



University Hospitals
Bristol and Weston
NHS Foundation Trust

Quality Account 2024/25



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Introduction from the Chief Executive



Making a difference that matters

Welcome to our Quality Account 2024/25.

At UHBW, full-hearted care is what we do. We are incredibly proud of all that we've achieved in 2024-2025 and would like to extend our heartfelt thanks to everyone at Team UHBW – our people, governors, volunteers and charity partners. Their contributions have been instrumental in making a real difference to the lives we touch across Bristol, Weston-super-Mare and the South West.

We are united by a single purpose at UHBW, helping to make our communities a healthier, happier place. Our exceptional team has worked tirelessly over the past 12 months to do just that by delivering high-quality, timely care to those who need us.

This isn't always easy. We faced significant operational pressures this year, especially during the winter months. Emergency department attendances were higher than last year but during even the toughest of times, our people showed extraordinary resilience, keeping those in our care safe and supporting each other.

And despite the tests we have faced, there is much to celebrate. We've made great strides to improve people's experience in our hospitals this year. I'm proud that the care we provided was rated as good or very good by 91.8% of inpatients and 96.5% of outpatients in our monthly surveys.

We've made a difference that really matters to patient safety too, embedding Martha's Rule in adult areas and Bristol Royal Hospital for Children (BRHC) to provide patients and families with a way to seek an

urgent review if their or their loved one's condition deteriorates, and they are concerned this is not being responded to.

To ensure our communities have timely access to care, we've continued in our efforts to reduce waiting times and deliver on the ambitions of our new UHBW Clinical Strategy 2025-2030. The Weston Community Diagnostic Centre which opened in April 2024, carried out an amazing 12,598 diagnostic tests in its first year, helping speed up treatment, reduce waiting lists and bring care closer to home. We've also used robot-assisted surgery in procedures, contributing to reduced hospital stays, fewer clinical complications, and fewer re-admissions.

In 2025-2026 we look forward to doing even more to deliver seamless, high-quality, and equitable care to every person who needs it across Bristol, North Somerset, South Gloucestershire, and the wider South West in partnership with North Bristol NHS Trust (NBT) as the Bristol NHS Group. As two large, ambitious trusts, we are committed to working together to delivering our Joint Clinical Strategy for the benefit of our 'Four Ps'—Patients, People, Population, and the Public Purse.

I commend this Quality Account to you and confirm that the information contained in it is correct and accurate to the best of my knowledge.

A handwritten signature in black ink, appearing to read 'Maria Kane', with a stylized flourish at the end.

Professor Maria Kane
Group Chief Executive Officer
North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust

During 2024/25 we saw

University Hospitals Bristol and Weston NHS Foundation Trust provides local health services to people in Bristol and the surrounding areas and to patients from across South West England and beyond.

957,000
outpatients



115,000
inpatients



80,000
day case patients



We employ over

15,000

staff and are one of
the largest trusts
in the south-west
of England

209,000

accident and
emergency
attendances



Further details about our services are available on our website at www.uhbw.nhs.uk
Details of the Trust's registered locations and regulated activities are available on our
Care Quality Commission (CQC) provider page at www.cqc.org.uk/provider/RA7

Our quality priorities

In 2024/25, for the first time, our quality priorities were aligned wholly with our strategic priorities. In other words, our strategic priorities for experience of care, patient safety, and timely care are, by definition, our organisational quality objectives.

Progress against our quality priorities for 2024/25

Experience of care

What we said we'd do	How did we get on?
<p>Strategic priority: Improve experience of care through better communication, including asking 'What matters to you?' to the people we support.</p>	<p>Improving experience of care through better communication has been a focus in inpatient care settings in Weston General Hospital (WGH), our Division of Medicine and in Bristol Heart Institute wards. Wards have been using patient feedback to find out what to focus on to improve communication with patients.</p> <p>75% of our inpatient wards have now rolled out the 'What matters to you?' conversation approach, which helps deliver person-centred care by providing opportunities for meaningful interaction, rather than task-based care and helps ensure staff can better meet the needs of patients.</p> <p>We are measuring our progress using a composite metric which brings together patient-reported scores for a range of questions which cover different aspects of communication.</p> <p>Overall, the inpatient communication experience score has improved from 82.8 in April 2024 to 86.2 in March 2025, against a target of 88.</p>

Our quality priorities Strategic initiative:

What we said we'd do	How did we get on?
<p>Strategic initiative: Key Year 1 priorities from our Experience of Care Strategy:</p> <p>Continue to work towards achieving full compliance with the Accessible Information Standard (AIS)</p> <p>Improve access to interpreting services</p> <p>Make feedback opportunities accessible and inclusive for everyone, including young people and marginalised communities</p> <p>Develop a participation community of patients, young people, carers and the voluntary, community and social enterprises (VCSE) sector</p> <p>Explore collaboration with independent user-centred design expertise to support us with co-production</p> <p>Embed the Picker Principles of Person Centred Care by developing resources to support our teams</p>	<p>We launched AIS eLearning for staff which includes a patient-led video, and AIS posters have been cascaded across clinical areas.</p> <p>In November 2024, Word360 was successfully launched as our new spoken language interpreting provider. Monthly contract-performance targets have been met, thereby improving access to interpreting services for our patients.</p> <p>An easy-read version of the Friends and Family Test (FFT) feedback card has been launched for patients with a learning disability. We have also developed a teenager-friendly feedback approach using our Patient Feedback Hub (IQVIA). We also participated in six community outreach events focusing on marginalised communities to better understand their experience of our services.</p> <p>We launched our Participation Community of Experts by Experience, aligned to the Trust's membership approach.</p> <p>We have secured Health Foundation funding to launch an action learning set for co-production in collaboration with The Peer Partnership with 15 colleagues scheduled to take part during 2025/26.</p> <p>We had useful partnership discussions with Picker to explore how to embed the Principles of Person Centred Care in practice. This work will continue into 2025/26.</p>

Case study

Improving Experience of Care in the Bristol Heart Institute by focussing on communication.

We identified that BHI wards had seen a decrease in patient experience scores compared to pre-pandemic. Therefore, a project was launched in May 2025 following agreement with the Trust's Executive team to focus on the strategic objective of improving care with a focus on communication experience. Taking a Patient First approach to continuous improvement, we knew we needed to understand our data better. We had very little experience or knowledge of how to use our Patient Feedback Hub (IQVIA) effectively. We also recognised from previous incidents, complaints and other projects that there are times when a 'just do it' approach can be appropriate. So, we tried out new project initiatives that felt intuitively right, alongside developing our understanding of our data. Fortnightly #meetings involving a wide range of nursing colleagues with additional representation from therapists were held to review progress with each of the projects, exploring barriers, concerns, and successes, and to agree next steps based on patient feedback. Our projects and activities have included:

- introducing ward teams to IQVIA: how to access and use the feedback data
- wards producing 'you said, we did' posters, displaying improvements based on patient feedback and sharing of posters to continue to analyse themes
- systematic roll out of 'What matters to you?' conversation approach
- introduction of communication workshops for nursing colleagues
- trial of digital discharge checklist, comparing with paper-based version
- criteria-led discharge project, across cardiac surgery and into TAVI (transcatheter aortic valve implantation) service
- reviewing and improving our transfer of care process
- understanding communication questions and themes (completion of which confirmed our areas of focus were the right ones)

Embedding 'What matters to you?' into the ward culture has proven challenging, despite continued focused attention by ward leaders. Hence more latterly we have launched experience of care champions' across the wards to develop a deeper understanding of how, and why it's important to hear the experience of patients and what each team member can contribute.

Patient quote, March 2025:

"Excellent care. I am so impressed with how everyone worked together to provide such high quality of service. I am very grateful."


Staff quote March 2025:

"The Experience of Care Group has redirected our approach as a division to improving care through focusing on, and enhancing, communication by across the multi-disciplinary team."

Patient safety

What we said we'd do	How did we get on?
<p>3-5 year target: We will build responsive, sustainable and resilient healthcare delivery systems within a developed safety culture. Our target is to achieve annual incremental improvements in patient safety culture questions in the NHS Staff Survey, within 1% of the best NHS trust.</p>	<p>The 2024 NHS Staff Survey shows significant improvements in UHBW's acute trust ranking for the four patient safety culture questions since 2022.</p> <p>To reach the target of being within 1% of the best, UHBW would need to be ranked first in all four questions. UHBW scores are consistently above the national average.</p>
<p>We also said we would develop a 'building resilient systems' metric.</p> <p>Mission critical project: Implementation of CareFlow Medicines Management (electronic prescribing and medicines administration).</p> <p>Corporate project: Improve effective and timely recognition, escalation and response to patient deterioration, including from sepsis.</p> <p>Corporate project: Implementation of Martha's Rule</p>	<p>Work to develop a metric to understand if we are building resilient healthcare delivery systems has identified that this is too complex to distil into a single metric. We will continue to look at a suite of indicators and information sources that can help us understand this. Meanwhile, we have developed a different metric to provide an indication as to whether patients feel safe in our care.</p> <p>CareFlow Medicines Management (CMM) is due to go live in Weston General Hospital in May 2025 with a rapid incremental launch across all areas over the following months. This was delayed from the original planned date in October 2024 to address some identified safety critical issues.</p> <p>In 2024/25 we:</p> <ul style="list-style-type: none"> • implemented the new 2024 National Institute for Health and Care Excellence (NICE) guidance for sepsis in adult patients • updated education and training packages for patient deterioration • implemented processes for identifying and responding to deteriorating pregnant patients in non-maternity settings • reduced variation in processes for understanding and recording ceilings of care using the ReSPECT process • undertook analysis and scoping for two priority projects for 2025/26 • identified resource for 2025/26 to intensify improvement focus on sepsis as a breakthrough objective <p>This is a joint project with NBT that commenced in the autumn of 2024. In 2024/25, we:</p> <ul style="list-style-type: none"> • commenced work to ensure accessibility of Martha's Rule for all communities has included testing communication resources for patients and families with patient and community groups and exploring technology options for people with additional communication needs • an aligned patient wellness questionnaire has been developed, and both trusts have been testing and iterating versions in their pilot areas • Bristol Royal Hospital for Children went live in January 2025 with Martha's Rule • UHBW adult wards commenced testing and iterating Martha's Rule in pilot areas <p>We will continue this work in 2025/26.</p>

Patient safety

What we said we'd do	How did we get on?
<p>Corporate project: Delivering the NHS year two of the Patient Safety Strategy.</p> <p>Corporate project: Improving completeness and reliability of reasonable adjustments alerts on electronic patient health records</p>	<p>In 2024/25 we:</p> <ul style="list-style-type: none">• continued to develop processes to embed the national Patient Safety Incident Response Framework (PSIRF)• continued to develop our patient safety culture• implemented Learning from Patient Safety Events (LFPSE) within our incident recording system• led the development of an aligned human factors incident coding taxonomy across Bristol, North Somerset and South Gloucestershire (BNSSG) to facilitate identification of system-wide areas for patient safety improvement• updated our patient safety training matrices with more robust compliance reporting. Overarching compliance was 88% by March 2025 against target of 90%• worked with NBT to develop aligned patient safety governance for single managed services• delivered year two of our Human Factors Strategy• created a proxy measure to understand whether patients feel safe in our organisation supported by qualitative data through “My journey” volunteers and clinical accreditation <p>This improvement work has been delayed due to the prioritisation of CareFlow Medicines Management implementation in 2024/2025 requiring significant resourcing.</p> 

Timely care

What we said we'd do

Strategic priority:

Achieve a 10% year-on-year improvement of ambulance handover metrics as a measure of improved flow.

Breakthrough Objective:

Improve median time of discharge by two hours.

Increase the proportion of patients discharged via the discharge lounge.

Mission critical:

Achieve a demonstrable reduction in delays to timely care by March 2025:

- Reduce the proportion of patients who wait 12 hours in the emergency department (ED).
- Increase the proportion of patients seen within the emergency department who are either admitted or discharged within four hours of arrival.

How did we get on?

We achieved an improvement in most ambulance handover metrics observed between 2023/24 and 2024/25:

- 6.3% increase in number of patients handed over within 15 minutes
- greatest improvement in 15-minute and 30-minute handovers seen at Weston General Hospital (38% and 16% increases respectively)
- average handover time reduced by 1% – greatest improvement seen at BRHC (8%)

The Every Minute Matters programme continues to focus on ensuring proactive board rounds are in place across adult inpatient wards to support earlier discharge of patients. Consistency of the morning board rounds has improved (as measured by a programme of observation and through the Trust's Clinical Accreditation Programme). We are yet to see the required improvement reflected in the data, with median discharge time currently still 3.30pm. Work is continuing to focus on clear and timely actions being allocated at the morning board rounds.

Proactive 'Patient Sprints' were introduced in December 2024. Led by the deputy chief nurse, these collaborative reviews enable matrons from our adult inpatient wards to highlight barriers to progressing patient care and their discharge with senior multi-disciplinary colleagues.

Bristol's discharge lounge has been operating a 24/7 model since October 2023 which is now well embedded and accounts for 25% of all discharges. The WGH discharge lounge team has used an A3 project to make further improvements to their discharge lounge and achieved 46.5% of eligible patients discharged via the lounge in March 2025

In 2024/25 we saw a slight decrease in the percentage of patients seen in our EDs within four hours Trust-wide: 67.4% compared to 67.6% in 2023/24. We also saw an increase in the percentage of patients waiting longer than 12 hours Trust-wide: 4.8% in 2024/25 compared with 3.7% in 2023/24. Scope to improve performance has been limited by a 3.2% increase in numbers of non-elective admissions through ED, and an increase in patients with 'no criteria to reside' (NCTR) who are medically fit awaiting discharge (for example to a care home or care package). In Bristol, the average proportion of beds with NCTR patients increased from 17.6% in 2023/24 to 20.2% in 2024/25; in WGH, the increase was from 23% to 27.3%.

Timely care

What we said we'd do

Corporate projects:

Improve theatres productivity and efficiency – improve capped theatre utilisation towards 85% standard by focusing on scheduling processes, reduction in last minute cancellations and starting on time.

Improve our pre-operative processes to reflect the national guidelines in relation to pre-operative screening and optimisation before surgery.

Corporate projects:

Reduce our outpatient DNA (did not attend) rate to 5% through the introduction of DrDoctor appointment reminders, rescheduling and digital letters.

Develop a case for investment in AI functionality to further reduce DNA rate.

How did we get on?

Each of our divisions has been focusing on priority areas in support of reducing the 12-hour waits in ED. Examples include:

- pathway for patients in ED requiring a CT scan
- pathway for patients in ED requiring pathology services
- refreshed daily flow processes in WGH ED
- reduction of average length of stay in patients in Bristol Haematology and Oncology Centre (BHOC) Same Day Emergency Care (SDEC) to mitigate the impact of patients attending ED

The Home First team has focused on the 'Golden Patient' project which has seen an improvement in timeliness and experience of discharge for some patients (a 'golden patient' is medically and surgically ready for surgery and is pre-selected to be the first patient on the operating theatre list, aiming to improve theatre efficiency and start times).

NHS England (NHSE) set specific targets for systems to improve capped theatre utilisation. The BNSSG system was set a target of 81% to achieve by the end of 2024/25. In March 2025, UHBW achieved 81.6%. The focus of improvement in 2024/25 has been on scheduling processes.

The Trust has been awaiting further technical developments in the use of 'assessments' module within the DrDoctor patient portal to be used in pre-operative screening. This module allows the Trust to gather questionnaire data to inform risk stratification for patients awaiting surgery.

The Trust's reported DNA rate in March 2025 was 5.6%. The average rate in 2024/25 was 6.1%. Although this was short of the 5% stretch target, the Trust has sustained improvement – DNA rates averaged 6.7% in 2023/24, 7.1% in 2022/23, and 7.3% in 2021/22. Improvement focus in 2024/25 has been on optimising the use of notifications, appointment reminders and digital appointment letters

The Trust has worked with DrDoctor to develop a case for purchasing the AI DNA reduction tool. This is something the Trust will consider further in 2025/26 alongside a range of other developments in the use and capability of the DrDoctor patient portal.

Our quality priorities for 2025/26

Our quality priorities for 2025/26 continue to be aligned wholly with our strategic priorities.

Experience of care

Vision	Strategic goal	Quality priorities for 2025/26
<p>Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.</p>	<p>We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff.</p>	<p>Our 3-5 year targets: Annual incremental progress towards the following targets:</p> <ul style="list-style-type: none"> • 98% or more of inpatients will rate their care as good or above • feedback will be representative of the patients we care for • we will be in the top 10% of non-specialist acute trusts: for staff recommending our organisation for treatment of a friend or relative <p>Breakthrough objective:</p> <ul style="list-style-type: none"> • Improving experience of care through better communication, including asking ‘What matters to you?’ to the people we support. <p>Strategic initiative: Delivering year-two goals and objectives of the Experience of Care Strategy, including:</p> <p>For divisions</p> <ul style="list-style-type: none"> • rolling out and embedding ‘What matters to you?’ • improving access to interpreting: embedding the Word 360 service and making improvements to internal booking processes • AIS improvements: increasing uptake of AIS eLearning and creating an AIS dashboard to monitor compliance • identifying and supporting experience of care champions in clinical services • delivering the action learning set for co-production with community outreach aligned to Core20PLUS5 areas • year-two objectives relating to life course and patient pathway areas (division-specific activity) <p>Corporately</p> <ul style="list-style-type: none"> • ‘What matters to you?’ goal: including shared decision-making baseline assessment, improving use of communication alerts on electronic patient record and raising the profile of the chaplaincy service ensuring an inclusive offer to diverse patients and communities • ‘Listening and Responding Well’ goal: including improving accessibility of our feedback approach and our PALS and Complaints service • ‘Design and Deliver Together’ goal: including embedding patient and community involvement in our Hospital Group single managed services programme, promoting our participation community and growing ‘experts by experience’ roles • ‘Learning, Spreading and Embedding’ goal: including thematic alignment of experience data, co-designing experience of care training for colleagues, and a new intranet site for Experience of Care

Patient safety

Vision	Strategic goal	Quality priorities for 2025/26
<p>We will continue to build responsive, sustainable and resilient healthcare delivery systems within a developed safety culture to enable us to reduce risk of harm, provide consistent, high quality, safe and effective care and reduce moral injury to staff.</p>	<p>We will be within 1% of the best NHS trust for safety culture as reported by our staff and we will build more resilient systems focusing on key patient safety risks.</p>	<p>Our 3-5 year target: 1% year-on-year increase in staff survey scores for patient safety culture questions in the NHS Staff Survey.</p> <p>Breakthrough objective: Improving prompt recognition and treatment of sepsis. Our sepsis improvement team will work with clinical teams to better understand the barriers to prompt sepsis screening and treatment; then identify and take forward targeted improvement work.</p> <p>Mission critical project: Implementation of CareFlow Medicines Management.</p> <p>Corporate projects: Improving medical equipment procurement and management. Initially, we will:</p> <ul style="list-style-type: none"> • complete high-level mapping of medical device pathways • complete a diagnostic phase to agree the priorities for the programme • define meaning of value to be achieved throughout equipment lifecycle <p>Continue/complete existing projects relating to:</p> <ul style="list-style-type: none"> • improve recognition and response of patient deterioration – two priority projects have been identified for 2025/26. Firstly, improving the escalation and response elements for acting on patient deterioration, and secondly improving processes to ensure safe revision of triggers for individual patient escalation in appropriate circumstances. • implementation of Martha’s Rule

Timely care

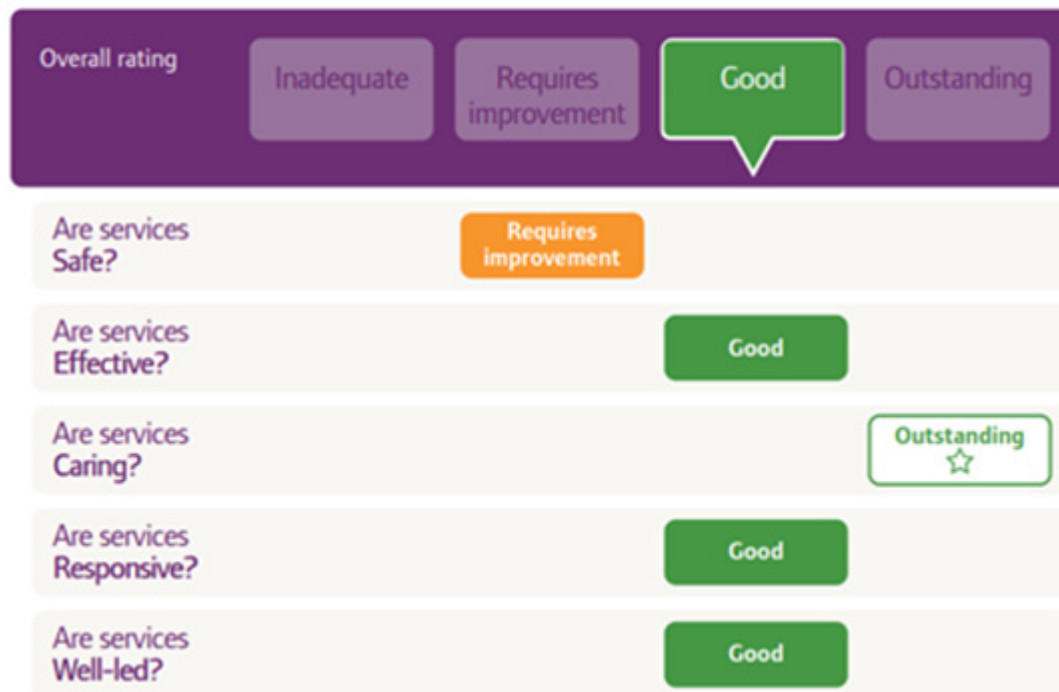
Vision	Strategic goal	Quality priorities for 2025/26
<p>Together, we will provide timely access to care for all patients, meeting their individual needs.</p>	<p>By streamlining flow and reducing variation, we will eliminate avoidable delays across access pathways.</p>	<p>Our 3-5 year targets:</p> <ul style="list-style-type: none"> • achieve a demonstrable reduction in delays to timely care by March 2026 • achieve a 10% year-on-year improvement in ambulance-handover metrics as a measure of improved flow <p>Breakthrough objective:</p> <p>Improve median time of discharge by two hours.</p> <ul style="list-style-type: none"> • Increase discharges from inpatient beds over weekends. Target is to discharge 80% of weekday discharges at weekends (2024/25 performance was 53%). • Conclude 'Ready for Discharge' A3 thinking projects on focus wards; cascade learning across Trust to share improvement strategies. • Develop and implement improvement plan focused on real time recording of patient discharge from wards. <p>Mission critical project:</p> <p>Achieve a 10% year-on-year improvement of ambulance handover metrics as a measure of improved flow.</p> <p>Our Proactive Hospital Charter has been refreshed for 2025/26 with a focus specifically on reducing the delays in review by specialty teams for patients in ED. This is in support of a reduction in both four-hour, and 12-hour waits with a proportion of these patients waiting to be admitted and/or requiring specialty review. The aim is for 2% or fewer patients waiting longer than 12 hours in ED based on latest NHS England guidance.</p> <p>Important corporate projects:</p> <p>Reduce outpatient backlogs enabling patients to receive more timely care by March 2026. By reducing total outpatient backlogs by 10%.</p> <ul style="list-style-type: none"> • Further reduction in DNA rates to 4.5% or under (based on national benchmarking mid-point of Q1). • Reduction in differential DNA rate between IMD Quintile one and five, and global majority and white. • Pilot and learning for DrDoctor Patient Led Booking module for all specialties. • Increased use of PIFU (patient-initiated follow-up) in 12 accelerated specialties increasing Trust average by minimum 720 (1%) patient pathways (based if national bench marked opportunity). • Implementation of outpatients 2025 business case to improve call handling and responsiveness to incoming calls from patients. • Increase use of specialist advice including Advice and Guidance embedded and sustained in 12 accelerated specialties by minimum 490 (2%) patient pathways (based on national benchmarked opportunity). <p>Optimise theatre capped touch time utilisation to 85% by NHSE deadline of Q4 2025-26.</p> <ul style="list-style-type: none"> • Development of Trust-wide standardised operational protocols for pre-operative service. • 50% reduction in Last Minute Cancellations (LMCs) for avoidable reasons related to pre-assessment. 25% reduction in patient DNAs, by quarter four (Q4) 25/26. Increase in associated activity.

Statements of assurance

Care Quality Commission inspections and ratings

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is required to register with the Care Quality Commission (CQC). UHBW currently has an overall CQC rating of Good.

University Hospitals Bristol and Weston NHS Foundation Trust



In June 2024, the CQC conducted an assessment of urgent and emergency care services at the adult emergency department at the Bristol Royal Infirmary. The CQC rated the service 'requires improvement' because medical staffing was deemed insufficient to meet demand at weekends, there were not enough trained fire wardens, and the quality of risk assessment and management of sepsis needed to improve.

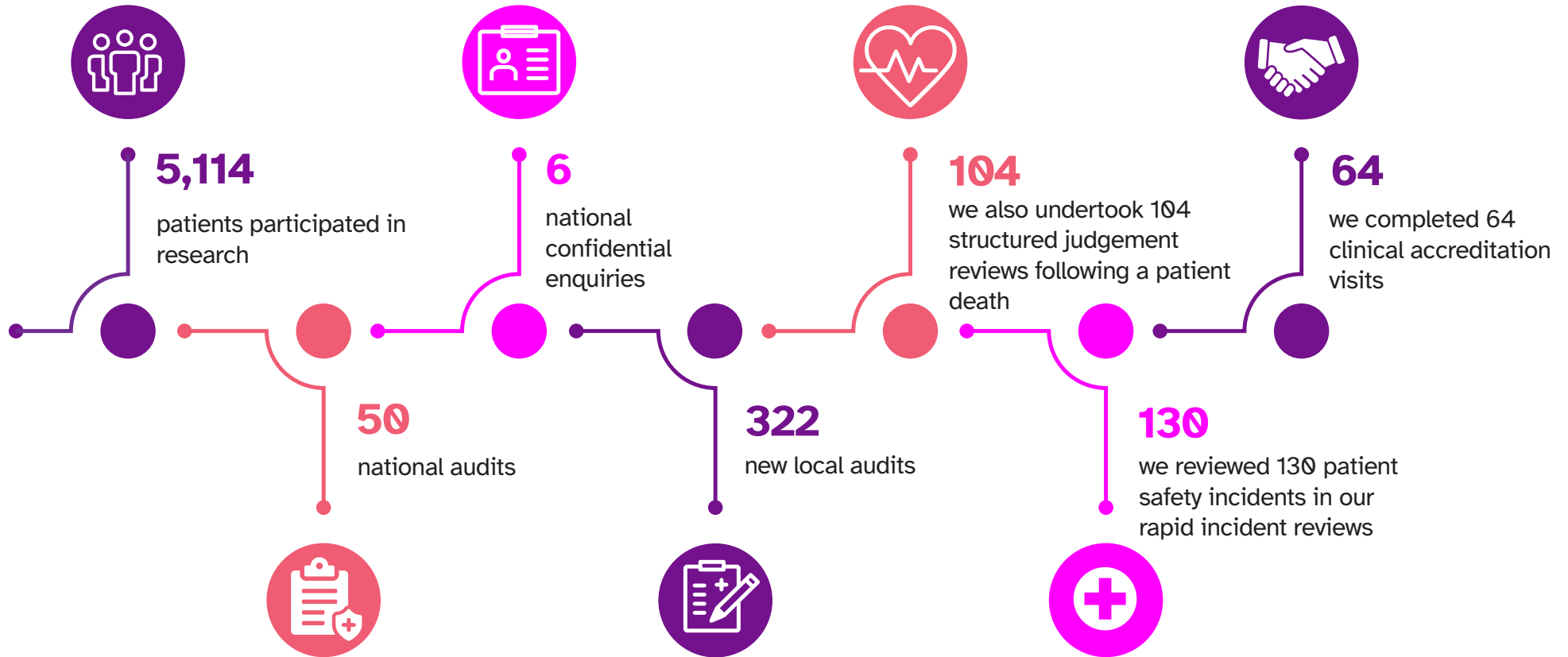
However, the CQC also found that ambulance handover times had reduced, staff worked to mitigate the risks of overcrowding in the department, staff worked well together to deliver evidence-based care and leaders worked collaboratively to improve the service.

More information about the assessment is available at <https://www.cqc.org.uk/location/RA7C1>

The Trust's ratings were unchanged as a result of this assessment. A detailed action plan has been agreed in response to the CQC's findings. This was UHBW's only CQC assessment in 2024/25



UHBW Quality Governance in 2024/25



Clinical accreditation

UHBW runs a Clinical Accreditation Programme (CAP), which monitors the quality of care at ward or department level and provides regular feedback to clinical colleagues on the clinical care they are providing, focusing on areas for improvement and celebrating high standards of care that are being delivered.

Our CAP brings together key measures of nursing and multiprofessional clinical care into one overarching framework, scoring against agreed standards relating to high-quality compassionate and effective care, leadership, and avoidable harm.

Throughout 2024/25 the accreditation team continued to assess all clinical inpatient areas and our four emergency departments depending on their previous accreditation outcome. A clinical area that scores 75% to 89% achieves a silver accreditation, whilst 90% and above achieves a gold accreditation. Silver accredited areas are re-assessed after six to nine months; gold areas are reassessed in 12 to 18 months. If the area sustains gold and can demonstrate service improvement, they are then awarded a diamond accreditation.

Clinical accreditation outcomes:

	Participated	Cases submitted
Diamond	2	4
Gold	5	7
Silver	53	51
Working towards accreditation	-	2
Total	60	64

In 2025/26 we will be implementing the theatre standards we have developed and exploring how an equivalent approach can best be developed for outpatient areas.

Participation in clinical research and national confidential enquiries

We are proud to be an organisation where research underpins the high-quality care that we provide.

Across all our specialties, the number of patients receiving relevant health services provided or subcontracted by UHBW in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was 5,114. This compares with 9,577 in 2023/24 and reflects the increasingly specialist research portfolio that we develop and deliver.

During 2024/25, we worked with colleagues to develop a new research strategy jointly with North Bristol NHS Trust (NBT), recognising our closer working relationship as we move towards a Hospital Group model. As we operationalise the new joint strategy, we will take best practice from both organisations to develop our expertise and tailor our research portfolios to the patients who will access services seamlessly across the two acute trusts. Having invested resource in our research grants team, we increased the number of National Institute for Health and Care Research (NIHR) grants submitted for funding and are forecasting a corresponding increase in the number awarded. These grants, developed locally with our clinical researchers, generate evidence in areas of need for our local and specialist patient populations.

Looking to our research leaders of the future, our nursing, midwifery and allied health professional leaders have a clear focus on identifying opportunities for research career development. This is provided through bespoke training developed and provided to research delivery colleagues by our education facilitators, and through the award of small grants to this professional group via the NIHR Biomedical Research Centre (BRC), and the Trust's rolling small grants awards.

In parallel, we have awarded eight small grants funded by the Bristol and Weston Hospitals Charity and Research Capability Funding, open to all research professions with the intention of leading to NIHR grants in the future.

Activity in our NIHR Clinical Research Facility (CRF) has reached a steady state in

its third year, and the CRF is now developing further links, moving towards providing expertise in setting up and delivering early phase and experimental research more widely across the trust. The CRF's strategies for equality, diversity and inclusion, training, and patient and public involvement, developed jointly with the NIHR BRC are now part of their daily operational business, supported by key specialist colleagues.

Our NIHR Applied Research Collaborative (ARC) leadership team has submitted a bid for its next iteration, ARC2, and we await the outcome. If awarded, this will facilitate the ongoing collaboration between system partners in the region to develop research capacity, provide knowledge mobilisation expertise and support the implementation of effective treatments into practice.

The NIHR Regional Research Delivery Network launched in quarter three, and as host we have overseen the development of the new staffing structure, which is now in place and operating as the South West Central RDN, bringing delivery organisations together to offer research to patients across Bristol, Gloucestershire, Bath, Somerset, Wessex and Dorset.

Our focus this year has been to prioritise doing what we are best at, and we have had a renewed focus on taking on trials that are deliverable within the time frame they are open and working towards key milestones that form part of sponsors' expectations. Ensuring that we have a financially sound basis on which to move forwards has also influenced the work we do, as it is essential that our services are sustainable. We have maintained and developed relationships with a range of industry partners and with our joint commercial function are now working with those partners strategically across both acute trusts.

We remain an active member of Bristol Health Partners Academic Health Science Centre, and alongside our university partners, who educate and develop clinicians to provide health services for the future, we play a significant part in improving the health of our location population through research.

Participation in clinical audits and national confidential enquiries

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) published 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.

During 2024/25, 61 national clinical audits and six national confidential enquiries covered NHS services that UHBW provides. During that period, the Trust participated in 82% (50/61) of national clinical audits and 100% (6/6) of the national confidential enquiries in which it was eligible to participate.

Name of audit / programme	Workstream Name	Participated	Cases submitted
British Hernia Society Registry		No	N/A
Case Mix Programme (CMP)		Yes	1,451 (100%)
Child Health Clinical Outcome Review Programme ^{1,0}		Yes	27
Cleft Registry and Audit Network (CRANE) Database		Yes	145
Emergency Medicine QIPs:	Adolescent Mental Health	Yes	10
	Care of Older People	Yes	10
	Time Critical Medications	Yes	5
Epilepsy ¹² : National Clinical Audit of Seizures and Epilepsies for Children and Young People ¹		No	N/A
Falls and Fragility Fracture Audit Programme (FFFAP):	Fracture Liaison Service Database (FLS-DB) ¹	Yes	1,506
	National Audit of Inpatient Falls (NAIF) ¹	Yes	12
	National Hip Fracture Database (NHFD) ¹	Yes	609
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) ⁰		Yes	28
Maternal, Newborn and Infant Clinical Outcome Review Programme ^{1,0}		Yes	Not reported
Medical and Surgical Clinical Outcome Review Programme ^{1,0}		Yes	17
National Adult Diabetes Audit (NDA):	National Diabetes Core Audit ¹	Yes ^P	Not reported
	National Diabetes Inpatient Safety Audit (NDISA) ¹	Yes	3
	National Pregnancy in Diabetes Audit (NPID) ¹	Yes	100
National Audit of Cardiac Rehabilitation		Yes	<i>Not reported</i>
National Audit of Care at the End of Life (NACEL) ¹		Yes	48
National Audit of Dementia (NAD) ¹		Yes	29

Name of audit / programme	Workstream Name	Participated	Cases submitted
National Cancer Audit Collaborating Centre (NATCAN):	National Bowel Cancer Audit (NBOCA) ¹	Yes	281
	National Lung Cancer Audit (NLCA) ¹	Yes	303
	National Non-Hodgkin Lymphoma Audit (NNHLA) ¹	Yes	51
	National Oesophago-Gastric Cancer Audit (NOGCA) ¹	Yes	226
	National Ovarian Cancer Audit (NOCA) ¹	Yes	Not reported
	National Pancreatic Cancer Audit (NPaCA) ¹	Yes	Not reported
National Cardiac Arrest Audit (NCAA)		Yes	80
National Cardiac Audit Programme (NCAP):	National Adult Cardiac Surgery Audit (NACSA)	Yes	1,074 (100%)
	National Congenital Heart Disease Audit (NCHDA)	Yes	1,090 (100%)
	National Heart Failure Audit (NHFA)	Yes	596 (66%)
	National Audit of Cardiac Rhythm Management (CRM)	Yes	852
	Myocardial Ischaemia National Audit Project (MINAP)	Yes	Not reported
	National Audit of Percutaneous Coronary Intervention (NAPCI)	Yes	Not reported
	National Audit of Mitral Valve Leaflet Repairs (MVLRL)	Yes	Not reported
	UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Yes	Not reported
	Patent Foramen Ovale Closure (PFOC) Registry	Yes	Not reported
National Child Mortality Database (NCMD) ^{1,0}		Yes	Not reported
National Comparative Audit of Blood Transfusion:	National Comparative Audit of NICE Quality Standard QS138	Yes	51 (100%)

Name of audit / programme	Workstream Name	Participated	Cases submitted
	National Comparative Audit of Bedside Transfusion Practice	Yes	40 (100%)
National Early Inflammatory Arthritis Audit (NEIAA) ¹		Yes	292
National Emergency Laparotomy Audit (NELA) ¹		Yes	158 (76%)
National Joint Registry		Yes	Not reported
National Major Trauma Registry		Yes	Not reported
National Maternity and Perinatal Audit (NMPA) ¹		Yes	Not reported
National Neonatal Audit Programme (NNAP) ¹		Yes	77 (100%)
National Ophthalmology Database (NOD):	Age-related Macular Degeneration Audit	Yes	679
	Cataract Audit	Yes	3,061 (86%)
National Paediatric Diabetes Audit (NPDA) ¹		Yes	499
National Perinatal Mortality Review Tool ⁰		Yes	Not reported
National Respiratory Audit Programme (NRAP):	COPD Secondary Care ¹	No	N/A
	Adult Asthma Secondary Care ¹	No	N/A
	Children and Young People's Asthma Secondary Care ¹	Yes	67 (34%)
Paediatric Intensive Care Audit Network (PICANet) ¹		Yes	697 (100%)
Perioperative Quality Improvement Programme		Yes	Not reported
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):	Oncology & Reconstruction	No	N/A
	Trauma	No	N/A
	Orthognathic Surgery	No	N/A
	Non-melanoma skin cancers	No	N/A
	Oral and Dentoalveolar Surgery	No	N/A
Sentinel Stroke National Audit Programme (SSNAP) ¹		Yes	1,128
Serious Hazards of Transfusion (SHOT)		Yes	Not reported
Society for Acute Medicine Benchmarking Audit (SAMBA)		Yes	Not reported
UK Cystic Fibrosis Registry		Yes	409
UK Renal Registry Chronic Kidney Disease Audit		Yes	Not reported
UK Renal Registry National Acute Kidney Injury Audit		Yes	Not reported

¹ Part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP)

⁰ Outcome review programme

P Partial participation

National Audit of Inpatient Falls (NAIF)

National Audit of Inpatient Falls (NAIF)

NAIF is a clinically led, web-based audit of inpatient falls prevention, care and post fall management in acute, mental health, community and specialist trusts in England and Wales. The audit assesses the delivery and quality of care for patients over 60 years of age who fall and sustain a fracture of the hip or thigh bone.

Results from the audit demonstrated excellent compliance with patient checks and implementation of delirium care plans where indicated (100% compared to 93% nationally) but also highlighted areas where there was scope to improve practice, including consistent completion of a Multi-Factorial Risk Assessment (MFRA) which should include key measures such as vision, continence and mobility assessment.

As a result of the audit, the Trust's Falls Prevention and Management for Patients policy and all associated documents have been reviewed and updated; this includes the MRFA and Post Fall Checklist. A 'red blanket' initiative has also been introduced to help identify patients at risk of falls. New Falls Prevention and Management eLearning is now available on the Trust learning management system with further bespoke 'in-place' training for ward colleagues delivered by the Falls team (with input from the Simulation team) focusing on risk assessment and post fall management Factorial Risk Assessment and post-fall management.

National Audit of Care at the End of Life (NACEL)

NACEL is a national comparative audit that benchmarks adult end-of-life care against other acute trusts based on a number of aspects/methods: a quality survey of bereaved families, a case notes review of the last episode of care at end of life, an overview of the Trust, and staff reported measures.

Overall results were reassuring demonstrating that 82% of bereaved families reporting excellent or good support (73% nationally) at end of life.

Elsewhere, the Trust's scores were in line with the national average, including recognition of the dying patient (and the timeliness of that recognition) and anticipatory medication prescription and symptom management.

The audit identified a number of areas for improvement: documentation of hydration and nutrition status (UBHW 50% versus 77% nationally), assessing/recording the spiritual/religious needs of patient or those closest to them (UHBW 50% versus 60% nationally), lack of a seven-day, face-to-face specialist palliative care service (only 62% of acute trusts currently provide this), and only 9% of patients had an advance care plan prior to admission. Ongoing work streams are in place to update and improve documentation and education in these key areas. Discussions are also taking place about the potential to develop a seven-day, face-to-face specialist palliative care service.

National Paediatric Diabetes Audit (NPDA)

The NPDA gathers information about the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams in England and Wales and reports an annual core dataset. The audit monitors whether children undergo annual checks for six key care processes: blood glucose levels and checks to measure healthy growth, thyroid function, blood pressure, kidney function, eye screening and foot examination.

Results show that the Trust performed in line with or better than the national average in a number of key checks, for example: measurements for blood glucose were undertaken in 100% of children (99% nationally), body mass index was recorded in 99% (99% nationally), thyroid function in 90% (88% nationally), kidney function in 83% (79% nationally) and eye screening in 85% (69% nationally).

Areas for improvement were noted in relation to blood pressure measurement and foot examination (although it is noted that there has been a slight improvement for both measures since last year). Actions have been agreed to better capture care process data when patients have their annual reviews.

Local clinical audit activity

Local clinical audit activity

During 2024/25, a total of 734 local clinical audit projects were in progress at UHBW, including 322 newly registered in the financial year. Examples of local audit across clinical specialties include:

- an audit in emergency medicine demonstrating appropriate and timely use of Pentrox (methoxyflurane) for the management of moderate to severe pain
- a re-audit in trauma and orthopaedics demonstrating improvement in the documentation of skin integrity in patients with ankle fractures
- an audit in paediatric audiology confirming excellent adherence to British Academy of Audiology (BAA) paediatric quality standards for patients undertaking a hearing aid review

The outcomes and proposed actions from completed audits are reviewed by the Trust's Clinical Audit Group. Details of the changes and benefits of audit projects completed during 2024/25 will be published in the Trust's Clinical Audit Annual Report later in 2025.

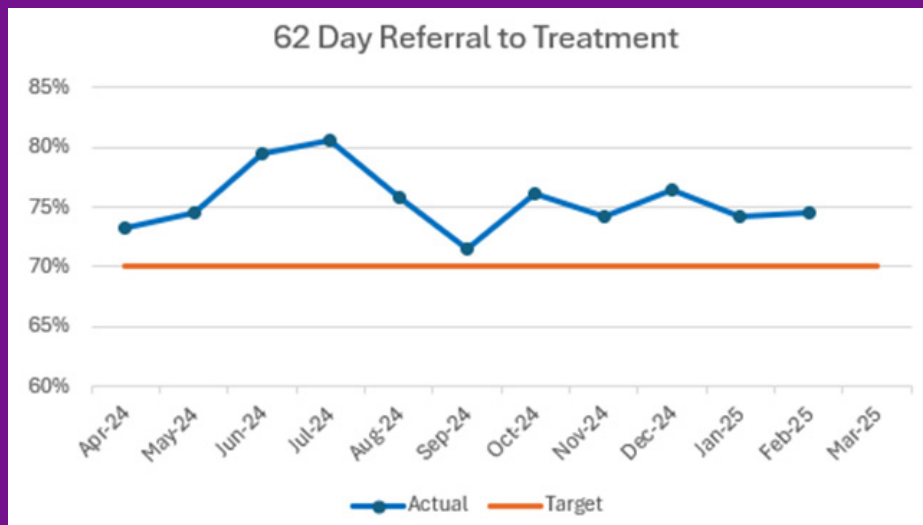


Performance against national priorities and access standards

Cancer

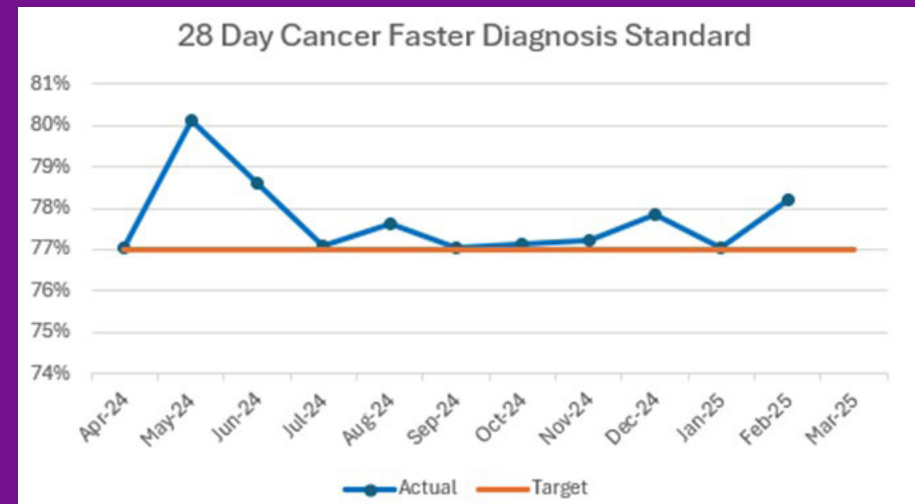
Patients with cancer should start first definitive treatment within 62 days of referral from a GP, screening programme or upgrade by a consultant. The national standard is that 85% of patients should start their definitive treatment within this standard and NHSE set an interim recovery target for providers of 70% by March 2025

The Trust has performed above NHSE's recovery standard of 70% throughout the year and expects to sustain this in 2025/26, setting the ambition to meet the 2025/26 target of 75% by March 2026.



The Faster Diagnosis Standard (FDS) is designed to measure the time from referral to a patient receiving a diagnosis, or having cancer ruled out, within 28 days.

Performance met or exceeded the March 2025 target of 77% in each month during 2024/25 and performance is anticipated to continue to improve in line with the 2025/26 operational planning ambition of achieving 80% by March 2026.



Referral To Treatment

The operational planning guidance for 2024/25 required trusts to eliminate referral to treatment waiting times over 65 weeks by September 2024 (excluding patient choice).

The Trust originally submitted a plan of no patients waiting longer than 65 weeks by September 2024 with good progress made during the first six months of the year. During 2024/25, and in line with the national position, NHSE set a revised ambition that no patients would be waiting 65 weeks or longer by the end of March 2025, noting that all but a small number of Trust specialties (primarily Dental) had already eliminated 65 week waits by the end of September.

On 31 March 2025, UHBW reported that no patients were waiting over 65 weeks, achieving the revised target. The Trust expects to sustain this position into 2025/26, focusing on further reducing the length of time patients are waiting to be treated.

The treatment of patients awaiting cornea graft surgery is reliant upon a nationally directed processes of allocation of graft material based on supply, clinical priority, and relative waiting times. Subject to graft material being available, there are no other constraints to continued delivery into 2025/26.

Performance against national priorities and access standards

Diagnostic waits

In 2024/25, the Trust planned to reduce diagnostic waiting times by increasing the capacity of those diagnostic specialisms which experience highest demand. The plan was intended to increase the percentage of patients waiting less than six weeks towards 95% by the end of March 2025.

Good progress was made against this standard during the first eight months of the year, tracking just below the forecast trajectory set as part of the 2024/25 Operational Plan. During December and January, unforeseen circumstances adversely impacted performance and recovery plans were enacted which supported improvements through the last two months of the year. At the end of March 84.8% patients were waiting less than six weeks for their diagnostic test; a notable improvement from 78.9% at end of April 2024.



Emergency Department / Data Quality

Emergency Department

Emergency department (ED) attendances during 2024/25 exceeded 2023/24 levels and were also notably higher than pre-pandemic.

Hospital Site	Total Attendances		
	2019/20	2023/24	2024/25
Bristol Royal Hospital for Children	44,499	47,879	48,079
Bristol Eye Hospital	24,941	26,771	27,244
Bristol Royal Infirmary	73,499	78,473	79,605
Weston General Hospital	50,315	51,435	53,713
Grand Total	193,254	204,558	208,641

The operational planning guidance for 2024/25 sets out the requirement that by the end of March 2025 a minimum of 78% of patients attending an emergency department be seen, treated if necessary, and either discharged or admitted within four hours.

During 2024/25, the Trust saw increased demand in attendances to both adult EDs, and subsequent admissions, which alongside high bed occupancy levels, impacted delivery of the four-hour standard of care. Alongside increased demand for our urgent and emergency care services, there was further disruption to service delivery as a result of a number of periods of industrial action.

There has been a significant effort to increase patient flow through a range of initiatives, including further developing the front door admission avoidance pathways, a full review of flow and escalation policies, and increasing the capacity of same day emergency care units (SDECs) allowing specialists, where appropriate, to assess, diagnose and treat patients on the same day of arrival who would otherwise have been admitted to hospital. The Trust has also focused on ensuring timely ambulance turnaround times to reduce delays for patients coming to hospital and worked closely with system partners, through the Transfer of Care Hubs, to ensure prompt discharge when patients are ready to leave hospital.

In February 2025, delivery against the four-hour standard of care, was 71.7%. From March 2025, NHS England requested that trusts refocus their efforts to achieve the 78% target. In addition to the Winter Operational Plan 2024/25, the Trust mobilised a further hospital wide response, achieving 75.4% against this target in March 2025. Of note, this performance includes Type 1, 2 and 3 attendances.

Data quality: clinical coding and data security

UHBW submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data.

The percentage of records for UHBW:

- which included the patient's valid NHS number was: 99.9% for admitted patient care; 100% for outpatient care; and 99.2% for accident and emergency care
- which included the patient's valid general practice code was: 100% for admitted patient care; 100% for outpatient care and 100% for accident and emergency care

Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2024 – March 2025 extracted 04/06/2025.

In January and February 2025, the Trust commissioned its first joint External Clinical Coding Audit covering both Bristol and Weston, to fulfil the Data Security and Protection (DSP) Toolkit requirement[1]. The audit reviewed a total of 200 episodes from the specialities of General Medicine: 50 Bristol and 25 Weston, Trauma and Orthopaedics: 50 Bristol and 25 Weston, and Hepatobiliary Surgery: 50 Bristol.

The episodes audited were randomly selected from July-September 2024 activity.

The preliminary results for the Trust are that the DSP Toolkit level is 'Exceeded'. The attainment level for 'Exceeded' is primary >95% and secondary > 90%.

The following levels of accuracy were achieved

- Primary diagnosis accuracy: 95.0%
- Primary procedure accuracy: 95.4%

In 2024 the separate Bristol and Weston audits achieved standards 'Met', i.e. primary >90% and secondary >80%.

Due to the sample size and limited nature of the audit, these results should not be extrapolated.

Patient Safety Incident Response Framework

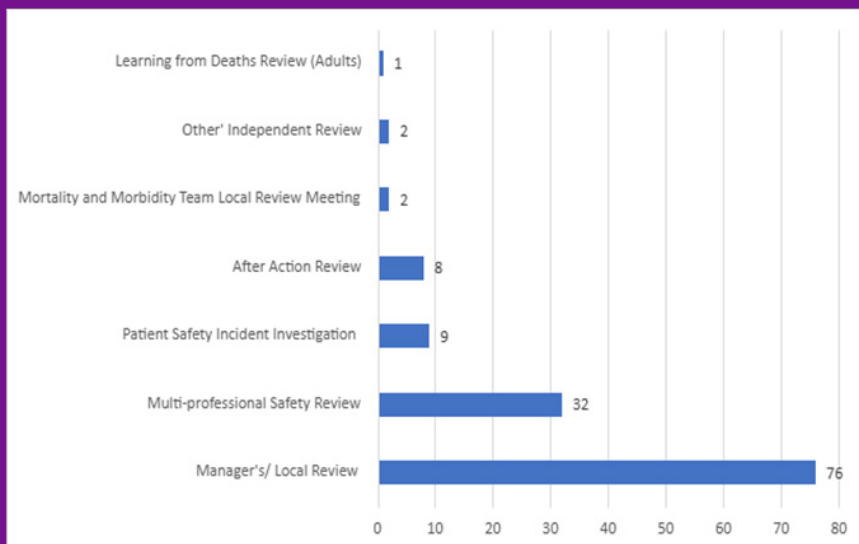
In 2024/25 we continued to embed the Patient Safety Incident Response Framework (PSIRF) to identify organisation wide systems learning and improvement from patient safety incidents.

The key patient safety risks in our 2023-25 Patient Safety Incident Response Plan remained as:

- staff-to-staff communication at transfer of patient care
- systems to enable review of all clinical information prior to discharge
- treatment delays for patients already in our hospitals
- systems for safe use of high-risk medicines
- maternity – deterioration of mother or baby during labour
- medical equipment

In 2024/25, we reviewed 130 patient safety incidents at our Rapid Incident Reviews (RIR) meetings as potentially meeting the criteria for a Patient Safety Incident Investigation under PSIRF. The outcomes of these reviews and learning responses commissioned are shown in the table below:

PSIRF Learning Responses commissioned by an executive, deputy or associate director in a Rapid Incident Review Meeting 2024/25.



Under PSIRF, our divisions have identified and undertaken a range of additional proportionate patient safety learning responses locally: After Action Reviews, Multi-Professional Safety Reviews, infection control review huddles, and swarm huddles.

Examples of learning and improvement from PSIRF learning responses:

Incident type	Participated	Cases submitted
Equipment failure	There are several ways for equipment to be brought into the Trust. They do not all have the input from the necessary stakeholders or experts and pre-procurement safety evaluation is variable.	We undertook a robust evaluation of the effectiveness of controls for equipment procurement. This evaluation has informed an organisation-wide equipment procurement corporate for 2025/26 with the aim of: <ul style="list-style-type: none"> • procuring equipment and services supported by human factors evaluation to ensure inclusivity, usability and reliability of staff to deliver patient care and treatment • implementing a robust lifecycle management system that satisfies regulatory requirements and aligns with best practices in asset management • developing equipment lifecycles to ensure best value (financial, social, safety, efficiency) procurement practices
Communication at transfer of care	There are capacity constraints in pharmacy restricting our ability to provide medicines reconciliation earlier in the patient journey. This has a negative impact on pharmacy support at patient discharge.	Implementation of CareFlow Medicines Management is supporting more timely medicines reconciliation. This will improve communication about medicines on discharge and reduce risk of errors.
Safe use of high-risk medicines	In circumstances when patients requiring chemotherapy have shared care between their local hospital and a tertiary centre, current systems require a mixed economy of paper and electronic prescribing and there are no interoperable communication systems between centres.	In the absence of a current interoperable digital solution, a participatory design approach to the development of user requirements for a patient-held record that meets both clinical and service user needs is planned. This approach will actively involve patients, families, and healthcare providers to ensure the interface/form is user-friendly, supports care management, and improves communication between families and clinicians.

Guardian of Safe Working Hours / Infection Control

Guardian of Safe Working Hours

The guardian of safe working hours ensures that issues of compliance with safe working hours for resident doctors are addressed by the doctor and the employer or host organisation as appropriate. The role provides assurance to the Board that doctors' working hours are safe. UHBW has two guardians of safe working hours for resident doctors: Dr James McDonald for our Bristol hospitals and Dr William Hicks for Weston General Hospital. The annual reports on rota gaps and vacancies for doctors and dentists in training are published by UHBW at www.uhbw.nhs.uk/p/about-us/reports-and-publications

Infection control

The Trust continues to implement a range of measures to tackle infection and to improve the safety and quality of our patient services.

Our focus is on prevention and improved environmental hygiene, supported by continuous engagement with colleagues and education. All occurrences of infection are reviewed promptly and learning shared; external reporting of infections to the UK Health Security Agency is in place.

In 2024/25, our total number of Clostridium difficile (C.diff) infections was above the NHSE threshold (target), in the context of an increasing incidence nationally. The Trust also reported seven MRSA bacteraemia against a zero target.

A 'deep dive' exploration of our methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia cases has highlighted the following themes which are associated with increased risk to the patient: individuals with MRSA colonisation (MRSA carriers who have no outward signs of infection) or who have had a previous MRSA infection, and individuals who inject drugs in the community. This understanding has enabled us to re-focus our improvement energy. The Trust has tasked multi-professional working groups to develop a quality-improvement approach to focus on reducing infection risks and improving patient outcomes for both MRSA and C.diff, whilst an additional focus in 2025/26 will be to reduce infection risks from intravenous invasive lines and surgical site infection.

HCAI reportable infection	NHSE 'limit' for UHBW in 2024/25	Actual UHBW totals for 2024/25
Clostridioides difficile infection (C.diff)	109	129
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	0	7
Methicillin-susceptible Staphylococcus aureus (MSSA) bacteraemia	52	57
Escherichia Coli (E. Coli) bacteraemia	109	77
Pseudomonas aeruginosa bacteraemia	21	18
Klebsiella spp. bacteraemia	57	52

Safeguarding adults and children

UHBW has a duty and responsibility to protect patients of all ages. Throughout 2024/25 our safeguarding service has demonstrated commitment to improvements in safeguarding practice and collaborative working by providing daily expert support, advice and guidance and focused training and supervision for colleagues. In line with national data, reports of self-neglect and domestic abuse have increased significantly, and this has resulted in an increase in statutory safeguarding activity and reviews.

Key achievements 2024/2025

- The Safeguarding Service: Our expert team of safeguarding professionals has engaged in specialist CPD (continuing professional development) opportunities alongside developing and supporting colleagues contributing to safe practice around children and adults at risk who present with safe guarding concerns. The key message is that safeguarding is core business for all colleagues.
- Collaboration: We have been active participants in Safeguarding Boards and Partnerships across BNSSG (Bristol, North Somerset and South Gloucester shire) statutory safeguarding arrangements. Our joint senior leadership model for safeguarding across UHBW and North Bristol NHS Trust (NBT) has also demonstrated commitment to positive and effective joint working and focus on collaborative improvement programmes.
- The safeguarding service has contributed to an increased number of statutory safeguarding review requests across the six boards and partner ships and has responded to increased information sharing requests through multiple risk management processes with partner agencies across BNSSG.
- Training: UHBW safeguarding training compliance has improved across the year. The safeguarding service ensures appropriate training at the correct levels is available to all colleagues.

In 2025/2026, we will:

- develop further collaborative work with NBT and the wider BNSSG safe guarding system to meet the increasing strategic and operational requirements of the service within a landscape of increased financial pressure
- strengthen divisional participation and ownership of statutory safeguarding reviews and the organisational learning and improvements they highlight
- improve data capture of service activity to better target quality improvement and learning activities based on themes and trends

Mortality and learning from deaths

Understanding the impact of our care and treatment by monitoring mortality and outcomes for patients is a vital element of improving the quality of our services.

The Summary Hospital-level Mortality Indicator (SHMI), produced by NHS Digital, reports on mortality at trust-level across the NHS in England. SHMI is reported and reviewed monthly as part of the Trust's Integrated Quality and Performance Report.

The SHMI is the ratio between the actual number of patients who have died while having treatment in hospital or within 30 days of being discharged from hospital and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The indicator takes into account a number of factors including the patient's condition.

In simple terms, the SHMI 'norm' is a score of 100 – so scores of less than 100 are indicative of trusts with lower-than-average mortality. NHS Digital categorises each trust into one of three SHMI categories: “worse than expected”, “as expected” or “better than expected”, based on confidence intervals/limits. It should be noted that a score over 100 does not automatically mean “worse than expected”. Likewise, a score below 100 does not automatically mean “better than expected”. Data is reported monthly covering a rolling 12-month period.

Timeframe	Apr 21 – Mar 22	Apr 22 – Mar 23	Apr 23 – Mar 24	Nov 23 – Oct 24
SHMI	98.82	97.48	91.62	89.47
Banding	As expected	As expected	As expected	As expected
Observed Deaths	2100	2325	2460	2465
"Expected" Deaths	2125	2385	2685	2755
Lower Limit	0.89	0.89	0.89	0.88
Upper Limit	1.12	1.12	1.12	1.14

The Trust's Quality Intelligence Group (QIG) oversees processes to identify and be informed of any potential areas of concern regarding mortality or outcome alerts. Where increased numbers of deaths are identified in a specialty or service, QIG ensures that these are fully investigated by the clinical teams. These local investigations comprise an initial data quality review followed by a further clinical examination of the cases involved if required. QIG will either receive assurance regarding the particular service or specialty with an explanation of why a potential concern has been triggered or will require the service or specialty to develop and implement an improvement plan to address any learning. The impact of any improvements is monitored through ongoing routine quality surveillance. QIG is chaired by the Trust's associate medical director of quality and patient safety.

Local mortality review

Deaths within the Trust are recorded and reviewed in line with national guidance and recommendations. The Trust's Learning from Deaths policy is based on the framework set out in the National Quality Board's (NQB) publication 'National guidance on learning from deaths' published in March 2017 and the Care Quality Commission's (CQC) 'Learning, candour and accountability' review published in 2016. The policy is currently being updated, most notably to align it with the Patient Safety Incident Response Framework (PSIRF).

The Trust works closely with the regional BNSSG Medical Examiner (ME) service and the ME service scrutinises 100% of acute adult hospital deaths. Following the ME service becoming statutory in September 2024, all child deaths are also subject to the same scrutiny. Work is ongoing to ensure that child death and ME processes align. ME governance concerns are shared with the chief medical officer's office who triage each case so that it follows the most appropriate process (structured judgement review, patient safety review, complaints process or informal feedback to the clinical area).

Mortality and learning from deaths

A mandatory Structured Judgement Review (SJR) is completed for all deaths for autistic patients and those with a learning disability diagnosis, and all patients with severe mental illness. It has been established that across BNSSG and indeed nationally there is no consistent definition for 'severe mental illness' and this is currently being progressed to a consensus agreement. SJRs are also completed for possible care concerns, and these may be triggered by staff, relatives, the ME service, through patient safety incidents or via other organisational processes.

Completed SJRs are signed off by divisional mortality leads and then formally approved at the UHBW monthly Mortality Surveillance Group (MSG) which is chaired by the Trust mortality lead and attended by the deputy chief nurse, divisional mortality leads, UHBW learning disabilities and autism and mental health leads and the BNSSG ME and ME officer lead.

During 2024/25 agreement has been reached to ensure that MSG has oversight of Child Death Review outcomes and learning as well as the outcomes and learning from maternal and neonatal deaths. Importantly, these processes are retrospective and not synchronous with the quarterly reporting of Learning from Deaths that is received by Clinical Quality Group and public Board.

	Q1	Q2	Q3	Q4	Total
Number of patients who died	485	341	447	509	1,782
Number of deaths subjected to mandatory SJR	17	13	6	6	42
Number of deaths subjected to SJR for possible care concerns	16	13	12	21	62

Source: These numbers have been calculated from the Trust's mortality business information system

During the period of April 2024 to March 2025, 1,782 of UHBW's adult inpatients died. The table below shows the number of deaths that occurred in each quarter and the number of cases subject to further review via Structured Judgement Review (SJR) or investigation during that period.

During 2024/25, the funding for the joint Mortality Improvement Programme across UHBW and North Bristol NHS Trust (NBT) was formally approved. This was a historical agreement dating back to 2020 which had remained unsigned due to the impact of the COVID-19 pandemic. The programme launched in NBT in 2024 and transitioned to a joint programme in February 2025. It is equally resourced by both organisations and has successfully appointed a programme lead, an assistant project manager, a project support officer and a clinical advisor. The programme at UHBW is currently in a discovery and planning phase. Current areas of alignment and joint working are redesigning the SJR template and agreeing the definition of severe mental illness across BNSSG.

Patient Reported Outcome Measures (PROMs)

Since 2009, Patient Reported Outcome Measures (PROMs) have been collected by all NHS providers for two common elective surgical procedures: hip replacement and knee replacement.

PROMs measure quality from the patient's perspective and seek to calculate the health gain experienced by patients undergoing these procedures. Patients are asked to complete a short questionnaire which measures their health status or health-related quality of life at a moment in time. This questionnaire is completed before the procedure and at three months after surgery. The difference between the two sets of

responses is used to determine the outcome of the procedure as perceived by the patient. This provides a score between zero and one based on how improved the patient's health is post-operation; and a score closer to one (or 100%) is best.

UHBW undertakes a number of relevant procedures each year at Weston General Hospital (WGH). The vast majority of elective hip and knee operations are performed at North Bristol NHS Trust's regional orthopaedic centre.

The Trust has a process in place for collating data on PROMs: pre and post procedure questionnaires are collected and processed on a monthly basis by a third-party contractor that collates and calculates PROM scores and sends these to NHS Digital.

The most recent full-year data available from the NHS Digital is for 2023/24 and is based on data for 50 hip replacements and 63 knee replacements. Scores for the Trust indicate that the perceptions of health gain among patients having hip or knee replacement is above national average, albeit that our sample size is small.

Procedure	Calculated Health Gain	2022/23	2023/24
Hip replacement	UHBW	0.46	0.54
	National average	0.45	0.45
Knee replacement	UHBW	0.26	0.35
	National average	0.33	0.32

An improvement in health was reported by patients in 96% of hip replacements and in 95% of knee replacements (based on the Oxford Hip and Knee Scoring systems).

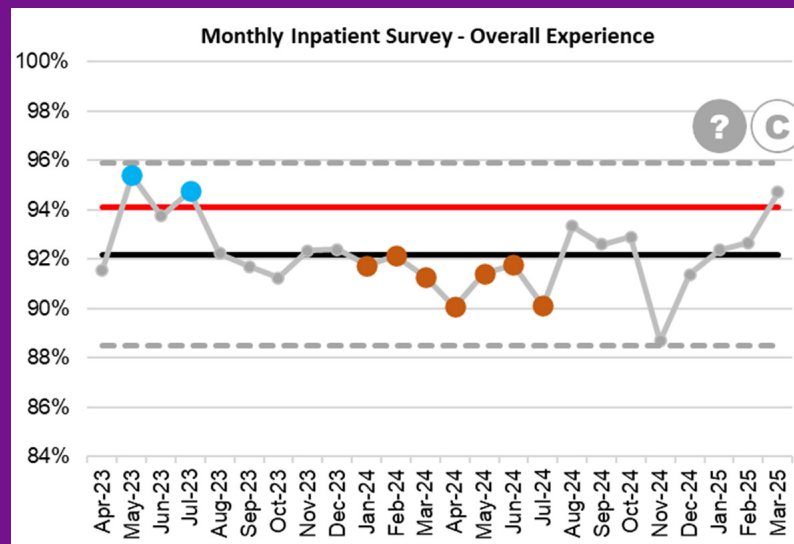


Experience of Care

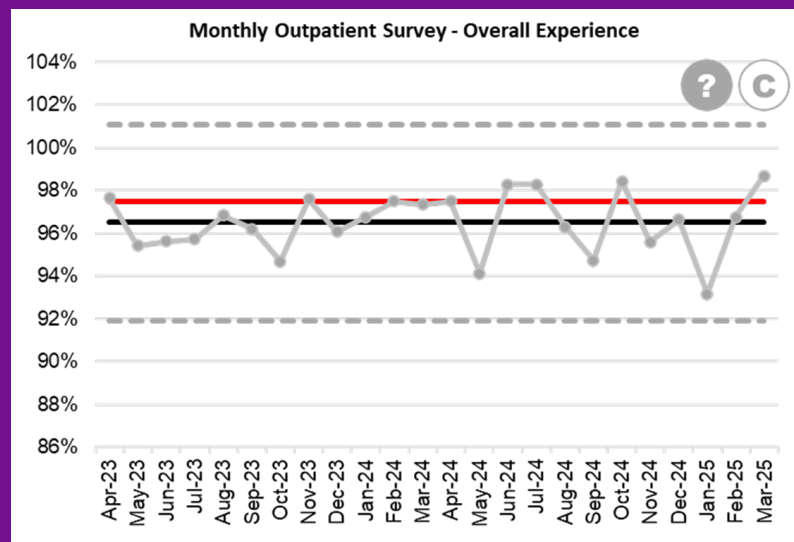
Our vision is to provide person-centred, compassionate and inclusive care every time, for everyone, from birth through to end of life. To support us reaching this vision, improving experience of care is a strategic priority for the Trust. There have been two areas of focus in relation to this priority over the past year.

- A focus on improving communication-related experience in inpatient wards by introducing and embedding the ‘What matters to you?’ conversation approach and making better use of patient feedback to identify areas for improvement at local ward level.
- Delivering the year-one priorities of the UHBW Experience of Care Strategy 2024-2029, ‘My Hospitals Know and Understand Me’ (see elsewhere in this report).

To understand the experience of the people we support, UHBW has a comprehensive local survey programme which ensures that ongoing and timely feedback from patients forms a key part of our quality monitoring and improvement approach. All patient feedback is available for staff to access via a dedicated Patient Feedback Hub which provides instant access for colleagues across the Trust to patient feedback at ward and department level. 643 colleagues have now been trained and have access to a range of analysis reports to support quality improvement activity and communicate positive and negative feedback easily with their teams.



Our outpatient ‘overall experience’ score for 2024/25 was 96.5%, slightly below the target of 97.5% which we set for the year.

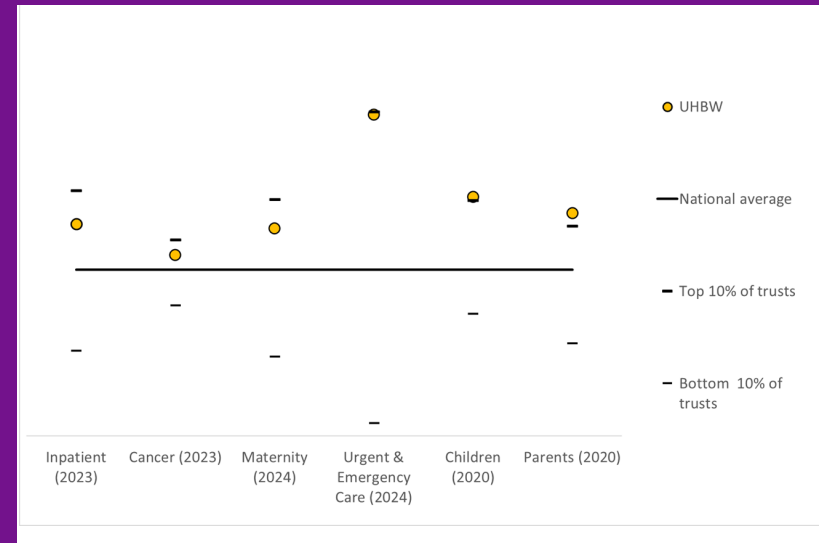
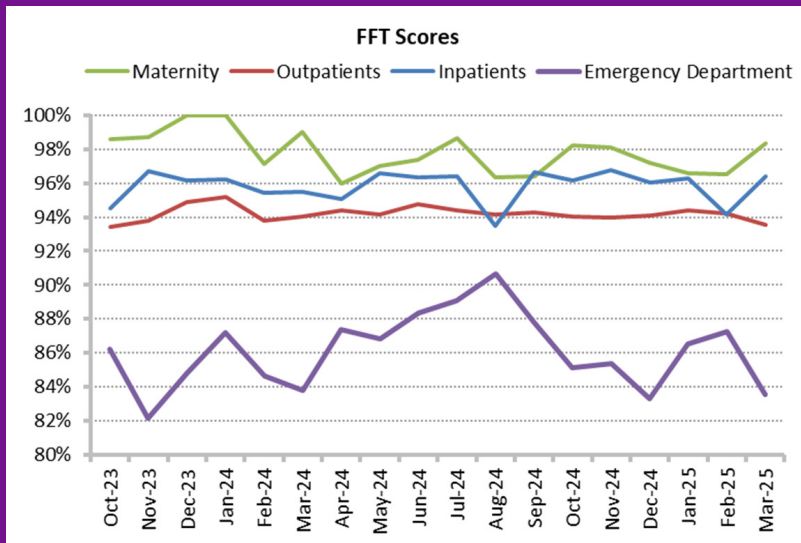


The Friends and Family Test (FFT) also asks patients to rate their overall experiences of services. UHBW FFT data for inpatients, outpatients, maternity and our emergency departments is set out in the figure below. There are no targets set for FFT, however, national benchmarking data demonstrates that UHBW performs in line with or above the national average.

Experience of Care

Performance during 2024/25 from monthly surveys and Friends and Family Test (FFT) is shown in the three charts that follow.

Our inpatient 'overall experience' score for 2024/25 was 91.8%, which is below the target of 94.1% which we set for the year.



Benchmarking

Each year, the Trust participates in the national patient survey programme which is coordinated by the Care Quality Commission and Picker. The results from the national patient survey programme tell us how the experience of patients at UHBW compares with other NHS acute trusts in England. The results of each national survey, along with improvement actions/learning, are reviewed by the Trust's Experience of Care Group and the Trust Board.

National patient survey results published during 2024/25 demonstrate that UHBW performs in the top 10% of trusts nationally for 'overall experience' in the National Urgent and Emergency Care survey (relating to BRI ED), in the top 30% of trusts for the Maternity survey and in the top 20% of trusts for the Inpatient survey. UHBW performs in line with the national average in the Cancer Patient Experience survey.

Experience of Care

Experience of Care Strategy

At the time of writing it has been a year since UHBW published 'My Hospitals Know and Understand Me', our Experience of Care Strategy 2024–2029. The strategy was co-designed with patients, communities and UHBW colleagues and we were delighted that the strategy was recognised at the National Patient Experience Network Awards 2024 as a finalist under the 'Building the Foundations' award category.

Key achievements in 2024/2025

- Word360 was successfully launched as new spoken language interpreting provider in November 2024, with achievement of the contract targets each month, thereby improving access to interpreting services for our patients.
- Accessible Information Standard (AIS) eLearning was launched which includes a patient-led video and AIS posters have been cascaded across clinical areas.
- A new experience of care champion role was co-designed with clinicians and 27 enthusiastic colleagues have already signed up as champions across our Medicine and Specialised Services divisions.
- Our roll-out of 'What matters to you?' continued across inpatient wards, with 28 wards now working to embed the approach so that asking patients this question is standard practice. This equates to 48% of the inpatient wards across our hospitals.
- An easy-read version of the FFT feedback card has been launched for patients with a learning disability.
- We launched our Participation Community of Experts by Experience.
- We created a teenager-friendly feedback approach via our Patient Feedback Hub (IQVIA) using a bespoke poster and promotional material.

- We recruited a clinical nurse specialist to lead our improvement work for transitions (when patients move from paediatrics to adult services).
- A diversity and inclusion practice education facilitator lead role has been embedded in Maternity Services.
- Sanctuary Garden sessions started at Weston General Hospital with charity Alive, supporting patients with dementia.
- Bristol and Weston Hospitals Charity granted funding for a new end-of-life care volunteer service.

Priorities for 2025/2026 include:

- embedding the 'What matters to you?' conversation approach across all inpatient areas
- improving completion rates of the AIS eLearning training
- introducing proactive 'action driver' functionality within the Patient Feedback Hub to alert teams of poor survey feedback in close to real-time
- delivering improvements that make our feedback routes more accessible for the diverse communities we support, including introducing a video relay service for patients who use BSL (British Sign Language) to communicate
- continuing the roll-out of our experience of care champion role in divisions and identifying the learning and development needs of the champions
- embedding a mandatory engagement and involvement 'gateway' in business planning and service developments, i.e. the expectation that engagement and involvement is a standard part of how we work
- developing and growing our Participation Community of Experts by Experience
- commencing the set-up of an end of-life care volunteer service

Experience of Care

Staff recommendation to friends and family

Staff perceptions of our services are another important measure of overall quality of care. As well as asking patients whether they would recommend UHBW based on the care they received, we also ask our staff whether, if a friend or relative needed treatment, they would be happy with the standard of care we provide. We do this through the annual NHS Staff Survey.

UHBW scored 74.3% against this question in the 2024 survey, 12.8 percentage points above the national average.

“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”

Survey year	2021	2022	2023	2024
UHBW	76.2%	71.1%	74.2%	74.3%
Average for acute and acute and community trusts	67.0%	61.8%	63.3%	61.5%
Highest acute and acute and community	89.5%	86.5%	88.8%	89.6%
Lowest acute and acute and community	43.5%	39.3%	44.3%	39.7%

Source: NHS Staff Survey

PALS and Complaints / Mental Health

PALS and Complaints

In 2024/25, the Trust received 2,242 complaints, compared with the 2,089 reported in 2023/24. The majority of the complaints (1,408 of 2,242 or 62.8%) were investigated via informal resolution, with 455 addressed through the formal complaints process. The PALS and Complaints team also received 379 PALS concerns. In addition, the PALS and Complaints team dealt with 344 PALS enquiries (previously reported as requests for support/information/advice).

In 2024/25, the Trust had 10 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), compared to six cases referred the previous year; this represents 0.4% of all complaints received. During the same period, no cases were upheld or partly upheld by the PHSO, and three cases were closed without a full investigation and recorded as 'No Further Action'. At the end of the year 2024/25, six cases were still under investigation by the PHSO.

In 2024/25, the Trust responded to 431 complaints via the formal complaints process and 56.8% of these (245) were responded to within the agreed timescale, compared with 71.6% in 2023/24. In the same period a total of 1,169 complaints were responded to via the informal complaints process and 87.1% of these (1,018) were responded to within the agreed timescale, compared with 84.9% the previous year. The informal process encourages rapid resolution by the specialty manager responsible for the service involved.

Measured at the end of May 2025, 12.2% of complainants had expressed dissatisfaction with the formal response they had received, compared to 9.7% in 2023/24. This represents a total of 53 of the 433 first formal responses sent during the reporting period.

The reasons people complain are diverse and often specific to their particular situation. The Trust codes all complaints thematically; the most frequent reasons for the complaints we received in 2024/25 continued to be in respect of clinical care, appointments and admissions, and attitude and communication. These overarching themes account for the majority of complaints received by the Trust. Where appropriate, action is taken in response to learning from each complaint received. The completion of actions is also subject to periodic audit.

Mental health

During 2024-25 UHBW has continued to expand the profile of mental health across all its hospital sites, striving to deliver 'parity of esteem' (the principle of valuing mental health equally with physical health) for patients of all ages.

The mental health component of the Trust's Experience of Care Strategy has three objectives:

- to provide training and development of staff skills to support better mental health care
- to develop a workforce that provides the right care in the right way and at the right time to patients of any age
- To ensure that our care environments can support the delivery of safer mental health care for patients of any age

Our achievements advancing mental health in our hospitals in 2024/2025 include:

- appointing a full-time liaison consultant psychiatrist (for the first time)
- establishing a mental health support worker service, providing specialist mental healthcare to UHBW patients
- delivering staff training modules on mental health care and suicide prevention
- introducing a mental health checklist on our wards and in the BRI emergency department to screen for mental-health-related risks and care needs
- developing a 'Mental Health Across UHBW' project charter to create a robust infrastructure to support the mental health care of patients
- working on a shared managed service for liaison psychiatry with North Bristol NHS Trust (NBT) across WGH and Bristol sites

Next steps for 2025/26 including developing and delivering an all-age UHBW Mental Health Clinical Strategy, and continued exploration of potential for alignment and collaboration with NBT.

Learning disabilities and autism

The NHS Long Term Plan underlines the crucial role that the NHS needs to play in helping people with a learning disability, autism or both lead longer, happier and healthier lives.

In 2024/25, UHBW has made progress in supporting the healthcare of people with a learning disability and autism (LDA) in the following ways:

- learning disability and autism services are featured in the Trust's Experience of Care Strategy with key objectives being realised: agreeing a new 'be friender' volunteer role specific to LDA patients, inclusive recruitment opportunities for people with lived experience, and environmental changes
- Sirona care & health LDA in-reach team is now fully embedded within UHBW, providing a seven-day service, improving both inpatient and outpatient experiences
- our two service LDA user groups based in Weston and Bristol are flourishing, chaired by our Sirona care & health lead nurse with participation from local service users, UHBW LDA champions and presenters. The groups have discussed their experiences in hospital and fed back reasonable adjustments that are important to them and how to best communicate with them
- participated in the national LeDeR (Learning from Lives and Deaths – People with a Learning Disability and Autistic People) programme, completing structured judgment reviews on all 28 LDA deaths in our hospitals during 2024/25. Resulting improvement actions have focused on themes including constipation, the ReSPECT (Recommended Summary Plan for Emergency

Care and Treatment) process, pain management, and the use of the Mental Capacity Act (2005)

- introduced a new easy-read Friends and Family Test (FFT) feedback form

- continued to promote Oliver McGowan training – at the end of 2024/25, 81% of staff had undertaken Tier 1 awareness training, and 27% had attended Tier 2 face-to-face training (this exceeds wider regional performance)

In 2025/26 we will continue to focus on the LDA commitments we have made in our Experience of Care Strategy. Specifically, we will:

- create a changing places facility (a toilet facility for physically disabled adults with a large changing area, disabled toilet and hoist, benefitting any person with a complex physical disability of any age) at Weston General Hospital (WGH) and a sensory quiet room in the WGH Emergency Department
- identify and train LDA service users to support staff recruitment by participating in interview panels and discussion groups
- develop our understanding of the reasons why LDA patients miss outpatient appointments, and produce easy-read clinic appointment letters
- recruit befrienders to our new LDA volunteer role
- undertake a 'mystery shopper' exercise across Bristol and Weston: mystery shoppers will be recruited from our service user groups, supported with either Sirona care & health colleagues or carers and will be given a specific criterion to assess how UHBW services work for those with LDA. It will cover how easy it is to navigate the hospital, staff knowledge and skills, and how service users are received and communicated with

Health equity

Health inequalities are unfair, avoidable, systematic differences in health across the population, and between different groups within society.

UHBW's Health Equity Delivery Group (HEDG) is now well established to oversee the delivery of our Health Equity Delivery Plan. The group encompasses community partners including The Diversity Trust, Weston-Super-Mare based For All Healthy Living Centre, African Voices Forum, Caafi Health and the West of England Centre for Inclusive Living, who each bring community insight and expertise. Our clinical divisions provide HEDG with regular updates about the priorities they are focusing on to reduce health inequalities, enabling supportive challenge from our community partners, shared learning between services and celebration of the improvements we are collectively making.

Key achievements, aligned with our Health Equity Delivery Plan in 2024/2025 have included:

- embedding health equity as one of the four goals of UHBW's new Clinical Strategy, making health equity a consistent thread across all our work
- the launch of our Health Inequalities Dashboard to enable services to review inpatient, outpatient and cancer activity data to understand better where health inequalities are present and prioritise areas for improvement. At Board level, our Integrated Quality and Performance Report now includes health inequalities data on a quarterly basis, whilst patient stories shared with the Board have underlined and reinforced the fundamental importance of this topic
- an expansion of the scope of the Trust's Accessible Information Standard Steering Group, to include spoken language services improvements. This group continues to be well supported by our divisions and has expanded to include membership and attendance from our external language suppliers as well as longstanding partnership with West of England Sight Loss Council, Centre for the Deaf and Hard of Hearing, and Bristol City Council's Sensory Impairment Support Service
- production of a patient-led film promoting the importance of accessible information featuring community partners with lived experience. This short film is the opening part of a new eLearning module for staff
- a successful bid to The Health Foundation for funding to work in collaboration with The Peer Partnership (part of local charity, Brigstowe) to develop an action learning set for coproduction in health services. This will equip teams with the skills to design and deliver services with patients and diverse communities
- greater use and understanding of the role of equality impact assessments, particular as part of wider quality and equality impact assessments when significant service changes are being considered
- collaboration with North Bristol NHS Trust to reduce missed appointments in cardiology (linked to Core20PLUS5), including the appointment of an equalities access coordinator to encourage attendance in global majority communities and patients living in areas of economic deprivation. Resources and training will now be available for all staff involved in managing outpatient appointments, improving their knowledge in how to support patients who face barriers when attending clinics
- working with a range of other community partners to drive forward UHBW as an inclusive organisation. These partners include people who use our services; Dhek Bhal, to develop a better understanding of how we support older Southeast Asian people; and, Alive Gardening, supporting our dementia friendly therapeutic gardens at one of our hospital sites
- good progress made with four Core20PLUS5 projects that evidence how UHBW is working closely with partners to challenge and reduce health inequalities.

Health equity

These are:

- improving access, experience and outcomes in maternity services with a focus on ethnicity. Both UHBW and NBT have worked in partnership with Black Maternity Matters, which aims to address and reduce disparities in access, experiences and outcomes for black and brown mothers and families. Several quality improvement projects are underway through this partnership.
- improving oral health with children and young people. Clinical teams are working within communities to provide education and advice
- early cancer screening and access to information for seldom heard communities. UHBW and NBT have worked jointly on a Cancer Collaborative Improvement project, supported by NHS England, that aims to highlight the importance of reasonable adjustments for patients receiving cancer support and services
- improving awareness and support in asthma care for children and young people. Collaborative work is ongoing with outreach clinics in areas of deprivation. Children's Health Hubs have been piloted in areas where there is higher deprivation

We are building on our existing collaboration with North Bristol NHS Trust by aligning health equity priorities over the coming year with a view to creating a joint plan for 2026/27. 2025/26 will therefore be a transition period, and our existing UHBW Health Equity Delivery Plan has been extended for 12 months to cover this. Our focus in the year ahead will be:

- improving access to, experience of, and outcomes from our services for our diverse communities:
 - Accessible Information Standards training, compliance dashboard, and Electronic Patient Records alerts
 - developing a more inclusive PALS and complaints service

- gathering representative patient feedback
- providing resources for appointment booking staff to reduce missed appointments
- collaborating with the Integrated Care Partnership to tackle health inequalities:
 - delivering Core20Plus5 projects in maternity, children's oral health, children's asthma, cancer
 - continuing work with Bristol, North Somerset and South Gloucestershire Elective Care Recovery Health Inequalities group
- fostering organisational capability, creating the foundation to drive forwards our health equity:
 - ensuring that change is recognised as an opportunity to advance equality for patients by embedding the System Equality and Health Inequalities Impact
 - introducing a health equity assessment tool for strategies, policies and change programmes
- building the confidence and skills of our people to meet the needs of our diverse patient population:
 - delivering Health Foundation funded 'action learning set for coproduction in health services' in collaboration with The Peer Partnership for 15 colleagues across our clinical services
- developing patient equality, diversity and inclusion (EDI) data and intelligence to inform planning for:
 - improving ethnicity recording
 - embedding use of Health Inequalities Dashboard across all divisions
 - integrating health inequalities data into our strategic priorities reporting and Trust Board Integrated Quality and Performance Report

Patient and community engagement

At the heart of our commitment to delivering safe, effective and person-centred care is a strong focus on involving patients, carers and the public in shaping the services we provide. Patient and public involvement (PPI) plays a vital role in ensuring that the voices of those who use our services are heard, valued and embedded into our continuous improvement journey.

Through active engagement we aim to better understand the needs, preferences and experiences of our diverse communities. This involvement supports us in designing and delivering our services together with people and communities, enhancing transparency and building trust whilst driving improvements in quality, safety and patient satisfaction.

Our goal to improve how we design and deliver with our communities is part of our Experience of Care strategy 2024–2029, “My Hospitals Know and Understand Me”.

This year there have been three areas of focus and activity:

To make it easier for people and communities to get involved in designing and delivering our services in ways that have a positive impact in the work of UHBW.

We have:

- streamlined how we recruit people who want to join the Trust as Experts by Experience including the introduction of a new role profile pro-forma
- launched a new participation community that offers a collaborative way of working with patients, carers and the public in shaping our services
- supported the introduction of a peer feedback model in cancer care with Macmillan Cancer Support
- worked with Healthwatch to offer regular on-site feedback session for patients, carers and visitors

To support our staff and leaders to work effectively with people and communities so that they are involved in the design and delivery of services and service improvement.

We have:

- developed our approach to sharing patient stories at Trust Board to reflect the life course model from birth to end-of-life care
- developed a “Working with People and Communities” online resource for our Continuous Improvement team and other colleagues
- delivered training in effective PPI to our Acute Provider Collaborative (APC) team and our Adult Therapies team
- grown our bi-monthly Community of Practice for Better Involvement for colleagues to develop their knowledge and skills in PPI
- established an action learning set for co-production with 15 clinical and strategic leads to increase their confidence and skills in working with people and communities
- developed a PPI “gateway” in our project initiation process to ensure there is effective involvement in all our improvement work
- launched a PPI perception survey with staff and community partners to provide a needs analysis for ongoing support

To create more opportunities for people and the communities we support to have influence and inspire our work.

We have:

- developed an approach to including PPI in staff recruitment
- supported our Health Equity Delivery Group community partners to share their experience of care in our Trust with our Trust Board
- set up a participation community to support our programme of improvements in our outpatients
- begun building a participation community of community partners to support Weston General Hospital
- increased the awareness of our Youth Involvement Group amongst community partners such as Bristol Youth Network, Young Carers and SEND (special educational needs and disability) groups to increase representation

Patient and community engagement

Our plans in 2025/26 for strengthening engagement across all areas of care will include:

- developing and implementing a new policy to recognise and reward the involvement of people and community partners
- developing an online portal for web-based involvement opportunities
- strengthening the reach of our participation community across our diverse communities and young people
- launching a collaborative model of outreach work across the health and care system. Reaching the people and communities we support with a focus on our work to tackle health inequalities, including a support programme for senior leaders to be active in such work
- develop an evaluation tool to understand the impact the patient voice has on service improvement projects



Volunteering

Volunteers play a vital role in enhancing the experience of our patients, visitors and staff. At the end of 2024/25, over 250 volunteers were giving regular time to the Trust, for which we are hugely grateful.

UHBW's Volunteering Strategy 2023-2026 is available to read at www.uhbristol.nhs.uk/work-for-us/volunteering. The strategy has four core objectives:

- create a vibrant and varied volunteering programme that mirrors the rich diversity of our communities
- develop innovative roles that put the patient and colleague experience at the forefront of what we do
- embed volunteering as a visible and valued part of Team UHBW
- unlock the potential of volunteers with opportunities that reward and recognise their value

In 2024/25:

- the minimum age to volunteer has been reduced to 16 years old for most roles at Weston General Hospital to support the Young Volunteer programme
- volunteering partnerships have been developed with charities Alive and DHI (Developing Health and Independence) bringing unique expertise and added value to the Trust
- new volunteer roles have been created including infant feeding and nurture peer supporter volunteers roles, which utilise the lived experience of volunteers
- a Young Volunteer promotional video has been produced to support recruitment

- relationships have been strengthened with teams in the Trust, including the Learning and Development Business Services team, wellbeing services and recruitment, providing learning and development opportunities for volunteers
- externally, relationships have been developed with colleges, schools and local councils to support volunteer recruitment

In 2025/26, we will:

- explore opportunities for national grants and bursaries to support the ongoing development of our volunteering programme
- further develop relationships within the VSCE (voluntary, community and social enterprise) sector, to support the recruitment of volunteers from groups currently underrepresented
- create new volunteering roles which help reduce health inequalities
- rebrand our volunteering programme
- evaluate the impact of our strategy
- seek to introduce opportunities for 16-year-olds to volunteer in our Bristol hospitals, learning from successes at WGH

Freedom to Speak Up

The purpose of Freedom to Speak Up (FTSU) is to encourage a positive culture where colleagues feel they can speak up, where their voices will be heard, and where any suggestions and concerns are acted on without retribution or detriment. UHBW has a Freedom to Speak Up Guardian (FTSUG) and a deputy guardian with whom any worker can raise concerns, either directly or via a dedicated confidential email address and telephone line.

The FTSUG is supported by a network of around 80 volunteer FTSU champions. Our champions raise awareness of FTSU by being visible and accessible, role modelling the values and behaviours associated with speaking up and listening up; they also provide signposting and support for anyone working on our hospital sites who needs to raise a concern.

In 2024/25, 110 concerns were raised via the FTSUG (compared to 95 concerns the previous year). The most frequently reported themes of concerns related to worker safety or wellbeing (30%), policies and processes (26%) and inappropriate attitudes and behaviours (25%).

FTSU is not the only mechanism through which workers can get their voice heard. Our People Services team, trade unions, Occupational Health, chaplains and staff networks all offer support, alongside an external employee assistance programme.

The Board and its People Committee receive six-monthly updates on the FTSU programme, including numbers of concerns raised, any identified themes and learning. The FTSU annual report is published on the Trust website:

www.uhbw.nhs.uk/p/about-us/reports-and-publications



APPENDIX A – Statement of Directors’ Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS England has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2024 to March 2025
 - papers relating to quality reported to the Board over the period April 2024 to March 2025
 - feedback from commissioners
 - feedback from governors
 - feedback from local Healthwatch organisations
- the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- the national inpatient survey
- the Quality Account presents a balanced picture of the NHS foundation 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, and
- the Quality Account has been prepared in accordance with the annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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



Professor Maria Kane OBE
Group Chief Executive
North Bristol NHS Trust and University
Hospitals Bristol and Weston NHS
Foundation Trust



Ingrid Barker
Group Chair
North Bristol NHS Trust and University
Hospitals Bristol and Weston NHS
Foundation Trust

APPENDIX B – Feedback about our Quality Account

a) Statement from the Council of Governors of University Hospitals Bristol and Weston NHS Foundation Trust

During this financial year, the Trust has faced significant challenges that have impacted its performance. There has been unprecedented demand for services within the Trust's hospitals, with attendances at emergency departments at an all-time high, waiting times for diagnostic testing have risen, and pressure on NHS trusts generally to spend less. Flow through the Trust's hospitals continued to be adversely affected by a lack of capacity in the community care services required to support patients on discharge. There is no doubt this has impacted on the performance of UHBW; and measures pursued to tackle them are clearly acknowledged in this Quality Account.

Accordingly, the governors consider that the Quality Account offers a clear and fair representation of the Trust's performance; and demonstrates a strong commitment to learning from, and acting in response to, feedback and investigations.

Governor Involvement with Quality and Performance at UHBW in 2024/25

The governors have a duty to continuously monitor the Trust's performance and hold the non-executive directors (NEDs) on the Board of the Trust to account for it. During this year we have held an almost full programme of meetings and discussions, although it should be noted that several of our meetings were rescheduled to accommodate various competing priorities. Our meetings were held both online and in person to ensure the accessibility of meetings for all governors.

We have received quality and performance reports every other month in our quality focus groups. We discussed specific topics of concern in more depth with the NEDs at our regular engagement sessions with them. The Chair

and NEDs continue to be open to our comments and challenges and have engaged fully in answering our questions. At each Quality Focus Group, we focus on a specific Trust priority and receive key updates on its progress.

Governors and public are invited to observe Trust's public Board meetings. The Trust also makes those meetings available on YouTube shortly afterwards, so governors and public who cannot observe in person can watch them at a convenient time.

Questions raised on our publicly available governors' log (where they are answered by Trust executives and senior managers) covered a wide range of topics including:

- Micro soft legacy licenses
- pharmacy services
- Continuing Health Care (CHC) funding
- reasonable adjustments digital flags
- No Criteria to Reside (NCTR) patients
- sexual health services tenders
- linking computer systems with other NHS services
- space and relocation for teams with dilapidated facilities and lack of space
- compliance levels of the Oliver McGowan mandatory training on learning disabilities and autism
- antisemitic behaviour in the NHS
- access to hospitals, and ongoing roadworks and traffic flow affecting the Trust

The governors received responses on all questions raised during the year and continue to monitor the responses received and highlight concerns within their meetings.

APPENDIX B – Feedback about our Quality Account

UHBW set three quality priorities for 2024/25 and this account contains a full update on the progress made on all of these, followed by a description of the objectives set for the coming year.

Work to improve experience of care through better communication was a visible focus through the hospitals during the last financial year. The launch of the Experience of Care Strategy, known as 'My Hospital Knows and Understands Me' in 2024 was key in increasing the inpatient communication experience score by 3.4 points over the year. Governors have been involved in discussions around compliance with the Accessible Information Standard (AIS) and kept informed, via reports to the Quality Focus Group on the improvements made to the experience of patients; and kept apprised of the work to roll out the 'What matters to you?' conversation with patients. Work will turn in the next financial year to embedding the AIS improvements, including creating a dashboard to monitor improvements and embedding the 'What matters to you?' approach more widely. Governors will watch the roll out of the approach with much interest as the patient-centred approach has been a long-standing wish of governors.

The patient safety priority had a mission critical project to implement CareFlow Medicines Management (CMM, electronic prescribing and medicines administration) which is due to launch in the Trust in May 2025. The journey to this project has been long and of ongoing concern to governors for many years, and so this is very welcome news. The governors will monitor the expected changes to performance with anticipation. There were a small number of additional projects under the patient safety priority, and the governors hope to hear more of these in July 2025. There will be a particular interest in the roll out of Martha's Rule, and improvements to deteriorating patients from sepsis.

Considering the incredibly high numbers of patients with No Criteria to Reside (NCTR), the timely care priority was of major concern to governors. An update was brought to governors in March 2025 on the work being done against this priority but did little to calm the concerns of governors over patients with NCTR. There were positive steps being made in the

'Every Minute Matters' programme and a measurable increase in use of the discharge lounge which governors were pleased to hear about. Further conversations have been requested by the Council of Governors with the Board of Directors on NCTR patients and the long-term plans to decrease the number of patients residing in our hospitals who are medically fit to return to their community.

Minute Matters' programme and a measurable increase in use of the discharge lounge which governors were pleased to hear about. Further conversations have been requested by the Council of Governors with the Board of Directors on NCTR patients and the long-term plans to decrease the number of patients residing in our hospitals who are medically fit to return to their community.

Review of services

This section of the account clearly reflects the work done in the Trust to come as close to, or in some places exceed, the nationally set targets. This is a positive step for cancer Referral to Treatment (RTT) and Faster Diagnosis Standards (FDS), which are both expected to meet targets in March 2026. The governors welcomed the good news that no patients are waiting more than 65 weeks for referral to treatment. Governors will continue to monitor this during the next financial year to ensure it is sustained. The increase in patients with NCTR and increase in patients attending emergency departments were the largest concerns to governors and the Board alike, and work was continuing to help with flow through the hospitals.

During the 2024/25 financial year, there was a renewed focus on tackling infection in the Trust and improving environmental hygiene. The governors were advised, through a report from the Quality and Outcomes Committee Chair, of a deep dive into infection control and the increase in patients found to have MRSA. This deep dive found themes to tackle, and plans were being developed for the 2025/26 financial year. The governors will monitor this through the Quality Focus Group, raising concerns as necessary.

APPENDIX B – Feedback about our Quality Account

During the 2024/25 financial year, there was a renewed focus on tackling infection in the Trust and improving environmental hygiene. The governors were advised, through a report from the Quality and Outcomes Committee Chair, of a deep dive into infection control and the increase in patients found to have MRSA. This deep dive found themes to tackle, and plans were being developed for the 2025/26 financial year. The governors will monitor this through the Quality Focus Group, raising concerns as necessary.

The wide-ranging work undertaken under the heading of Experience of Care has been impressive and supported by active involvement with the Trust by many groups representing people with specific needs and those with health inequalities.

A Trust commitment to learning from all surveys, significant incidents, informal and formal concerns and case reviews following death is clearly described and the contribution the Trust has made, shared learning with North Bristol NHS Trust and colleagues across the Integrated Care System is to be commended. Action plans developed from such learning are also described here – including responses from the National Adult Inpatient Survey, the National Maternity Survey and internal mortality reviews.

Other quality-related topics of special interest to the Council of Governors during 2025/26

- Increasing governors' understanding of the Group Integrated Quality and Performance reports.
- Patients with NCTR and the Trust's long-term plans to address this.
- The development of the Board and Committee structure within the new Hospital Group; and how this can impact patient experiences, care and safety.
- Introduction of a new Trust People Strategy and Education Strategy to support staff recruitment, retention and development.

Governors will continue to hold the NEDs to account, as is our duty, in these areas as well as others. The Trust recently held elections to fill 15 positions on the Council of Governors. On behalf of the Council of Governors, may we

thank outgoing governors and welcome newly elected ones into the fold at Team UHBW.

b) Statement from Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG)

Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) welcomes the opportunity to comment on the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Quality Account for 2024/25. We appreciate the Trust's continued commitment to transparency, patient-centred care, and quality improvement.

Positive developments

We commend UHBW for several key achievements over the past year:

- Experience of Care: The rollout of the 'What matters to you?' approach across 48% of inpatient wards is a significant step toward embedding person-centred care. The development of experience of care champions and the launch of a teenager-friendly feedback mechanism are also welcome innovations.
- Health inequalities: We are encouraged by the Trust's proactive work through the Health Equity Delivery Group, including the use of a Health Inequalities Dashboard and collaboration with community partners. The focus on Core20PLUS5 priorities demonstrates a clear commitment to addressing disparities in access and outcomes.
- Learning disabilities and autism: The introduction of easy-read FFT cards, the befriender volunteer role, and the mystery shopper initiative reflect a thoughtful and inclusive approach to improving care for people with learning disabilities and autism.
- Mental health: The appointment of a full-time liaison consultant psychiatrist and the development of a Mental Health Clinical Strategy are positive steps toward achieving parity of esteem between physical and mental health.
- Volunteering and engagement: The expansion of the volunteering programme and the creation of the participation community are excellent examples of how the Trust is involving people in shaping services.

APPENDIX B – Feedback about our Quality Account

We recognise the progress made and encourage the Trust to continue addressing the following areas:

- **Communication and feedback:** Despite improvements, inpatient experience scores remain below target. We support the Trust's plans to introduce real-time feedback alerts and encourage further efforts to ensure feedback mechanisms are accessible to all communities, including those with sensory impairments or language barriers.
- **Timely care and flow:** The Trust has made progress in ambulance handover times and discharge lounge usage and welcome the focus on reducing emergency department waits and discharges.
- **Complaints handling:** The decline in the percentage of formal complaints responded to within agreed timescales is noted and we encourage the Trust to review its complaints processes to ensure timely and compassionate responses.
- **Infection control:** The rise in MRSA and C.difficile infections is noted. We support the Trust's quality improvement approach and encourage ongoing transparency and learning in this area.

Looking ahead

We are pleased to see that many of the Trust's priorities for 2025/26 align with the feedback we hear from local people, particularly around communication, accessibility, and inclusive care. We look forward to continuing to work collaboratively with UHBW and supporting the Trust's efforts to embed patient and public involvement in all aspects of service design and delivery.

We thank UHBW for its openness and for the opportunity to contribute to this important document.

Healthwatch Bristol

Healthwatch North Somerset

Healthwatch South Gloucestershire

May 2025

c) Statement from Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB)

Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcomes the opportunity to comment on a draft copy of the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Quality Account 2024/25. BNSSG ICB has commented on the basis of a draft of the Quality Account received prior to final publication, and our comments are made on that basis.

The information presented has been reviewed and is in line with that provided and presented to the ICB through reports and meetings to provide quality assurance.

The ICB recognises the volume and variety of services delivered by UHBW to the people of BNSSG. BNSSG ICB would like to acknowledge the hard work and dedication of UHBW's staff who strive, day in and out, to provide high quality and safe care for the people it serves.

The ICB acknowledges that UHBW elected three quality priorities for 2024/25. These were:

1. Experience of care
2. Patient safety
3. Timely care

All three quality priorities had initiatives under each, and good progress has been made in all priorities, with some initiatives continuing into 2025/26. Achieving these quality priorities will lead to improved patient safety and experience of UHBW's services.

The ICB commends UHBW for successfully launching Word360, a new spoken language interpreting provider, which improves access to interpreting services for patients. UHBW has secured Health Foundation funding to launch an action learning set for coproduction in collaboration with The Peer Partnership. The Trust's 2024 NHS Staff Survey shows significant improvements in UHBW's acute trust ranking for the four patient safety culture questions.

APPENDIX B – Feedback about our Quality Account

The ICB commends UHBW's implementation of Martha's Rule in collaboration with North Bristol NHS Trust and CareFlow Medicines Management. These programmes of work will continue in 2025/26. Bristol Royal Hospital for Children went live with Martha's Rule in January 2025, with adult wards commencing testing and iterating in pilot areas.

The ICB acknowledges the challenges faced by UHBW in terms of delays in timely care. Scope to improve performance has been limited by a 3.2% increase in numbers of non-elective admissions through ED and an increase in patients with 'no criteria to reside'. However, continuation of the Every Minute Matters programme and increasing the proportion of patients discharged via the discharge lounge support flow of patients through its hospitals. The ICB commends the Trust in performing above NHSE's recovery standard of 70% of patients should start definitive treatment within 62 days of GP referral.

In 2024/25, it was the first time all UHBW's quality priorities were aligned with the Trust's strategic priorities. The ICB acknowledges the importance of aligning these programmes to enhance achievements. The continued collaborative work between UHBW and NBT as both trusts work towards Bristol NHS Group, including developing a new research strategy is commendable.

The ICB applauds the priorities for 2025-26, all of which are important in improving patient's experience of care, patient safety, and timely care, with the strategic priorities, breakthrough objectives and corporate projects sitting underneath these headline priorities. The ICB will continue to support UHBW in the implementation of activities to achieve these priorities. The ICB looks forward to hearing of progress made.

Going forward into 2025-26, the ICB will continue to work closely with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and support them in areas that require further development or expansion to support patient safety, experience, and quality improvement. The ICB will continue to support the organisation with the development and implementation of quality improvement plans within the Integrated Care System.

Vicki Cooper, Patient Safety Specialist

On behalf of Bristol, North Somerset, and South Gloucestershire ICB

d) Statement from Bristol Health Scrutiny Sub-Committee

No statement received prior to publication.

e) Statement from North Somerset Health Overview and Scrutiny Panel (HOSP)

North Somerset HOSP received a presentation on the Quality Account on 4 June 2025. Members were pleased with the Trust's emphasis on the Patient First continuous improvement approach and noted the quality priorities of improving experience of care, patient safety and timely care. We look forward to seeing further improvements and the benefits that the new Bristol NHS Group will begin.

f) Statement from South Gloucestershire Overview and Scrutiny Panel

No statement received prior to publication.