

Quality Account 2024-25



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About the Quality Account

Our Quality Account is our annual report to the public about the quality of the services we deliver as a health care provider. The Quality Account describes our approach to quality, and provides an opportunity for scrutiny, debate and reflection by the public and also encourages us to focus and be completely open about service quality and helps us develop ways to continually improve.

Each year, our Quality Account is both retrospective and forward looking. We look back at the year just passed and present a summary of our key quality improvement achievements and challenges.

We look forward and set out our quality priorities for the year ahead, ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Our quality priorities are chosen following a process of review of current services, consultation with our key stakeholders and most importantly through listening to the feedback from our service users and carers.

Some of the content of the Quality Account is mandated by NHS England and /or by The NHS (Quality Account) Amendment Regulations 2012, however other parts are determined locally and shaped by the feedback we receive.

Statement on quality from Chief Executive Cara Charles-Barks



I am pleased to present our Quality Account for 2024-25 for Great Western Hospitals NHS Foundation Trust (GWH), which shows how we have performed against our priorities this year and sets out the main areas of focus on quality for 2025-26.

This is the first set of accounts I have had the pleasure of presenting as the Chief Executive of GWH – which is now part of the Bath and North East Somerset, Swindon and Wiltshire (BSW) Hospitals Group along with the Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust.

The year saw significant development of the collaboration between the three hospitals with the creation of our hospitals group. The new collaboration means that in the coming years staff working across our hospitals will work together, improve together and learn together to deliver modern effective and quality care to the communities we serve.

Quality improvement is something we strive for every day, and we have made great progress using our Improving Together methodology to improve ways of working here at GWH as well as sharing best practice and learning with our partners.

There are three domains of quality – patient safety, clinical effectiveness, patient experience – and each year we set priorities for each of these three, in line with the aims and objectives of our Quality Strategy for 2022-26.

Our progress against last year's priorities is detailed later on in this Quality Account.

The report also outlines a new set of priorities for this year, explaining why we have chosen them and how we plan to go about making improvements. These priorities are:

- Patient safety – Measuring and improving compliance with the Sepsis 6 Bundle – we will focus on ensuring staff use the bundle, a set of six evidence-based actions that should be initiated within one hour of identifying sepsis
- Patient experience – Putting the hospital to bed – we will focus on improving the night time environment for patients by increasing awareness of the impact of noise levels and night time patient transfers have in disrupting sleep for patients.
- Clinical effectiveness – Supporting patients to self-administer their own medications – we will focus on maintaining independence for those adult inpatients who meet the assessment criteria to administer their drugs as they would at home.

On behalf of the Trust Board, I would like to thank all our staff in all professions who every day work together to deliver compassionate and high quality care to our patients, regularly going above and beyond to do their best for our communities.

Cara Charles-Barks

Chief Executive



About us and the service we provide

Our Trust provides acute services to a geographical area which covers Swindon and parts of Wiltshire, Bath and North East Somerset, Hampshire, Dorset, Oxfordshire, West Berkshire and Gloucestershire, serving a population of more than 1.3m people.

We run the Great Western Hospital, which opened in 2002 and provides emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant led), and outpatient and day case services. Until the end of 2024-25 we also ran adult community services in Swindon.

At the Great Western Hospital, there is a purpose-built centre for elective surgery called the Brunel Treatment Centre, which enables us to separate emergency from elective surgery.

Our Board, along with the Boards of Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust agreed to form a group in 2024.

Our three Trusts have long acknowledged that we can achieve far more to support and empower people by collaborating than by operating independently. We are working together as a group to better enable us to deliver high quality care for our population. Through working as a group we increase our ability to improve patient care and how we use our resources.

We are part of the Bath and North East Somerset, Swindon and Wiltshire (BSW) system, working collaboratively with the Integrated Care Board and three local authorities, alongside other partners, to deliver the priorities set out in the local Integrated Care Strategy.

Our Quality Strategy

The Quality Strategy sets out our aims and objectives for 2022-26. It follows our overarching Trust strategy and describes the elements that drive our approach to quality. The strategy includes 'Improving Together' – an ambitious transformation programme to embed a culture of continuous improvement across the Trust.

Our strategic pillars



Outstanding care

Continuous quality improvement and co-creation of services with local communities, with a focus on prevention and early intervention.



Valued teams

Investing in training, resources, and well-being, while bringing teams together with the Improving Together approach.



Better together

Collaborative and integrated working to improve quality of care and address health inequalities in our local communities.



Sustainable future

Maximise research, innovation and digital opportunities, spend wisely, and deliver on carbon net zero.

Our key achievements

June 2024

- 400 staff members attended our 80's themed Staff Excellence Awards

August 2024

- New Intranet launches to support staff resources
- Reaccredited Veteran Aware organisation
- Cardiac Physiology completed the UK's first implant of a new heart monitoring technology
- Our outpatient hypertension pathway was selected by Health Innovation West of England to be rolled out across the west

October 2024

- Trust chosen as first NHSE exemplar organisation for sustainable practice
- Anaesthetics awarded the prestigious Anaesthesia Clinical Service Accreditation
- Graduation of our first cohort of Equality, Diversity, and Inclusion (EDI) Champions

December 2024

- Localisation workshops for the Electronic Patient Record programme begin
- 1,000 staff complete Improving Together training

March 2025

- Highest ever response rate of 71% in staff survey
- Improving Together shortlisted in the HSJ Partnership Awards
- 50+ staff become Equality, Diversity, and Inclusion (EDI) champions

April 2024

- New Community Diagnostic Centre opens

July 2024

- Sustainability team shortlisted for the BBC Make a Difference Green Award
- Local voluntary group, Brighter Futures Blanketeers, shortlisted for the BBC Make a Difference Carer Award
- Cardiology team rated best team in the UK for teaching by specialist registrars in district and general hospitals
- Adult inpatient survey published, showing improvement in 20 questions

September 2024

- Our new Emergency Department opens
- Fourth Great West Fest held at Town Gardens
- Finalist in the prestigious HSJ Patient Safety Awards for Improving Together

November 2024

- Opening of new Children's Emergency Unit and Medical Assessment Unit
- Cara Charles-Barks appointed Chief Executive Officer of BSW Hospitals Group
- Trust Board approved £1m investment for theatre services
- Our first Equality, Diversity, and Inclusion (EDI) conference held in Swindon

January 2025

- Her Majesty The Queen visits Great Western Hospital to open the new Emergency Department
- Construction completes on Pharmacy Aseptic Unit
- Trust hosts Swindon Community Careers Fair
- New mentoring programme opens to staff

Listening to patients and their families

The focus over the past year has been listening to patients, families, and carers to understand the key themes that are important and where we need to make improvements. The Friends and Family Test (FFT), complaints, concerns, compliments, national and local surveys, direct patient engagement, and incidents provide a rich source of feedback that we have been able to review to recognise where we should target improvement action as we strive to provide the highest quality care for our patients.

This has helped inform our improvement work to ensure the patient voice is heard, and we proactively engage, involve, and work in partnership where possible. Some examples of our engagement work include:

Engaging with our local communities

We continue to reach out to local communities, particularly those who we do not always hear from through our usual feedback mechanisms. We have connected with a variety of local community groups, attended events, and built strong links to support collaborative working and two-way communications. This includes developing opportunities to gain feedback from minority ethnic groups, those living in poverty, carers, military personnel and disability groups, to understand their unique needs and share our work.

We have implemented patient and public involvement groups across the Trust and have embedded lay members as equal partners at specialty committees, adding a unique lived experience perspective.

Maternity Services

Working closely with the local Maternity and Neonatal Voices Partnership (MNVP), we are actively engaging with local communities to inform our improvement work and have included refugees and asylum seekers who require specific care and support.

We have listened to feedback about our maternity dashboard publications and adapted the content to meet the wishes and needs of birthing people, support groups, and other interested parties.

Change the Narrative

A public storytelling engagement opportunity was held in October, inviting local people to attend to discuss the challenges they face when accessing health care. The event was attended by board members and involved actively listening to feedback. The key themes related to communication, understanding of specific needs, and lack of compassion. We continue to discuss ways the board can hear directly from patients, families and carers.

Integrated Front Door Engagement

A significant amount of patient and public engagement helped inform the design of our new front door services. This included engagement work with parents, children, and young people and going out into the local community to share our plans and gain views and insight into what is important to the public. We spoke with people with sensory loss, learning and physical disabilities, and we visited schools and community groups to gain feedback to ensure the design and environmental elements were carefully considered.

Learning Disability and Autistic Spectrum Disorder

We have been working with the mother of a patient with a Learning Disability (LD) to better understand the needs of adults with LD and make improvements to how our staff communicate with patients and their carers. Working in partnership, we have shared this very personal experience with staff, providing an extremely impactful account of how we interact with patients and where we can make improvements.

This has led to the introduction of new resources across the Trust to support distraction, communication, and assist with keeping patients calm and occupied. The resources are held in our Emergency Department, with our Learning Disability nurses, and are also available on request from our Patient Advice and Liaison Service. Our LD nurses visit patients in the Trust and can recommend the appropriate resources for each individual patient.

Interpreting and Translation Services

We have seen a rise in demand for our interpreting and translation (I&T) services and are working with clinical divisions to ensure that we are providing equitable access to all patients. Our Patient Advice and Liaison Service are working proactively to identify the need for interpretation where possible so that advance planning can be put in place. We reviewed our local demographic data and I&T requests to better understand the demand and how we can

use the resources available in the most effective and efficient way.

We have worked closely with the deaf community, proactively promoting our Sign Live service and have also purchased new digital amplifiers and a portable hearing loop that can be taken to wards and departments to support patients with hearing difficulties.

Spinal Cord Injury (SCI)

Work that commenced in 2023, to better support patients with historic spinal cord injury, has progressed. A patient passport, care pathway, bowel care policy, and staff training are now in place. The co-production group that was set up to review the patient feedback and concerns continues with a focus now on raising awareness amongst staff and patients.

We continue to work collaboratively with Salisbury Spinal Injury Unit, the Spinal Injury Association, and patient partners to deliver staff training and attend community events to support awareness raising. The patient voice with lived experience has provided an invaluable dynamic to help staff to understand the specific and vital care needs of these patients.

Dining Companions

Following an initial trial, we launched dining companions across ten of our wards. These are staff members who have expressed an interest in the role, some as a development opportunity and some to enhance their understanding of patient care and working in a clinical environment. The role includes preparing the patients to eat, delivering trays, cutting up food, opening packets, and providing companionship and encouragement.

Care reflections

Our patient experience films share the stories of patients, families, or carers. The stories were shared with our Trust Board as an opportunity to hear directly from people about their experience of care, where things have gone well and where improvements can be made. The films include staff reflection that are used as part of clinical governance meetings, individual or group reflections, and staff training.

Veteran Aware

Following a re-accreditation process, and meeting of the necessary standards, we have successfully maintained our Veteran Aware status and continue to work in collaboration with

the Defence Medical Welfare Service to identify, support, and signpost patients who may otherwise be disadvantaged due to their military status.

Cancer Partnership Group

The group which consists of patients, carers, and healthcare professionals, reviewed the ten lowest scoring questions from the National Cancer Experience Survey. This review is being used to devise a list of important information that patients need to receive. This will include production of a "Ten Top Tips" sheet that is visually impactful and easy to read to display in patient areas, to share on social media, and to put in new patient information packs.

Engagement with carers

Criteria issued in October has supported the use of the carers support passport and staff decision making. Our Carers Café is held weekly at Great Western Hospital. Carer information packs are being rolled out to wards, and carers training has been delivered to Health Care Support Workers. The Head of Patient Experience and Engagement attended community events as part of carers awareness week including a local support group for carers of patients with significant mental health illness. Concerns raised regarding delays in provision of critical antipsychotic medications, has been reviewed by pharmacy colleagues so that issues leading to the delays are identified. Solutions have been presented back to the support group and has been discussed at our Mental Health Committee meeting.

Communication resource packs

These new packs provide communication tools and signposting for the ward staff to facilitate better communication with patients who may have additional needs. To support the packs, training is also being rolled out across the Trust.



Care with compassion, getting the fundamentals right and keeping the patient front and centre is our starting point. We want every patient to have the best possible experience when using our services. We recognise that every staff member plays a vital part in ensuring all our patients receive great care.

Delivering and aspiring to deliver great care is now embedded into existing and new improvement projects, our aims as outlined in our Quality Strategy 2022-26 remain,

- Deliver great care to every patient all the time, and seek to continually improve the care we provide to patients
- Receive regular feedback from patients, their families and carers
- Engage and empower staff to deliver great care.

Developing and implementing our Ward Accreditation programme is pivotal to us delivering great care and will be at the centre of our improvement work in the coming year. Ward accreditation is a tool that allows us to measure the quality of care being delivered in a clinical area and to demonstrate improvement in patient outcomes and increase patient satisfaction and staff experience.

Delivering Great Care means keeping the patient at the very centre of all that we are trying to do. This means proactively collecting feedback and listening intently to our patients and their families and carers and responding in a timely and effective way to ensure a positive and sustainable impact on their care experience.

Improving together

Improving Together is our Trust-wide approach to change, innovation and continuous improvement. This year we have matured our consistent methodology across Bath and North East Somerset, Swindon and Wiltshire so that improving becomes something we all do the same way.

Three years since Improving Together was introduced, over 1,000 staff have taken part in our tailored training which is empowering teams to make improvements in their own areas. Since 2021, this unique way of working has been embraced by multidisciplinary teams across the Trust. Staff are using the entire Improving Together approach or certain aspects or methods to deliver improvements. We have adapted our training to best suit people's needs. The uptake and feedback from the latest Fast Track training has been positive and helps smaller teams to tailor their learning. Sixteen teams have received Fast Track training in the last year.

2025/26 will see us come towards the end of our frontline team cohort training as we take our penultimate cohort of teams through this route. We're building our approach to support sustainability with teams through ongoing coaching and support these changes will mean that our improvement facilitators are spending more time in clinical areas and offer a flexible approach to learning sessions. Teams we are working with include: the Surgical Assessment Unit, Children's Ward, and Medical Assessment Unit.

We have continued to increase patient, family and carer input into Improving Together ensuring that teams are using patient feedback to inform the priorities they set and are actively involving patients and carers in improvement ideas and changes.

Improving Together is transforming how we bring people together, how we communicate and helps to put improvement at the heart of everything we do. We are aligning our priorities across our BSW Hospitals Group focused on delivering a vision of "Working together, learning together and improving together to provide excellent care for our population".

Recent staff survey results show improvements in the Medicine and Surgery, Women's and

Children's division for the number of staff that feel able to make improvements at work although there has been a slight dip among all our staff. We focus on celebrating successes by sharing case studies and stories; Improving Together has been a finalist for an HSJ Patient Safety Award and HSJ Partnership Award. Examples of both small changes and larger scale transformations are regularly celebrated.

We have seen good progress in our Trust level pillar metrics* and breakthrough objectives**:

- Sustained reduction in the total harms from incidents throughout 2024/25. The average from September 2024 has been a 20% reduction below the historic average and a 45% reduction from its peak in January 2022.
- This has been supported by work to reduce pressure harms and patient falls. The medicine division has seen a 25% reduction in pressure harms during 2024/25 and the former Integrated Care and Community Division has had a 70% reduction in pressure harms in our community patients.
- There has continued to be an increase in positive responses from patients on the Friends and Family Test with recent months being about 90% positive.
- The length of time patients wait for care in the Urgent Treatment Centre has seen good reductions despite increasing numbers of people attending.
- The voluntary turnover rate of our staff has reduced to a new average of 8.5%, well below our target of 11%.

During 2024/25 we moved to new breakthrough objectives which focus on reducing ambulance handover times, reducing harm from falls, increasing the number of staff feeling they receive respect from colleagues and financial recovery. The first phase of this work has been understanding the current situation and making smaller scale changes to test improvements that might work. During 2025/26 we will continue to focus on showing greater progress in these areas.

We have updated our approach to how we support Rapid Improvement Events within the organisation with an emphasis on patient, family and carer involvement.

Within teams we have seen the following real successes:

- Cancer services focusing on early recording of cancer diagnosis so that patients can receive support as quickly as possible

- Implementing a new location for the maternity triage which has supported a reduction in the average time from arrival to triage from 54 minutes 13 minutes; this means pregnant women get rapid assessment of their needs on arrival
- An increase in outpatient productivity including increasing in-session clinic utilisation from an average of 87.5% in 2022 to an average of 91.6% in 2024/25
- Hospital at Home increased its occupancy rate to 90% for the first time in December 2024, a 10% increase from its target of 80%. Hospital at Home is a service that provides services to patients in their own home as an alternative to being admitted to hospital.
- Continued decrease in spend on agency staff across nursing and medical staff.

Looking ahead, we will continue to teach, share and support the Improving Together approach until improvement becomes an integral part of our Trust's culture and just the way we do things. Several of our improvement priorities for the coming year focus on the experience and care of patients in our admission areas alongside: increasing our productivity, reducing things that don't add value to staff and patients and using our resources in a more sustainable way. Increasingly we are working together across the BSW Hospitals Group to share our improvement work and transformation resources so that we can support the biggest impact of patients, carers and staff.

*Pillar metrics – our 12 metrics tell us whether we are doing well on driving forwards our vision and strategy. These last for the duration of our strategy (3-5 years).

**Breakthrough objectives – our areas for focused improvement, we should be able to see a 20–30% improvement over a 12-18 month period and they should be the focus of our improvement energy. They are likely to be top contributors to driving improvement in one of our pillar metrics.

Priorities for improvement

Results and achievements for the 2024-25 Quality Account Priorities



1 Reducing falls and falls with harm

Why was this a priority?

Inpatient falls are one of the most frequently reported patient safety incidents in the Trust. In 2023, on average 119 inpatient falls were reported each month. Whilst most falls result in no harm, occasionally a fall will result in more significant harm, such as a head injury or hip fracture. Harm may also be exhibited through psychological impact, prolonged hospital stays, and delayed recovery.

As we age the risk of falling increases, however falls are not an inevitable part of getting older. There are many reasons why someone might fall, these may include; impaired balance, confusion or disorientation, medication side effects, vision problems, or a sudden drop in blood pressure on standing up. Whilst it is not possible to prevent all falls, evidence shows that through effective multifactorial risk assessment and individualised interventions, a person's risk of falling can be reduced.

What we said we would do

- Reduce the number of patients who have more than one fall in hospital
- Improve compliance with falls prevention actions such as identifying patients with postural hypotension (where the blood pressure drops on standing) and supporting those patients that require enhanced care

What we did

The Trust commenced several quality improvement projects during 2023/24 aiming to improve training for staff, patient risk assessment, and care provision. These projects have contributed to a reduction in inpatient falls, the average number of inpatient falls reported each month has reduced from 119 to 103 falls per month.

Mandatory Training

Falls training is mandatory for all clinical staff. In 2023/24 the mandatory training module was updated to include the new national E-Learning for Health Fallsafe / Carefall module. The current Trust-wide compliance with falls mandatory training is 90.87%.

Lying and Standing Blood Pressure Assessment

Postural hypotension is an abnormal drop in blood pressure on standing. This condition commonly affects older adults and is associated with an increased risk of falls. NICE guidelines recommend that on admission to hospital all patients over the age of 65, and those that have been judged to be at risk of falls due to their medical condition, should receive a lying and standing blood pressure assessment on admission.

In May 2023 a Trust-wide project was commenced to improve compliance with lying and standing BP assessment on admission. Through development of training resources provided to all ward teams, and monthly audit data shared with frontline managers, compliance has improved from 64% in May 2023 to 86% in October 2024. The project continues to progress with the development of new patient information and a clinical guideline on the management of postural hypotension.

Enhanced Care

Being admitted to hospital can be a disorientating and distressing experience for a person. Some people are at increased risk of coming to harm or causing harm to others whilst they are in hospital. Enhanced Care is a closer level of supervision which may be put in place for some people who are at increased risk of harm. Enhanced Care enables staff to monitor a person's physical, psychological and emotional well-being while they are in hospital, to reduce the risk of harm to themselves or others.

Learning from incidents in the Trust demonstrated that there was an inconsistent approach to identifying those patients that required enhanced care and ensuring that the correct level of support was maintained.

In October 2023 a project commenced to develop a new enhanced care assessment tool, and a clear definition of the levels of supervision. This assessment was first trialled on paper in a number of pilot wards, and then in Spring 2024 a daily risk assessment for all adult inpatients was implemented on the electronic record system across all inpatient wards. This daily assessment enables a Trust-wide oversight of our most vulnerable patients, and the level of care they require to support safety.

Alongside implementation of the new assessment, training was provided for all nursing staff

on the inpatient wards. In addition, a new full day enhanced care study day has been developed and launched in April 2024 to provide training on provision of person-centred care to patients with complex needs.

Compliance and progress with the use of the assessment is monitored through ongoing monthly audits which commenced in September 2024. The most recent audit in March 2025 has demonstrated a 96% compliance with accurate assessment.

Deconditioning Prevention – Get up, Get Dressed, Keep Moving

Activity and movement are key factors to improve health and wellbeing, aid recovery and rehabilitation, and help patients to return home sooner. To support this the Trust launched a campaign 'Get up, Get Dressed, Keep Moving' in September 2023.

The Trust ran a 'Tour de Swindon' event, supporting patients to cycle or walk a virtual route around Swindon. The event promoted the campaign and encouraged activity and movement on the wards. A total of 94.4 miles was achieved by patients across six inpatient areas.

Following the campaign the Trust launched several new initiatives:

- Purchase of new moving and handling equipment
- Purchase of riser recliner chairs for inpatient wards for patients who require specific seating to meet their needs
- Development of a Bedside Mobility Assessment Tool (BMAT) to provide guidance to nursing staff on safe assessment of a patient's level of mobility, reducing delays in getting patients up out of bed after admission
- Training on deconditioning and BMAT delivered to over 150 staff.

How will we continue to monitor and measure our progress?

Implementation and progress of the falls improvement plan is monitored by the Trust Falls Improving Together Group.

2 Improving the experience of carers by delivering responsive support and information

Why was this a priority?

We know that carers play a key role in helping people to get better; they know so much about the person being cared for, and what can help them recover. We aim to improve the experience of carers to acknowledge the importance to our patients, involving them in care and recognising their contribution to care, and we are committed to finding new ways to support and empower them.

What we said we would do

- Monitor compliance with the carers passport by producing monthly data to show how many passports are being handed out
- Roll out the new visiting guidance and associated support and conduct an evaluation after six months
- Reach out to community organisations to promote the carers support available across the Trust and measure the impact through carers surveys

What we did

A carers survey was undertaken in August 2024 which included awareness and use of the carer's passport.

As a result of the survey criteria has now been developed to support staff when issuing the passport. Carers awareness raising has continued with trolley dashes to ward areas, a stand at stop the pressure day, marking of carers awareness day with a stand in the atrium and promotion of our services via our weekly Carers Café, ward information boards and new information packs.

Data on issuing of the passport is collated by the Patient Advice and Liaison Service. More flexible visiting was rolled out in May 2024. We now offer open visiting across the Trust, welcoming visitors between 8am and 8pm on most of our wards.

We are continuing to encourage carers to identify themselves, key messages are now displayed on the Urgent Treatment Centre and Emergency Department television screens, further public facing communications have been promoted and there have been visits to various community forums and events to raise the profile of the work that the Trust do to support unpaid carers.

Events attended include Mental Health carers meeting, Swindon Carers Centre community event, public carers meeting, community dementia event, local community cafes and cultural events. Communications are also regularly shared with community organisations and GP practices

3

Improving initial assessment of patients on front door services

Why was this a priority?

Obtaining accurate patient assessments is essential to determining the status and needs of our patients and delivering appropriate patient care. By conducting timely and accurate patient assessments, the quality of service and patient safety can be improved.

What we said we would do

- Develop a triage working group ahead of the Integrated Front Door (IFD) to ensure a robust process for triage, which will be standardised across the Emergency Department and Urgent Treatment Centre
- Embed triage courses to improve compliance and ensure staff are aware of expectations and what the process involves
- Children's Emergency Department will ensure all staff have completed a training and competency framework
- Ensure all maternity patients that need urgent review are seen in a timely manner in a dedicated triage service
- Ensure patients that attend the Acute Medical Unit and Surgical Assessment Unit are seen and assessed a timely manner in line with national guidance.

What we did

- Triage Training ongoing within ED coupled with developments for new EPR system which will formalise Triage process across IFD, utilising Manchester Triage
- Rapid Assessment group meetings to develop process for assessment of arriving ambulances
- An emergency physician in charge is based in the Rapid Assessment whose role is to rapidly assess patients to ensure early intervention of shared decision making
- Additional triage capacity and training within the Urgent Treatment Centre
- Navigator role maintained and ongoing
- Band 7 Nurse Manager recruited for Children's Emergency Unit, giving oversight to all training and development
- Clinical Practice Educator role in Paediatrics (new)

- All staff working in Children's Emergency Unit have undertaken extended Paediatric competencies
- Specific Triage Training package in place.

How will we continue to monitor and measure our progress

As well as regular reporting, we have real time information in place for ambulance and Emergency Department waiting times so immediate actions can be taken as soon as a patient is ready to move on.

We are also using patient experience feedback within the Emergency Department to ensure that the changes we make are improving the patient experience.

Our priorities for 2025-26

The following priorities have been agreed by the Trust for 2025-26. These will be reported in full in the 2025-26 Quality Account with six-monthly reporting to the Governors People and Quality Group, the Patient Quality Sub-Committee and Quality and Safety Committee.

The following sources were used to identify potential improvement priorities:

- Data showing our top contributing problems for our priority areas which shows us where to focus
- Stakeholder and regulator reports and recommendations
- Clinical audit data
- Results from national in-patient surveys
- Local and national audit
- Feedback from Healthwatch through partnership working
- Care Quality Commission (CQC) inspection report and CQC insight reports
- Feedback from our Trust Board
- Emerging themes and trends arising from complaints, serious incidents and inquests
- Complaints, concerns and Friends and Family Test responses.

The progress against 'what will success look like' outlined against our quality priorities will be monitored by the Patient Quality Sub-Committee.

1 Patient safety

Measuring and improving compliance with the Sepsis 6 Bundle

Why is this a priority?

Compliance with the Sepsis 6 Bundle is crucial for improving patient safety because early recognition and intervention in sepsis significantly reduce morbidity and mortality.

The Sepsis 6 Bundle is a set of six evidence-based actions that should be initiated within one hour of identifying sepsis. Early identification and treatment are essential to prevent further sepsis-related morbidity and mortality.

What are our aims for the coming year?

To participate in the national audit program to monitor compliance against the Sepsis 6 bundle, the outcome of the audit will support development of an improvement plan in relation to the management of sepsis.

What will we do?

- We will complete the Sepsis 6 Bundle audit by participating in the National programme
- We will measure compliance against actions undertaken in the critical “Golden Hour” for high-risk sepsis patients
- We will develop an improvement plan once the audit is complete.

2

Patient experience

Putting the hospital to bed

Why is this a priority?

Getting a good night's sleep is important for patient recovery, this is why we have launched the putting the hospital to bed project. Our inpatient survey results, along with a review of complaint themes demonstrated that patients are telling us that they are receiving different levels of care at night time. Themes have emerged relating to a lack of care and compassion, poor sleep environment and inconsistency between the day and night. Patients have told us they are unable to seek support from their relatives or carers overnight and are experiencing delays in responsiveness from staff in comparison to daytime hours.

What are our aims for the coming year?

We will improve the night time environment for patients by increasing awareness of the impact of noise levels and night time patient transfers have in disrupting sleep for patients.

What will we do?

- We will ensure senior oversight of improvement actions including a number a of “go and see’s” across the year
- We will review and improve the level of senior cover across the acute wards
- We will work to reducing the number of non-urgent bed moves at night and reduce the number of non-urgent medical interventions after the hours of 11pm
- We will ensure teams who are working overnight are supported to provide consistent high levels of care
- We will provide support to allow open visiting for patients and to ensure carer support is provided at the same levels as day light hours.

3 Clinical effectiveness

Supporting patients to self-administer their own medications

Why is this a priority?

A number of hospital in-patients are often on long term medications which they are able to take independently at home. If it is possible to maintain patient self-administration during hospital admission this should always be explored. This will assist in maintaining patient independence for those adult inpatients who meet the assessment criteria.

This will also give maximum therapeutic benefit for those patients who require relief medications at short notice or are on complex timed regimes that do not correspond with the timings of the traditional drug round.

What are our aims for the coming year?

We will develop a programme that will support competent adult patients to safely self-administer their medications.

What will we do?

- We will develop a standard operating procedure (SOP) for patient self-administration of medication
- We will pilot the SOP on wards
- We will train pharmacy, nursing, and medical staff on patient self-administration.

Statements of assurance from the Board

Information on the Review of Services

During 2024/25 Great Western Hospitals NHS Foundation Trust provided and/or subcontracted eight relevant health services. The Trust has reviewed all the data available on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2024/25.

Clinical audit and national confidential enquiries

During 2024/2025, 69 national clinical audits and two national confidential enquiries covered relevant health services that the Trust provides.

During that period, the Trust participated in 99% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2024/2025 are as follows alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: Participation in national clinical audits and confidential enquiries

Audit Title	Participation	Data Submission
NRAP - Secondary Care Adult COPD 2024	Yes	In Progress
NRAP - Secondary Care Adult Asthma 2024/25	No	No
National Paediatric Asthma - Secondary Care 2024/25	Yes	In Progress
NRAP - Pulmonary Rehabilitation 2024/25	Yes	In Progress
Sentinel Stroke National Audit Programme (SSNAP) 2024/25	Yes	In Progress
Sentinel Stroke National Audit Programme (SSNAP) 2024/25	Yes	In Progress
MBRRACE-UK 2024 : Maternal Morbidity confidential enquiry	Yes	In Progress
MBRRACE-UK 2024 : Maternal Mortality confidential enquiries	Yes	In Progress
MBRRACE-UK 2024 : Maternal Mortality surveillance	Yes	In Progress
MBRRACE-UK 2024 : Perinatal Mortality and serious morbidity confidential enquiry	Yes	In Progress
MBRRACE-UK 2024 : Perinatal Mortality Surveillance	Yes	In Progress
MBRRACE-UK 2024 : Perinatal Mortality Review Tool	Yes	In Progress
National Paediatric Diabetes Audit (NPDA) 2024/25	Yes	In Progress
National Pregnancy in Diabetes 2024	Yes	In Progress
National Gestational Diabetes Mellitus Audit	Yes	In Progress
NDA - National Diabetes Core Audit 2024/25	Yes	In Progress
NDA - National Diabetes Inpatient Safety Audit (NDISA) 2024/25	Yes	In Progress
NDA - National Diabetes Foot Care Audit 2024/25	Yes	In Progress
NDA - Transition (Adolescents and Young Adults) and Young Type 2 Audit	Yes	In Progress
NCEPOD - Child Health Programme - Emergency surgery in children and young people	Yes	In Progress
NCEPOD - Acute Limb Ischaemia	Planned to start	Planned
NCEPOD - Blood Sodium Study	Yes	In Progress
NCEPOD - Managing acute illness people with learning disability	Planned to start	Planned
National Major Trauma Registry (prev TARN)	Yes	In Progress
National Case Mix Programme 2024/25	Yes	In Progress
National Emergency Laparotomy Audit - Yr 11 NELA 2024/25	Yes	In Progress
National Emergency Laparotomy NoLap Audit - Yr 1 NELA 2024/25	Yes	In Progress
National Joint Registry - NJR (2024/2025) (2024 data)	Yes	In Progress
National Ophthalmology Audit - Adult Cataract Surgery Audit (Data period 2024/25)	Yes	In Progress
Age-related Macular Degeneration Audit (AMD) 2024/25	Yes	In Progress
National Cardiac Arrest Audit NCAA 24/25	Yes	In Progress
National Acute coronary syndrome or Acute myocardial infarction (MINAP) 2024/25	Yes	In Progress
National Cardiac Rhythm Management (NACRM) 2024/25	Yes	In Progress
National Audit of Percutaneous Coronary Intervention (NAPCI) 2024/25	Yes	In Progress

Audit Title	Participation	Data Submission
National Heart Failure Audit (NHFA) 2024/25	Yes	In Progress
National Falls and Fragility Fractures Audit Programme (FFFAP) 2024/25 - Hip Fracture Database	Yes	In Progress
FFFAP - National Audit of Inpatient Falls 2024	Yes	In Progress
RCEM Mental Health Self Harm 2024/25 (Year 3)	Planned to start	Planned
RCEM Care of Old People (COP) 2024/25 (Year 3)	Planned to start	Planned
RCEM Adolescent Mental Health 2024/25	Withdrawn by National Audit Organisers	NA
RCEM Time critical medications 2024/25	Planned to start	Planned
NATCAN - National Lung cancer Audit (NLCA) 2024/25 (2024 data)	Yes	In Progress
National Prostate Cancer Audit (NPCA) 2024/25 (2023/2024 data)	Yes	In Progress
National Bowel Cancer Audit Programme (NBCA) 2024/25	Yes	In Progress
NATCAN - National Oesophago-Gastric Cancer Audit (NOGCA) 2024/25	Yes	In Progress
National Audit of Metastatic Breast Cancer 2024/25	Yes	In Progress
National Audit of Primary Breast Cancer 2024/25	Yes	In Progress
National Ovarian Cancer Audit (NOCA)	Yes	In Progress
National Kidney Cancer Audit (NKCA)	Yes	In Progress
NATCAN - National Non-Hodgkin Lymphoma Audit (NNHLA) 2024/25	Yes	In Progress
NATCAN - National Pancreatic Cancer Audit (NPaCA) 2024/24	Planned to start	Planned
National Early Inflammatory Arthritis Audit (NEIAA) 2024/25 (Year 7)	Yes	In Progress
National Audit of Care at the End of Life 2024/25 (NACEL) - (2025 data) Round 6	Yes	In Progress
Society for Acute Medicine Benchmarking Audit (SAMBA) 2024	Yes	In Progress
NAD: Care in general hospitals 2024/25 - Round 7	Planned to start	Planned
LeDeR Programme 2024/25	Yes	In Progress
National Maternity and Perinatal Audit (NMPA) 2024-2025	Yes	In Progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2024	Yes	In Progress
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2024/25 - Cohort 7	Yes	In Progress
National Audit of Cardiac Rehabilitation 2024	Yes	In Progress
National Acute Kidney Injury Audit 2024 (UKKA)	Yes	In Progress
BAUS Impact of DUNC	Yes	In Progress
BAUS Penile Fracture SNAP Audit	Planned to start	Planned
BAUS - ELLA to the bladder cancer pathway Audit	Yes	In Progress
National Obesity Audit (NOA) 2024/25	Yes	In Progress
NCABT - Audit of NICE Quality Standard QS138 2024/25	Yes	In Progress
Non-melanoma skin cancers	Yes	In Progress
Oral and Dentoalveolar Surgery	Yes	In Progress
British Hernia Society Registry Audit 24/25	Planned to start	Planned

Table 2: Examples of improvement actions taken as a result of participation in national clinical audits reviewed

National Audit Title	Areas/Actions for Improvement (implemented/in progress)
<p>NRAP - Secondary Care Adult COPD 2022</p> <p>National report/results published: July 2024</p>	<p>1.The service explored ideas to tie in excellent Best Practice Tariff (BPT) performance, to improve the support for COPD, NIV and Asthma Care. This included improvements in data collection to support further learning.</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>
<p>National Paediatric Asthma - Secondary Care 2022/23</p> <p>National report/results published: July 2024</p>	<p>1.Improve documentation of parental and child smoking status (11yrs+)</p> <p>2.Steroids given within an hour of arrival to hospital (with acute asthma exacerbations).</p> <p>3.Discharge checklist stickers used to ensure standard of care and NRAP recommendations are being met.</p> <p>4.All children have a personalised asthma action plan prior to discharge.</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>
<p>NRAP - Pulmonary Rehabilitation 2022/23</p> <p>National report/results published: July 2024</p>	<p>1.Uptake and retention of patients enrolled for Pulmonary Rehabilitation; a new 'opt-in day' for the rehab course, reducing DNA rates for assessments by 20%.</p> <p>2.Patients provided with previous CAT scores to encourage accurate completion of their health status questionnaire and prompt discussions when improvements have not been gained.</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>
<p>MBRRACE-UK 2022: Perinatal Mortality Surveillance</p> <p>National report/results published: July 2024</p>	<p>1.Implemented a Mandatory Field on patient administration system to record Ethnicity.</p> <p>2.Analysis of all reportable incidents and reported to Divisional Board.</p> <p>Audit results demonstrated Substantial Assurance – Practice fully meets or exceeds standards</p>
<p>National Paediatric Diabetes Audit (NPDA) 2022/23</p> <p>National report/results published: April 2024</p>	<p>1.Improved data completeness of patient records; administrative support allows for prospective data collection which is reviewed by the Diabetes Clinical Lead prior to submission.</p> <p>2.Successful business case to improve Consultant MDT clinic time and Psychology time in order to be one of the best units in the country.</p> <p>Audit results demonstrated Limited Assurance – Practice meets some standards</p>
<p>National Severe Trauma Audit - TARN (22/23)</p> <p>National report/results published: May 2024</p>	<p>1.Improved Trauma Unit Ward with proposed new ward layout in collaboration with contractors.</p> <p>2.Improve the quality of ED documentation using QI/Clinical Audit methodologies.</p> <p>3.Employ additional staff to support and improve data collection</p> <p>Increase learning and educational courses in ED and Wards using ward and teaching room-based education packages (based on MTN curriculum and TILS courses for ED).</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>

National Audit Title	Areas/Actions for Improvement (implemented/in progress)
<p>National Audit of Percutaneous Coronary Intervention (NAPCI) 2022/23</p> <p>National report/results published: April 2024</p>	<p>1.Improved timeliness of treatment to improve outcomes in PPCI/STEMI by reviewing clinical pathways to reverse the increasing CtB times</p> <p>2.Promoted the use of newer P2Y12 in PPCI Particularly in Prasugrel following a review in clinical pathways to ensure optimal prescribing of newer antiplatelet drugs after PCI for an acute coronary syndrome.</p> <p>3.Improve accurate recording of devices used to capture DEB use for NICOR data; submission of comprehensive and accurate data on the use of drug coated ballons by operator on CVIS and in NICOR entry, so when cross referenced, they correspond.</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>
<p>National Case Mix Programme 2022/23</p> <p>National report/results published: April 2024</p>	<p>1.Improve patient flow by improving communication with Site management to ensure critical care is able to discharge patients appropriately and in a timely manner.</p> <p>2.Maintain a staffing model by recruiting to Consultant Rota.</p> <p>3.Work on areas to buffer sudden demands on critical care services particularly Respiratory and Surgical high care.</p> <p>Audit results demonstrated Substantial Assurance – Practice fully meets or exceeds standards</p>
<p>Learning Disability Improvement Standards Audit Survey 2023</p> <p>National report/results published: June 2024</p>	<p>1.Increased the number of feedback mechanisms into the Divisions re LDA LeDeR learning by creating quarterly LeDeR learning PP for Divisional Governance meetings.</p> <p>2.Seek solutions regarding the Trust ability to monitor re-admission rates by undertaking a IT capability review.</p> <p>3.Seek solutions regarding the Trust ability to flag people with LDA on waiting lists for assessment/treatment on internal IT systems by working with the ‘improving together’ team.</p> <p>4.Make access to the complaints service (PaS) more accessible to people with LDA by making easy read forms available on the Trust Website, that provides clear information on how to make a complaint and the process involved.</p> <p>5.Through process development and staff education, increase opportunities for patients to make choices for themselves; continue the roll-out of the OMMT in the Trust. Development an Easy Read/Communications folder in each clinical area. MCA education including Trusted Assessor MCA training, daily walk rounds by ward managers to include conversations with patients and families, update ‘Nerve centre’ to incorporate patient communication and their chosen reasonable adjustments.</p> <p>6.Put mechanisms in place to ensure those who need to know understand what support can be provided to carers when loved ones are in the Trust; supported by the Carer Support Passport, Volunteer checks with patients and families to ensure support is being received, and the introduction of flexible visiting.</p> <p>Audit results demonstrated Reasonable Assurance – Practice meets the majority of the standards</p>

CQC registration and statement on CQC reviews or investigations

Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Our current registration status is "Requires Improvement". The Trust does not have any conditions on registration. The Care Quality Commission has not taken any enforcement action against the Trust.

Current CQC rating

Overall rating	Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

Our Maternity Services were assessed on 6 September 2023 as part of the national maternity inspection programme. This was a focused inspection, evaluating the 'Safe' and 'Well-led' quality statement questions. Following the assessment, Maternity Services were rated as 'Requires Improvement' in both areas. In response, a comprehensive improvement action plan was developed, with regular progress updates shared at the Trust's CQC quarterly engagement meeting

Our Medical Care Service was assessed between 16 May to 28 June 2024, the CQC looked at the quality statements across all five key questions: Safe, Effective, Caring, Responsive and Well-Led, following the assessment the CQC rated as Good.

Our Surgery Care Service was assessed on 19 and 20 March 2025. The CQC evaluated the quality statements across all five key questions: Safe, Effective, Caring, Responsive, and Well-Led. At the time of this report's publication, the Trust is awaiting the outcome of this inspection.

The Trust has had regular engagement with the CQC Bath and North East Somerset, Swindon and Wiltshire (BSW) inspection team to ensure we keep them informed of our service delivery and of any changes this includes:

- Quarterly engagement meetings with the executive team, this includes updating on the progress of the maternity improvement action plan
- Working closely with our inspectors to respond to all CQC enquires.

Research and development

Health research is vital to generate knowledge and evidence to improve the health and care of patients, service users, carers, and the public as well as improving our health and social care systems.

Our Research and Innovation (R&I) team, comprised of nurses, practitioners, support workers, administrators, and governance staff who work to deliver safe and effective health research. The department is also supported by research posts in both pharmacy and pathology, enabling us to offer our patients access to new and cutting-edge treatment options.

In 2024/25, over 100 research studies have been active in the organization, with more than 350 patients opting to take part across 24 of our clinical specialties. By opening over 20 new studies this year, we continue to offer new treatment options and to support the development of evidence-based healthcare.

In 2024/25, the Trust's contribution to a commercially sponsored trial investigating treatment of heart failure was recognised, with two Cardiology consultants from the Trust being named authors on the published paper. The C-SPOT study aimed to study whether combining conduction system pacing and cardiac resynchronisation improved cardiac function. It was found that all patients showed improvement in function and electrical activation. It was shown that some patients would benefit from this combined approach. Perhaps the most interesting, and intriguing finding, was that the improvement in heart function was much greater than would normally be seen with conventional pacing. Patients also reported much reduced symptoms compared with conventional pacing.

In 2024/25, the Trust has invested in supporting our own staff to develop research ideas that directly address the needs of our patients and services. Including being provided with dedicated time to focus on designing research, and to submit applications for competitive research funding. As a result, we are on track to deliver our first multi-year grant-funded research project in 2025/26.

The R&I team are passionate about the work that they do. In recognition of their dedication

and hard work, one of our research support staff won the Trust's Star of the Month award this year. Furthermore, a Research Nurse won an Equality, Diversity and Inclusion award at the Trust's staff awards, in recognition of the contribution they have made to make research available to local populations who are currently under-served by research, and where the burden of need is the greatest.

This work has involved the research team developing collaborative relationships across Swindon and promoting research across the region by attending local community events to talk about the benefits of taking part in research. Another major success has been the launch of the Improving Together methodology within the research department, where all staff are given a voice in finding ways to enhance our service.



Learning from deaths

During 2024/2025, 1374 of Great Western Hospitals NHS Foundation Trust patients died, 694 case record reviews and investigations have been carried out in relation to the 694 deaths in 2024/25. 50 of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

Data for Q1-4 2024/25 is presented below:

	Q1	Q2	Q3	Q4	Total
No. of deaths	326	328	379	400	1433
Case record reviews	132	102	190	172	596
Investigations (SJRs related to incidents)	17	7	9	0	33
No. of deaths with problems identified in care	23	8	14	14	59
No. of deaths >50% avoidable	8	1	5	1	15

Medical Examiner

The Medical Examiner Service in Swindon has been scrutinising all hospital deaths since 2020. The aim of this service is to improve the accuracy of completion of the Medical Certificate of Cause of Death, advise on deaths that need coroner referral and establish pathways to alert Trust Mortality and Clinical Governance of any potential learning or need for structured judgement review. The Medical Examiners support families following a bereavement by discussing and explaining the death of their loved ones.

Seven-day service programme

The Trust continues to work towards achieving the standards for seven-day service. The Trust meets three of these standards and therefore our focus continues to be on the following key standard: All emergency admissions must be seen and have thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of

admission to hospital. Previous audits have shown the Trust is not consistently meeting this standard.

The teams are working on matching demand and capacity through team job planning and will be working collaboratively within the Trust and the Acute Hospital Group to ensure services are redesigned to provide the best service we can for all our patients.

The work will be continued in 2025/26 with new national guidance on job planning, as well as a regional focus on service redesign.

Commissioning for Quality and Innovation (CQUIN) framework

NHS England is proposing to continue to pause the nationally mandated CQUIN incentive scheme in 2025/26. This will mean that providers' income associated with CQUIN achievement is not at risk, and they are not required to repay any amounts if they do not fully meet the CQUIN criteria. CQUIN funding will continue to be included in prices. The fixed payment must continue to include the 1.25% funding previously identified for CQUIN.

Records submission

The percentage of records in the published data:

- Which included the patient's valid NHS number was: 99.9% for admitted patient care 98.9% for outpatient care and 98.9% for accident and emergency care
- Which included the patient's valid General Medical Practice Code was: 100% for admitted patient care; 100% for outpatient care; and 99.9% for accident and emergency care.

Payment by results

The Trust was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

Data Quality

The Trust will be taking action to continue to improve data quality, with monitoring reports now being reviewed monthly by the Trust's Data Quality Improvement Group (DQ-IG) and quarterly by the Trust's Information Governance Steering Group (IGSG). Technical changes that impact data in Trust systems and reporting are assessed in the fortnightly Data Quality Change Advisory Board (DQ-CAB).

These reports include data items which have been identified as causing concern. For example, coding completeness and validity, coverage of NHS numbers and ethnic groups, outpatient outcomes, review of external audit reports etc. The reports are used to allow management to improve processes, training, documentation, and computer systems, and will be integral to the preparation of data in advance of the migration to the Shared EPR.

The importance of good data quality has been recognised at Trust Board level. An annual awareness campaign supports members of staff to understand what good data quality is and how everyone is responsible for achieving it. In addition, data quality training has been incorporated into the Trust Information Governance mandatory training module this year, ensuring visibility for all staff across the Trust.

Information Governance

Each year the Trust completes a comprehensive self-assessment of its information governance arrangements by means of the NHS England Data Security and Protection (DSP) Toolkit. To maintain integrity, the Trust's DSP Toolkit is subject to an independent internal audit against the standards set by NHS England, on an annual basis.

Great Western Hospitals NHS Foundation Trust DSP Toolkit Assessment for 2023/24 was graded as 'Standards Met', with 108 out of 108 mandatory evidence items provided. The 2024/25 assessment has been substantially changed and is now based on the Cyber Assurance Framework. This assessment is in progress and is also subject to an audit. An interim assessment was published in December 2024, with the final DSP submission in June 2025.

Reporting against core indicators

The following set of national performance core indicators are required to be reported in the Quality Account using data made available to the Trust by NHS Digital.

Summary Hospital-Level Mortality Indicator (SHMI)

The Summary Hospital-Level Mortality Indicator (SHMI) is the NHS' standard measure of the proportion of patients who die while under hospital care and within 30 days of discharge. It takes the basic number of deaths and then adjusts the figure to account for variations in factors such as the age of patients and complexity of their conditions, so the final rates can be compared.

The resulting SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the expected number based on average England figures, given the characteristics of patients treated at the Trust. The expected SHMI is one, though there is a margin for error to account for statistical issues. Summary Hospital-Level Mortality Indicator (SHMI) – deaths associated with hospitalisation, England (NHS Digital national benchmarking):

Table 1: Summary Hospital Level Mortality Indicator

Period	Value	SHMI banding
2023/24	1.04	As expected
2022/23	1.01	As expected
2021/22	1.05	As expected
2020/21	0.89	3 (lower than expected)
2019/20	0.99	2 (as expected)

The data displayed is for the last reported period via NHS Digital.

Table 2: Palliative Care

Period	Value
2023/24	Data not available on NHS Digital
2022/23	2.10
2021/22	1.04
2020/21	0.89
2019/20	0.99

The number of patients who died after being coded as under palliative care – relief of symptoms only – is collated nationally. This can affect mortality ratios, as palliative care is applied for patients when there is no cure for their condition, and they are expected to die. (NHS Digital national benchmarking).

The data displayed is for the last reported period via NHS Digital.

Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient’s perspective, information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Patient-reported outcome measures (PROMs) are based on patients’ own experiences. People are asked about their health status and quality of life both before and after four types of surgery – hip replacement, knee replacement, varicose vein surgical treatment and inguinal hernia repair.

The scale runs from zero (poor health) to one (full health). The ‘health gain’ as a result of surgery can then be worked out by adjusting for case-mix issues, such as complexity and age, and subtracting the pre-operative score from the post-operative score.

In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data.

Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a

pause in the current publication reporting series for PROMs at this time.

Period	Procedure	Adjusted average health gain - EQ-5D index TRUST	Adjusted average health gain - EQ-5D index ENGLAND	Adjusted average health gain - EQ-VAS index TRUST	Adjusted average health gain - EQ-VAS index ENGLAND	Adjusted average health gain - Oxford Knee Score index (GWH)	Adjusted average health gain - Oxford Knee Score index (England)
2024/25	Knee Replacement Revision	Not available on NHS Digital	Not available on NHS Digital	Not available on NHS Digital	Not available on NHS Digital	Not available on NHS Digital	Not available on NHS Digital
	Knee Replacement Primary						
	Knee Replacement						
	Hip Replacement Revision						
	Hip Replacement Primary						
	Hip Replacement						
2023/24	Knee Replacement Revision	Not available on NHS Digital	0.30	Not available on NHS Digital	5.50	Not available on NHS Digital	14.8
	Knee Replacement Primary	0.32	0.30	5.005	7.50	14.181	16.8
	Knee Replacement	0.318	0.30	6.378	7.60	14.559	16.5
	Hip Replacement Revision	Not available on NHS Digital	0.30	Not available on NHS Digital	10.20	Not available on NHS Digital	15.2
	Hip Replacement Primary	0.463	0.50	13.879	13.90		22.60
	Hip Replacement	0.471	0.40	15.016	13.60		21.90

Re-admissions

Readmissions can occur for a variety of reasons, including being discharged too early, large numbers of readmissions to hospital after treatment might suggest patients had been discharged too early. Rates are therefore monitored nationally. The published 28-day readmission rate for the Trust is:

Period	Patients aged 0 - 15 (GWH)	Patients aged 0 – 15 (England)	Patients aged 16+ (GWH)	Patients aged 16+ (England)
2024/25	Data not available on NHS Digital			
2023/24	14.1	13.2	15.2	15.1
2022/23	13.1	12.8	15.3	14.4
2021/22	12.4	12.5	15.4	14.7
2020/21	12.9	11.9	16.1	15.9
2019/20	11.7	12.5	14.9	14.7
2018/19	11.4	12.5	15.4	14.6

Responsiveness to the personal needs of patients

The Trust collects information on its responsiveness to patients' personal needs, augmenting the feedback collected as part of the national inpatient survey and Friends and Family Test. Patients are asked five questions to compile an overview:

- Were you as involved as you wanted to be?
- Did you find someone to talk to about worries and fears?
- Were you given enough privacy?
- Were you told about medication side-effects to watch for?
- Were you told who to contact if you were worried?

Period	Indicator value (GWH)	Indicator value (England)
2024/25	Data not available on NHS Digital	
2023/24	Data not available on NHS Digital	
2022/23	Data not available on NHS Digital	
2021/22	Data not available on NHS Digital	
2020/21	71.90%	74.50%
2019/20	63.40%	67.10%
2018/19	65.60%	67.20%

The data displayed is for the last reported period via NHS Digital.

Staff who would recommend the Trust to their family or friends

The staff survey asks how likely staff are to recommend their NHS service to friends and family. The Great Care campaign is focused on improvement projects to address areas of concern identified in the staff and inpatient survey.

Period	Agree (GWH)	Strongly agree (GWH)
2025	Data not available on NHS Digital	
2024	47%	13%
2023	46%	14%
2022	45%	12%

Patients admitted to hospital who were risk assessed for venous thromboembolism

Venous thromboembolism (VTE) is a clot in the deep veins of the leg, which can break off and clog the main artery to the lungs. Known as a pulmonary embolism, this can be serious, or even fatal. It is important to make sure patients do not develop VTE in hospital, where the risk is often greater because people tend not to move around as much, making blood in the veins of the legs more vulnerable to clotting. Patients need to have their VTE assessed, so drugs or stockings can be used to reduce the risks. The patient assessment target is 95%

Period	Agree (GWH)	Strongly agree (GWH)
Q4 2024/25	Data not available on NHS Digital	Data not available on NHS Digital
Q3 2024/25		
Q2 2024/25		
Q1 2024/25		
Q4 2023/24	98.90%	
Q3 2023/24	96.50%	
Q2 2023/24	97.30%	
Q1 2023/24	94.60%	
Q4 2022/23	93.60%	
Q3 2022/23	95.96%	
Q2 2022/23	97.18%	
Q1 2022/23	95.04%	
Q4 2021/22	Incomplete	
Q3 2021/22	Incomplete	
Q2 2021/22	52.30%	
Q1 2021/22	95.15%	

Clostridium difficile infection

Clostridium difficile (C.difficile) is an infection, which can cause serious symptoms and potentially death. Although naturally present in some people, it can spread quickly in a confined environment like a hospital. The Trust has been working hard to combat this infection using different infection control techniques to keep patients safe.

Table: Clostridium difficile infection data

Period	Rate – Total cases per 1000 bed days (GWH)	Rate – Total cases per 1000 bed days (England)
2024/25	Data not available on NHS Digital	Data not available on NHS Digital
2023/24	19.69	18.80
2022/23	15.36	20.28
2021/22	17.20	18.30
2020/21	10.40	17.70
2019/20	13.57	15.46
2018/19	13.49	14.09

Data displayed is for the last reported period via NHS Digital.

Patient safety

The Trust is committed to delivering quality patient care, ensuring high standards of health and safety, by providing a system of incident reporting which allows all staff to record any incident which causes harm, damage or loss or has the potential to do so. Incident reporting presents an important opportunity to explore what happened, to identify learning using a learning response that is proportionate and to amend systems and processes to prevent re-occurrence.

The Trust supports a high reporting culture, encouraging staff to report all such incidents, embracing a just and learning culture approach as part of the patient safety incident review process. The Trust is committed to ensuring that involving the patient, family and staff members throughout the learning process is embedded. This conveys a culture that is honest and open, so lessons can be learned and shared. Only a very small minority of incidents, cause severe harm or death, these trigger the most rigorous of investigations.

There is overwhelming evidence that NHS organisations with a high level of incident reporting are more likely to learn and subsequently increase safety for everyone.



Table 1: Overview of Patient safety incidents

	Apr – Jun	Jul – Sep	Oct – Dec	Jan – Mar
Patient Safety Incidents 2021/22	3013	2896	3141	3299
Patient Safety Incidents 2022/23	3125	2534	2590	2912
Patient Safety Incidents 2023/24	2874	3120	3176	3492
Severe / Death 2021/22	18	21	26	28
Severe / Death 2022/23	20	25	35	29
Severe / Death 2023/24	11	19	14	8
Rate of patient safety incidents per 1000 bed days 2021/22	64.28	59.39	61.76	67.10
Rate of patient safety incidents per 1000 bed days 2022/23	62.20	49.48	49.00	57.01
Rate of patient safety incidents per 1000 bed days 2023/24	57.12	60.81	61.71	67.73
Rate of incidents resulting in severe harm or death (per 1000 bed days) 2021/22	0.38	0.43	0.51	0.57
Rate of incidents resulting in severe harm or death (per 1000 bed days) 2022/23	0.40	0.49	0.66	0.57
Rate of incidents resulting in severe harm or death (per 1000 bed days) 2023/24	0.22	0.47	0.27	0.16

Patient Safety Incident Response Framework (PSIRF)

The framework sets out the NHS' approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety (NHS England, 2022). It represents a significant shift in the way the NHS responds to patient safety incidents, from the Serious Incident Response Framework to a framework that is focused on compassion, engagement and involvement, utilising a range of system-based approaches to identify learning from patient safety incidents.

Developing processes to ensure the approach is considered and proportionate in response and using a supportive oversight process that focusses on strengthening the system and improvement. The Trust went live with PSIRF in April 2024 and ceased reporting patient safety incidents as Serious Incidents to Strategic Executive Information System (STEIS). The Trust has embraced the ethos of PSIRF, including development of a robust plan and policy that sets out how learning will be achieved.

The Trust transitioned to the Learn from Patient Safety Events (LFPSE) service, an NHS system for the recording and analysis of patient safety events that occur in healthcare.

Freedom to Speak Up

The Trust has developed the Freedom to Speak Up (FTSU) service and has increased the dedicated Lead Guardian role to four days per week from March 2025. In addition, new Guardians have been recruited throughout 2024, with the current number of Guardians at ten, with further recruitment planned for January 2025.

Staff who have concerns or issues they wish to raise have a number of channels available to them to use to support speaking up, particularly those relating to quality of care, patient safety, and bullying or harassment. The Trust encourages and invites staff to speak up and contribute to discussions and activities to improve both patient and staff experience.

The Trust has identified the following development areas for the coming year

- Develop key performance indicators to monitor the effectiveness of the service
- Develop a process of review following the closure of each concern to assess if any detriment occurred and to develop a process to address any concerns
- Develop a survey to test key aspects of the Freedom to Speak Up service including ability to access the policy
- Recruit further guardians and expand the service to include FTSU Ambassadors
- Provide support sessions for Guardians
- Benchmark and assess the service to ensure it meets the needs of the Trust.



Learning Disability and Autism (LDA) Practice 2024 – 2025

The Trust employs two Learning Disability (LD) nurses who job share. In 2024/25 the LD nurses supported staff in delivery of high quality, adjusted care for patients. Much of the activity has been day-to-day advice and support and direct ward care and effective discharge planning for people with complex needs. The work also includes a high level of advocacy, supporting the wards to be legally compliant with Mental Capacity Act process, human rights are protected, and ensuring the patient and families voice is heard and listened too.

The Trust continues to take part in the annual National NHSE LD and AS Improvement standards audit programme and receives annual outcome reports. The most recent report for the Trust was received in the Autumn of 2024.

The audit benefits from a triangulated data collection method, organisational data, staff survey and patient survey data and practice and the patient experience is reviewed under three headings: Respecting and protecting rights, inclusion, engagement, and workforce. Learning from the findings of the report are used to form the basis of the content of the annual Learning Disability Forum workplan thus ensuring the voice of patients and staff, alongside operational data inform the direction of quality and safety improvement projects.

The current focus is on projects to ensure that systems and processes are better able to identify vulnerability which enables staff to understand and provide personalised reasonable adjustments to care. The current projects are also focussed on ensuring equal access to diagnostic tests and services.

In 2024 the Trust held workshops with people with LD to help with design elements of the Emergency Department build project and members of the Trust regularly visit day service providers in Swindon in support of getting direct feedback regarding our service from those who use it. Further patient engagement and feedback projects are planned.

Consolidated annual report on rota gap for medical staffing including internal factors

The Trust currently has a total of 54.05 WTE vacancies across all grades and specialties of medical staff, this figure also includes doctors appointed pending start dates and candidates that are filling roles on a fixed term basis.

Internal factors:

Over the last 12 months the Trust has continued to focus on enhancing its social media advertisement of vacancies, reviewing job descriptions and adverts to ensure they are comparable with local organisations. In addition, the Trust has focused on utilising recruitment agencies to support with hard to recruit roles within the Trust. In particular working with candidates to understand their motivations and where possible introducing dual roles or flexible job plans.

The Trust continues to hold a British Medical Journal subscription and have a lead account manager supporting the advertisement of our roles. This subscription enables national and international advertising of all medical vacancies via their online portal and the advertising of Consultant vacancies in the BMJ printed journal. The Trust social media networks are also used for the advertising and promotion of medical opportunities.

Vacancies are reviewed during the Weekly and Monthly Medical Control Meetings and a regular review is in place for the use of all agency staff being used to fill vacancies within departments.

The Trust continues to use SARD (Secure Appraisal Revalidation Database) as a software solution to manage both medical revalidation and medical e-job planning. A full job planning cycle 24/25 has been loaded onto SARD for all specialties. In addition, the medical roster roll out has taken place with the majority of specialties actively using the rostering system for rotas and requesting of annual leave. In addition, the Trust has rolled out Loop allowing employees to access their rotas and leave requests via mobile devices.

Medical Roster Administrators are now in place within the Medicine and Surgery Divisions to support with the maintenance of the roster and processing leave requests. Monthly oversight takes place with reports of progress/learning discussed at the Medical Staff Support Group (MSSG).

There has been a focus on improving work schedule timescales and ensuring this information is transferred directly to the rostering system allowing ease of access to rosters ahead of starting rotations for Resident Doctors.



Performance against key national priorities

An overview of performance in 2024/25 against the key national priorities. Performance against the relevant indicators and performance thresholds are provided.

Measure	National Target	Local Target 2022/23	Performance 2023/24	National Target	Local Target 2024/25	Performance 2024/25
ED 4 hours Q1	95%	76%	75%	Data not available on NHS Digital	Data not available on NHS Digital	Data not available on NHS Digital
ED 4 hours Q2	95%	76%	75%			
ED 4 hours Q3	95%	76%	73%			
ED 4 hours Q4	95%	76%	73%			
Stroke	N/A	C	C			
RTT Waiting List	WL at Jan 2021	35,012 (Feb 24 Plan)	32, 674			
RTT 52 Weeks	0	1,687 (Feb 24 Plan)	1900			
DM01 performance Q1	99%	99%	52%			
DM01 performance Q2	99%	99%	46%			
DM01 performance Q3	99%	99%	47%			
DM01 performance Q4	99%	99%	66%			
Cancer performance (62 days) Q1	85%	85%	62%			
Cancer performance (62 days) Q2	85%	85%	69%			
Cancer performance (62 days) Q3	85%	85%	74%			
Cancer performance (62 days) Q4	85%	85%	72%			
Cancer performance (2WW) Q1	93%	85%	41%			
Cancer performance (2WW) Q2	93%	93%	66%			
Cancer performance (2WW) Q3	93%	93%	83%			
Cancer performance (2WW) Q4	93%	93%	63%			

Statements from Integrated Health Boards, local Healthwatch organisations, and scrutiny committees

Statement from Healthwatch West Berkshire

Healthwatch West Berkshire welcomes the opportunity to comment on the Quality Account for Great Western Hospitals NHS Foundation Trust 2024–25 period.

While we have not received any direct feedback from the public regarding the Trust’s services during this reporting period, we continue to value our ongoing relationship with the Trust. Healthwatch West Berkshire has maintained regular meetings with the Trust, which provide valuable opportunities for updates, information exchange, and collaborative discussion on key priorities impacting local people.

We appreciate the Trust’s openness and willingness to engage with Healthwatch and other stakeholders. This regular engagement supports transparency and ensures there is consistent focus on patient voice and experience at the heart of service development, and we commend the efforts being made to improve quality, safety, and patient experience in what remains a challenging healthcare landscape.

We look forward to continuing to work with the Trust over the coming year and will support opportunities to gather and share patient experiences as part of ongoing service improvement and assurance.

Fiona Worby

Lead Officer, Healthwatch West Berkshire

Statement from Healthwatch Wiltshire and Healthwatch Swindon

Healthwatch Wiltshire and Healthwatch Swindon welcome the opportunity to comment on the Great Western Hospitals NHS Foundation Trust (GWH) Quality Account for 2024/25. We appreciate the Trust's continued commitment to transparency, patient-centred care, and quality improvement.

Positive Developments

We commend the Trust for several key achievements:

- **Community Engagement:** The Trust's efforts to engage with diverse communities, including people with learning disabilities, carers, and those with sensory impairments, are commendable. Initiatives such as the "Change the Narrative" event and the Cancer Partnership Group reflect a genuine commitment to listening and learning from lived experiences.
- **Improving Together:** The continued rollout of the "Improving Together" programme is encouraging. The reduction in patient harms, increased outpatient productivity, and improved staff engagement are positive indicators of a culture of continuous improvement.
- **Support for Carers:** The expansion of the Carers Passport, open visiting hours, and community outreach to raise awareness of carer support are welcome developments. These efforts reflect a growing recognition of the vital role carers play in patient recovery and wellbeing.
- **Learning Disability and Autism (LDA) Practice:** The Trust's work to improve care for people with learning disabilities and autism, including the use of easy-read materials, patient engagement workshops, and the Learning Disability Forum, is commendable.
- **Night-Time Care:** The "Putting the Hospital to Bed" initiative is a thoughtful response to patient feedback and demonstrates a commitment to improving the inpatient experience.

Areas for Continued Focus

While we recognise the Trust's progress, we encourage further attention to the following areas:

- **Emergency Department Performance:** The Trust continues to face challenges in meeting the four-hour ED target. We support the ongoing work to improve triage and patient flow and encourage continued investment in staffing and infrastructure to reduce waiting times.

- **Sepsis Management:** We welcome the focus on improving compliance with the Sepsis 6 Bundle. We encourage the Trust to ensure that learning from the national audit is translated into timely and measurable improvements in clinical practice.
- **Patient Feedback and Complaints:** While the Trust has made efforts to gather feedback, we encourage further work to ensure that all patients, including those from underrepresented groups, can easily share their experiences. We also recommend greater transparency in how feedback leads to change.
- **Mortality Reviews:** We support the Trust's efforts to strengthen learning from deaths and encourage continued focus on improving clinical governance and safety culture.
- **CQC Ratings:** The Trust's overall rating of "Requires Improvement" highlights the need for sustained focus on leadership, safety, and responsiveness. We look forward to seeing the outcomes of the recent inspection of surgical services and the impact of the maternity improvement plan.

Looking Ahead

We are supportive of the Trust's priorities for 2025/26 and we look forward to continuing our collaborative relationship with GWH.

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

Jody Clark

Chief Operating Officer, Healthwatch Wiltshire and Healthwatch Swindon

Statement from the Council of Governors

The governors are of the opinion that the Quality Account presented is a realistic representation of the Trust's performance in 2024/2025.

In 2024, the Board of Great Western Hospitals NHS Foundation Trust, together with the Boards of Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust, agreed to form a Group. As Governors, we were fully involved and consistently consulted throughout this process, just as we have been in the development and communication of the Trust's local strategic direction, through virtual and face-to-face meetings.

The Council of Governors supports this document and proudly endorses the remarkable dedication shown by all members of staff, both now and in the future.

The Trust's priorities for quality improvement last year were:

- Reducing falls and falls with harm.
- Improving the experience of carers by delivering responsive support and information.
- Improving initial assessment of patients on front door services.

Over the past year, the Trust has made it a priority to actively listen to patients, families, and carers to better understand the issues that matter most and identify areas for improvement. This effort included reaching out to communities, especially those who may not typically have access to conventional feedback channels.

Through direct engagement with local communities, valuable insights were gained, leading to meaningful improvements in services, such as maternity care and front door operations. These are just a few examples of the positive changes implemented over the year.

As the Council of Governors, we have closely monitored these initiatives, received regular updates and sought assurance from the Non-Executive Directors (NEDs) that the quality agenda is being addressed and that outcomes are being carefully reviewed and evaluated.

The looking forward section of the Quality Account focuses on its main priorities for the coming year. These areas are:

- Patient safety: Measuring and improving compliance with the Sepsis 6 Bundle
- Patient experience: Putting the hospital to bed
- Clinical effectiveness: Supporting patients to self-administer their own medications

The governing body was consulted on these priorities and is fully supportive of their role as key quality markers for the year ahead. We will continue to monitor progress closely and provide appropriate challenge to ensure that meaningful change is delivered – always with the highest standard of care for patients and the wider public.

Natalie Titcombe

Lead Governor on behalf of the Council of Governors

Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB)

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) on the Great Western Hospitals NHS Foundation Trust's Quality Account for 2024/ 2025. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of the Trust's achievements, challenges and future priorities, aimed at providing continued delivery of high-quality care.

It is the view of the ICB that the Quality Account reflects the Great Western Hospitals NHS Foundation Trust's ongoing commitment to continuous improvement in patient care and safety, and recognises the Trusts key achievements in the following areas:

- Sustained reduction in the total harms from incidents throughout 2024/25. The average from September 2024 has shown a 20% reduction below the historic average and a 45% reduction from its peak in January 2022
- Continued quality improvement focus to reduce pressure harms and patient falls. The medicine division has seen a 25% reduction in pressure harms during 2024/25 and the former Integrated Care and Community Division reported a 70% reduction in pressure harms in community patients
- A continued increase in the number of positive responses from patients that have completed the Friends and Family Test
- A noted reduction in the length of time patients wait for care in the Urgent Treatment Centre, noting there has been an increase in the numbers of people attending
- The voluntary turnover rate of staff has reduced to a new average of 8.5%, well below the target of 11%
- Improving timely initial assessment of patients at front door services, with additional triage capacity and training implemented within the Urgent Treatment Centre
- The move to the new national Patient Safety Incident Response Framework (PSIRF) in April 2024, with a focus on learning from safety incidents that has engagement and involvement at its heart.

BSW ICB also recognises the breakthrough objectives and areas identified for further

development during 2025/26, with a focus on reducing emergency department ambulance handover delays; further reductions in the number of reported inpatient falls and an overall continued increase in the number of patients reporting a positive experience of care.

We look forward to seeing progress with the quality priorities identified in this Quality Account, in conjunction with the continued maturity of PSIRF and the Trust's contribution to system wide learning and improvement.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with the Great Western Hospitals NHS Foundation Trust and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Yours sincerely

Gill May

Chief Nurse Officer, BSW ICB

Statement of Directors' responsibilities for the Quality Account

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.

In preparing the quality report, 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.
- The Quality Account presents a balanced picture of the organisation's performance over the period covered.
- The performance information reported in the quality account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with National Health Service (Quality Accounts) Regulations 2010.
- There is no longer a national requirement to obtain external auditor assurance on the Quality Account. Therefore, no limited assurance report is available on the Quality Account report in 2024/25.

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

By order of the Board.

Liam Coleman, Chair



Cara Charles-Barks, Chief Executive



Glossary

Term	Definition
Autistic Spectrum Disorder (ASD)	A developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviours or interests.
Breakthrough objective	These are the areas for focused Trust-wide improvement, we should be able to see a 20-30% improvement over a 12-to-18-month period and they should be the focus of our Trust-wide improvement energy. They are likely to be top contributors to driving improvement in one of our pillar metrics.
Care Quality Committee (CQC)	The independent regulator of health and adult social care in England.
Carers UK	Carers UK is there to listen, to give expert information and guidance, to champion individual rights and support in finding new ways to manage at home, at work.
Clinical Audit	Clinical audit is a way to find out if healthcare is being provided in line with standards and allows care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients.
Clinical Governance	Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.
Clinical Quality Indicators	Metrics used to assess the clinical effectiveness, safety, and patient experience of healthcare services. Clinical quality indicators may include mortality rates, infection rates, waiting times, and patient satisfaction scores.
Clostridium difficile infection	Also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea.
Commissioners	Responsible for assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.
Dining Companions	Assist ward staff and patients during mealtimes, which includes feeding some patients who need extra help.
Elective Surgery	Means that the surgery isn't an emergency and can be scheduled in advance. It may be a surgery you choose to have for a better quality of life, but not for a life-threatening condition.
Emergency Care	Emergency care involves life-threatening illnesses or accidents which require immediate treatment.
Freedom to Speak Up Guardian	The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides support and challenge to the healthcare system in England on speaking up.
Friends and Family Test (FFT)	Feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
Healthwatch	Obtain the views of people about their needs and experience of local health and social care services.
Hospital Episode Statistics (HES)	A curated data product containing details about admissions, outpatient appointments and historical accident and emergency attendances at NHS hospitals in England.
Information Governance (IG)	The framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.
Integrated care boards (ICB)	Partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities.
Integrated Front Door (IFD)	The point of contact for enquiries and referrals relating to children and young people made by professionals, families and the public.

Glossary

Interpreting and Translation services	A professional interpreter will convert spoken words from one language to another in real-time.
Learning Disability (LD)	Disorders that affect the ability to: Understand or use spoken or written language.
LeDer	Integrated care systems are responsible for ensuring that LeDer reviews are completed based on the health and social care received by people with a learning disability and autistic people (aged four years and over) who have died, using the standardised review process.
Maternity and Neonatal Voices Partnership (MNVP)	The (MNVP) listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity.
Medical Examiner	Medical examiners are senior medical doctors who are contracted for a number of sessions a week to provide independent scrutiny of the causes of death, outside their usual clinical duties.
National Health Service (NHS)	The government-funded medical and health care services.
NHS England	NHS England leads the National Health Service (NHS) in England, ensures that the healthcare workforce has the right numbers, skills, values and behaviours to support the delivery of excellent healthcare and health improvement to patients and the public.
'NHS@Home' / Hospital at Home	This service is a joint initiative by local NHS organisations that offers hospital-level care and remote monitoring in an individual's home, providing an alternative to hospital admission, or helping them to return home promptly following an inpatient stay.
Paediatrics	Paediatrics is the branch of medicine dealing with the health and medical care of infants, children, and adolescents from birth up to the age of 18.
Patient Advice and Liaison Service (PALS)	The service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Patient passport	The aim of the Hospital Passport is to provide our staff with information about yourself and your carers during a hospital visit
Patient Reported Outcome Measures	Patient reported outcome measures.
Patient Safety Incident Review Framework (PSIRF)	An approach to responding to patient safety incidents. Compassionate engagement and involvement of those affected by patient safety incidents.
Patient surveys	Surveys conducted to gather feedback from patients about their experiences with healthcare services. Patient experience surveys assess various aspects of care delivery, including communication, accessibility, and responsiveness to patient needs.
Pressure ulcers	Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as bedsores or pressure sores.
Pillar metrics	These are our 12 metrics that tell us whether we are doing well on driving forwards our vision and strategy. These last for the duration of our strategy (3-5 years).
Salisbury Spinal Unit (SCI)	The centre focuses on the care and rehabilitation of persons with spinal cord injury.
Spinal cord injury (SCI)	Spinal cord injury (SCI) is a serious medical condition, which often results in severe morbidity and permanent disability.

Glossary

Summary Hospital-level Mortality Indicator (SHMI)	Summary Hospital-level Mortality Indicator (SHMI) – Deaths associated with Hospitalisation.
Surgery	The branch of medical practice that treats injuries, diseases, and deformities by the physical removal, repair, or readjustment of organs and tissues.
Swindon Borough Council (SBC)	The local authority of the Borough of Swindon. It is a unitary authority, having the powers of a non-metropolitan county and district council combined.
The Commissioning for Quality and Innovation (CQUIN)	The framework supports improvements in the quality of services and the creation of new, improved patterns of care.
The NIHR Clinical Research Network (CRN)	Supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care.
Tissue viability	A growing speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration.
Triage	To decide the order of treatment of patients.
Venous thromboembolism (VTE)	Venous thromboembolism (VTE) is a condition that occurs when a blood clot forms in a vein. VTE includes deep vein thrombosis (DVT) and pulmonary embolism (PE).
Volunteers	Support staff by undertaking activities and tasks on the wards or within hospital teams.
Ward Accreditation Programme	A structured framework used in hospitals and healthcare settings to assess and improve the quality of care delivered in specific wards or clinical areas.