust. The event was very well received and showcased examples of excellent practice, inspiring colleagues and spreading ideas about how services can continue to enhance the experience of patients and families.
- We worked with local radio and VCSE partners to promote an engagement event focused on understanding the experiences of Black women in cancer services. Through a series of focus groups and patient interviews, we gathered meaningful insights and clear recommendations on how our services can better support this group, ensuring they feel more included, understood, and supported throughout their cancer pathway.
- We launched our new Trolley Project, which brings creative and therapeutic activities, such as puzzles, colouring packs, and word searches, directly to patients on the wards to help brighten their stay and encourage conversation. The project has been made possible through the generous support of the League of Friends Southmead, with additional collaboration from Fresh Arts, Bristol Library, and Active Hospitals, who worked with Volunteer Services to deliver this offer for patients.
- We have been working closely with the West of England Sight Loss Council, alongside IMT and Procurement, to strengthen digital accessibility as the NHS moves toward a digital-first approach. To support this, members of the Sight Loss Council

delivered a digital accessibility training session for IMT Project Managers, focusing on the importance of ensuring websites and apps meet WCAG standards. The session was described as thought-provoking and exceeded expectations, helping build greater awareness of how to make our digital services more accessible for all users.

3.7.4

Health Equity



The Trust has a clear and sustained commitment to advancing health equity, which is embedded as a core pillar of the Joint Clinical Strategy and overseen through established governance and delivery arrangements.

During 2025/26, the Trust made demonstrable progress in reducing unwarranted variation in access, experience and outcomes, supported by improved use of data, targeted quality improvement and strong system and community partnerships.

Robust inequalities data, including ethnicity, deprivation and inclusion metrics, are now routinely embedded within Trust-wide performance dashboards and service reviews. This has strengthened the Trust's

ability to identify inequities, prioritise action and hold services to account for delivery. Data quality has continued to improve, particularly for ethnicity recording, enabling more reliable monitoring and targeted intervention.

Assurance is provided through consistent progress across priority pathways and population groups. This includes strengthened interpreting and accessible information provision, targeted action to reduce non-attendance, and improved reasonable adjustments for people with learning disabilities and autism.

The Trust has taken decisive steps to improve access for groups at higher risk of exclusion, including people experiencing homelessness and those living in areas of greater deprivation. Digital transformation has supported improved attendance and access, while non-digital support has been maintained to ensure equity is not compromised.

The Trust has also delivered measurable impact through prevention and early intervention programmes. This includes expanded tobacco dependency treatment, enhanced alcohol and substance use services, opt-out blood-borne virus screening in emergency departments, and equity-focused improvement in cancer and maternity services. These programmes have demonstrated increased engagement, earlier diagnosis and improved outcomes for underserved communities, providing assurance that resources are being directed to where need is greatest.

Partnership working with voluntary, community and social enterprise organisations is well established and underpins the Trust's approach to addressing health inequalities. Lived experience and community insight are actively informing service design, delivery and improvement, with growing evidence of impact on accessibility, patient experience and trust in services.

Joint Health Equity Plan

During 2025/26, the Trust worked collaboratively with System partners to develop and agree a Joint Health Equity Plan for 2026/27. The plan is informed by population health data, System intelligence and community insight, and provides a clear and consistent framework for addressing the most significant and persistent health inequalities across the System.

The Joint Health Equity Plan sets out agreed priorities, delivery responsibilities and measures of success, aligning with System prevention priorities, neighbourhood health development and national policy direction. Strong governance arrangements are in place to oversee delivery and monitor progress, ensuring accountability at Trust and System level.

The plan places partnership and co-production at its core, committing the Trust and its partners to continued collaboration with communities, voluntary sector organisations and local authorities. This provides assurance that actions are targeted, coordinated and grounded in lived experience.

Looking ahead, the Trust is well positioned to sustain and accelerate progress on health equity. Health equity considerations are embedded within strategic planning and quality improvement processes, with clear accountability and oversight in place. The Trust remains confident in its approach and committed to delivering measurable, long-term improvements for populations who experience the greatest inequality.

3.7.5

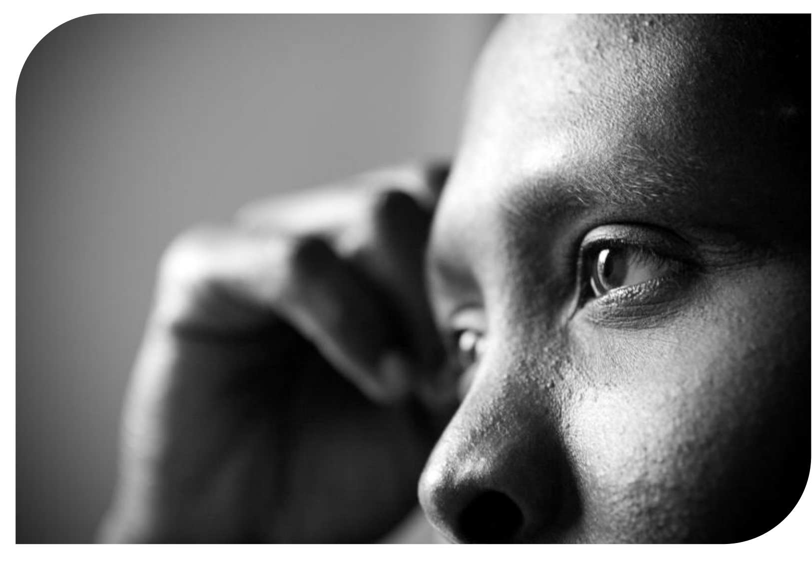
Patient and Carer Partnerships

During 2025/26, the Trust has continued to deliver our Patient and Carer Experience Strategy: ensuring that people and communities are actively involved in the design and delivery of services and service improvements. Key achievements included:

- Establishment of the Community Participation Group (CPG), bringing together people with lived experience and VCSE partners to influence strategic decision-making and support delivery of the Joint Clinical Strategy.
- Co-production of a Patient and Public Involvement (PPI) Framework to embed meaningful involvement as routine practice and enable community influence over the NHS Bristol and Weston Group Model. This was supported by the launch of our Volunteers Strategic Plan 2025-2028 in April 2025.
- Strengthened partnerships with under-served communities through engagement in trusted settings, supported by VCSE organisations acting as trusted intermediaries.
- Continued close working with the BNSSG Maternity and Neonatal Voices Partnership (MNVP) to listen to and act on feedback from women and their families.
- Continued close working with our local communities and have proactively engaged with Carers and Young Carers, the Bristol Deaf Health Partnership, Caafi Health, and the West of England Sight Loss Council to strengthen digital accessibility. We have also collaborated with an individual with lived experience to understand how we can improve cancer care for Black women.
- Expanded inclusive participation of our Patient and Carer Partnership Group through involvement in consultant interview panels, advising on ED webpage content, participating in Trust-level governance groups e.g. the End of Life Strategy Group and Patient Safety Group and involvement in the PLACE 2025 assessments.
- Continued to provide Patient and Carer Stories to the Group Board, to ensure voices from across the Group are heard, e.g. Sickle Cell Disease, the Macmillan Wellbeing Centre, Urology, and delivering emotionally intelligent healthcare.
- Improved accessibility and equity through strengthened compliance with the Accessible Information Standard and introduction of a reimbursement policy for community partners.
- Early impact includes improved reach to marginalised communities, stronger VCSE partnerships and evidence of community insight informing service improvements, with further work planned to strengthen evaluation and assurance in 2026/27.

3.7.6

Mental Health



Following the launch of the Mental Health Strategy in 2024, the Year One commitments have been progressed successfully, except for one area that requires additional resourcing.

The Trust has continued to deliver against the Year Two commitments, which are due to conclude in July 2026 and will be formally reviewed at that time. As of March 2026, 7 of the 16 commitments have been progressed, with work ongoing across the remaining areas. These will be reviewed at the end of July.

The Mental Health Operational Group continues to oversee delivery of the strategy, with regular reporting to the Quality Governance Committee and other relevant committees as required.

Mental Health Strategy Update

During 2024-26, we have focused on delivering a number of the 16 commitment areas outlined in the Year Two Delivery Plan. To date, 7 of these commitments have been achieved, in addition to those delivered in Year One.

There have been some setbacks, particularly in relation to funding for the Trauma-Informed Pledge made by the Trust. Unfortunately, we were unable to recruit to the associated post, as it was offered on a fixed-term basis and funding is not currently available.

Despite this, the Trust has made significant progress in delivering the overall Mental Health (MH) Strategy and advancing the Group service model for liaison psychiatry.

Key progress includes:

Emergency Department Mental Health Provision

Continued implementation of partial 24-hour mental health cover in the Emergency Department (ED), currently operating Friday to Sunday. This model is working well. However, the absence of full Core 24 provision remains a risk and has been escalated to the Trust and System as a key priority for the coming year.

- **Mental Health Dashboard**
  Development of an MH dashboard to support performance monitoring, with ongoing benefits for both service delivery and wider reporting. Further work is required to enable referrals via CareFlow. Hampshire and Isle of Wight Healthcare NHS Foundation Trust have approached NBT for support in this area. NHS England has also recognised NBT as a national leader in mental health clinical coding.
- **Group Liaison Psychiatry Service**
  Bristol NHS Group has officially launched the Bristol Group Liaison Psychiatry Service. A delivery and networking group is now in place to support ongoing service development under the new Group model.
- **Safewards Study**
  NBT Emergency Department has been selected to pilot Safewards within ED settings. Resources for inpatient wards have also been secured through charitable funding, and development of the associated training programme is ongoing.
- **Mental Health Emergency Department (MHED) Proposal**
  The Bristol Group Liaison Psychiatry Service continues to engage in discussions regarding the NHS England capital bid submitted by Avon & Wiltshire Partnership NHS Trust (AWP) for the development of a Mental Health Emergency Department at Callington Road Hospital. Initial agreements have been reached regarding a potential joint management model, with clear system-wide benefits identified.

  The Group will continue to contribute to shaping this model to ensure it delivers wider system benefits, while also advocating for the implementation of Core 24 provision within Emergency Departments as a fundamental priority.

3.7.7

Learning Disabilities and Autism

Purpose & Governance

Supporting people with a learning disability, autistic people, or both (LD/A) remains a core Trust priority. Oversight is provided by the **Learning Disability and Autism (LD&A) Steering Group**, established in 2019 and chaired by the Associate Chief Nursing Officer for Mental Health, Learning Disability and Neurodiversity. The Group reports quarterly to Trust Board via the Patient & Carer Experience Committee and aligns work with BNSSG system partners and national standards such as LeDeR.

Key Achievements

Workforce & Training

- Ongoing delivery of Oliver McGowan mandatory training.
- Appointment of a Trust Education Lead for LD, Autism & Mental Health.
- Reinstated LD awareness training and targeted specialty-based sessions.
- 121 LD&A Champions retained across divisions.

Patient Experience

- Launch of new Health Passport (January 2025), including accessible versions.
- Introduction of real-time patient conversations to capture LD/A feedback.
- Improved complaints process to better support families and carers.

Safety & Clinical Focus

- Continued Trust-wide focus on constipation (“Poo Matters”).
- All LD/A deaths reviewed via LeDeR, with learning shared.
- Redesigned Structured Judgement Review (SJR) process with UHBW.

System Working, Improvement & Priorities 2025–26

Autism & Reasonable Adjustments

- Development of Autism training, Autism Alert Cards and adjustment tools.
- Targeted work informed by lived experience and ED audit findings.
- Autism Week and awareness activities delivered Trust-wide.

Partnership & System Working

- Strong collaboration with UHBW, Adult Learning Disability Health Service (ALDHS), ICB and community services.
- Expanded transition support, including school engagement and transition packs.
- Active participation in Access2Acutes regional network.
- Preventative focus including cancer awareness and screening events.

Key Risks & Challenges

- Face-to-face Oliver McGowan training uptake limited by workforce capacity.
- Need to re-establish expert by experience involvement.
- Ongoing improvement needed in:
  - Mental capacity documentation.
  - Constipation management.
  - IMCA involvement.

Priorities for 2025–26

- Launch Trust-wide Autism training and Autism Cards.
- Improve Oliver McGowan Tier 1 & Tier 2 compliance (including in-house trainers).
- Recruit experts by experience and patient partners.
- Strengthen community engagement, transitions and preventative care.
- Continue system-wide learning from deaths and quality improvement.

3.7.8

Dementia

At **North Bristol NHS Trust,** we are committed to our focus of providing high-quality care for people living with dementia. We are delivering this through our dedicated workforce, specialist dementia team, volunteers, and partnership working developing their skills and knowledge through innovation and research.

Our goal is to create a dementia friendly hospital in line with the ambitions of the Challenge on Dementia 2020 (DoH,2015). The National Dementia Action Alliance and Dementia Friendly Hospital Charter (NDAA 2019) support improving the experience and outcomes for people with dementia in hospital care.

Key improvements 2025/26

We have registered for Round 7 of the National Audit of Dementia that will take place in June 2026 following a new format focusing on:

- **Awareness and support: Raising awareness of dementia resources and carers support in the hospital (John's Campaign) and access to them.**
- **Personal information documents supporting care (This is me).**
- **Mobility and engagement.**

We will share and liaise the results of the audit with the Dementia team (UHBW) to work on aligning and improving patient and carer experience across our Group Hospital Model.

The two Dementia Advisers that were recruited as part of the dementia care discharge team supporting patients and carers with discharge across the hospital and community have continued. The project has attracted further funding and has case study evidence of affecting early discharge and admission prevention. A strong foundation of working alongside the dementia team has provided high-quality communication both in hospital and community environments.

The dementia stall has been sustained weekly in the atrium every Wednesday that provides information to support carers. This has been able to continue as the advisers remain on site. This has attracted patients, visitors, staff, and carers to increasing numbers, providing additional information and signposting. We are now aiming to ask for feedback to provide specific data regarding this.

Continue to maintain eLearning for Dementia level 1 and 2 achieving compliance above 90%. Developed ‘Learning for Delirium’ with a new delirium care plan now live for practitioners on Care flow from March 2026.

The dementia team has maintained an ongoing commitment to delivering the face-to-face dementia training for all new Health Care Assistants to NBT embedded as part of the programme. Ad-hoc and bespoke training for Resident Doctors and other staff groups and volunteers as required and requested.

Completion of environmental improvements on Elgar 2 dayroom as part of a quality improvement led by the Dementia Practitioner and funded and undertaken by external contractors for free. The matron and Supervisory Ward Sisters continue to work towards the use of this space for patients with further project planning.

Building on the success of three Dementia Champions Conferences the next is planned for later in the year. This has helped refresh the role and recruitment of champions. The Teams channel for sharing experience and updates has been promoted at each of these events.

3.7.9

Accessible Information Standard (AIS)

North Bristol NHS Trust (NBT) remains committed to the Accessible Information Standard (AIS). We continue to embed consistent practice across the organisation, focusing on strengthening staff awareness and improving systems, whilst recognising the need for continuous improvement. Throughout 2025/26, the Trust continued to strengthen training, maintain digital systems, and prepare for implementation of updated national AIS requirements.

Our quarterly AIS Steering Group includes patient representatives from local Deaf, Visually Impaired, and Disabled communities alongside divisional hospital staff. This group continues to oversee progress and provide valuable insight and has been instrumental in driving forward the work and achievements outlined below.

Training and Awareness

During 2025/26, NBT continued to deliver regular training to support staff in identifying and meeting accessible communication needs.

We delivered Visual Impairment Awareness training in partnership with the West of England Sight Loss Council. Over the last four years, more than 270 staff have attended this training, supporting improved communication with patients who have sight loss.

NBT also facilitated Deaf Awareness training sessions through Sign Solutions, building staff confidence in working with Deaf patients and BSL users. Our AIS and Deaf Awareness learning modules continue to be accessed regularly on LEARN, the Trust's training platform.

Digital Systems and Compliance

The AIS was updated by NHS England in July 2025, introducing a sixth requirement for NHS organisations to regularly review AIS alerts. NBT has begun internal planning and discussions on how this requirement will be embedded into Trust processes, including updates to the AIS Policy and digital workflows during 2026/27.

NBT continues to maintain accessible information and impairment alerts through CareFlow, which currently holds 22 communication alert types. As of December 2025, there were 6,736 live alerts recorded, supporting staff to identify and respond to patients' communication needs.

NBT and University Hospitals Bristol and Weston Foundation Trust (UHBW) have also begun early joint planning for the national Reasonable Adjustment (RA) Digital Flag as part of the wider Bristol NHS Group approach.

Campaigns and Initiatives

During 2025/26, NBT continued work to raise awareness of the AIS across staff groups. Engagement activity emphasised the importance of accurately recording accessible communication needs and signposting staff to available resources.

Collaborative activity continued within the Bristol NHS Group, including the co-design of improvements that support Deaf patients. This includes a development enabling BSL users to receive interpreter details ahead of appointments, which is expected to be implemented in mid-2026.

Accessibility Inclusion Champions

NBT's network of over 35 Accessibility Inclusion Champions continued to grow and support Trust-wide awareness of the AIS. Champions promote good practice within their teams, encourage colleagues to identify communication needs, and help raise queries or barriers to the Steering Group.

Patient Feedback and Complaints

NBT reviews complaints and PALS concerns related to AIS on a quarterly basis. This information, alongside feedback from community partners and the AIS Steering Group, helps us monitor the accessibility of communication, identify areas for improvement and guide future actions.

Key Priorities 2025/26

Updated AIS guidance from NHS England

Following the publication of the updated AIS by NHS England in July 2025, we will review and update the Trust's AIS Policy, processes and training to ensure alignment with the revised national requirements. This includes planning how the new requirement to regularly review AIS alerts will be embedded across services.

- **Continued Focus on Training and Awareness**
  We will continue delivery of targeted training programmes, including Deaf Awareness, Visual Impairment Awareness and promotion of the AIS e-learning modules. We will also explore opportunities to embed AIS awareness into staff induction, subject to national guidance.
- **Strengthening Digital Recording and Compliance**
  NBT and UHBW, as part of the Bristol NHS Group, will continue early planning for the national Reasonable Adjustment (RA) Digital Flag. This includes preparation for SNOMED CT terminology and future alignment with the NHS Spine. This will strengthen the consistency and accuracy of AIS and RA alert recording and begin developing processes to meet the new AIS requirement for regular alert reviews.
- **Monitoring, Oversight, and Maturity Review**
  The AIS Steering Group will continue to oversee progress against our AIS actions, reviewing patient experience feedback, complaints and PALS data to identify trends and areas for improvement. We will complete an NBT AIS Self-Assessment and contribute to a joint AIS Self-Assessment within the Bristol NHS Group. The Trust's position against the AIS Maturity Assessment Index will also be reviewed to inform future priorities.
- **Ongoing awareness**
  We will continue to build on existing awareness initiatives, including the AIS Roadshow and Accessibility Inclusion Champions network, to embed good practice across the Trust.

Our priorities for 2026/27 focus on supporting the updated AIS, progressing digital work including early planning for the RA Digital Flag, maintaining staff training, and aligning approaches with UHBW where appropriate. Through ongoing oversight and partnership working, NBT will continue to embed accessible communication across the organisation.

3.7.10

Volunteers Services

This year our amazing volunteers at North Bristol NHS Trust donated **over 47,000 hours** of their time. Currently, we have over **408 active volunteers** across our sites, conducting up to 30 different volunteering roles.

Spotlight on a few of our roles which have a big impact on a patient's experience:

Pets As Therapy (PAT)

Our PAT dogs provide an invaluable service to both staff and patients. Their presence can lift a patient's mood, encourage them to interact socially when they might not otherwise, and sometimes the dog can provide an emotional 'link to home' if they are pet owners. This year we are thrilled to not only have expanded our PAT team but also introduced visits to our Intensive Care Unit. Sara Millin, ICU Senior Sister has reflected on their impact saying,

> *"The smile on patients' faces when they see the dogs are heart-warming. The comments that Millie or Diego's visit has 'made my day' are frequent...Some patients don't have children, they have dogs, so a visit from a Pet Therapy dog is important to them. The visits spark off conversations between the patients, families, and the dog's human. Touching the fur on the dog can be the first non-clinical touch for some of our long stay patients. Sometimes the dog initiates that first attempt at a smile from a patient recovering from a serious illness or major trauma."*

Fresh Arts Musicians

This year our fantastic team of 93 musicians have donated a record-breaking amount of 734 hours of live music for the benefit of our patients, visitors, and staff! The musicians have contributed to special performances for Men's Health Week, Pride, Conor Jones' Exhibition Launch, Remembrance Day, Christmas, Lunar New Year, and International Women's Day. We have been building on our relationship with Bristol NOYO (Disabled led Youth Orchestra) & Bristol Beacon to recruit more disabled musicians to our team, we now have two current or former members of NOYO volunteering with us. We were pleased to welcome more musicians who are not pianists, including Trombonists, French Horn players, Flautists, Oboists and many more.

Our longest serving volunteer started volunteering for our Trust more than 20 years ago (not just in musical roles), and we currently have 7 active volunteers who have been sharing their music with us for over 10 years!

Move Makers

Our Move Makers are often the first interaction patients or visitors have when they arrive. They strive to make everyone's visit as welcoming and stress-free as possible. Our fantastic team of 87 Move Makers have donated over 24,500 hours of their time this year, including transporting 28,630 patients in the Atrium buggy. Patients, visitors, and staff share time and time again their appreciation for the bright and warm team.

Celebration Event and Move Maker anniversary

In November 2025, 120 of our volunteers joined us at our Volunteer Celebration Event held at BAWA. Long Service Awards were presented by Group Chief Nursing and Improvement Officer, Steve Hams and Group Director of Quality, Paul Creswell. An amazing 58 volunteers reached a milestone of 5, 10 or 15 years of service.

We were delighted to mark a special anniversary for our Move Maker Volunteer Manager, who recently celebrated 30 years of NHS service. Her leadership, dedication and passion for supporting our Move Makers have a lasting impact on the experience of patients, visitors and staff.

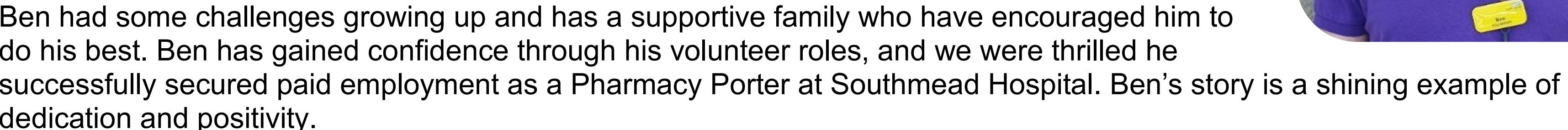
Volunteers' Week

In June 2025 we celebrated National Volunteers Week and thanked our volunteers for their incredible contributions and dedication. We were joined at our Atrium stalls by The Hospital Company, Equans, League of Friends Southmead and Southmead Hospital Charity. We were also thrilled to launch the Volunteers Photo Exhibition. The photos tell the story of many of our volunteers, in a variety of different roles. The photos were kindly taken by volunteer photography students at University West of England.

Ben’s Story

Ben joined the Southmead Hospital Charity volunteering team in 2019; he then also took on our ward support role in 2022. Ben has been an invaluable member of our volunteer team, cheering patients and staff up with his jokes, and supporting the housekeepers on his ward.

Ben’s message to us: “*no matter who you are, where you are from, or what challenges you have in life, never give up hope. Never give up learning. Never give up working hard. And never give up making people laugh, because you never know where you might be able to shine your light and help someone else who needs it*”.



Ben had some challenges growing up and has a supportive family who have encouraged him to do his best. Ben has gained confidence through his volunteer roles, and we were thrilled he successfully secured paid employment as a Pharmacy Porter at Southmead Hospital. Ben’s story is a shining example of dedication and positivity.

League of Friends Southmead

The League of Friends café has been a cornerstone of Southmead Hospital for 49 years, supported by a committed team of 29 volunteers who keep it running seven days a week. Their efforts have enabled the League to fund more than £31,000 worth of equipment in recent years, including carer chairs for patients’ bedsides.

Feedback from a carer using the chair has explained that she would not have been able to stay if it was not for the carer chair, as she has some mobility issues. The reclining chair meant she could stay to support her relative who has dementia and wakes during the night. The carer said that the chair was lightweight, very comfortable and she was grateful to those people who made donations so these chairs could be made available.

Patient Activity Trolley

Developed in partnership with Fresh Arts, and generously funded by the League of Friends Southmead, we are pleased to launch a new Patient Activity Trolley project. The trolley was created as a result of patient and family feedback, and has received kind donations from volunteer knitters, Bristol Library Service, and community donors. The trolley carries lap blankets, twiddle muffs, adult colouring books, pens, magazines, books and puzzle packs, all free of charge.

We were thrilled to introduce this project to 10A with the support of Charlotte Munday from the Patient First Delivery Team. This initiative brings creative therapeutic resources directly to patients on the wards, helping spark conversation and brighten hospital stays.

3.8

Effectiveness of Care

National Clinical Audits

The Trust is committed to participating in relevant national audits and national confidential enquiries to help assess the quality of healthcare nationally and to make improvements in safety and effectiveness.

National clinical audits aim to improve patient care by reviewing services against agreed national standards of care and making recommendations to healthcare providers. Local clinical audits involve making changes where necessary and re-auditing to confirm the impact of those changes. National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

For the purpose of the Quality Account, the Department of Health and Social Care (DHSC) publishes an annual list of national audits and confidential enquiries/outcome reviews, participation in which is seen as a measure of quality of any Trust's clinical audit programme. This list is not exhaustive but rather aims to provide a baseline for Trusts in terms of percentage participation and case ascertainment. The detail which follows relates to this list.

There are 88 individual projects listed for inclusion in the Quality Account. Of these, NBT is eligible to participate in 61. Of these, NBT is confirmed to be participating in 56 to date.

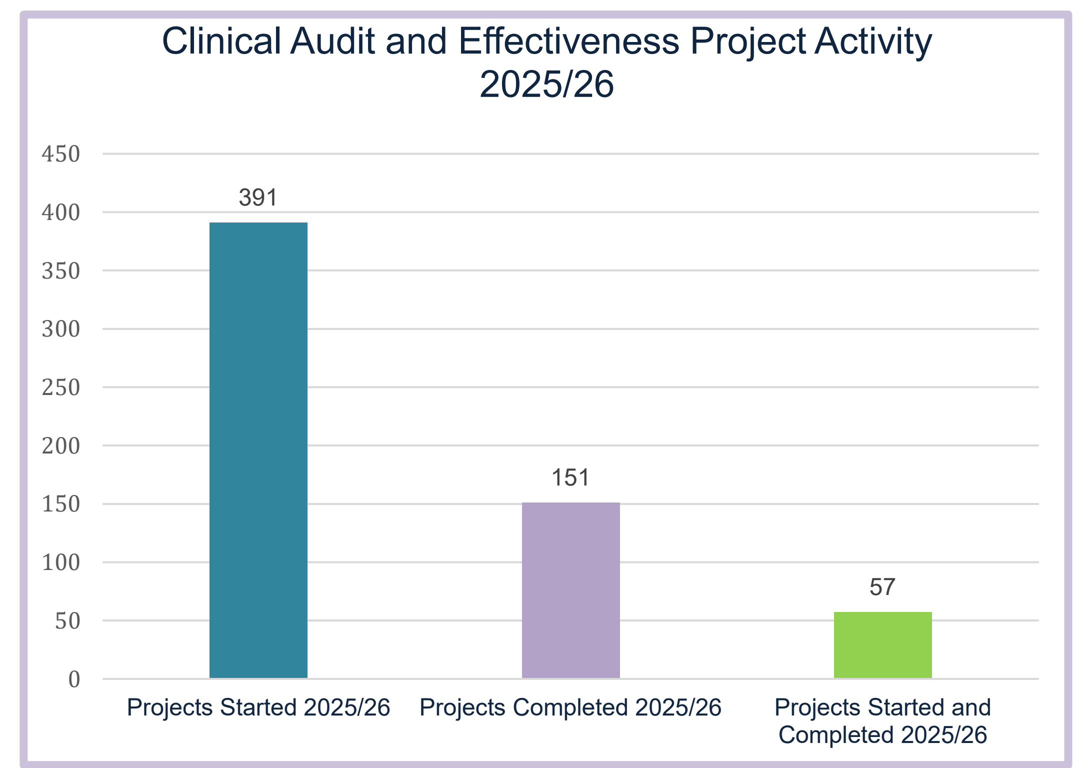
Name of Audit Programme	NBT Participation
BAUS Data & Audit Programme: Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	Yes
Breast and Cosmetic Implant Registry	Yes
Case Mix Programme (CMP)	Yes
Emergency Medicine QIPs: Adolescent Mental Health	Yes
Emergency Medicine QIPs: Care of Older People	Yes
Emergency Medicine QIPs: Time Critical Medications	Yes
Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service Database (FLS-DB)	Yes
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	Yes
Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	Yes
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	Yes

Name of Audit Programme	NBT Participation
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes
National Adult Diabetes Audit (NDA): National Diabetes Core Audit.	Yes
National Adult Diabetes Audit (NDA): Diabetes Prevention Programme (DPP) Audit	Yes
National Adult Diabetes Audit (NDA): National Diabetes Footcare Audit (NDFA)	Yes
National Adult Diabetes Audit (NDA): National Diabetes Inpatient Safety Audit (NDISA	Yes
National Adult Diabetes Audit (NDA): National Pregnancy in Diabetes Audit (NPID)	Yes
National Adult Diabetes Audit (NDA): Gestational Diabetes Audit	Yes
National Audit of Cardiac Rehabilitation	Yes
National Audit of Care at the End of Life (NACEL)	Yes
National Audit of Dementia (NAD)	Yes
National Bariatric Surgery Registry	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Bowel Cancer Audit (NBOCA)1	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Kidney Cancer Audit (NKCA)	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Lung Cancer Audit (NLCA)1	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Non-Hodgkin Lymphoma Audit (NNHLA)1	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Ovarian Cancer Audit (NOCA)1	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Cardiac Audit Programme (NCAP): National Congenital Heart Disease Audit (NCHDA)	Yes
National Cardiac Audit Programme (NCAP): National Heart Failure Audit (NHFA	Yes
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (NACRM)	Yes
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	Yes
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Intervention (NAPCI)	Yes
National Comparative Audit of Blood Transfusion: 2025 Major Haemorrhage Audit	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Emergency Laparotomy Audit (NELA)1: Laparotomy	Yes
National Emergency Laparotomy Audit (NELA)1: No Laparotomy	Yes
National Joint Registry	Yes
National Major Trauma Registry	Yes
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Obesity Audit (NOA)	Yes
National Perinatal Mortality Review Tool (PMRT)	Yes
National Respiratory Audit Programme (NRAP)1: COPD Secondary Care	Yes
National Respiratory Audit Programme (NRAP)1: Pulmonary Rehabilitation	Yes

Name of Audit Programme	NBT Participation
National Respiratory Audit Programme (NRAP)1: Adult Asthma Secondary Care	Yes
National Respiratory Audit Programme (NRAP)1: Children and Young People's Asthma Secondary Care	Yes
National Vascular Registry (NVR)	Yes
Perioperative Quality Improvement Programme (PQIP)	Yes
Sentinel Stroke National Audit Programme (SSNAP)	Yes
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes
UK Parkinson's Audit	Yes
UK Renal Registry Chronic Kidney Disease Audit	Yes
UK Renal Registry National Acute Kidney Injury Audit	Yes

3.8.1

Local Clinical Audit and Effectiveness



This year's clinical audit and effectiveness programme demonstrated strong progress in patient safety, clinical quality, and operational efficiency, with notable achievements including improved analgesia pathways, enhanced ICU-to-ward handovers, robust compliance with national reporting standards, and measurable cost and workload savings through reduced unnecessary testing.

Significant gains were made in documentation quality, infection-prevention compliance, and multidisciplinary engagement, alongside meaningful contributions to national research initiatives.

At the same time, audits highlighted clear opportunities for improvement: strengthening documentation across several pathways, increasing adherence to monitoring and prescribing standards, reducing variation in follow-up and surveillance processes, improving clinic and investigation waiting times, and addressing gaps in data capture and equity of access.

Collectively, the findings present a balanced picture of high-quality care with well-defined areas for targeted improvement to support continued organisational learning and service development.

3.8.2

Mortality & Learning from Deaths

Why mortality review matters

Monitoring mortality and outcomes for patients is a vital part of how Bristol NHS Group assures itself, patients and the public that care is safe, compassionate and continuously improving.

Across University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT), most hospital deaths occur in patients with advanced illness, frailty or complex long-term conditions, where death is often expected and unavoidable. Mortality review helps us understand how care was delivered in practice, whether patient needs and wishes were recognised, and whether families felt supported.

Mortality review also provides confidence that concerns raised by families or identified through independent scrutiny are reviewed in a structured and transparent way. By combining clinical review, family feedback and Medical Examiner oversight, we can understand not only what happened, but how care was experienced.

A Group approach to mortality surveillance and governance

UHBW and NBT work closely together as part of Bristol NHS Group, serving shared populations across Bristol, North Somerset and South Gloucestershire. A Joint Mortality Improvement Programme provides coordinated oversight of mortality surveillance and learning across both organisations. Bringing together and aligning approaches to national mortality indicators, Medical Examiner referrals and Structured Judgement Reviews (SJRs).

The Group monitors the Summary Hospital level Mortality Indicator (SHMI) for both sites as an independent monitor of mortality. SHMI is a nationally published, risk-adjusted indicator that compares observed deaths with those expected. The group approach supports greater consistency in how deaths are reviewed, including aligned case selection processes and enhanced reviews for priority groups. The data below provides confidence in the overall safety of care delivery at both trusts when viewed through this lens.

	Apr-24 to Mar-25	Nov-24 to Oct-25
NBT	0.9659	0.9386
UHBW	0.8840	0.8803

Table 1 SHMI results across the Group. SHMI is expressed as a ratio (1.0 = expected mortality; <1.0 lower than expected; >1.0 higher than expected). Data is published up to October 2025.

Learning from Deaths and Structured Judgement Reviews

Structured Judgement Reviews (SJRs) remain the primary method for encouraging a systematic and consistent approach to learning from deaths across the group, in line with national guidance. SJRs are clinician-lead reviews that consider key stages of a patient’s journey, identifying both good practice and opportunities for improvement.

Case selection follows national guidance and is informed by Medical Examiner referrals, concerns raised by families or staff and mandatory priority groups. Learning from SJRs is shared through the mortality surveillance group at UHBW, and through divisional forums and mortality and morbidity meetings across the Group. Significant safety concerns are escalated through patient safety processes in line with the Patient Safety Incident Response Framework.

	Q1 25/26 FY	Q2 25/26 FY	Q3 25/26 FY	Q4 25/26 FY
NBT	3.6%	4.1%	3.9%	2.7%
UHBW	3.8%	4.2%	3.3%	1.5%

Table 2: percentage of SJRs initiated per quarter as a percentage of adult deaths (including in-hospital and within 30 days of discharge).

What we are learning – shared themes and examples

During the reporting year, Structured Judgement Reviews (SJRs) across both trusts demonstrated high standards of compassionate care. While most deaths were rated as having received good or excellent care, consistent themes were identified where learning has informed improvement activity.

Recognition of deterioration and escalation of care

Reviews highlighted the importance of timely recognition of deterioration and clear escalation, particularly for frail or complex patients.

NBT	UHBW
An SJR described the difficulty of identifying evolving bowel ischaemia when early symptoms appear mild or chronic. Subsequent rapid deterioration highlights the importance of prompt surgical discussion and escalation when patients deteriorate, particularly in those with frailty or mental health-related vulnerability, to support timely diagnosis and intervention.	One review noted repeated nursing escalation in response to clinical deterioration. Learning identified opportunities to enhance clarity and assurance around escalation, senior review, and documentation. Although the outcome was unlikely to have changed, actions focused on reducing distress and supporting consistent practice through ward feedback and the Deteriorating Patient Steering Group

End of life recognition and transition from active treatment

Both Trusts identified opportunities for earlier recognition of dying and more consistent transition to end-of-Life care.

NBT	UHBW
An SJR highlighted good clinical assessment at escalation but identified opportunities to improve timeliness of senior decision-making and earlier transition to palliative, symptom-focused care for frail patients at high risk of death. Clear recognition of dying and proactive palliative involvement may help avoid interventions and better support patients and families.	One review concluded that active treatment continued longer than necessary, resulting in out-of-hour teams making key treatment decisions. Learning focused on earlier consultant led recognition of dying and was shared through divisional governance and consultant education forums.

Communication with families and managing expectations

Family experience was strongly influenced by the timing and clarity of communication, particularly during rapid deterioration.

NBT	UHBW
Reviews demonstrated strong family involvement in many cases, particularly in critical care settings. Where documentation did not fully capture discussions that had taken place, learning focused on improving record keeping and strengthening assurance.	One case identified good clinical care and compassionate communication but highlights the importance of proactively managing family expectations at the end of life. Clear explanations of symptom control decisions, agreed contact plans, and consistent messaging are essential. Avoiding ward moves for dying patients may support trust, continuity, and communication overall.

Documentation, decision making and assurance

Across both organisations, reviews highlighted that good clinical decision making was not always fully reflected in the patient record.

NBT	UHBW
Several cases highlighted the importance of documenting the content and frequency of family discussions, particularly when prognosis was uncertain or evolving, to ensure shared understanding and managing expectations. Earlier completion of Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) forms and clearer documentation of palliative or parallel planning were recurring learning points.	Several SJRs noted incomplete documentation of capacity assessments, ReSPECT discussions or escalation rationale. Learning was shared with clinical teams and escalated through governance routes as a patient safety priority.

From individual cases to system improvement

While many learning points related to individual cases, some reviews identified wider system and pathway issues.

NBT	UHBW
Several cases highlighted the importance of documenting the content and frequency of family discussions, particularly when prognosis was uncertain or evolving, to ensure shared understanding and managing expectations. Earlier completion of ReSPECT forms and clearer documentation of palliative or parallel planning were recurring learning points.	Several SJRs noted incomplete documentation of capacity assessments, ReSPECT discussions or escalation rationale. Learning was shared with clinical teams and escalated through governance routes as a patient safety priority.

How learning leads to improvement and what's next

During 2026/27, the Joint Mortality Improvement Programme will continue to support closer working across UHBW and NBT as the organisations merge.

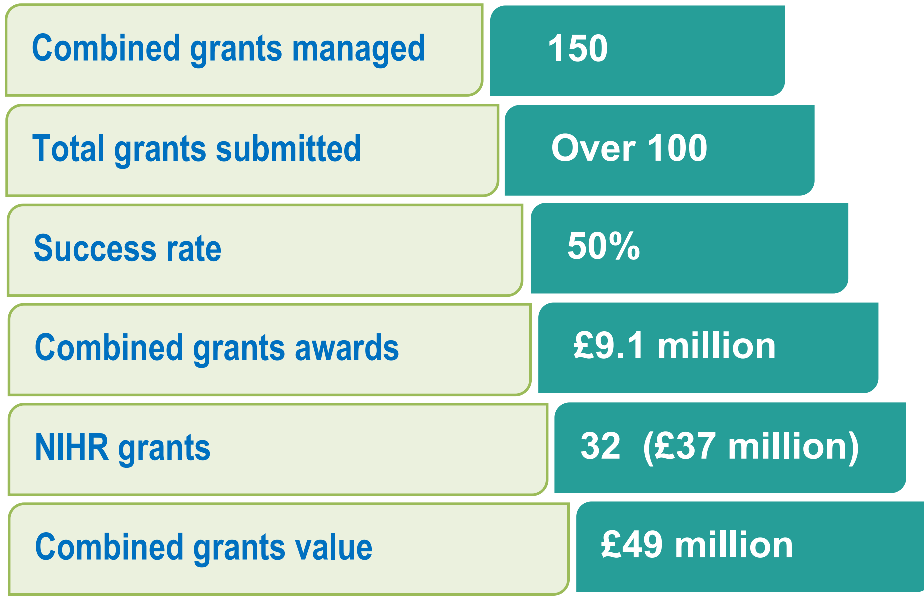
- **Key priorities** include improving the consistency and quality of SJRs through development of a group- aligned SJR form in CareFlow with enhanced monitoring and reporting capabilities.
- **The aligned quarterly reporting** launched in Quarter 3 for 2025/26 will be further enhanced through the coming financial year, providing assurance on the processes that underpin mortality review at Board level.
- **A Group Annual Report** is scheduled for July 2026 Group Board to support shared improvement and evidence, in effect the 'so what' of mortality review.
- **The Annual Learning from Deaths Report** allows the Group to highlight the rich learning opportunities and improvements driven through mortality review at the speciality and divisional level. Specialities are invited to provide detailed examples and highlight evidence-based improvements at the front-line that directly impact care delivery.
- **A combined group-level Mortality Surveillance Group** will be launched in May 2026 and provide coordinated oversight of mortality data, shared learning, opportunities for divisional and speciality collaboration, and strengthening assurance and supporting continuous improvement across Bristol NHS Group.

3.9

Research & Development (R&D)

2025/26 has been an extraordinary year reflecting our ambitions of evolution and growth, building our capacities and capabilities while working ever more closely with system partners to ensure research is ever more people living and working in our communities.

In 2025/26 12,700 patients and participants were recruited to research projects. The majority recruited into one of the 118 new studies opened during 2025/26.



A strategic aim for NBT has been the growth of commercial research at NBT and NBT has opened a further 35 commercial studies this year including opening commercial research opportunities in new clinical area, Gynecology. In addition to supporting these new research projects and participants, the teams are also delivering on over 300.

NBT continues to be an exemplar for grant development and management.

NBT R&D team manage over 150 different funding awards (£49m), including 32 NIHR (£37m).

In 2025 (calendar year), NBT submitted over 100 grants an increase of 33%, while maintaining an excellent success rate (50%), and has been awarded over £9.1 million as a lead / host organisation.

NBT has been working very closely with UHBW within the Bristol Hospital Group. This closer collaboration has enabled NBT to open a Phase 1/2 disease modifying gene therapy trial. Based on this success, we are now looking to identify other studies which could be delivered using a comparable model.

The renovations for the Clinical Research Centre, including the installation of the new Research DEXA scanner, are ongoing with a planned completion date in May 2026. This facility will offer a wider range of research assessments with can be undertaken. It will also offer research active GP practices the opportunity to deliver research and outsource research DEXA scans to NBT.

With Avon and Wiltshire Partnership Trust (AWP) opening their Functional Mood Disorder Clinic at Southmead, NBT is continuing to support research delivered by our system partners. AWP will work with NBT pharmacy, support departments and R&D to ensure their service users are able to access research opportunities.

NBT R&D Team

Successes in 2025/26

In addition to the successes from our established clinical academic research teams, 2025/26 saw a growing number of successful NIHR applications for Research for Patient Benefits (RfBPs) internships and fellowships from new and under-represented professions.

In 2025/26, the NIHR released the new performance driven funding allocation from the NIHR Research Delivery Network. NBT was one of only two Trusts within South-West Central Research Network to receive performance-based increases. This reflects the shift the Trust and delivery teams have made in recognition of the changing research landscape. The teams' agility and tenacity has placed NBT in a strong position to continue to grow.

In 2024/25 NBT set a commercial income target of 20% for 2025/26. Through the hard work of the research team this has been exceeded. This growth in commercial research, while maintaining a strong non-commercial research offer, is providing opportunities for more patients to, potentially, access new treatments.

Plans for 2026/27

The plans for 2026/27 reflect the ambitions of the last few years:

- NBT will continue to build on the commercial success of 2025/26 NBT has set a target for further increasing the commercial income by 20%.
- With UHBW develop a proportionate approach to identifying and quantifying treatment savings which result from the Trusts participation in clinical trials.
- 2026/27 will also see the development of the **Bristol Hospitals Group Research Strategy**, incorporating the opportunities the new Bristol Hospitals Group will offer.
- We will continue to work with under-represented professionals and communities to increase research awareness and opportunities.
- NBT is one of four Trusts nationally who have been awarded Research Delivery Network (RDN) strategic funding to develop, test and implement intelligent automation solutions to expedite research study set up. The wider project seeks to democratise research and set up intelligent automation, enabling all research active Trusts to compete internationally to attract commercial research to the UK.
- Continue to work with our partner department at UHBW as the Trusts move through the coming months to ensure patients, public and staff are supported to engage in research.

Part 4: Annexes

Annex 1: Statement of Directors' Responsibilities

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year.

The Department of Health & Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements). 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.
- 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, is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

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

By order of the Board

Ingrid Barker

Chair

North Bristol NHS Trust

Bristol NHS Group

Annex 2: Quality Account Engagement & Feedback

The draft Quality Account was circulated to the organisations listed below for review during the period 1 to 29 May 2026:

- **Healthwatch Bristol, North Somerset and South Gloucestershire**
- **Bristol, North Somerset and South Gloucestershire Integrated Care Board**
- **Bristol Local Authority Health Scrutiny Committee**
- **North Somerset Local Authority Health Overview and Scrutiny Panel**
- **South Gloucestershire Local Authority Public Health Scrutiny Committee**
- **NHS England Specialised Commissioning — South-West**
- **NHS Wales Joint Commissioning Committee**
- **Patient and Carer Partnership Group – North Bristol NHS Trust**

We are grateful for the external review of our Quality Account by our external stakeholders.

While not mandatory, we welcome any comments or feedback. All feedback that has been submitted has been included below.

Bristol, North Somerset and South Gloucestershire Integrated Care Board

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcomes the opportunity to review and comment on the North Bristol Trusts (NBT) Quality Account 2025/26.

NBT is a valued partner in the delivery of healthcare services to the population of BNSSG. The ICB recognises the breadth and diversity of services NBT provides to our communities and would like to formally acknowledge the hard work and dedication of its staff, who consistently strive to deliver high-quality, safe care to the people they serve.

NBT's quality priorities for 2026/27 demonstrate a clear and sustained focus on the core foundations of quality: patient safety, experience, and the delivery of effective, timely care pathways. The priorities appropriately centre on improving discharge processes, addressing inequalities, enhancing the experience of waiting for care, and delivering consistently high-quality standards across pathways.

The ICB value and support the development of a Bristol NHS Group Quality Management System (QMS). The implementation of a QMS will support greater consistency and integration across quality improvement, planning, control and assurance activities.

The Trust's quality priorities reflect a strong commitment to reducing harm, improving consistency, and ensuring that patients and their families are actively listened to and meaningfully involved in decisions about their care.

The achievements set out in the Quality Account reflect the professionalism, resilience and dedication of NBT colleagues in delivering the highest standard of care.

Vicki Court, Patient Safety Specialist
On behalf of Bristol, North Somerset, and South Gloucestershire ICB

South Gloucestershire Council Health Scrutiny Committee

On behalf of the Health Scrutiny Committee at South Gloucestershire Council we would like to thank both University Hospitals Bristol and Weston NHS Foundation Trust, and North Bristol NHS Trust, for their comprehensive Quality Accounts and continued commitment to transparency and improvement.

We particularly welcome the strong focus on patient experience, including initiatives such as “What Matters to You” and enhanced engagement with patients and communities, alongside clear progress in safety programmes such as electronic prescribing, sepsis improvement, and the introduction of Martha’s Rule.

It is encouraging to see sustained high performance in several areas and a positive safety culture, as reflected in strong reporting and audit participation.

However, we note the ongoing challenges around urgent and emergency care pressures, infection control, discharge flow, and health inequalities.

The Committee appreciates the clarity with which these challenges are identified and looks forward to continued progress, particularly in improving timely access to care and reducing variation in outcomes across our population.

Julia Parkes, Democratic Services Officer
On behalf of South Gloucestershire Council

Bristol City Council Health and Oversight Scrutiny Committee

Thank you for providing this quality account. I appreciate it will be the last one before the merger of the two trusts and I think it provides a template from what can be looked at in next years joint account of the new Bristol NHS Trust where it would be good to see comparisons across the two trusts so we can see what improvements the merger brings. For example, there are a few comparators, and I did notice the differences in Standardised Hospital Mortality Scores. I note both trusts are better than the UK average, but UHBW is slightly better (12% better than national) than NBT (7% better). Not a massive difference but any comparisons to improve both would obviously be welcome

I was particularly pleased to see the improvement in ambulance wait times as this is a major issue for both patient satisfaction and through flow through the system. Also pleased that when we heard the ambulance trusts QA presentation this was corroborated.

As I said at the helpful QA presentation meeting, It would be useful if the account could list both number of complaints and ones that progressed to the ombudsman and where upheld. I have had a response to this which is ‘not many’ but it would be useful to include as possibly a better measure of potential issues.

Tim Wye, Chair of HOSC
On behalf of Bristol City Council

NHS Wales Joint Commissioning Committee

The NHS Wales Joint Commissioning Committee (NWJCC) services on behalf of the seven Health Boards in Wales. The NWJCC are proud to have such close links with North Bristol NHS Trust so that individuals from Wales have access to the expertise and specialist services they provide.

The NWJCC Quality Team have undertaken service/clinical visits this year and have been impressed by the quality of the care provided, and this has been supported when speaking to patients at the time of the visit. This annual report supports the quality of care and improvements made to further enhance care and innovation.

Carole Bell
On behalf of NHS Wales Joint Commissioning Committee

Healthwatch Bristol, North Somerset and South Gloucestershire

Healthwatch Bristol, North Somerset and South Gloucestershire would like to thank North Bristol NHS Trust for the opportunity to review the 2025/26 Quality Account. We recognise the continued commitment to transparency, quality improvement and partnership working, and we welcome the progress made across a number of key areas over the past year.

We particularly commend the Trust's continued focus on patient safety and the embedding of the Patient Safety Incident Response Framework (PSIRF). There is clear evidence of strengthened systems for incident reporting, learning and oversight, supported by the development of digital tools and dashboards. Ongoing work to improve medicines safety, early identification of deterioration and infection prevention demonstrates a sustained and systematic approach to reducing harm and improving outcomes.

We also recognise strong progress in addressing health inequalities and embedding co-production. The integration of health equity into governance, performance monitoring and service design is a significant step forward, alongside strengthened partnerships with voluntary and community sector organisations. The continued development of patient and carer partnerships, including the Community Participation Group, is encouraging and reflects a genuine commitment to incorporating lived experience into decision-making.

The Trust has also made further progress in digital development, including the expansion of electronic prescribing systems and patient-facing tools such as My Medical Record. These developments have the potential to support safer, more efficient and more accessible care, although we note that challenges remain in fully integrating patient experience data across systems.

We welcome the continued focus on understanding patient experience, including the expansion of real-time feedback mechanisms and improved thematic analysis of patient insight. However, while there has been progress in how feedback is gathered and analysed, we note that this has not yet consistently translated into improved outcomes. Friends and Family Test scores have declined slightly across most service areas, complaint volumes have increased significantly, and response times have not been consistently met. This suggests that further work is needed to strengthen responsiveness and demonstrate more clearly how feedback is driving tangible service improvement.

We also note the ongoing pressures affecting access and timeliness of care. While there have been improvements in some areas, including reductions in long waits and sustained diagnostic performance, challenges remain within urgent and emergency care and cancer pathways. Continued focus on these areas is important to ensure timely and equitable access for patients.

Communication with patients and families emerges as a key cross-cutting theme requiring further attention. It is consistently identified within patient feedback and complaints, and is also highlighted within learning from mortality reviews, particularly in relation to managing expectations and supporting families during periods of uncertainty. While there are examples of improvement activity, there is less clarity on a coordinated, organisation-wide approach to strengthening communication. Given its impact on patient experience, safety and trust, we would encourage the Trust to set out a clearer and more systematic plan for improvement in this area.

We also acknowledge ongoing work to strengthen workforce culture, including initiatives to support speaking up and staff engagement. However, it is clear that operational pressures continue to impact both staff experience and patient care, particularly in relation to responsiveness and communication.

In summary, Healthwatch recognises that the Trust has made clear and sustained progress in key areas, particularly patient safety, health equity and digital development. We encourage the Trust to build on these foundations by strengthening the link between patient feedback and measurable improvement, addressing ongoing pressures on access and responsiveness, and developing a more explicit and organisation-wide approach to improving communication with patients and families.

Jody Clark, Chief Operating Officer – The Care Forum
On behalf of Healthwatch Bristol, North Somerset, South Glos, Gloucestershire, B&NES, Swindon and Wiltshire

The following external stakeholders have reviewed but not submitted comments for this year’s Quality Account:

North Somerset Local Authority Health Overview and Scrutiny Panel

NHS England Specialised Commissioning – South-West

Patient and Carer Partnership Group - NBT

www.nbt.nhs.uk

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