



Bristol
NHS Group
Bristol | Weston

QUALITY ACCOUNT 2025-26

**University Hospitals Bristol and
Weston NHS Foundation Trust**

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PART 1

Quality Statement

Introduction by the Chief Executive

I'm pleased to share with you the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Quality Account 2025/26. As one of the country's highest performing NHS Foundation Trusts, UHBW has consistently delivered high performance with a focus on getting things right for our 4Ps – our patients, our people, our population and the public purse.

Person-centred, compassionate and inclusive care every time, for everyone, is at the heart of what we do at UHBW. Our commitment to improving communication experience through our 'What Matters To You' conversations with patients and loved ones, as well as making better use of patient feedback to identify areas for improvement at local ward level, is key to our success. Because if we get this right, the safety and quality of care we provide follows.

The NHS is facing a once in a generation opportunity to transform how healthcare is provided. As a partner in the Bristol NHS Group, alongside colleagues at North Bristol NHS Trust (NBT), I'm proud to say that UHBW is leading the way to create an NHS that meets the needs of its communities both now and into the future. We're doing this through the implementation of our clinical strategy with a shared vision for seamless, equitable and sustainable care, bringing together services where duplication exists, and ensuring our patients receive excellent, equitable care in whichever hospital they attend. And of course, the safety of those in our care is our highest priority. Alongside colleagues at NBT, we have successfully introduced Martha's Rule this year, to support the early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon.

We've also invested in the physical and digital infrastructure we need to enable a safer working environment. This year we have introduced a new electronic prescribing and medicines administration system across all adult services to ensure a more controlled prescribing and administration process. We have invested over £80m in capital including expanding our Same Day Emergency Care Unit at Weston and opening of our shared facility - The Princess Royal Bristol Surgical Centre - at Southmead. These investments have enabled us to increase our capacity, modernising the environment in which care is delivered, and supporting more timely care and better experiences for our patients.

All this is not to detract from the very real challenges and pressure we and many of our colleagues across the NHS continue to face, including tackling challenges like ambulance handover times. But we continue to build, improve, innovate and seek out partnerships that will benefit the health and wellbeing of the population we exist to serve. As we continue on our exciting journey with NBT towards becoming a single organisation in 2026, I want to say thank you to each and every person who works at or alongside UHBW - our people, governors, volunteers, charities, NBT colleagues and other local partners. The commitment you show and the care you give is exceptional and I am proud to work alongside you all.

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.

Best wishes,

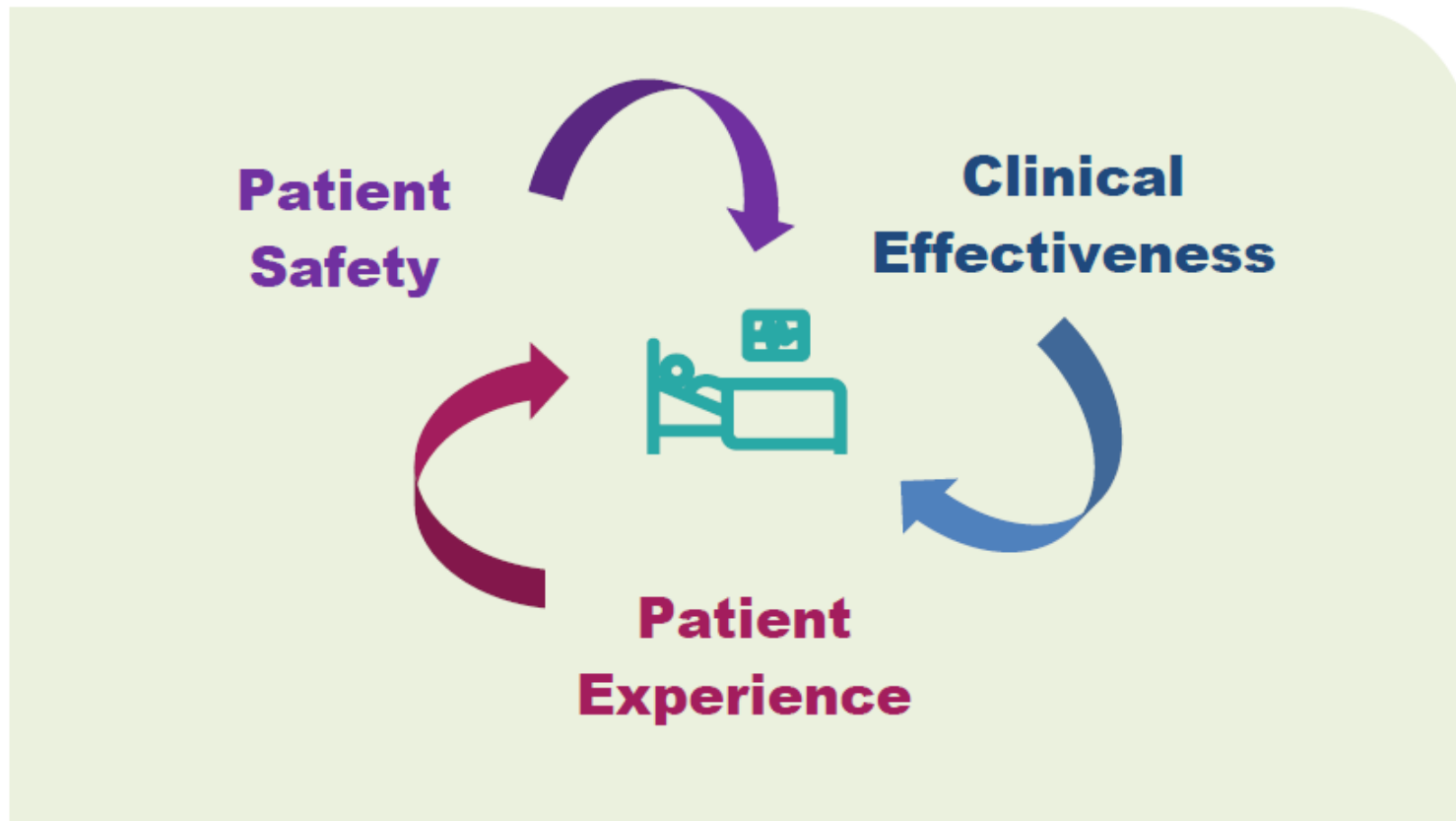
Maria Kane

Chief Executive

What is a Quality Account?

An NHS Quality Account is **published every year** by providers of NHS-funded services and is designed to give patients, families, and the wider public a clear picture of the quality of care being delivered. It focuses on three nationally defined areas of quality: **patient safety**, **clinical effectiveness**, and **patient experience**. These reports help people see where services are performing well and where further improvement is planned, supporting transparency and public accountability.

Quality Accounts also serve as a way for organisations to reflect on their progress, outline their priorities for the coming year, and demonstrate how they are working to improve care.



1.1

Review of Services

University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) is a public benefit corporation authorised by NHS England, the Independent Regulator of NHS Foundation Trusts, on 1 June 2008.

We have more than 13,000 staff who deliver over 100 different clinical services across ten different sites, providing care to the people of Bristol, North Somerset and the South-West from the very beginning of life to its later stages. We are one of the country's largest acute NHS Trusts with an annual income of over £1,300m.

The Trust provides services in the three principal domains of clinical service provision, teaching and learning, and research and innovation. The most significant of these with respect to income and workforce is the clinical service portfolio consisting of general and specialised services.

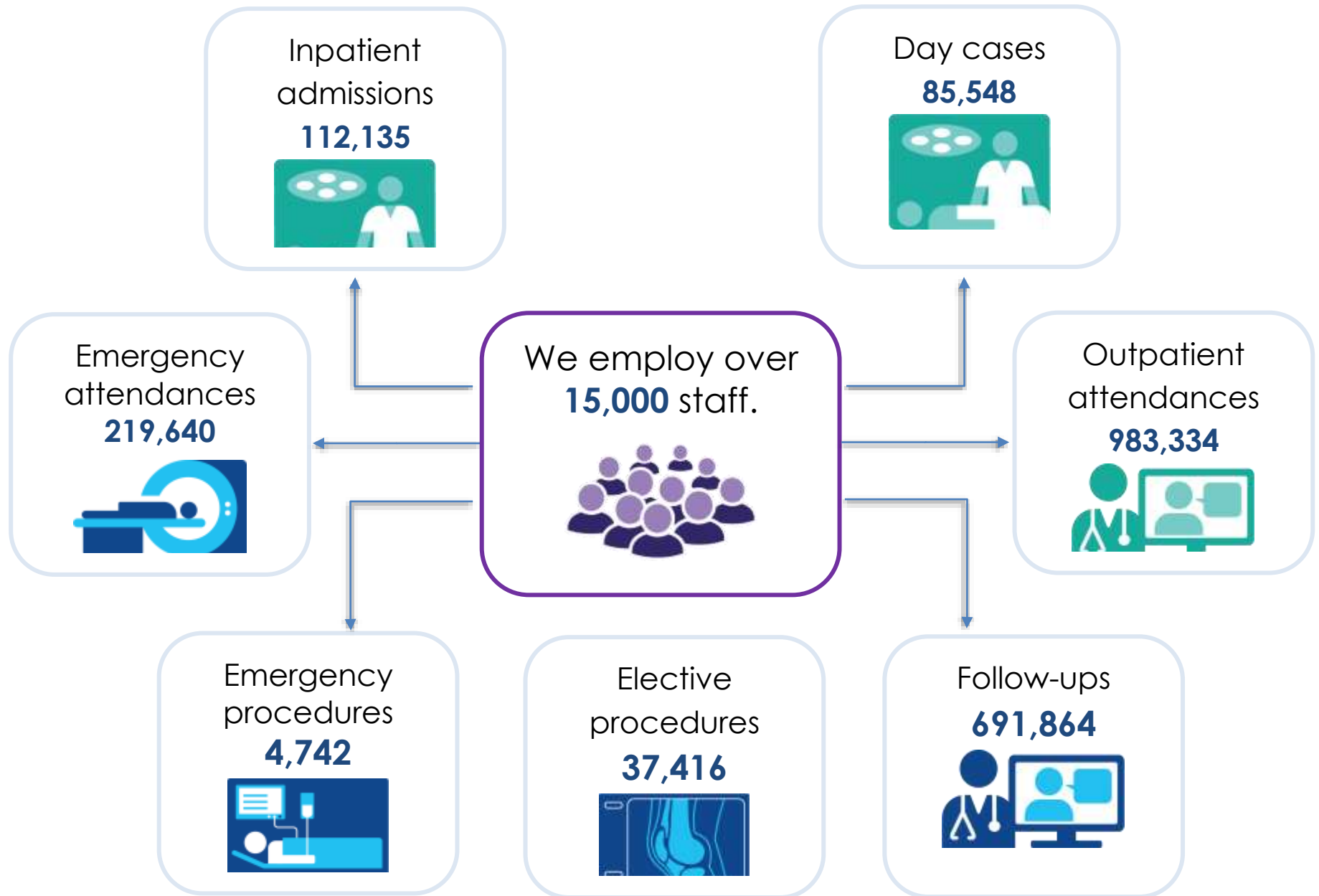
For general provision, services are provided to the population of central and south Bristol, North Somerset and South Gloucestershire, around 350,000 patients. A comprehensive range of services, including all typical diagnostic, medical and surgical specialties, are provided through outpatient, day care and inpatient models. These are largely delivered from the Trust's City and Weston Hospital Operating Unit, with the exception of a small number of services delivered in community settings such as South Bristol Community Hospital.

Specialist services are delivered to a wider population of approximately five million people throughout the South West and beyond. The main components of this portfolio are children's services, cardiac services and cancer services as well as a number of smaller, but highly specialised services, some of which are nationally commissioned.

As a University Teaching Trust, we also place great importance on teaching and research. The Trust has strong links with both of the city's universities and teaches students from medicine, nursing and other professions allied to health. Research is a core aspect of our activity and has an increasingly important role in the Trust's business with a significant grant funding secured in 2024/25. The Trust is a full member of Bristol Health Partners, and of the West of England Academic Health Science Network and also hosts the recently established Collaboration for Leadership in Applied Health Research for the West of England.

1.1

Key Trust Figures



PART 2

Priorities for Improvement

Since 2024/25, our quality priorities have been aligned wholly with Patient First. In other words, our Patient First priorities for improving experience of care, patient safety and timely care are, by definition, our organisational quality objectives.

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



2.1

Review of 2025/26 Key Priorities

Enhance experience of care

Vision:	Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.
Strategic Goal:	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.

Quality priorities for 2025/26	How did we get on?
<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. 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 2 goals and objectives of the Experience of Care Strategy including:</p> <p><i>For Divisions</i></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. 	<p>Overall experience of care (as rated by patients): 92.6% of patients rated their experience of care as good or above in monthly maternity and inpatient surveys, against a trajectory of 95.4%. (2025/26).</p> <p>Happy with standard of care (as rated by staff): 1.68 percentage point improvement (74.3% to 75.98%) in staff survey responses that they would be happy with standard of care for friend or relative.</p> <p>During 2025/26</p> <ul style="list-style-type: none"> 'What Matters to You' conversations are being used on 73.6% of adult wards, work continues to embed the approach and sustain initial improvements 82.7% of patients felt involved in decisions about their care. <i>Further details of key achievements can be found in the patient experience section of this report.</i> <p>During 2025/26</p> <ul style="list-style-type: none"> Fulfilment of booking requests for spoken language interpreters has demonstrated a sustained improvement, achieving 96% (target) or above for every month since November 2024. This means more patients who have interpreting needs are having these met in a timely way, helping to tackle health inequalities for this group in our population. We also mobilised a new contract for non-spoken language (i.e. BSL) interpreting with provider Sign Solutions.

- AIS improvements: increasing uptake of AIS e-learning and creating an AIS dashboard to monitor compliance.
- Identifying and support Experience of Care Champions in clinical services.
- Delivering the Action Learning Set for Coproduction with community outreach aligned to Core20PLUS5 areas.
- Year 2 objectives relating to life course and patient pathway areas (Division specific activity).

Corporately

- ‘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 & Responding Well’ goal: including improving accessibility of our feedback approach and our Patient Advice and Liaison Service (PALS) and Complaints service.
- ‘Design and Deliver Together’ goal: including embedding patient and community involvement in our Group ‘Single Managed Service’ 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 staff training, and a new intranet site for Experience of Care.

- We have delivered specialist digital accessibility training across the group, and there has been patient consultation with projects such as the new Trust website. NBT and UHBW have a network of AIS Champions, which aims to strengthen good practice, resource sharing, and awareness of accessible information and communication across teams.
- We have increased the number of Experience of Care Champions across the organisation from 27 at March 2025 to 61 at March 2026. The role is undertaken by staff of any grade or profession in patient-facing roles who are passionate about improving the experience for patients and carers in their area. Support materials and training for champions have been developed.
- We have delivered Health Foundation funded Action Learning Sets for **Coproduction in Health Services** with Peer Partnership to increase the skills and confidence of clinicians to design services together with communities. In 2026/27 work to increase involvement and co-production in improvement projects across the organisation will be a focus.
- We have launched the **Community Participation Group (CPG)** to bring public voice to the delivery of our Joint Clinical Strategy. The CPG is a collaborative space for the people and communities we serve to influence, challenge and shape the delivery of Bristol Hospital Group's Joint Clinical Strategy, ensuring the voice of all our patients and carers is embedded in all that we do.

Further details of key achievements can be found in the patient experience section of this report.

Vision:	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.
Strategic Goal:	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 focussing on key patient safety risks.

Quality priorities for 2025/26	How did we get on?
<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>We delivered Year 2 of our Human Factors Strategy to improve resilience and reduce risk in a number of local areas and secured funding to implement a Fatigue Risk Management Project in 2026/27. Progress against our patient safety priorities is outlined below.</p> <p>To reach the target of being within 1% of the best, UHBW would need to be ranked first in all four questions¹. UHBW scores are consistently above the national average.</p> <p>Improvements have been seen in staff survey responses to the following patient safety culture related questions:</p> <ul style="list-style-type: none"> • 0.7 percentage point decline (63.8% to 63.1%) for ‘not seen any errors/near misses/incidents that could have hurt staff/patients/service users.’ • 1.2 percentage point improvement (66.2% to 67.4%) for ‘staff involved in error/near miss/incident treated fairly.’ • 0.5 percentage point decline (89.8% to 89.3%) for ‘encourage staff to report error/near miss/incident.’ • 0.6 percentage point decline (70.9% to 70.3%) for ‘organisation ensure errors/near misses/incidents do not repeat.’ • 1.5 percentage point improvement (63.9% to 65.4%) for ‘feedback given on changes made following errors/near misses/incidents.’ <p>During 2025/26 we have: Conducted Trust-wide staff questionnaires and thematic analysis to understand and share barriers to effective sepsis recognition, escalation, and management, and to inform improvement priorities.</p> <p>Updated and redesigned the paper Adult Sepsis Screening Tool and Pathway:</p>

- To align with the 2025 guidance from the National Institute for Health and Care Excellence (NICE) for adult sepsis.
- Applying *human factors* principles to better reflect clinical workflows and support timely management of suspected sepsis.
- Secured approval from the Children’s Leadership Team to adopt Academy of Medical Royal Colleges (AoMRC) criteria, and the National Paediatric Early Warning Score (nPEWS) for paediatric sepsis screening.
- A new paper Paediatric Sepsis Screening Tool and Pathway has been developed, and is currently being tested using a Plan-Do-Study-Act approach to inform future digital design.
- Developed new sepsis education resources following an educational scoping exercise. This included:
 - A new micro-teaching video on adult sepsis and delivery of face-to-face micro-teaching sessions Trust-wide.
 - Launching a new Paediatric Deteriorating Patient (DP) eLearning package, including sepsis.
 - Updates to the adult DP eLearning package, strengthening the sepsis content by incorporating learning from a patient safety incident in another Trust within the Hospital Group.
- Commenced collaboration with Digital Services and System C to inform the design of the CareFlow Vitals Version 5 Sepsis Module for Adult and Paediatrics. Development will continue beyond 2025/26.
- Agreed sepsis metrics for inclusion in Divisional Strategy Deployment Reviews (SDRs).
- Developed a Power BI dashboard to report compliance with inpatient sepsis screening questions to support SDR reporting, with an aim to identify gaps in screening and drive improvements with early detection of sepsis risks.
- Established a joint BRI/Weston Emergency Department (ED) Sepsis Working Group and commenced Paediatric Sepsis Working Group meetings.
- Collected baseline audit data in Paediatrics and Maternity to support the identification of improvement priorities.
- Continued to work with the divisions and the Deteriorating Patient Steering Group to support ongoing improvement in sepsis recognition and management.

Mission critical project:

- Implementation of CareFlow Medicines Management.

During 2025/26

Implemented Careflow Medicine Management (CMM), the Trust’s electronic prescribing and medicines administration system, across all adult emergency

Corporate projects:

Improving medical equipment procurement and management

Initially we will:

- 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.

Continue/complete existing projects relating to:

- 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.

and inpatient settings. CMM provides a safer and more controlled prescribing and administration process.

- Delivery at this scale required digital training for more than 9,000 staff, with around 900 receiving additional face-to-face training as super users. Across the phased go-lives, over 10,500 person hours of floorwalking support were provided.
- It's also given significantly improved visibility of the scale of medicines activity across our adult settings. Since implementation there have been 37,171 Discharge prescriptions (TTAs) completed, 287,627 TTA items prescribed, 760,948 inpatient items prescribed, and more than 4.2 million administrations recorded.

During 2025/26

Commenced a Medical Equipment Procurement and Management project to strengthen the safety, usability and lifecycle management of medical equipment across the organisation.

- An innovative, system approach has been used, drawing on improvement and human factors methodology to understand critical themes across incidents, complaints, risks and staff experience, alongside regulatory and legislative requirements and NHS best practice for value-based procurement.
- With an estimated 43,000 medical devices in use, this will remain a key focus in 2026/27, with pilots of new processes informing changes across the end-to-end equipment lifecycle.

During 2025/26

Alongside the sepsis improvement work, in 2025/26 the Adult Deteriorating Patient (DP) Programme has focused on:

- Enhanced education and training packages on patient deterioration, incorporating feedback, evaluation findings, and the inclusion of Martha's Rule and Maddie's Story.
- Developed and launched ReSPECT^[1] eLearning to support consistent, high-quality advance care planning.
- Designed and implemented escalation posters to guide staff in following required processes.
- Developed and tested a standardised SBARD (Situation, Background, Assessment, Recommendation, Decision) escalation tool; wider rollout will be a key focus for 2026/27.
- Conducted initial scoping to inform the design of revised escalation trigger processes, applying a human factors approach through applied cognitive task analysis; development will continue beyond 2025/26.
- Recommended a Summary Plan for Emergency Care and Treatment.

<p>Implementation of Martha's Rule</p>	<p>During 2025/26</p> <p>Implemented the national patient safety initiative Martha's Rule across all adult inpatient settings, following the earlier deployment within the Bristol Royal Hospital for Children. Martha's Rule provides a structured opportunity for daily feedback from the patient and their family on changes in the patient's condition. An urgent review can be requested if they feel the patient's condition is deteriorating and their concerns are not being adequately addressed. Our successful implementation has included:</p> <ul style="list-style-type: none"> ➤ Easy to access Martha's rule documentation – leaflets, communication materials, standard operating procedures. ➤ Visible patient/carer information on how to use Martha's rule. ➤ Compliance with patient wellness questionnaires (PWQ) across UHBW, with adults' inpatient areas compliance monitored via a dashboard. PWQ is included in Clinical Accreditation reviews across all sites. ➤ Digital functions embedded for automated alerts, monitoring and compliance with the Martha's Rule standards. For example, email alerts to Matrons and Sisters to enable a timely follow up with patients, family and staff after a Martha's Rule call. ➤ Development of Critical Care Outreach Team processes to enable a response to Martha's Rule calls. ➤ Total of 101 review requests, 22 related to acute signs of deterioration and led to an intervention being made.
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<p>Improve timeliness and quality delivery of care</p>	
<p>Vision:</p>	<p>Together, we will provide timely access to care for all patients, meeting their individual needs.</p>
<p>Strategic Goal:</p>	<p>By streamlining flow and reducing variation, we will eliminate avoidable delays across access pathways.</p>

<p>What we said we'd do</p>	<p>How did we get on?</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. 	<ul style="list-style-type: none"> • Overall improvement in ambulance handovers within 15 mins across Bristol Royal Infirmary (BRI) & Weston General Hospital (WGH) from 26.5% to 32.4%. WGH saw the most significant improvement from 24.3% to 31.1%. • Ambulance handovers within 45 mins have also improved across the two sites from 74.1% to 87.3%. The BRI saw the most significant improvement from 2024/25 from 71.2% to 85.7%.

Breakthrough objective:

Improve median time of discharge by two hours.

- 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.

These achievements are a reflection of the strong working relationships between UHBW and the ambulance service (SWAST) and the continued drive to enable improvements in the ambulance handover processes.

During 2025/26

The median discharge time was removed as the outcome measure due to persistent data quality challenges, which resulted in minimal observed improvement. Therefore, an interim metric was agreed to be monitored: 80% of the total weekday discharges to be discharged at the weekends. This provides insights into effective pre-weekend planning with the aim of facilitating improved flow on a Monday and Tuesday for patients requiring admitting from the Emergency Departments (ED).

- Weekend discharges have improved with an average of 50% observed throughout 2025/26 compared to 48% in 2024/25. WGH saw the largest improvement at 37% in 2025/26 compared to 31% during 24/25. This reflects focussed efforts at WGH to streamline processes, reinforce awareness of weekend service provision and increase the use of criteria-led discharges.
- 4-hour performance Mon/Tues remained largely unimpacted between 2024/25 & 25/26 with WGH seeing a slight improvement at 69.7% compared to 67% in 2024/25.

The 'Ready for Discharge' A3 thinking projects that were undertaken in several BRI medicine wards were completed. Key actions from the A3s include improved communication within ward nursing teams and prioritising tasks for patients identified as ready for discharge.

- Respiratory have continued this work with a smaller improvement project focusing on the allocation of a doctor to complete discharge summaries each day and by strengthening the second board round occurring in the afternoons. This project is expected to enable more significant improvements in timelier discharge by ensuring discharge related actions are progressed. It also addresses the gap observed through the ward A3 thinking projects around medical engagement with timely discharge summary completion.
- WGH are also adopting this model with a view to extending out across all wards in the future.
- Alongside this, work has been ongoing to identify a more accurate measure of timely discharges. The time from No Criteria To Reside (NCTR) status allocation to discharge was identified as a key measure of timeliness for Pathway 0 patients. While the dataset is still being refined

and has limitations, it will be used to identify internal causes of delayed discharge.

The Every Minute Matters (EMM) programme has renewed priorities for 2026/27 with defined objectives tailored to each division. This will enable improvements in flow and discharge to occur where it is most impactful for each division. Key themes include enabling actions to be captured and defined from the proactive board rounds, strengthening the format of the second board round and enhancing digital capabilities to improve and streamline the visibility of actions around flow and discharge work.

- Divisions remain focussed on improving weekend discharges, embedding the use of Criteria Led Discharges as well as optimising the use of the discharge lounge.
- EMM work closely with UHBW's 'Home First' team (Transfer of Care Hub) in aligning processes that support discharges, education and with a particular focus on Pathway 0 discharges now included within the scope of the Home First team priorities.

During 2025/26

UHBW 4-hour performance (BRI & WGH only) has improved throughout 2025/26 to 58.6% from 57.3% in 2024/25 with the most significant improvement observed at WGH with an increase of 67% to 70.7%. This is despite overall attendances to the BRI & WGH EDs increasing throughout 2025/26 by 4% compared to 2024/25.

- Non-elective admissions have decreased slightly by -2.5% in 2025/26. Greatest changes in noted at WGH with an increase in attendances by 4.6% and a decrease in admissions by -3.5%.
- 12-hour waits in ED across UHBW (BRI & WGH only) have decreased slightly to 7% in 2025/26 from 7.3% in 2024/25.
- Positive improvements in both the 4-hour and 12-hour performance metrics are particularly notable given that the NCTR as a % of occupied beds increased throughout 2025/26 to 22.2% compared to 2024/25 at 20.2%, and due to two permanent ward closures there has been a further increase in the bed deficit at the BRI.

The Proactive Hospital focus for 2025/26 on reducing delays in specialty reviews has progressed through the successful implementation of the Internal Professional Standards (IPS). This was developed in collaboration with clinical chairs across UHBW and provides the framework for ensuring the timely provision of care to patients in ED, by all specialties and services. Alongside this, a dashboard has been developed that incorporates all the Key Performance Indicators (KPIs) described within the IPS as a means of

Mission critical project:

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

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 4 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.

Important corporate projects:

Reduce outpatient backlogs enabling patients to receive more timely care by March 2026. By reducing total outpatient backlogs by 10%.

- Further reduction in Did Not Attend (DNA) rates to 4.5% or under (Based on national benchmarking mid-point of Q1).
- Reduction in differential DNA rate between Index of Multiple Deprivation (IMD) Quintile 1 and 5, and global majority and white.
- Pilot and learning for DrDoctor Patient Led Booking module for all specialties.
- Increased use of PIFU in 12 accelerated specialties increasing the 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 bench marked opportunity).

monitoring compliance against the standards and identifying opportunities for improvement.

- Implementing clear standards and improving data capture and monitoring will enable more targeted improvement, with benefits expected across the patient journey through ED as standards are embedded and KPIs reviewed through governance.

During 2025/26

The Trust's reported DNA rate in March 2026 was 5.4%. The average rate in 2025/26 was 6.1%. Although this was short of the 4.5% stretch target, the Trust has sustained improvement – DNA rates averaged 6.1% in 2024/25, 6.7% in 2023/24, 7.1% in 2022/23, and 7.3% in 2021/22. Improvement focus in 2025/26 has been on optimising the use of basic rescheduling and digital appointment letters in the NHS App. Clinic letters in the NHS App have been successfully piloted and are expected Trust-wide in Q1 of 2026/27.

- DNA rates for IMD Quintile 1 and 5 reduced in line with the Trusts overall DNA improvement, however inequality persists. We have designed a DrDoctor workflow which sends patients a structured questionnaire at point of referral to support the early identification of patient access needs and address requirements for reasonable adjustments. This workflow will go live in Q1 of 2026/27.
- Early testing of the DrDoctor patient led booking module demonstrated a technical issue with the system. Delivery of Basic rescheduling has been a primary focus in 2025/26 this gives patients the capability to request for changes to their appointments digitally. Through delivering this the average Trust DNA rate has reduced by 0.7%.
- Patient initiated follow up continues to be rolled out across the Trust. This year the Trust delivered a 0.6% average improvement in PIFU activity. The trust achieved >9.0% PIFU rate for 3 consecutive months meeting the Trusts stretch target. DrDoctor PIFU functionality is being piloted in specialities and workflows is being considered as an alternative function pending the results of current workflow pilots.
- Outpatients 2025 business case has been reviewed by the executive. Some of the themes of the business case are being taken forward as a Bristol Group Outpatients Transformation programme.
- During 2026/27 Specialist Advice referral volume grew by 12.9% 5,218 requests. Specialist Advice response volume increased by 16% 6,590 in comparison to 2025/26 baseline.

Optimise theatre capped touch time utilisation to 85% by NHSE deadline of Q4 2025-26:

- Development of Trust-wide standardised operational protocols for pre-operative service.
- 50% reduction in LMCs (Last Minute Cancellations) (LMC) for avoidable reasons related to pre-assessment. 25% reduction in patient DNAs (Did Not attend), by Q4 25/26. Increase in associated activity.

During 2025/26

St Michael's Hospital, BRI and Children's Hospital all achieved 85% during Q4 2025/26, however the trust average was below this due to a drop in utilisation at Eye Hospital over the last six months of the year. The reasons for this are being addressed and utilisation is now improved to 83%. Overall, the Trust is performing well with utilisation of between 81 – 83% and sustained over the past financial year. With the agreed change to the trust model of theatre booking and scheduling, and the proposed use of a new pre-assessment dashboard it is expected that the trust will achieve 85% during 2026/27.

- A number of key processes and protocols have been standardised across all Trust adult pre-assessment areas, and a new dashboard has been designed to allow both pre assessment and theatre booking teams visibility of their waiting lists and patient pre-operative status.

The Trust continues to drive towards delivery of the NHSE directive relating to patient risk assessment and optimisation and a project is underway with DrDoctor (the Trust's patient engagement portal) to trial a limited version of this within two pilot specialities. If successful, this will be implemented across all areas.

- Whilst there has been a reported increase during Q4 2025/26 compared to the same period in 2024/25, it should be noted that LMC's for all cancellation codes have been subject to change due to a workstream related to the accuracy of reporting by both theatre and booking/admin staff.
- This has resulted in more accurate reporting for Q3 and Q4 2025/26 but means that inaccuracies in previous recording renders a comparison with 2024/25 less meaningful. For assurance, the number of LMC's has not increased overall and it is expected that accurate recording alongside the proposed improvement work for 2026/27 will result in a significant reduction across the next year.

2.2

Key quality priorities for 2026/27

Improvement Priority

Experience of Care

1. Improve the experience of waiting for planned care

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

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

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

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

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

4. Reduce inequalities in experience of care

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

5. Corridor Care

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

1. Strengthen our safety management system

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

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

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

3. Reduce avoidable deterioration and harm for children

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

4. Maternity safety step change

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

5. Prevent infection and tackle antimicrobial resistance (AMR)

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

Improvement Priority**Timeliness of Care****1. Reduce long waits for elective care through planned care reform**

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

2. Improve cancer and diagnostics timeliness Backlog

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

3. UEC flow:

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

Improvement Priority**Quality Delivery****Develop and implement a Bristol NHS Group Quality Management System (QMS)**

A single, Group-wide approach that hardwires:

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

PART 3

Statements of Assurance



3.1

Care Quality Commission

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’.

Latest Inspection

In June 2025, the CQC conducted an off-site re-assessment of parts of urgent and emergency care services at the adult emergency department of the UHBW Bristol Campus

This assessment was to follow up on actions the service had taken after CQC identified breaches of two regulations at a previous on-site assessment in June 2024. These were regarding there not being enough medical staff to meet demand at weekends and not having enough trained fire wardens in the department.

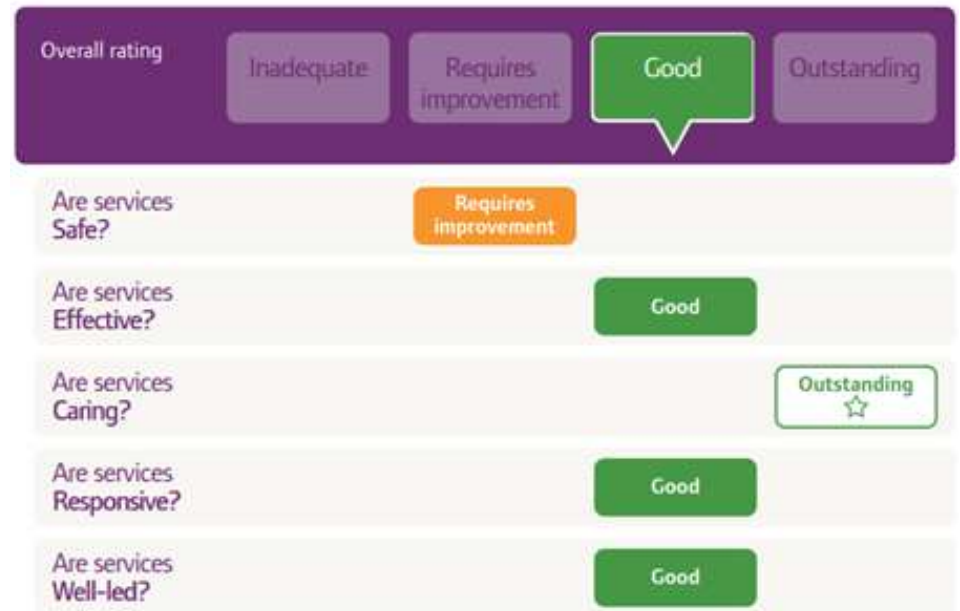
The CQC found the service had made improvements in both areas. There were more senior medical staff at weekends and additional fire wardens had been trained and the service was no longer in breach of legal regulations.

The Trust’s ratings were unchanged as a result of this assessment.

The CQC continues to monitor the Trust’s actions through ongoing engagement and site visits with our assigned Inspection Team. Following NBT and UHBW joining as a Group in 2025 the CQC processes across both Trusts have been aligned.

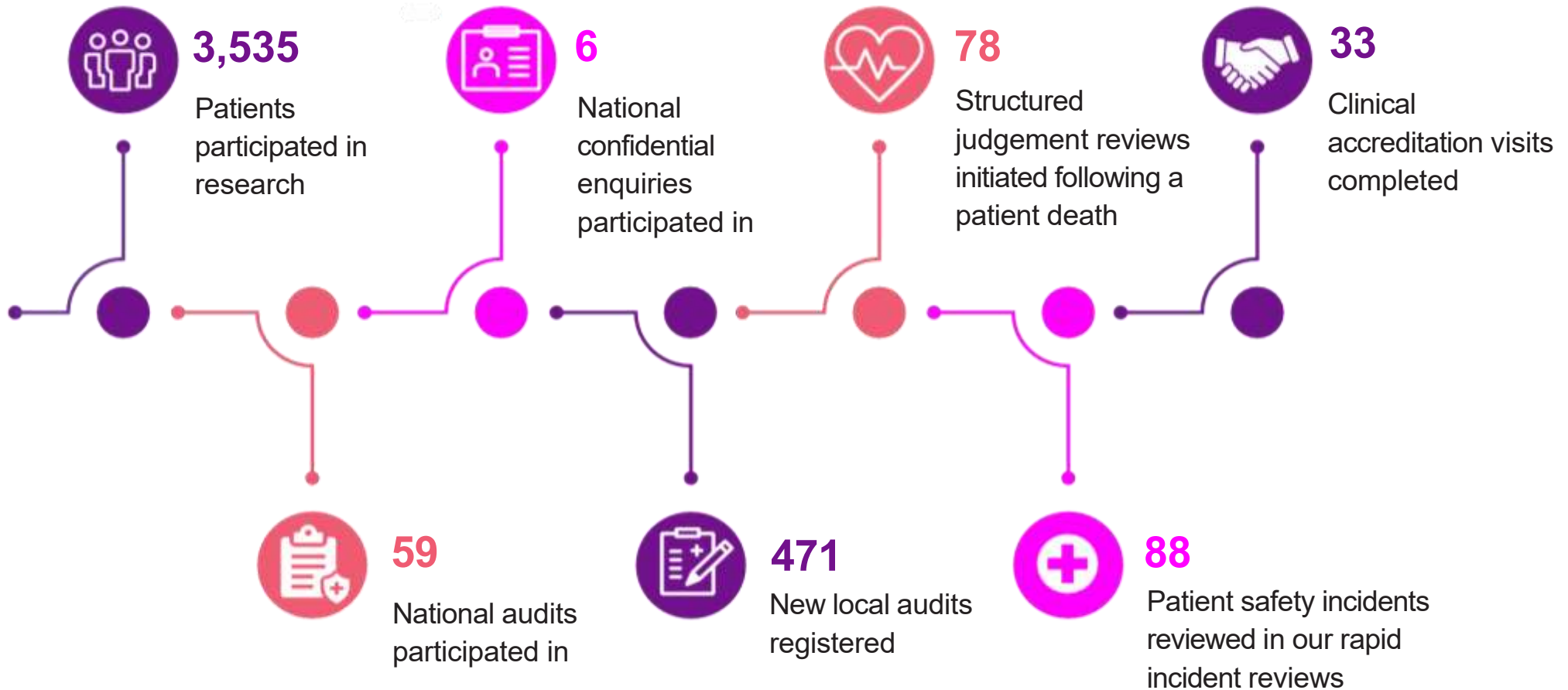
Since September 2025 the quarterly CQC engagement meetings have been held jointly by North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust.

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



3.2

Quality Governance key figures



3.3

Clinical Accreditation Programme

UHBW runs a Clinical Accreditation Programme (CAP), which monitors the quality of care at ward or department level and provides feedback to clinical staff on the clinical care that they are providing, focusing on areas of 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 approximately 150 agreed standards relating to high quality compassionate care, leadership, avoidable harm, and effective patient care.

Throughout 2025/26 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%-89% achieves a silver accreditation, whilst 90% and above achieves a gold accreditation. A total of 70 wards have been accredited.

During the year, an internal audit, completed by independent assessors was undertaken, auditing the outcome and process. Assurance was provided against the process, with changes required to the outcome monitoring. Following the audit the focus has been on monitoring of the improvement plans developed after each assessment, which changes made to the review process. The length of time between assessments was also extended, Silver accredited areas are re-assessed yearly; gold areas are reassessed 2 yearly. If the area sustains gold and can demonstrate a improvement in clinical practice, they are then awarded a diamond accreditation.

Ward leaders achieving Gold and diamond accreditation now act as mentors, supporting areas who are working towards improving their accreditation.

With the imminent merger between NBT and UHBW there is the opportunity to consider aligning accreditation processes within each Trust and extending to review new clinical areas, theatres, outpatients, embracing the benefit of an extended team.



Clinical Accreditation	2025/26
Diamond	4
Gold	8
Silver	57
Working towards Accreditation	1
Total	70

3.4

Data quality: clinical coding and data security

Secondary User's Service (SUS) Statistics

UHBW submitted records during 2025/26 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: 99.8% 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: 99.9% for admitted patient care; 100% for outpatient care and 99.9% for accident and emergency care.

Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2025 – January 2026 extracted 20/03/2026.

Data Security and Protection Toolkit (DSPT)

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

In January and February 2026, the Trust commissioned its 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 Ophthalmology, Colorectal Surgery, Upper Gastrointestinal Surgery, Paediatric Medicine and Paediatric Plastic Surgery. The episodes audited were randomly selected from April-December 2025 activity.

The preliminary results for the Trust are that the DSP Toolkit level is 'Standards Met'. The attainment level for Standards Met is primary >90% and secondary > 85%.

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 93.0%
- Primary procedure accuracy: 95.3%
- Secondary diagnosis accuracy: 90.3%
- Secondary procedure accuracy: 89.0%

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

^[1] The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

3.5

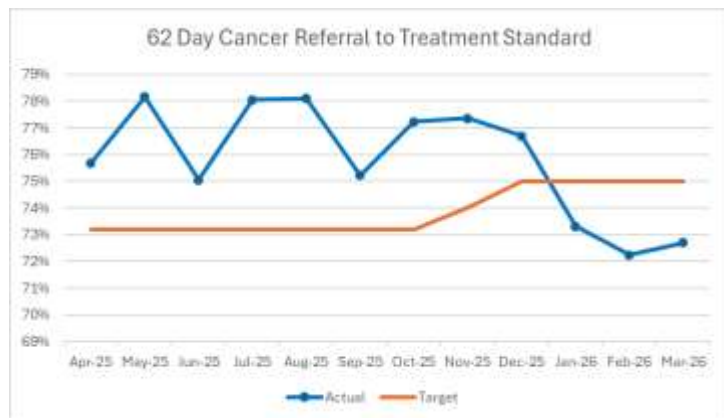
Timeliness of care – national standards

Performance during 2025/26

The following sections summarise performance against performance standards in 2025/26.

Cancer

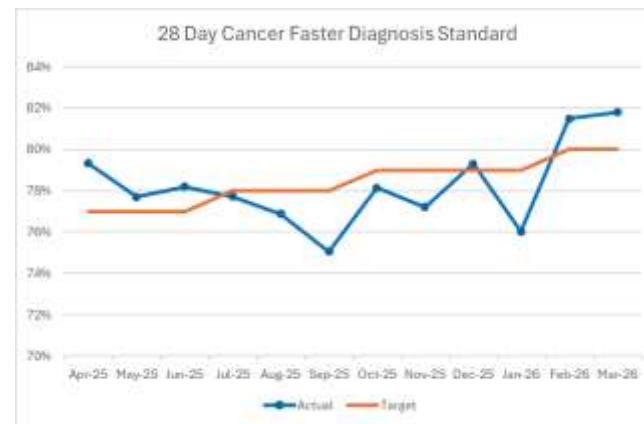
Patients with cancer should start first definitive treatment within 62 days of referral from a GP, screening programme or upgrade by a consultant. The national standard is that 85% of patients should start their definitive treatment within this standard and NHSE set an interim recovery target for providers of 75% by March 2025



The Trust has performed above NHSE's recovery standard of 75% through much out the year, achieving 72.7% at the end of March and setting a plan for 2026/27 to achieve the national ambition of 80% by March 2027.

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 trajectory through most of the year, achieving 81.8% by end of March 2026 (against plan of 80%). Performance is anticipated to be maintained in line with the Medium Term Plan ambition of achieving 80% throughout the year.



Referral to Treatment (RTT)

- **18 week waits**

The operational planning guidance required Trusts to improve the percentage of patients waiting no longer than 18 weeks for treatment to 67.8% by March 2026. At the end of March 2026, the Trust reported that 68.04% of patients were waiting 18 weeks or less, achieving the year-end target

- **Wait to first appointment**

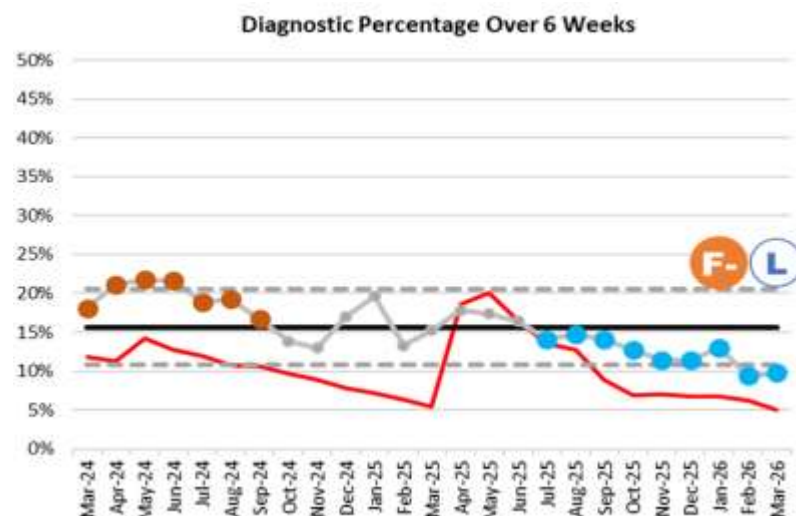
The Trust submitted a plan that achieved the national standard of 71.7% of patients waiting no longer than 18 weeks for a first appointment by March 2026. The Trust fell slightly short of this target, reporting 71.3% on 31st March 2026.

- **52 week waits**

The third RTT measure included in the Operational Planning Guidance related to patients waiting no longer than 52 weeks for treatment, with a target of less than 1% of total RTT waiting list by March 2026. At the end of March, the Trust met the target, reducing the number of patients waiting 52 weeks or longer to 311, which equated to 0.6% of the total RTT waiting list.

Diagnostics

In March, the proportion of patients waiting over six weeks against the DM01 standard improved to 9.8% (17.8% in April 2025).



Demand for diagnostics has increased significantly over Q4, while activity has remained at planned levels resulting in an increase in the waiting list size.

Ongoing work is underway to support both demand management and short-term activity expansion; Continued outsourcing of Ultrasound to address increased demand and recurrent backlogs and additional Endoscopy activity via waiting list initiatives and support from system due to capacity constraints

Impact on forecast

Accident & Emergency four-hour maximum wait and 12-hour waits

Overall, ED attendances during 2025/26 have exceeded previous year's levels; activity volumes are shown below.

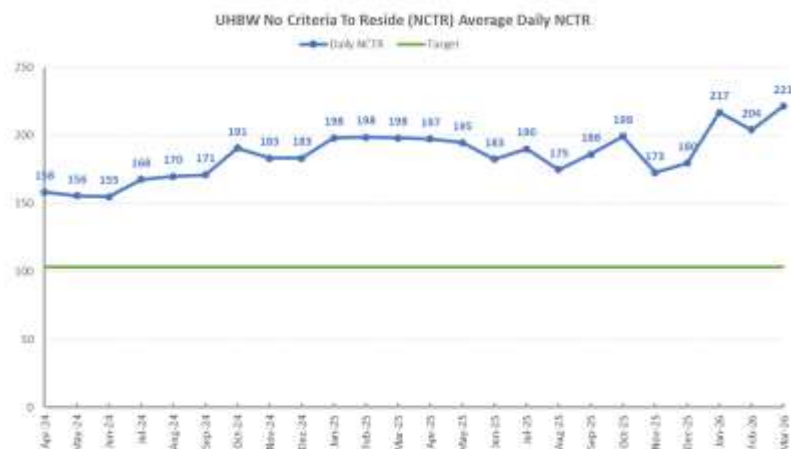
Hospital Site	Total Attendances			
	2019/20	2023/24	2024/25	2025/26
Bristol Royal Hospital for Children	44,499	47,879	48,918	48,722
Bristol Eye Hospital	24,941	26,771	27,666	29,286
Bristol Royal Infirmary	73,499	78,473	80,173	83,171
Weston General Hospital	50,315	51,435	54,407	56,914
TRUST TOTAL	193,254	204,558	211,164	218,093

Average Daily Attendance			
2019/20	2023/24	2024/25	2025/26
122	131	134	133
68	73	76	80
201	214	220	228
137	141	149	156
528	559	579	598

The operational planning guidance set out the requirement that a minimum of 78% of patients attending an emergency department be seen, treated if necessary, and either discharged or admitted within four hours, by the end of March 2026.

During 2025/26 the Trust saw increased demand in attendances to its Adult Emergency Departments, which alongside a high number of patients with No Criteria to Reside and associated increased bed occupancy levels, impacted delivery of the four-hour standard of care.

In February 2026, delivery against the four-hour standard was 74.5%. From March 2026, NHS England requested that Trusts refocus their efforts to achieve the delivery of the March end position of 78%. In addition to the Winter Operational Plan 2025/26, the Trust mobilised a further hospital wide response, achieving 73.8% against this target. Of note, this performance includes Type 1, 2 and 3 attendances. Across the course of 2025/26, 4.6% of patients attending ED spent less than 12 hours in the department, compared to 4.8% in 2024/25, achieving the stated ambition of an improvement on the previous year.



NHS Oversight Framework (NHS OF)

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

A score is calculated for each organisation, based upon performance against a range of metrics associated with:

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

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

Segmentation allocation is republished each quarter and UHBW have been placed in segment 1 (the top performing segment) since publication of the revised NHS OF, placing the Trust in the top seven, non-specialist acute NHS Trusts in the country.

Segment	Description
1	The organisation is consistently high-performing across all domains, delivering against plans.
2	The organisation has good performance across most domains. Specific issues exist.
3	The organisation and/or wider system are off-track in a range of domains or are in financial deficit.
4	The organisation is significantly off-track in a range of domains.
5	The organisation is one of the most challenged providers in the country, with low performance across a range of domains and low capability to improve. or The organisation is a challenged provider where NHS England has identified significant concerns.

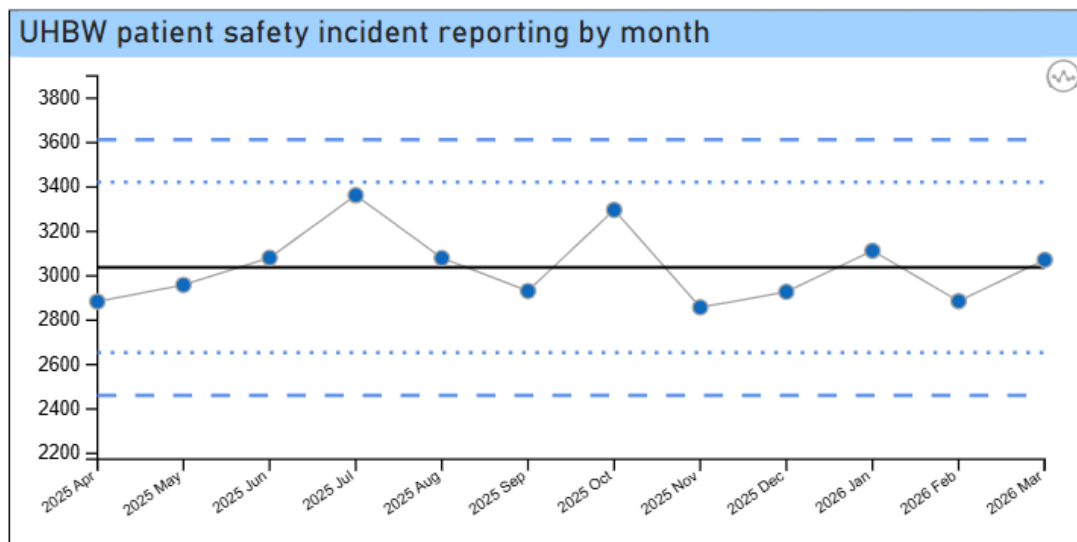
3.6

Safety of Care

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is committed to putting patients first and delivering safe, high-quality care. Our vision is to deliver highly reliable, safe care by strengthening our safety culture, learning quickly when things go wrong, and designing systems that prevent avoidable harm.

Guided by NHS England's Patient Safety Incident Response Framework (PSIRF), we respond to patient safety incidents in a timely, proportionate and compassionate way that supports learning and improvement. We involve and support patients, families and staff, and we turn learning into practical improvements we can measure, reducing avoidable harm and strengthening our safety culture.

In 2025/26 at UHBW, staff recorded 37,620 patient safety incidents, indicating a positive, open reporting culture and a shared commitment to learning and improvement. Importantly, the majority of incidents reported do not equate to patient harm. Instead, they act as an early warning of patient safety risks that staff are recognising within our systems, enabling timely action, learning and prevention.



3.6.1

Patient Safety Incident Response Framework

In 2025/26 we continued to embed the Patient Safety Incident Response Framework (PSIRF) to identify organisation wide systems learning and improvement from patient safety incidents. We have worked closely with North Bristol NHS in aligning our

patient safety policies, systems and processes since the formation of Bristol NHS Hospital Group and in preparation for merger in July 2026.

Key achievements during 2025/26

We have conducted a situational analysis across the Hospital Group and identified the following patient safety risks in a single Group Patient Safety Incident Response Plan for us to focus on in 2026 and beyond:

In 2025/26 we reviewed 96 patient safety incidents at our Rapid Incident Reviews (RIR) meetings as potentially meeting the criteria for a Patient Safety Incident Investigation under PSIRF.



Table: PSIRF Learning Responses commissioned by an executive, deputy or associate director in a Rapid Incident Review Meeting 2025/2026.

Under PSIRF, our Divisions have identified and undertaken a range of additional proportionate patient safety learning responses locally: After Action Reviews (51), Multi-Professional Safety Reviews (58) and swarm huddles (1584). Learning responses undertaken have equated to 4.6% of all Datix incidents recorded last year.

Examples of learning and improvement from PSIRF learning responses can be seen below:

Incident type	What we learned	What we've done
Digital interoperability	Digital interoperability requirements are not always translated into measurable acceptance criteria and tested before go-live, creating risk where systems do not perform as expected.	We have implemented a digital safety case process for new and significantly changed digital systems, embedding human factors input into system/interface design and usability review, and strengthening executive assurance and escalation routes where interoperability gaps create patient safety risk.
Communication with patients	Use of interpreting and translation services varies between specialties and divisions, creating inequity and risk where a patient's communication needs are not	We updated the Trust's Interpreting & Translation Policy (including booking routes via Word 360 and Sign Solutions), commenced work to improve recording/flagging of communication needs using Alerts on CareFlow, and will complete divisional self-assessment against the

	consistently identified, recorded, and acted upon.	NHSE improvement framework ('Community language translation and interpreting services') once NHSE Utilise standards are published.
Communication between specialties and divisions	Inconsistent referral and handover processes create risk that safety-critical information is not shared or is not visible at the point of decision-making, affecting admission decisions and care planning (including medicines information).	We are developing a long-term plan to adopt CareFlow Connect as the single Trust-wide digital referral and handover system, to support reliable information capture and documented transfer of care planning, and to reduce variation and reliance on local workarounds.
Changes to service delivery	Incremental service changes without a whole-hospital design can create interdependent risks (e.g., gaps in specialist availability, reliance on stabilisation and transfer, and delays due to capacity, transport and coordination).	We have strengthened corporate oversight so proposed service changes must articulate interdependent risks and mitigations using the approved Quality & Equality Impact Assessment for Proposed Trust Change Schemes (QEIA), with monitoring and escalation where constraints indicate increased risk to timely, safe care.
Mental Capacity Act (MCA)	Variation in decision-specific capacity assessment, recording of best interests' decisions, and communication of consent can lead to delays, inconsistent care planning and increased risk of harm, particularly where capacity fluctuates or where patients require additional communication support.	We have prioritised strengthening MCA practice through targeted training and audit, improving the quality of documentation and communication (including involvement of families/advocates and use of interpreters where required), and using incident themes to commission proportionate PSIRF learning responses and track assurance (including readiness for Liberty Protection Safeguards as national timelines are confirmed).

Agreed PSIRP priorities for 2026/27 across the group include:

- Mental Capacity Act (MCA) – application, documentation.
- Medication – prescribing processes.
- Venous Thromboembolism (VTE) – risk assessment, prescribing process.
- Discharge processes – medication, documentation, communication of ongoing care.

3.6.2

Infection prevention and control

Infection prevention & control is essential for every patient and member of staff, as 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.

During 2025/26

In 2025/26, our total number of Clostridium difficile (C.diff) infections was 137 which is above the NHSE threshold (target) of 109, in the context of an increasing incidence nationally. The Trust also reported seven MRSA bacteraemia's against a zero target. A comprehensive review, conducted by specialist colleagues from NBT, of our methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia cases has highlighted the following themes which are associated with increased risk to the patient such as individuals with MRSA colonisation (MRSA carriers who have no outward signs of infection) or who have had a previous MRSA infection, and the increased risk from intravenous lines.

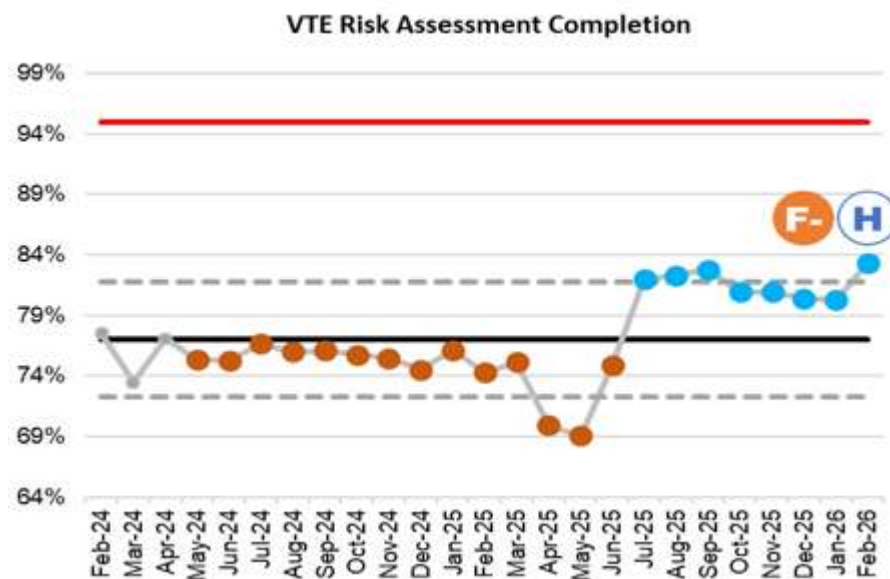
HCAI reportable Infection	NHSE limit' for UHBW in 2025/26	Actual UHBW totals for 2025/26
Clostridioides Difficile infection(C.difficile)	109	137
Methicilin Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	7
Methicilin susceptible Staphylococcus Aureus (MSSA) bacteraemia	52	29
Escherichia Coli (E. Coli) bacteraemia	109	93
Pseudomonas aeruginosa bacteraemia	21	23
Klebsiella spp. bacteraemia	57	60

This understanding has enabled us to re-focus our improvement energy with the Trust has tasked three multi-professional working groups to develop a quality-improvement approach to focus on reducing infection risks and improving patient outcomes for both MRSA, intravenous line care and C. difficile, with an enhanced focus in 2026/27 on environmental hygiene and cleaning standards and education for clinical team.

There is ongoing collaboration with North Bristol Trust’s Infection Prevention & Control team around standardising approaches including both policy and practice and active engagement with system partners linked to increased risk of infections and health inequalities.

3.6.3 Venous Thromboembolism prevention

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



What does the data tell us?

VTE RA compliance has remained below the 95% target despite improvement following CMM mandate from July 2025. UHBW reporting already applies the NHS Digital standard of VTE RA completion within 14 hours of admission. Reported compliance is significantly influenced by cohorting, together with a higher proportion of patients admitted via the Emergency Department, where VTE RA is not mandated at the point of assessment.

Actions being taken to improve

Cohort definitions are being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of

performance through clearer cohorting and more consistent organisation and presentation of data across clinical areas will strengthen operational and divisional oversight and support improvement in VTE RA completion.

Impact on forecast

Reported compliance is expected to reduce further as cohort definitions are standardised, removing artificial inflation of the current position. Sustained improvement will depend on timely completion of VTE RA across all admission routes, supported by improved data visibility and oversight.

3.6.4 Safeguarding (all-age)

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

Key achievements during 2025/2026

- The Safeguarding Service: Our team of safeguarding professionals, whose expertise covers the all-age continuum, have engaged in training and development opportunities alongside their role of developing and supporting Trust staff. The key message is that safeguarding is core business for all staff and the service criteria is to enable all staff to be confident in delivering their safeguarding duties.
- Collaboration: We have continued to engage in Safeguarding Boards and Partnerships across BNSSG (Bristol, North Somerset and South Gloucestershire). Our long term joint senior leadership approach across UHBW and North Bristol NHS Trust (NBT) has continued to demonstrate commitment to positive and effective joint working and focus on collaborative improvements with a view to becoming a merged organisation in due course.
- The safeguarding service continues to contribute to an increased number of statutory safeguarding review requests across the six boards and partnerships and has responded to increased information sharing requests through multiple risk management processes with partner agencies across BNSSG.



- Training: UHBW safeguarding training compliance has continued to improve across the year and the safeguarding service ensures appropriate training at the correct levels is available to all staff.

In 2026/2027 we will:

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

3.6.5

Freedom to Speak Up



At UHBW we are committed to an open and honest culture in which everyone who works in the organisation feels safe and empowered to speak up, and confident that their concerns will be heard and addressed. Supporting staff to raise concerns is essential to learning, improving, and ultimately enhancing the care we provide to our patients.

The Freedom to Speak Up (FTSU) Guardian works with a network of approximately 90 volunteer FTSU champions from a wide range of roles and locations across the organisation. FTSU champions play a vital role in raising awareness by being visible and accessible, role-modelling positive speaking-up behaviours, and signposting and supporting individuals who raise concerns. In 2025/26, the quarterly FTSU champion network meetings were held jointly with North Bristol NHS Trust.



The National Guardian’s Office / Health Education England ‘Speak Up’ core training is mandatory for all UHBW staff, with current compliance at 92.7% (March 2026). The accompanying ‘Listen Up’ module is also accessible to all staff.

The current FTSU strategy (approved in January 2025) focuses on three key priorities: raising awareness of FTSU, inspiring confidence to speak up, and removing barriers. It also includes a clear commitment from the Board to demonstrate leadership, accountability, and learning from concerns that are raised.

FTSU is one of several mechanisms available to staff for raising concerns at UHBW. During 2025/26, the FTSU Guardian recorded 100 concerns, compared with 110 in the previous financial year. The most frequently reported themes related to worker safety and wellbeing, followed by concerns about inappropriate attitudes and behaviours. A total of four concerns were raised anonymously, and two cases of detriment arising from speaking up were reported.

2024/25	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSU Guardian	26	22	33	19	100

More details about the FTSU programme can be found in the FTSU annual report, which is available on the UHBW website.

Table xx: Number and themes of concerns raised via the FTSU Guardian in 2025/26 as reported to the National Guardian’s Office

3.6.6

Guardian of Safe Working Hours

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

During Quarter 4 of 2025/26 (1 November 2025 to 31 January 2026), both Bristol and Weston sites maintained effective systems for monitoring working hours, exception reporting and locum usage. Separate site-based Guardians remained in place to reflect local service models, while work continued to align approaches in preparation for the Bristol NHS Group.

Exception reporting reduced compared with the previous quarter and the same period last year, indicating improved stability as new rotations embedded. At Bristol sites, 149 exception reports were submitted, including two Immediate Safety Concerns, that were escalated and reviewed. At Weston General Hospital, 25 exception reports were submitted, all relating to additional hours worked. There was no evidence of rota noncompliance by design. Electronic exception reporting is supported by regular feedback to Divisions and specialties to enable timely local action.

Workforce data shows ongoing pressure in some specialties, particularly in Medicine. Bristol sites operated with an overall workforce deficit of approximately 9% WTE, while Weston saw an increase in resident numbers, largely supported by locally employed doctors. Positively, no agency locum doctors were used across either site during the quarter. Locum's Nest remains the primary route for temporary cover. Weston reported a 6% reduction in bank and agency hours compared with the same period last year, supporting the Trust's focus on substantive recruitment and rota stabilisation.

UHBW remains largely compliant with NHS Terms and Conditions. A single area of non-compliance at Weston relating to the provision of a "too tired to drive" facility was fully resolved in January 2026. No fines were issued at Weston, and limited fines at Bristol were reinvested into resident doctor wellbeing initiatives.

The Resident Doctor Forum continues to be an important engagement mechanism, enabling direct resident input into Trust improvement work, including contributions to the NHS 10-Point Plan to improve doctors' working lives.

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

3.7

Experience of Care

Patient Experience Strategy

Our Experience of Care Strategy “My Hospitals Know and Understand Me.” has five goals:

1. Asking “what matters to you?”
2. Listening and responding well.
3. Learning, embedding and spreading.
4. Designing and delivering together.
5. Continually improving across the life course and patient journey.

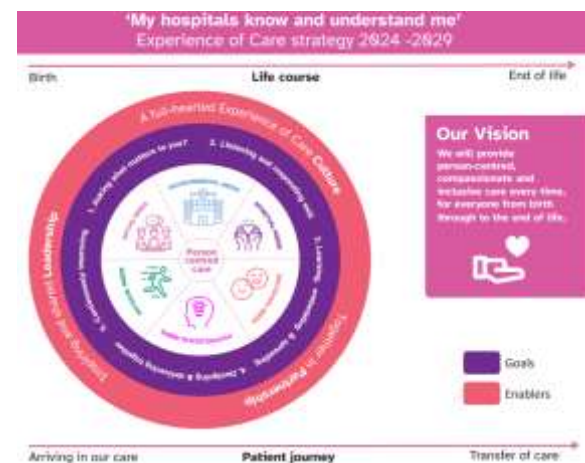
There have been two main areas of focus over the past year:

- Delivering the second year priorities for the UHBW Experience of Care Strategy 2024-2029
- A continued focus on improving communication-related experience in inpatient wards by embedding the ‘What Matters To You’ conversation approach and making better use of patient feedback to identify areas for improvement at local ward level.

Key achievements in 2025/26:

Colleagues across the Trust have been working on delivering the year two priorities of the strategy, with the following successes noted in 2025/26:

- 750+ colleagues now have access to the Patient Feedback Hub (IQVIA) giving real-time access to patient feedback to colleagues across Divisions (an increase from 296 as at March 2023).
- Divisional **Experience of Care Groups** are now established in Medicine, Children’s, Weston and Specialised Services.
- Undertaken **community outreach** to faith communities in order to develop a more inclusive offer of Spiritual and Pastoral Care for patients, carers, families and staff.



- Support for people living with dementia strengthened this year, with **Dementia Champions** launched in Weston General Hospital, activity co-ordinators in both the Bristol Royal Infirmary and Weston, and activity boxes available on wards.
- Launched the **End of Life Care volunteer service**, funded by Bristol and Weston Hospitals Charity, providing compassionate companionship and support to patients and their loved ones and end of life.



- 100% of wards visited as part of Clinical Accreditation displayed **You Said, We Did** poster displayed, demonstrating learning and action from patient feedback.
- With support from Bristol & Weston Hospitals Charity, four new **RITA interactive therapy devices**, which are pre- loaded with puzzles, films, games creative activities have been introduced across clinical areas within the medicine division to support patients with enhanced care needs. Their impact on patient experience has been extremely positive by helping to reduce boredom and distress and helping lower the risks associated with hospital acquired deconditioning.
- At the Bristol Royal Infirmary, the Medicine Division hosts a monthly **Inter-Generational Tea Party**, bringing patients together with children and families from the local community. The initiative has received outstanding feedback, with patients reporting both physical and emotional benefits, improving their experience of care and helping to reduce hospital-acquired deconditioning. In addition, the programme benefits parents, carers and children, reflecting our belief that we are 'healthier together'. Delivered in partnership with Alive and Bristol & Weston Hospitals Charity, the project supports NICE guidance for Older People: Independence and mental wellbeing.
- New **Sensory Bags**, containing a sensory bracelet, eye mask, ear defenders, stress ball, fidget toy, colouring book and crayons were introduced for Children and Young People with learning disabilities and autism who experience sensory overload in hospital, funded by Bristol & Weston Hospitals Charity.

Focus on improving communication

Work completed by Divisions to improve our **Communication Score within inpatient services** has included:

- Detailed work in Bristol Heart Institute to bring a whole team focus on patient experience, using patient survey data from the Patient Feedback Hub (IQVIA) to target improvement actions
- A makaton workshop to enable staff to support patients with additional communication needs
- Communication improvements being sustained on Hutton Ward, Weston General Hospital with scores rising from 67.98 to 85.67 after delivery A3 thinking project actions, including improved handovers.

“What matters to you?”



WMTY is promoted and celebrated in over 50 countries with a widespread focus and awareness in Scotland with the support of Healthcare Improvement Scotland. Asking **"What matters to you?"** Is the first goal in our UHBW Experience of Care Strategy.

"What matters to you?" it is a simple question that can have a big impact on care. It helps to ensure that the care we give is in line with patient preferences and is patient, and family-centred. Asking **"What matters to you?"** is about listening and hopefully understanding what matters to a patient within the larger context of their life. When patients are engaged with their health care decisions, it can greatly improve their outcomes.

In June 2025, the Trust took part in the international ‘what matters to you?’ day on. Work has continued with tools and guidance available to help encourage us to ask, “what matters to you?”, rather than “what’s the matter with you?”

Latest data show that **‘What Matters to You’** conversations are being used on 71% of adult wards, work continues to embed the approach and sustain initial improvements

The form is titled "Ward / Department Learning Summary" and "What Matters To You' June 2025". It includes a small NHS logo in the top right corner. The form contains several input fields: "We asked _____ patients what matters", "% of staff reported this question enhanced their conversation", "% of staff changed an aspect of their care / intervention as a result", a table with three columns: "We asked patients...", "They Said...", and "We did...", and a final field for "Changes we plan on making in the future as a result:". There is also a small circular icon with the text "what matters to you?" and two people.

Focus on End of Life care

UHBW Experience of care strategy 2025 includes a number of goals relating to end of life care (ELOC).

1. Focussing on providing individualised end of life care which is delivered by a confident, skilled, and well supported workforce.
 - Redesign and roll out of unified Trust-wide last days of life documentation ‘Butterfly Bundle.’
 - Creation and launch of new end of life care e-learning essential specific to role for substantive registered nurses (RN’s).
 - Creation of new end of life care intranet page for staff including links to resources and guidelines.
 - Substantive Practice Educator Facilitators for EOLC who have created a programme of educational opportunities for RN’s and Healthcare Support Workers teaching almost 900 staff face to face.

2. Creating a specialist volunteer role to provide sensitive and compassionate support for patients and their loved ones at end of life
 - We appointed a Coordinator and seven volunteers have had 115 visits to date across the Bristol site on pilot wards.
 - Three other volunteers are completing their final recruitment checks.
3. Working towards a specialist palliative care service offer 7 days a week across our hospitals
 - Recruitment almost completed of medical and nursing staff required to create a robust 5-day service.

Further work will continue during 2026/27 and includes audit and improvement to documentation as needed, embedding practice with staff groups and the plans for 'dying matters' week in 2026. Work will also focus on maturing the current education programme, exploring the use of innovative tools/teaching methods and understanding how to widen access of education to other groups especially medical staff.

Focus on maternity

Work completed:

- Secured funding for permanent **Enhanced Midwifery support workers** to support Equality Diversity and Inclusion (EDI) work in community teams including supporting Global Majority women to access maternity services early, reducing smoking in pregnancy, increasing uptake of breastfeeding.
- From April 2026, our **Midwife led unit (MLU)** will have a designated team allocated each shift, enabling more women to access this birthing environment. Work to promote the option has been undertaken, with women who met the criteria being asked to opt out rather than in.
- Our Midwifery service has established a **Birth Options Clinic**, where conversations are undertaken with women identified as being high risk for pregnancy/birth, enabling women to be supported to have a birth in a safe environment whilst still feeling empowered.

Focus on Mental Health

The Mental Health across UHBW programme has focused on the **Enhanced Therapeutic Observation Care (ETOC) project**. Key successes in 2025/26 included:

- Standardisation of Enhanced Therapeutic Observation Care (ETOC) assessment & observation processes rolled out across 15 wards.
- 62% reduction in agency spend for enhanced observation compared with the previous year.
- 114 healthcare support workers trained in ETOC with improved staff confidence in caring for patients with distressed behaviours.

- Audit of 187 patients found 25% had a reduced prescribing need and 25% a reduced ETOC level.

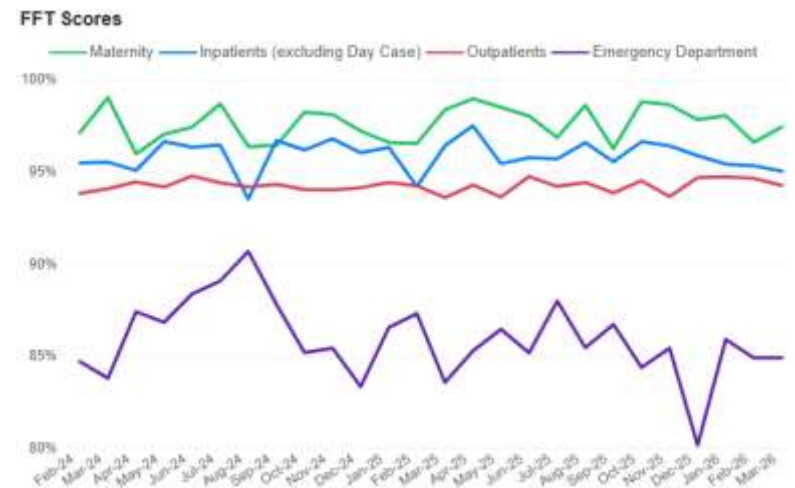
These improvements have reduced restrictive interventions, strengthened the consistency and safety of patient care, and enhanced staff knowledge and support while maintaining stable rates of falls, violence and aggression. Alignment across the hospital group has progressed, with enhanced-care education and training due for completion in Q1 2026. A new enhanced-care policy has been shared with stakeholders and is now progressing through formal approval.

Friends and Family (FFT)

The Friends and Family Test (FFT) allows patients to answer a simple question about their care, and NHS trusts can receive and act upon this information in near "real-time". The survey centres around a single question: Overall, how was your experience of our service?

Inpatient, outpatient, day-case, maternity, and emergency department patients are given the opportunity to complete the FFT by either filling out a card in the ward/department or via an online link sent in a text message after their appointment. The cards are received and processed by Patient Perspective (our data contractor) and the results are circulated back to the wards/departments.

UHBW FFT scores for inpatients, outpatients, maternity and our emergency departments can be seen in the graph. There are no targets set for FFT, however national benchmarking data demonstrates that UHBW performs in line with or above the national average.

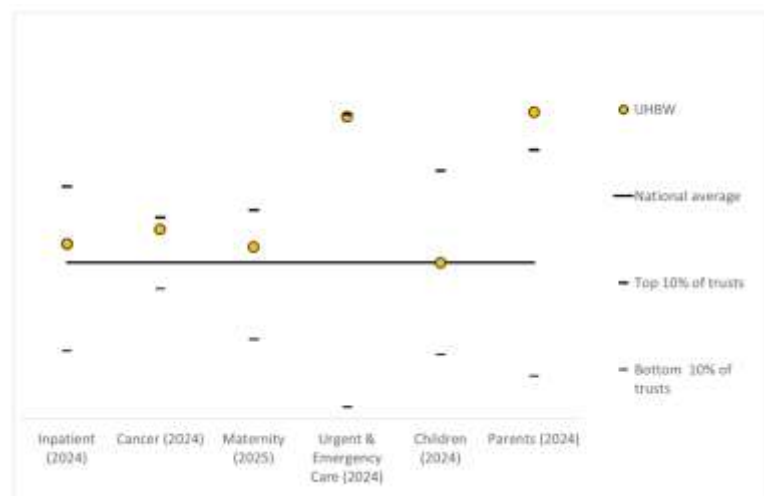


National and local patient surveys

National patient surveys

Each year, the Trust participates in the national patient survey programme which is coordinated by the Care Quality Commission and Picker Institute. 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 Quality and Outcomes Committee.

National patient survey results published during 2025/26 demonstrate that UHBW performed at or above the national average across all National Survey domains shown. Particularly strong results were seen in the Urgent & Emergency Care Survey (2024) and the Parents Survey of the National Children and Young People's Survey (2024), where scores were amongst the higher-performing Trusts nationally.



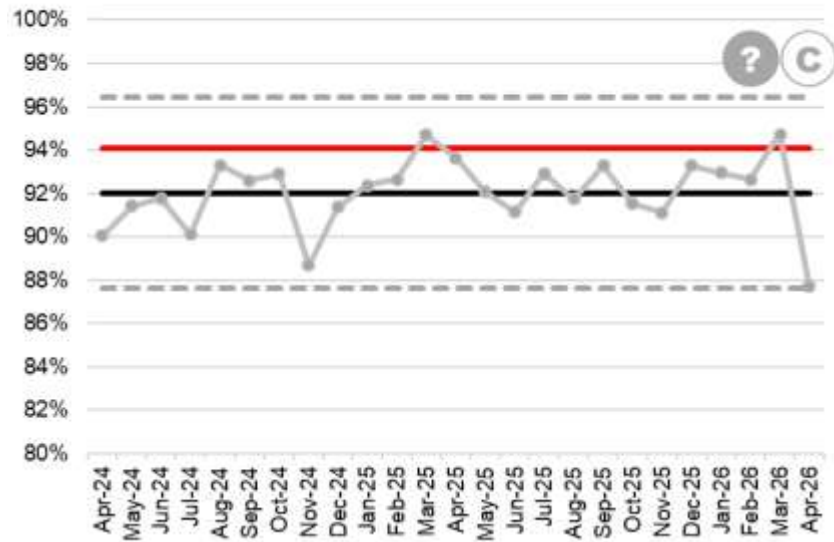
Performance in the national surveys for Inpatient, Cancer, Maternity and Children and Young People's were broadly in line with national benchmarks, demonstrating consistently positive patient experience across services.

Local Patient Surveys

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 staff across the Trust to patient feedback right down to ward and department level.

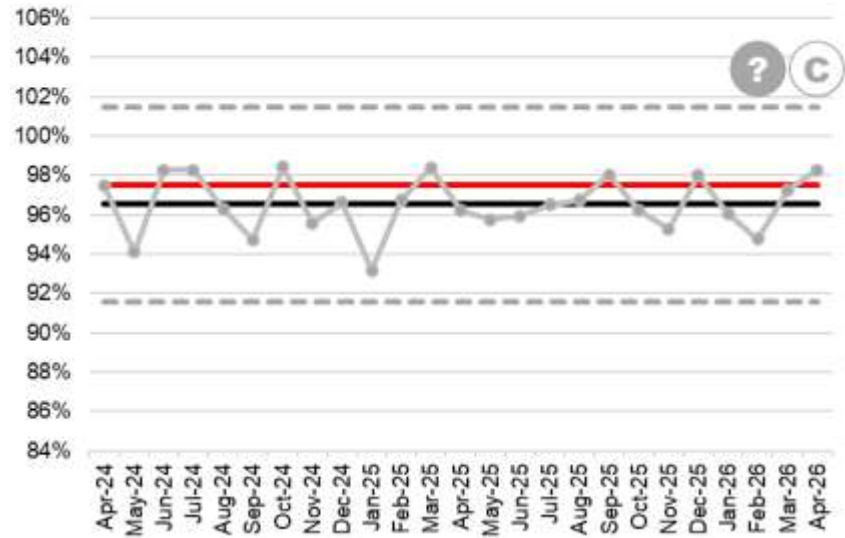
A monthly survey is distributed to a sample of inpatients and outpatients, as well as to maternity service users to provide feedback on their recent experiences of maternity care. The survey questions are largely aligned with the National Patient Surveys and focus on key aspects of patient experience, including communication with nurses and doctors, whether patients felt they were treated with dignity and respect, and the extent to which they felt involved in decisions about their care and treatment.

Monthly Inpatient Survey - Overall Experience



Our inpatient 'overall experience' score for 2025/26 was 92.6%, which is below the target of 95.4% which we set for the year.

Monthly Outpatient Survey - Overall Experience



Our outpatient 'overall experience' score for 2025/26 was 96.3%, slightly below the target of 97.5% which we set for the year.

PALS and Complaints

In 2025/26, the Trust received 2,758 complaints, compared with the 2,242 reported in 2024/25. The majority of the complaints (1,965) were investigated via informal resolution (PALS Concerns), with 793 addressed through the formal complaints process. Overall, this represents an increase of 23% compared with complaints and concerns reported in 2024/25. The PALS and Complaints Team also dealt with 653 other enquiries, consisting of 591 PALS Enquiries and 62 pieces of feedback. In total the team dealt with 3,411 separate enquiries in 2025/26, an average of 285 per month.

In 2025/26, the Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), compared to 10 cases referred the previous year. During the same period, two cases were closed without a full investigation and recorded as 'No Further Action'. At the end of the year 2025/26, 12 cases were still under investigation by the PHSO.

In 2025/26, the Trust responded to 793 complaints via the formal complaints process and 62.4% of these (462) were responded to within the agreed timescale, compared with 56.8% in 2024/25. In the same period a total of 1,965 complaints were responded to via the PALS Concerns process and 81.5% of these (1,465) were responded to within the agreed timescale, compared with 87.1% the previous year. The PALS Concern process encourages rapid resolution by the specialty manager responsible for the service involved.

At the end of March 2026, 9.9% of complainants had expressed dissatisfaction with the formal response they had received, compared to 12.2% in 2024/25. This represents a total of 73 of the 740 first formal responses sent during the reporting period.

Themes

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 2025/26 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.

During 2025/26, the PALS and Complaints Team cleared the complaints backlog and are now processing complaints and concerns within a timely manner allowing prompt investigation and action on concerns raised. All cases delayed in the backlog are now going through the investigation process and therefore the number of cases open remains high but will reduce as complaint investigations are completed by divisions.

3.7.1

Health Equity

The Trust has a clear and sustained commitment to advancing health equity, which is embedded as a core pillar of the Joint Clinical Strategy and overseen through established governance and delivery arrangements. During 2025/26, the Trust made demonstrable progress in reducing unwarranted variation in access, experience and outcomes, supported by improved use of data, targeted quality improvement and strong system and community partnerships.

Robust inequalities data, including ethnicity, deprivation and inclusion metrics, are now routinely embedded within Trust-wide performance dashboards and service reviews. This has strengthened the Trust's ability to identify inequities, prioritise action and hold services to account for delivery. Data quality has continued to improve, particularly for ethnicity recording, enabling more reliable monitoring and targeted intervention.

Assurance is provided through consistent progress across priority pathways and population groups. This includes strengthened interpreting and accessible information provision, targeted action to reduce non-attendance, and improved reasonable adjustments for people with learning disabilities and autism. The Trust has taken decisive steps to improve access for groups at higher risk of exclusion, including people experiencing homelessness and those living in areas of greater deprivation. Digital transformation has supported improved attendance and access, while non-digital support has been maintained to ensure equity is not compromised.

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



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

Joint Health Equity Plan

During 2025/26, the Trust worked collaboratively with system partners to develop and agree a Joint Health Equity Plan for 2026/27. The plan is informed by population health data, system intelligence and community insight, and provides a clear and

1. Building equity into our services

2. Designing and delivering with communities for population health

3. Strengthening our capability to deliver on health equity

4. Developing our role as an Anchor organisation to tackle health inequalities

consistent framework for addressing the most significant and persistent health inequalities across the system.

The Joint Health Equity Plan sets out agreed priorities, delivery responsibilities and measures of success, aligning with system prevention priorities, neighbourhood health development and national policy direction. Strong governance arrangements are in place to oversee delivery

and monitor progress, ensuring accountability at Trust and System level.

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

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

3.7.2 Patient and community engagement

During 2025/26, the Trust has strengthened its approach to patient and community involvement, progressing from planning into delivery. This work directly supports Goal 4 of the Experience of Care Strategy: ensuring that people and communities are actively involved in the design and delivery of services and service improvements.

The Trust has taken a structured and equity-focused approach to involvement, aligning with national expectations set by NHS England, including the Working in Partnership with People and Communities statutory guidance and the wider shift towards neighbourhood and population health models.

Working in Partnership with Communities

A key area of progress has been the expansion of partnerships with voluntary, community and social enterprise (VCSE) organisations, alongside increased delivery of community-based engagement activity.



Recognising that communities experiencing the greatest inequalities are less likely to engage through traditional NHS routes, the Trust has prioritised involvement within trusted community settings, including community centres, faith venues and local hubs. This approach supports compliance with statutory duties to reduce health inequalities and improve access.

VCSE partners have acted as trusted intermediaries, enabling culturally appropriate engagement, improving reach into underserved communities, and supporting more inclusive participation. This includes work with communities experiencing marginalisation, such as Roma, Gypsy and Traveller populations, where trusted relationships are critical to reducing barriers to access.

This work demonstrates a shift from one-off engagement towards sustained partnership and co-production, with evidence of community insight informing improvements to communication, patient information and service pathways. Approaches have been informed by established co-production models, including those developed through Brigstowe and Common Ambition Bristol.

Governance, Oversight and Decision-Making

The Trust has strengthened governance arrangements for involvement through the Health Equity Delivery Group (HEDG), which provides oversight of health equity and community involvement activity. Membership includes VCSE partners such as Caafi Health, For All Healthy Living Centre, African Voices Forum, WECIL and The Diversity Trust, ensuring that lived experience and community expertise are embedded within governance structures.

The establishment of the Community Participation Group (CPG) provides a formal mechanism for incorporating lived experience into Trust leadership and the Joint Clinical Strategy. This supports compliance with expectations to involve people and communities in strategic decision-making, and will ensure there is a clear mechanism for community partners to influence and shape the directions of the new Bristol NHS Group Model.

To improve consistency and assurance, the Trust is developing a more systematic approach to capturing and using insight from community engagement. This includes a team-based model and a system-wide overview of activity to reduce duplication, identify gaps and support evidence-based decision-making.

The Trust is also progressing plans to develop and deliver a Participation Policy, in line with NHS England guidance, to provide a consistent framework for teams to further understand how they can involve and engage local communities on matters of interest.

Strengthening Inclusive Participation

The Trust continues to expand opportunities for patients and public partners to influence decisions. Guidance to support involvement in recruitment has been developed and published on the MyStaff app, with plans to embed this through training and pilot recruitment panels. This supports further inclusive decision-making and transparency with communities.

Work is underway to develop an online engagement portal, co-designed with community partners, to provide accessible and inclusive opportunities for involvement. This will support improved reach, consistency and transparency of involvement activity.

The Trust is also strengthening compliance with the Accessible Information Standard through partnership working with Bristol Sight Loss Council, Bristol Disability Equality Forum and the Centre for Deaf and Hard of Hearing People. These partnerships are supporting the identification of barriers and the co-design of solutions to improve accessibility of communication and patient information.

Enabling Equitable Involvement

A reimbursement policy for people and community partners is progressing through governance. This policy ensures that individuals are not financially disadvantaged by their involvement, through reimbursement of expenses and the introduction of involvement payments where appropriate. This represents an important step in addressing barriers to participation and supports more equitable involvement, particularly for underrepresented communities. It aligns with national expectations regarding inclusive and fair involvement practice.

Embedding Co-Production as Core Practice

The Trust has invested in building capability for co-production through initiatives including Action Learning Sets for Co-production and a Community of Practice for Better Involvement. These initiatives support staff and leaders to work effectively in partnership with people and communities, embedding co-production as a core way of working. This approach supports delivery of Goal 4 by strengthening staff confidence, capability and consistency in involving people in service design and improvement.

Impact and Assurance

Early evidence of impact includes increased participation from underserved and marginalised communities, improved reach through community-based engagement approaches, strengthened partnerships with VCSE organisations, and evidence of community insight informing service improvements, including communication and pathway design. The Trust recognises the need to further strengthen evaluation and assurance mechanisms. Work is underway to develop an evaluation framework to better evidence the impact of involvement on service quality, access and outcomes.

Priorities for 2026/27

To further strengthen delivery of Goal 4, the Trust will develop and implement a formal policy recognising the role of people and community partners; launch an accessible, web-based involvement portal; expand the reach and diversity of the Community Participation Group, including a focus on young people and underrepresented communities; develop a collaborative, system-wide outreach model focused on reducing health inequalities, including supporting senior leaders to engage directly with communities; and implement an evaluation framework to evidence the impact of involvement on service improvement, quality and equity.

Looking ahead, the Trust will continue to strengthen VCSE partnerships, embed involvement within governance and decision-making, and develop robust approaches to measuring impact. This work supports compliance with statutory duties and national guidance and represents a shift towards patient and community involvement as a core component of delivering safe, effective and equitable care.

3.7.3 Mental Health

During 2025/26 UHBW has continued to expand the profile of mental health across all its hospital site, striving to deliver 'parity of esteem' (the principle of valuing mental health equally with physical health) for patients for all ages.

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

- To provide training & 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.



Key achievements during 2025/26

- Enhanced Therapeutic Observations of Care (EToC), and Suicide Prevention Training delivered to 140 staff to enhance delivery of specialist mental healthcare to UHBW patients.
 - Reducing the need for Agency RMN's.
- Introduced a mental health checklist on our wards and in the Emergency Department across Bristol and Weston to screen for mental health related risks and care needs.
- Developed a 'Mental Health Across UHBW' project charter to create a robust infrastructure to support the mental health care of patients. Covering:
 - Review / guidance / delivery of Safer Spaces across UHBW.
 - Updated Mental Health Policy.
 - Developing a Mental Health Strategy for UHBW.
- Launch of the Bristol NHS Group Liaison Psychiatry Service across Weston and Bristol sites.

Next steps for 2026/27 include completion and delivery of an all-age UHBW Mental Health Clinical Strategy, and continued exploration of potential for alignment and collaboration with NBT and the Integrated Care Board.

3.7.4

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.

Key achievements during 2025/26

In 2025/26, UHBW has made progress in supporting the healthcare of people with a learning disability and autism (LDA) through objectives we identified under the umbrella of the Trust Experience of Care Strategy.

- Work has commenced creating 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 and a sensory quiet room in the Weston Emergency Department.
- A policy has been developed by a task and finish group to identify and train service users to support staff recruitment by participating in interview panels and discussion groups, people with a learning disability or autistic people have been included in this group.
- An Equality Access Officer post was funded by the hospital charity. Work is ongoing to establish why LDA patients miss outpatient appointments and identify any inequalities they may have experienced. The post holder is working with the outpatient team and looking to develop easy read clinic appointment letters.



- We have commenced the process to recruit befrienders to our new LDA volunteer role.
- A 'mystery shopper' exercise across Bristol and Weston is planned for 2026 and will be led by the lead Sirona learning disability practitioner: volunteer mystery shoppers will be recruited from our service user groups, supported with 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. The LDA service were unable to secure meal vouchers enabling service users to experience the quality of food and communication with the Rafter's team.
- The Trust participated in the national Learning from Lives and Deaths - People with a Learning Disability and Autistic People (LeDeR) programme, completing structured judgment reviews on all 24 LDA deaths in our hospitals during 2025/26. Resulting improvement actions have focused on themes the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process, pain management, and the use of the Mental Capacity Act (2005).
- A pain audit specifically reviewing The Abbey Pain Scoring Tool has been undertaken following a similar audit last year the results of which will be analysed and shared with the LDA steering group later in the year.
- Trust LDA web pages have been updated and health passports uploaded for staff to access; identifying reasonable adjustments required.
- The Oliver McGowan mandatory Training continues with Tier 1 part 1 e-learning awareness 85.3% and the Tier 2 face to face training 48.2%. This is a huge achievement and reflects UHBW commitment to having a well-informed workforce.
- The Sirona adult learning disability service has worked closely with our hospital charity and enabled 'bags of calm' to be provided to our autistic patients or those with a learning disability, easing anxiety and providing vital distraction therapy. The roll out has been so successful this has now been adopted by the Bristol Royal Hospital for Children.

In 2026/27, we will continue to focus on the LDA commitments we have made in the Experience of Care Strategy. We will bring focus to both the inpatient and outpatient experience of our LDA patients and work on analysing feedback using the easy read friends and family forms.

3.7.5

Dementia care

Delivering Safer Person-Centred Care:

UHBW's Dementia, Delirium and Falls Team has maintained a strong focus on patient safety, patient experience and improved outcomes for people living with dementia and their carers. The Trust's three-year Experience of Care Strategy continues to drive improvements through three priorities:

- a) Enhancing communication.
- b) Strengthening staff and volunteer training.
- c) Improving care environments.

Delivering Safer Person-Centred Care

During the last year, evidence-based tools have been embedded into clinical practice, including the integration of PINCH Me ([End of Life Care in Frailty: Delirium | British Geriatrics Society](#)) frailty and delirium prompts into care plans for patients with cognitive impairment. Work is also underway to improve uptake of “All About Me” documentation and the use of the Abbey Pain Score ([Improving Pain Management in Non-verbal Patients | British Geriatrics Society](#)) to support recognition and management of pain in non-verbal patients. These initiatives aim to ensure care is safer, more personalised and responsive to the needs of our vulnerable patients.

Enhancing Patient Experience through meaningful Activity and carer Support:

The Trust has continued to invest in interventions that improve the hospital experience for people with dementia and those who support them. Partnership working with the Alzheimer’s Society has enabled volunteers to provide bedside support, practical guidance, and signposting for carers.

In collaboration with Alive Charity, patients at Bristol and Weston sites have benefited from Dementia Friendly Gardens, helping individuals reconnect with nature and reduce distress. Funding from the Trust’s hospital charities has also supported activity boxes, volunteers and activity coordinators who help keep patients active during admission, reducing the risk of deconditioning.

The Trust has additionally expanded use of digital Reminiscence Interactive Therapy Activities (RITA), using touchscreen technology to promote engagement, orientation and wellbeing for patients with dementia.

Building workforce capability through education and innovation:

Developing staff confidence and capability remains a central priority. The Dementia, Delirium and Falls Steering Group meets monthly and includes a dedicated education component to address current issues in dementia and delirium care. Divisions also provide quarterly updates on improvement activity and shared learning. The Team’s annual education event, held on 18 July 2025 with the theme “Focus on Falls”, was attended by more than 70 staff members, demonstrating strong multidisciplinary engagement.

Innovative learning approaches have also been introduced. In partnership with University of the West of England, the Trust is developing a Virtual Reality learning resource to help staff and students experience care from the perspective of a person living with dementia, due for launch in October 2026. Staff have also benefited from experiential learning through the use of a “dementia suit”, supported by colleagues from Deerpark Care Home.

UHBW is one of approximately 10 Trusts nationally participating in the 2026 data collection exercise that will inform Round 7 of the National Audit of Dementia (2027/28), including census activity and patient/carer feedback. This provides an important opportunity to benchmark performance and identify further improvements. The Trust was also one of 17 organisations nationally involved in the Enhanced Therapeutic Observation and Care collaborative. As a result, the Enhanced Therapeutic Observation and Care policy and associated documentation are being refreshed to improve the experience of patients requiring enhanced observation, many of whom are living with dementia.

The Trust continues to demonstrate strong governance and commitment to continuous improvement through robust oversight arrangements and national collaboration. The Dementia, Delirium and Falls Steering Group provides regular assurance and supports delivery of strategic priorities across divisions. Close working continues across the Bristol NHS Group, with regular engagement between UHBW and North Bristol NHS Trust colleagues to share learning and align approaches to dementia and delirium care.

3.7.6

Accessible Information Standard (AIS)

Bristol NHS Group continues to make steady progress in embedding the NHS Accessible Information Standard (AIS). Governance structures remain in place to oversee implementation, supported by active partnerships with community organisations including the West of England Sight Loss Council, the Centre for the Deaf & Hard of Hearing Communities, Bristol City Council's Sensory Impairment Team and the Bristol Disability Equality Forum.

NBT continues to deliver Visual Impairment awareness training, facilitated by the West of England Sight Loss Council. This supports staff capability in meeting the needs of people with sight loss. We have also delivered specialist digital accessibility training across the group, and there has been patient consultation with projects such as the new Trust website. NBT and UHBW have a network of AIS Champions, which aims to strengthen good practice, resource sharing, and awareness of accessible information and communication across teams.

Both Trusts offer e-learning modules on Deaf Awareness and the AIS with increasing uptake among patient-facing staff. The NHS Standard was refreshed in July 2025, to include a final sixth standard, to ensure AIS Alerts are reviewed. Further work will be undertaken in 2026/2027 to support the implementation of the Digital Reasonable Adjustment Flag.

As preparations for the Trust merger continues, both organisations will complete individual AIS Self-Assessments. These will inform a joint AIS Self-Assessment to be reviewed within the new joint AIS Steering Group from April 2026. An example of recent progression has been the codesign and approval of providing BSL users with interpreter information ahead of appointments to relieve anxiety. This will start in June 2026, and we hope will have a positive impact on the Deaf community.

Collaborative working across teams, services, and partner organisations will play a central role in delivering the NHS Accessible Information Standard (AIS). By sharing insights, aligning practices, and co-producing solutions with staff, service users, and community groups, we can better understand individual communication needs and remove barriers to access.

3.7.7 Volunteers Services

Volunteers play a vital role in enhancing the experience of our patients, visitors and staff. At the end of 2025/26, over 400 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 staff experience at the forefront of what we do.
- Embed volunteering as a visible and valued part of #TeamUHBW.
- Unlock the potential of Volunteers with opportunities that reward and recognise their value.

Key achievements during 2025/26

- The minimum age to volunteer in Bristol has been reduced to 16 years old for select roles, to align with the minimum age requirements in Weston and to support the growth of the Young Volunteer programme.
- A volunteering partnership has been developed Avon Scouts who now run a Scouting group for patients and siblings from Bristol Royal Hospital for Children.
- A new End of Life Care Volunteer Service has been established with volunteers recruited to support patients and their loved ones, in their last weeks and days of life.



- We registered as an Approved Activity Provider for the Duke of Edinburgh's Award, enhancing our offer to young volunteers.
- We joined the 'Room to Reward' scheme which supports the recognition of our volunteers through nominations to receive a weekend break away.
- An internal audit of Voluntary Services has been undertaken with a final report rating of 'Satisfactory' with recommendations and agreed actions to take forward.

Priorities for 2026/27

- Explore opportunities for national grants and bursaries to support the ongoing development of our volunteering programme.
- Further develop relationships within the voluntary, community and social enterprise (VSCE) 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.

3.8

Effectiveness of Care

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 2025/26, 61 national clinical audits and six national confidential enquiries covered NHS services that UHBW provides. During that period, the Trust participated in 92% (59/64) of national clinical audits and 100% (6/6) of the national confidential enquiries in which it was eligible to participate.

The table below lists the national clinical audits and national confidential enquiries that UHBW was eligible to participate in during 2025/26 and whether it did participate.

Name of audit / programme	Workstream Name	Participated
Case Mix Programme (CMP)		Yes
Child Health Clinical Outcome Review Programme ^{1,0}		Yes
Cleft Registry and Audit NETwork (CRANE) Database		Yes
Emergency Medicine QIPs:	Adolescent Mental Health	Yes

Name of audit / programme	Workstream Name	Participated
	Care of Older People	Yes
	Mental Health Self Harm	Yes
	Time Critical Medications	Yes
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People ^{1,P}		No
Falls and Fragility Fracture Audit Programme (FFFAP):	Fracture Liaison Service Database (FLS-DB) ¹	Yes
	National Audit of Inpatient Falls (NAIF) ¹	Yes
	National Hip Fracture Database (NHFD) ¹	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme ^{1,O}		Yes
Medical and Surgical Clinical Outcome Review Programme ^{1,O}		Yes
National Adult Diabetes Audit (NDA):	National Diabetes Core Audit ^{1,P}	Yes
	National Diabetes Inpatient Safety Audit (NDISA) ^{1,P}	No
	National Pregnancy in Diabetes Audit (NPID) ¹	Yes
	Transition (Adolescents and Young Adults) and Young Type 2 Audit	No
	Gestational Diabetes Audit	No
National Audit of Cardiac Rehabilitation		Yes
National Audit of Care at the End of Life (NACEL) ¹		Yes
National Audit of Dementia (NAD) ¹		Yes
National Cancer Audit Collaborating Centre (NATCAN):	National Bowel Cancer Audit (NBOCA) ¹	Yes
	National Lung Cancer Audit (NLCA) ¹	Yes
	National Non-Hodgkin Lymphoma Audit (NNHLA) ¹	Yes
	National Oesophago-Gastric Cancer Audit (NOGCA) ¹	Yes
	National Ovarian Cancer Audit (NOCA) ¹	Yes
	National Pancreatic Cancer Audit (NPaCA) ¹	Yes
National Cardiac Arrest Audit (NCAA)		Yes
National Cardiac Audit Programme (NCAP):	National Adult Cardiac Surgery Audit (NACSA)	Yes
	National Congenital Heart Disease Audit (NCHDA)	Yes
	National Heart Failure Audit (NHFA)	Yes
	National Audit of Cardiac Rhythm Management (CRM)	Yes
	Myocardial Ischaemia National Audit Project (MINAP)	Yes

Name of audit / programme	Workstream Name	Participated
	National Audit of Percutaneous Coronary Intervention (NAPCI)	Yes
	UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Yes
	Left Atrial Appendage Occlusion (LAAO) Registry	Yes
	Patent Foramen Ovale Closure (PFOC) Registry	Yes
	Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	Yes
National Child Mortality Database (NCMD) ^{1,0}		Yes
National Comparative Audit of Blood Transfusion: 2025 Major Haemorrhage Audit		YES
National Early Inflammatory Arthritis Audit (NEIAA) ¹		Yes
National Emergency Laparotomy Audit (NELA) ¹		Yes
National Joint Registry		Yes
National Major Trauma Registry		Yes
National Maternity and Perinatal Audit (NMPA) ¹		Yes
National Neonatal Audit Programme (NNAP) ¹		Yes
National Obesity Audit (NOA) ¹		No
National Ophthalmology Database (NOD):	Age-related Macular Degeneration Audit	Yes
	Cataract Audit	Yes
National Paediatric Diabetes Audit (NPDA) ¹		Yes
National Perinatal Mortality Review Tool ⁰		Yes
National Respiratory Audit Programme (NRAP):	COPD Secondary Care ¹	Yes
	Adult Asthma Secondary Care ¹	Yes
	Children and Young People's Asthma Secondary Care ¹	Yes
Paediatric Intensive Care Audit Network (PICANet) ¹		Yes
Perioperative Quality Improvement Programme		No
Sentinel Stroke National Audit Programme (SSNAP) ¹		Yes
Serious Hazards of Transfusion (SHOT)		Yes
UK Cystic Fibrosis Registry		Yes
UK Renal Registry Chronic Kidney Disease Audit		Yes
UK Interstitial Lung Disease (ILD) Registry		No
UK Parkinson's Audit		Yes

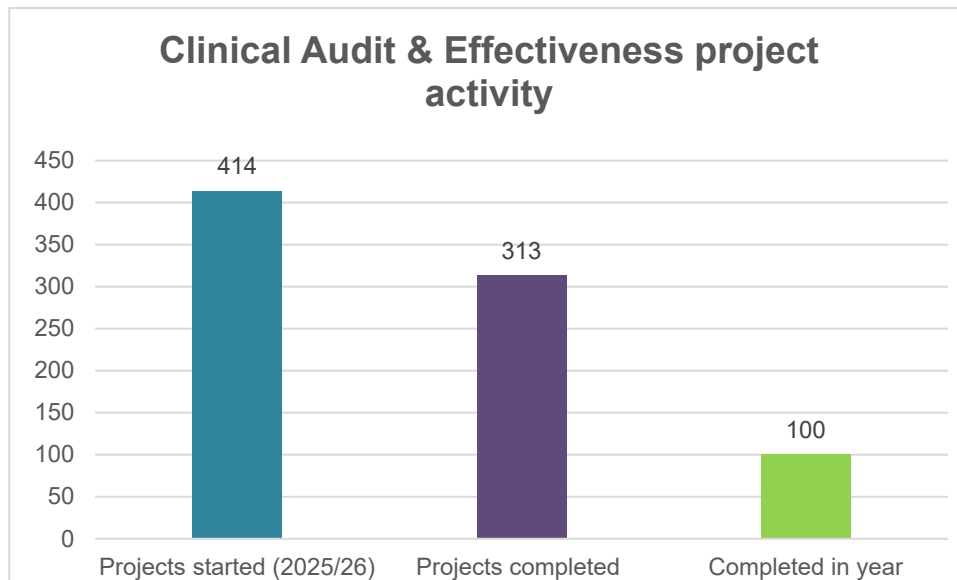
Name of audit / programme	Workstream Name	Participated
UK Renal Registry Chronic Kidney Disease Audit		Yes
UK Renal Registry National Acute Kidney Injury Audit		Yes

¹ Part of the National Clinical Audit & Outcome Programme (NCAPOP)

^o Outcome review programme.

^p Partial participation

Local Clinical Audit and Effectiveness



The 2025/26 clinical audit programme at UHBW shows a healthy level and breadth of activity across our clinical Divisions and specialties, representing the wide range of clinical specialties and staff involved in improving patient care. Approximately 25% of the projects undertaken are re-audits where staff can determine whether improvements have been sustained.

Themes from projects undertaken across the year include medication prescription/prescribing, VTE risk assessment, nutrition, consent process, surgical infection, documentation, learning disability and/or autism or complex needs, mental health and safeguarding amongst many.

Actions from completed projects include creation and changes to documentation, guidance and clinical assessment forms, improvements to pathways by aligning with national recommendations, improvements to surgical site infection through changes in processes within theatres, improvements to ways of working through digital solutions.

Mortality and Learning from Deaths across the Bristol NHS Group

Why mortality review matters

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

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

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

A group approach to mortality surveillance and governance

UHBW and NBT work closely together as part of Bristol NHS Group, serving shared populations across Bristol, North Somerset and South Gloucestershire. A Joint Mortality Improvement Programme provides coordinated oversight of mortality surveillance and learning across both organisations. Bringing together and aligning approaches to national mortality indicators, Medical Examiner referrals and Structured Judgement Reviews (SJRs). The Group monitors the Summary Hospital level Mortality Indicator (SHMI) for both sites as an independent monitor of mortality. SHMI is a nationally published, risk adjusted indicator that compares observed deaths with those expected. The group approach supports greater consistency in how deaths are reviewed, including aligned case selection processes and enhanced reviews for priority groups.

The data below provides confidence in the overall safety of care delivery at both Trusts when viewed through this lens.

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

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

Learning from Deaths and Structured Judgement Reviews

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

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

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

Table 1 showing the percentage of SJRs initiated per quarter as a percentage of adult deaths (including in-hospital and within 30 days of discharge)

What we are learning – shared themes and examples

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

Recognition of deterioration and escalation of care

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

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

End of life recognition and transition from active treatment

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

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

Communication with families and managing expectations

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

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

Documentation, decision making and assurance

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

UHBW	NBT

<p>Several SJRs noted incomplete documentation of capacity assessments, ReSPECT¹ discussions or escalation rationale. Learning was shared with clinical teams and escalated through governance routes as a patient safety priority.</p>	<p>Several cases highlighted the importance of documenting the content and frequency of family discussions, particularly when prognosis was uncertain or evolving, to ensure shared understanding and manage expectations. Earlier completion of ReSPECT forms and clearer documentation of palliative or parallel planning were recurring learning points.</p>
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From individual cases to system improvement

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

UHBW	NBT
<p>Several SJRs noted incomplete documentation of capacity assessments, ReSPECT² discussions or escalation rationale. Learning was shared with clinical teams and escalated through governance routes as a patient safety priority.</p>	<p>Several cases highlighted the importance of documenting the content and frequency of family discussions, particularly when prognosis was uncertain or evolving, to ensure shared understanding and manage expectations. Earlier completion of ReSPECT forms and clearer documentation of palliative or parallel planning were recurring learning points.</p>

How learning leads to improvement – and what’s next

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

Key priorities include improving the consistency and quality of SJRs through development of a groupwide aligned SJR form in Careflow with enhanced monitoring and reporting capabilities.

The aligned quarterly reporting launched in Quarter 3 for 2025/26 will be further enhanced through the coming financial year providing assurance on the processes that underpin mortality review at Board level. To support shared improvement and evidence, in effect the ‘so what’ of mortality review, a Group Annual Report is scheduled for July 2026 Group Board. The Annual Learning from Deaths Report allows the Group to highlight the rich learning opportunities and improvements driven through mortality review at the speciality and divisional level. Specialities are invited to provide detailed examples and highlight evidence-based improvements at the front-line that directly impact care delivery.

¹ ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person’s clinical care in a future emergency in which they are not able to make decisions or to express wishes.

A combined group-level Mortality Surveillance Group will be launched in May 2026 and provide coordinated oversight of mortality data, shared learning, opportunities for divisional and speciality collaboration, and strengthening assurance and supporting continuous improvement across Bristol NHS Group.

3.9

Research & Innovation

We are proud to be an organisation where research is fundamental to the high-quality care we deliver and to our role as a specialist and tertiary centre.

Across all our specialties, the number of patients receiving relevant health services provided or subcontracted by UHBW in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee was 3,535. This compares with 5,114 in 24/25 and reflects a shift towards a more specialised and complex research portfolio, often focused on smaller patient populations aligned with our specialist services. Research remains central to our care model, supporting improved outcomes, access to novel treatments, and the sustainability of our services.

During 2025/26, we continued to strengthen research across the Bristol Hospital Group, with closer alignment between the two acute Trusts increasingly reflected in how our R&D teams work together. By building on complementary organisational strengths and established partnerships with universities, primary care and the wider health and care system, we have started to match clinical expertise to our research infrastructure across sites, to explore new clinical research opportunities.

Research delivery is enabled by contributions from staff across a wide range of professional roles, supporting the safe and effective delivery of research in a diverse portfolio which includes a large proportion of complex, multi-centre, early-phase and experimental studies. Developing research capacity and future research leaders remains a priority, supported through targeted training, career development opportunities and initiatives that embed research into everyday clinical practice.



Developing future research leaders remains a priority. During 2025/26 we celebrated our fourth NIHR Senior Nursing and Midwifery Research Leader award. We continued to expand training and development opportunities, embedding standardised research inductions and competency-based

workshops. Research awareness is now part of our essential training and preceptorship programmes. In May 2025, UHBW was awarded the role of host for the NIHR Health and Care Professional Internship Programme for the South West Central region (2025–2028). The first cohort of 22 interns from across the region began in September 2025, aimed at strengthening system-wide research capability across professions and settings. Our Research Links programme has grown to 88 members Trust-wide, helping to embed research into everyday practice, improve awareness and influence research culture.

We continued to host a broad portfolio of NIHR infrastructure, including the Clinical Research Facility, Biomedical Research Centre, Applied Research Collaborative and Regional Research Delivery Network, which together strengthen our ability to attract, deliver and translate research across the health and care system.

Grant activity remained strong, underpinned by robust post-award management, small-grant development, and with a focus on providing methodological support and mentoring, particularly for nurses, midwives, allied health professionals and clinical scientists, supported by close collaboration with the University of the West of England.

A key priority has been on developing commercial research activity, which increased significantly in 2025/26, with around 25% more studies opened compared with the previous year and a 39% increase in income generated through commercial contracts. These studies support patient access to novel treatments, sustain the research workforce and provide flexibility to invest in strategic growth areas. We strengthened relationships with industry partners and increased the number of commercial trials where UHBW investigators act as UK Chief Investigators and lead NHS sites. Part of our strategy has been to expand our expertise in advanced therapies, opening first-in-class trials in cellular and gene therapies and strengthening collaboration across the hospital group. These developments demonstrate our ability to deliver highly complex research across organisational boundaries.

At the core of our research activity is a strong framework for quality, governance and financial sustainability, enabling us to manage a diverse and increasingly complex portfolio of non-commercial, commercial and early-phase research. This work supports our strategic ambition to deliver evidence-based, innovative care that benefits our local communities and the wider populations we serve.

In April 2025, we started an Innovation Support group with multidisciplinary representation to help innovators both internal and external with developing their ideas with us. This group expanded in 2026 to include North Bristol Trust colleagues. We have secured 2 patents in the last 12 months, had 30 innovation enquiries leading to 18 active innovation projects by the end of the year.

Part 4: Annexes

Annex 1: 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 Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality 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.

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

Annex 2: Feedback about our Quality Account

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

- Council of Governors, University Hospitals Bristol and Weston NHS Foundation Trust
- Healthwatch Bristol, North Somerset and South Gloucestershire
- Bristol, North Somerset and South Gloucestershire Integrated Care Board
- Bristol Local Authority Health Scrutiny Committee
- North Somerset Local Authority Health Overview and Scrutiny Panel
- South Gloucestershire Local Authority Public Health Scrutiny Committee
- NHS England Specialised Commissioning South West
- NHS Wales Joint Commissioning Committee
- Patient and Carer Partnership Group North Bristol NHS Trust

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

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

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

During this financial year, UHBW has been seen as one of the highest performing Foundation Trusts in the country, with a focus on delivering our Four Ps – our patients, our people, our population, and the public purse. The Trust has been working together with North Bristol NHS Trust (NBT) to create a single Bristol NHS Group, together leading the way to create an NHS that meets the needs of its communities both now and into the future.

Patient flow through the Trust remains significantly impacted by limited community care capacity, which is delaying discharges. Despite these challenges, the Trust has maintained strong performance, and this, along with efforts to address financial and wider NHS system pressures, is recognised in the Quality Account.

Governors believe the quality account fairly reflects this performance and shows a strong commitment to learning and improvement.

Governor involvement with Quality and Performance at UHBW in 2025/26

The governors have a duty to continuously monitor the Trust's performance and hold the Non-Executive Directors (NEDs) of the Trust to account for it. During this year, the Governors have received a full programme of meetings, which included a heavy focus on forming the Bristol NHS Group, as guided by the Group Clinical Strategy, to join the clinical services, and explore the proposal to become a single, merged organisation. Our meetings have been held in hybrid formats to give all governors the ability to participate in whichever medium suited them.

We have received regular updates on quality and performance regularly through bi-monthly focus groups, with detailed discussions held with NEDs to explore key issues. The Chair and NEDs continue to be open to all our comments and challenges and have fully engaged in exploring our questions. Our bi-monthly quality and strategy focus groups provided Governors with spotlight sessions on each of the Trust's priorities, which will continue in the new financial year as the priorities change.

Group Public Board meetings were made accessible via YouTube recordings and in-person attendance, allowing governors and the public to observe proceedings. This year also saw the introduction of short-form video summaries of the Board meetings, produced by the Group's communications team with the Chair.

Questions raised through the publicly available Governors' Log, a log of questions asked by Governors between meetings, were responded to by Trust executives and senior managers and covered a wide range of topics. Key themes included: access to care, waiting lists, access to sites, digital access, patient communications, estates development and major projects, patient experience, safety, dignity and policy assurances, workforce resilience and governance and transparency. All questions were responded to between April 2025 and March 2026, and we continue monitoring the log within our focus groups and general meetings.

Quality Improvement Activity

UHBW set three quality priorities for 2025/26, 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 deliver “person-centred, compassionate, and inclusive care every time, for everyone” was an ongoing theme through the year and was measured by the number of inpatients rating their care as good or above. The second year of the Experience of Care Strategy, known as ‘My Hospital Knows and Understands Me’, was embedded and improved access to interpreting services through the hospital for both spoken and non-spoken languages. Governors continued to be involved in discussions around the Accessible Information Standard and have continued to be involved in hearing the positive developments in national survey results. Governors highlighted the number of outpatient appointments in the financial year and how there was a need to gain additional feedback in this area. The Trust was working to provide Governors with more details around this area and ensure feedback was increased in this area. Governors continue to monitor the development of the new Community Participation Group and look forward to seeing the group clinical strategy progress through this group. This year, Governors will look forward to understanding more about health inequalities and how the Trust is working to decrease the inequalities in the region.

The priority to build responsive, sustainable and resilient healthcare delivery systems within a developed safety culture to enable the Trust to reduce risk of harm, provide consistent, high quality, safe and effective care and reduce moral injury to staff was centred around Human Factors (previously known as ergonomics), treatment of sepsis and continuing the implementation of Care flow Medicines Management (CMM, electronic prescribing and medicines administration). Governors heard about the work to develop Martha's Rule Trust-wide, work to implement new sepsis protocols and escalation routes for deteriorating patients. This year, Governors will continue to monitor the developments within Human Factors as a tool for improving resilience and reducing risks in relation to fatigue management in staff.

Finally, the priority to provide timely access to care for all patients, meeting their individual needs were stringently monitored through Governor meetings, including at system level. However, Governors' concerns in this area were markedly higher compared to other areas. Governors saw improvements in ambulance handovers within 15 minutes and 45 minutes, through an

improvement in working relationships with South Western Ambulance Service and other ICS partners, and through streamlined processes, an increased awareness of weekend service provisions and wider use of criteria-led discharges. Governors have observed an increase in weekend discharges and have been reminded of the 'Every Minute Matters' programme to improve on discharges. Governors will continue to challenge the Trust on patients with No Criteria to Reside (NCTR) and monitor the work done at Trust and Integrated Care System level to improve the number of patients who are well enough to discharge from the Trust's care.

Statements of Assurance

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. Governors celebrated UHBW ranking in segment 1 (the top performing segment) since publication of the revised NHS Oversight Framework (NHS OF), as well as the achievement and maintenance of referral to treatment targets continuing from the previous year.

There was a marked increase in attendances at the various Emergency Departments this financial year, and Governors have been keen to monitor the general patient flow through the hospital. The Governors will monitor this through the Quality Focus Group reports, working collaboratively with NEDs to explore any areas of concern and support constructive discussion.

Governors received a deep dive into the roll out of Martha's Rule in Trust and the new Patient Safety Incident Response Framework (PSIRF). The positive work is reflected in the Quality Account, showing how the Trust has an open safety culture and clear priorities to increase and strengthen practice.

Governors continue to monitor and discuss national survey data and work to understand what really matters to patients. We plan to engage with our members and the public in 2026-2027 to ensure we represent their voice at all levels of the Trust.

Other quality-related topics of special interest to the Council of Governors during 2026/27

- Ensuring the voices of the public and our members are heard at Board level.
- Patients with NCTR and the Trust's long-term plans for decreasing these patients.
- The development of Bristol NHS Group, its plans to pursue a merged organisation, and how this can positively impact patient experiences, care, and safety.
- Continuing to advocate for better patient access to services, both physically around the hospital and digitally through public websites and communications.

These topics will remain priorities for us in the coming year as we welcome new colleagues to the Council of Governors after this year's elections and continue to monitor progress with all aspects of patient care at the Trust.

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 2025/26. We recognise the Trust's continued commitment to transparency, patient-centred care and quality improvement, and we welcome the progress made over the past year.

We particularly commend the continued development of the Trust's Experience of Care Strategy, including the further rollout of the 'What Matters To You?' approach, now embedded across a majority of adult wards, and the expansion of Experience of Care Champions across services. The increased accessibility of real-time patient feedback through the Patient Feedback Hub and the consistent use of "You Said, We Did" approaches at ward level demonstrate a stronger focus on using patient insight to inform improvement.

We also recognise the Trust's sustained progress in addressing health inequalities and strengthening community engagement. The continued work of the Health Equity Delivery Group, along with expanding partnerships with voluntary, community and social enterprise organisations and the development of the Community Participation Group, reflects a more embedded and structured approach to co-production and inclusive service design. Efforts to improve access, including interpreting services and accessible information, are particularly welcome.

Progress in supporting specific groups is also evident. Initiatives relating to learning disabilities and autism, dementia care and mental health reflect a continued commitment to more inclusive and personalised care. The expansion of therapeutic support, training and volunteering initiatives is encouraging and demonstrates a holistic approach to improving patient experience. In relation to patient safety, we welcome continued progress in embedding the Patient Safety Incident Response Framework (PSIRF), alongside improvements in learning systems and safety culture. The implementation of Martha's Rule and electronic prescribing systems, as well as strengthened approaches to deterioration and sepsis, demonstrate a clear commitment to improving safety and reducing harm.

However, we note that some of the challenges highlighted in 2024/25 remain. Communication continues to emerge as a key area requiring further improvement. While there are positive examples of targeted work to improve communication on specific wards and through initiatives such as 'What Matters To You?', communication remains a frequent theme within complaints and is also identified through patient safety learning and mortality reviews, particularly in relation to communication with families and managing expectations. We would encourage the Trust to build on existing initiatives by setting out a clearer, organisation-wide approach to improving communication, with measurable outcomes.

We also acknowledge ongoing pressures in relation to access, flow and timeliness of care. While there have been improvements in ambulance handover performance and some emergency department metrics, demand remains high and challenges persist in achieving national standards for waiting times and patient flow. Continued focus on discharge processes, timely access to care and reducing delays is therefore important.

In relation to complaints, we note that communication, clinical care and appointments remain the most common themes raised by patients, although improvements have been made in clearing backlogs and improving timeliness of responses. We encourage the Trust to continue strengthening its approach to complaints handling and to demonstrate how learning from complaints is consistently translated into service improvement.

In summary, Healthwatch recognises that UHBW has made clear progress in embedding patient experience approaches, addressing health inequalities and strengthening safety and learning systems. We encourage the Trust to build on this progress by continuing to improve communication with patients and families, strengthening responsiveness to feedback and complaints, and ensuring that improvements in access and timeliness are consistently experienced by all patients.

Bristol City Council Health and Oversight Scrutiny Committee

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

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

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

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

Statement from South Gloucestershire Overview and Scrutiny Panel

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

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

It is encouraging to see sustained high performance in several areas and a positive safety culture, as reflected in strong reporting and audit participation. However, we note the ongoing challenges around urgent and emergency care pressures, infection control, discharge flow, and health inequalities.

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

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

Statement from The Joint Commissioning Committee, NHS Wales

The Joint Commissioning Committee commissions specialist services on behalf of the seven Health Boards in Wales. We are so pleased to have such close links with the University Hospitals Bristol and Weston NHS Foundation Trust. This partnership enables Welsh residents to access the expertise and specialist services the Trust provides. Over the last year we have strengthened our relationship to enhance the assurance and governance processes putting patients at the heart of services commissioned. The Annual report shared supports the quality of care provided and demonstrates the efforts made to further enhance and make improvements for patients and their families.

Carole Bell

On behalf of NHS Wales Joint Commissioning Committee

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