NHS
Great Western Hospitals
NHS Foundation Trust

Quality Account

2025 - 2026

Together we are Great

Foreword

Welcome to the Great Western Hospitals NHS Foundation Trust's (GWH) Quality Accounts for 2025/26. This document is our annual report to the public about the quality of the services we deliver to the people we care for. It also describes the approach we take to consistently improve quality, safety and patient experience.

This is my second year writing to you as the Chief Executive of BSW Hospitals Group, which includes GWH, the Royal United Hospitals Bath, and Salisbury Foundation Trust.

Our Group came together with the belief that we really can do more by working together than we ever could apart. By bringing together our skills, experience, and resources, we are better placed to address our challenges and improve the experience of both patients and colleagues.

Despite significant challenges over the past 12 months - including financial pressures, workforce constraints and national change - GWH has continued to deliver high-quality, compassionate care and a strong patient experience and for that I want to express my sincere thanks to our dedicated staff.

We have also made important progress in innovation and improvement. Our shared continuous improvement methodology, Improving Together, is delivering tangible benefits which include both small-scale improvements and larger service changes; helping teams learn from one another and accelerate the adoption of effective ideas and best practice.

Each year, we carefully choose quality priorities that are grounded in what our data, our stakeholders, patients and carers are telling us for each of the three domains of quality – patient safety, clinical effectiveness, and patient experience.

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 – Safe use of Oxygen
- Patient experience – To improve the patient experience of the hospital discharge process
- Clinical effectiveness – To reduce patient harm through reduction of postpartum haemorrhage

Patient safety – Safe use of Oxygen: This is a key quality priority because oxygen is a medicine, and like any medicine, it must be given in the right amount. Too much or too little oxygen can be harmful. By improving how we prescribe, monitor, and deliver oxygen, we can keep our patients safer and ensure they receive the right care at the right time.

Patient experience – To improve the patient experience of the hospital discharge process: We know from all the feedback we receive that patients, families and carers often feel unhappy with the discharge process. The main issue people tell us about is not having clear or consistent information about what is happening and what to expect. Our goal is to improve the feedback we receive, especially around communication and setting clear expectations for discharge.

Clinical effectiveness – To reduce patient harm through reduction of postpartum haemorrhage: We will focus on improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing review and learning to reduce maternal morbidity and mortality.

Our Quality Priorities are a crucial way for us to demonstrate our commitment to achieving our vision that everyone who comes to GWH knows that they matter. I look forward to sharing our progress against these over the next 12 months.

On behalf of the Trust Board, I would like to thank all our staff, who are committed to working together to deliver excellent care.

I confirm that to the best of my knowledge the information in these Quality Accounts is accurate.

Cara Charles-Barks
Chief Executive
BSW Hospitals Group

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About us

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 provides emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant led), and outpatient and day case services.

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 annual Quality Account reports on the quality of the services we deliver as a health care provider. It 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.

Key achievements

April 2025

- Launched our new local strategic direction for 2025 to 2028
- Joined Circular Economy Healthcare Alliance
- Conclusion of the 2024/25 flu vaccination campaign, with 59 percent of staff vaccinated
- Trust plays a leading role in the international CSPOT clinical trial
- Staff improvement forum launched to support sharing of improvements

May 2025

- Pharmacy Aseptic Unit opens
- Sulis Orthopaedic Centre opens in Bath

June 2025

- Relaunch of Never OK, our staff abuse and violence prevention campaign

July 2025

- Site of the Month for stop smoking trial in pregnancy
- 'Mad Hatters Tea Party' themed Staff Excellence Awards takes place
- CQC inspection of U&EC and Surgery

August 2025

- New Green Plan to support sustainability goals at the Trust
- Inclusive and sustainable theatre hats

September 2025

- Research team helps bring new RSV protection to babies across the UK
- New sculpture unveiled to mark Organ Donation Week
- Great West Fest returns
- Anniversary to mark one year of our new Emergency Department
- Introduction of 'Our behaviours' for staff
- Improvements in annual adult inpatient survey results

October 2025

- Pads on a Roll - Free sanitary pads available in staff toilets
- New unit combines surgical and medical discharges on Dorcan ward

November 2025

- Relaunch of 'Putting the hospital to bed at night' project

December 2025

- Endoscopy Unit opens at Community Diagnostics Centre in West Swindon

January 2026

- CQC inspection of maternity services

February 2026

- Expansion of Neonatal Transitional Care Unit

March 2026

- 2025 annual staff survey published with 66 percent response rate, one of the highest response rates for acute and community trusts

Listening to our patients

We use the Friends and Family Test (FFT) to manage complaints, concerns, and compliments, and we use national and local surveys to provide insight into lived experiences and what matters most to the people in our local community.

This feedback subsequently helps us to shape our improvement priorities, engage and involve patients in direct improvement work and ensure that every voice is heard. Some examples of our engagement and involvement activity include:

Engaging with our local communities

The Trust works with our local communities, particularly those who do not always share feedback via traditional mechanisms. The strategy is to ensure patients feel involved by being proactive in communicating with minority ethnic groups, those living in poverty, unpaid carers, military personnel and disability groups, to better understand their unique needs and share our work.

Deaf Community

We've been working to improve access to healthcare for the local Deaf community, who experience marginalisation and inequality when using health services.

A group was established to work collaboratively with Deaf patients and representatives to identify priorities and deliver improvements. This work is ongoing but has included:

- Revising Trust policies to place greater emphasis on patient choice
- Implementing new technology to enable direct communication with British Sign Language (BSL) interpreters via the Patient Advice and Liaison Service (PALS) and Switchboard
- Introducing QR codes and a solution to allow immediate connection to a BSL interpreter
- Providing new staff training.

Maternity Services

Working closely with the local Maternity and Neonatal Voices Partnership (MNVP), the Trust actively engages with local communities to inform our improvement work which has included refugees and asylum seekers who require specific care and support during their maternity pathway.

Current engagement includes working closely to promote our forthcoming National Maternity survey so that everyone using our maternity services is encouraged and provided with the opportunity to take part.

Defence Medical Welfare Service

Our Defence Medical Welfare officers visit patients with military connections who are admitted to our Trust or make contact with the service. This approach ensures patients receive signposting and information which can enable a smoother discharge and prevent readmission.

Learning Disability and Autistic Spectrum Disorder

Following work with the mother of a previous patient and a local charity who provide resources to support adults with Learning Disabilities (LD) in hospital, the trust has continued to promote and distribute these resources across the organisation. The LD nurses work closely with the charity to enable this, and new LD volunteers are now being recruited to support the roll out of the resources and to check in with patients and their carers to ensure all adjustments are in place and that the care is to the highest standard.

Interpreting and Translation Services

The rise in demand for interpreting and translation (I&T) services continues with the trust working to better understand local population requirements, most frequently requested languages and how varying dialects can create additional barriers.

Additional communication resource folders have been implemented onto all wards, new resources provided by the PALS office and promotion of the I&T to the local community.

Spinal Cord Injury (SCI)

A coproduction group set up in 2023 has continued to meet and work on new areas for improvement for specialist care for those with historic SCI. Recent agreement for proactive placement of patients on specific wards has been made so that staff can be adequately trained and remain competent to deliver the specialist care required. The standard operating procedure and training programme is currently in development with roll out during the first half of 2026. The patient partners remain active members of the improvement group.

Care reflections

Patient experience films, known as Care Reflections, allow us to hear about lived experiences from our service users. The reflections provide an opportunity for patients, families and carers to feel involved, thank staff and share where they feel improvements should be made. A programme of shared learning and collaboration has now begun across BSW Hospitals group, and are used as part of governance meetings, staff reflection, training and feedback.

Unpaid carers

The focus of our Carers Support Passport is to recognise the carer, understanding their expertise and working in partnership. Information is provided to ensure that carers receive the support they require.

A new information hub, set to open this year, will provide a point of contact and support for our service users. Our carers lead visits local carer groups to ensure our services are promoted and that carers understand where they can seek support around the Trust.

Improving Together

Improving Together is our Trust-wide approach to change, innovation, and continuous improvement. Over the past year, we've strengthened and aligned our methodology across our BSW Hospitals Group so that improvement becomes something we all approach in a consistent way, while also enhancing how we learn from and share improvements across our organisations.

One of the ways we've supported this is through collaborative events, such as our Improving Together Week, time dedicated to celebrating achievements, learning from one another, and gathering valuable improvement ideas from both staff and patients.

Four years after Improving Together was introduced, more than 1,500 staff have taken part in a range of tailored training opportunities. This includes 22 teams who have completed Fast Track training, 25 teams who have taken part in our cohort-based programmes, and several teams who have attended Bootcamp training.

Staff are increasingly using the Improving Together approach to drive meaningful change. This is evident in the rising number of requests for support with team priorities and in the way teams are coming together with empowered voices to shape the services they provide. Recent staff survey results also show an increase in colleagues who feel able to make improvements within their own areas of work. This feedback is regularly reviewed to ensure that this sense of ownership is felt consistently across the organisation and to further promote a culture where everyone feels confident contributing to positive change.

Resources and training designed to support and equip staff in making improvements are continually reviewed and developed, ensuring bespoke options are tailored by each team to meet their specific needs.

Our training offer has now increased to monthly sessions, providing consistent year-round access, supporting new starters as they join, expanding overall training capacity, and giving ward staff the opportunity to attend even after their teams have completed cohort training.

Improvements made through training

The Undergraduate Team set out to reduce the number of consumables used in medical student training, particularly the 400 catheters purchased each year, with the aim of improving sustainability and lowering costs.

By networking with JR Hospital Oxford, completing a two-month waste audit, and introducing a process to safely reseal and repackage catheters, the team successfully trialled and scaled the reuse of training catheters with positive student feedback. As a result, ordering has reduced by 80%, waste has decreased by 1.6kg, and the Trust is saving £951.83 annually.

During the Covid-19 pandemic, increased respiratory equipment meant storage space on the respiratory ward Neptune had to be expanded, leading to the stock room and staff room being repurposed and eventually becoming overcrowded.

The team reviewed all materials in the stock room, identified what to keep, redistribute, dispose of, or remove due to being out of date. This allowed the rooms to be reorganised and the stock room returned to its original space. As a result, staff gained a larger, brighter break room that boosted morale, relatives received a more private space, and stock became better organised, more accessible, and more cost-effective for the department.

2026/27 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 supporting these changes will mean that our improvement facilitators are spending more time in clinical areas and offer a flexible approach to learning sessions.

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."

Impact on Quality and Safety

Reducing falls and falls with harm
Reducing harm from inpatient falls remains a key objective aligned to patient safety and experience, and the Trust is on track to meet its annual target of a 10% reduction in inpatient falls. Compared to the same period in 2024/25, there have been 152 fewer inpatient falls (as at Jan 2026), representing a significant improvement in patient safety and experience. We have seen a benefit in reductions in falls, resulting in moderate or severe harm where we are on track to exceed a 10% reduction.

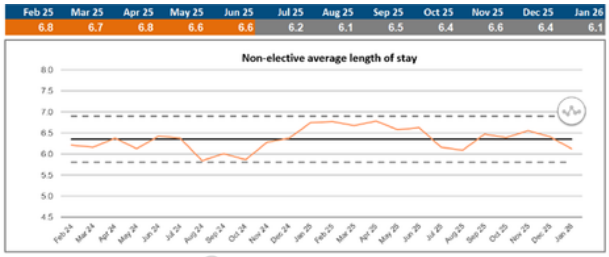
This improvement also delivers financial benefit of the order of approximately £400k efficiency benefit, in addition to avoided harm, reduced length of stay and improved confidence for patients and carers.

Improvement activity has been coordinated through the Improving Together Operational Management System, ensuring a consistent and Trust-wide approach to reducing falls. Key elements of this work include:

- Trust-wide analysis of stratified falls data to identify the areas contributing most significantly to incidents
- A structured A3 methodology to support robust root cause analysis and the development of targeted countermeasures
- Shared learning embedded in weekly and monthly improvement routines, enabling teams to spread effective practice
- Enhanced clinical and board-level oversight through the breakthrough objective governance process

This programme demonstrates how Improving Together enables sustained improvement in one of the Trust's most significant patient safety risks.

The Trust also has breakthrough objectives driving meaningful change in the following areas:



- The average time patients admitted as an emergency spend in hospital (length of stay) – where this has reduced from a high of 6.8 days to current levels of 6.2 days
- Increasing the respect staff feel they receive at work
- Improving waiting times between referral and first outpatient appointment where we have seen over a 10% improvement in 18 months of patients being seen within 18 weeks.
- Reducing the amount of money spent on purchasing goods and services (non-staff related expenditure).

Sharing learning and spreading adoption

Improving Together also focuses on sharing learning so that good ideas spread quickly across the organisation. The Staff Improvement Forum provides a space for colleagues to share examples of changes they have made in their own areas, from small practical improvements to larger service changes.

The Staff Improvement Forum has received over 200 improvement examples shared by colleagues across the Trust. These include both small-scale improvements and larger service changes, helping teams learn from one another and accelerate adoption of effective ideas. The forum supports:

- Celebration of staff-led improvement
- Rapid sharing of practical solutions
- Increased confidence and engagement in improvement activity

Building on this success, work is underway to develop a group-level improvement app across BSW Hospitals Group supporting system-wide learning and collaboration.

Large-scale improvement and transformation

The Improving Together methodology is increasingly being applied to larger-scale transformation, including: financial recovery programmes delivered alongside quality improvement and corporate projects aligned through our Strategy Deployment Matrix (SDM).

This is enabling clearer prioritisation, better use of resources and stronger alignment between quality, operational and financial objectives.

Looking ahead

Looking forward, Improving Together will continue to evolve with a focus on:

- Sustaining improvement routines and frontline ownership
- Strengthening alignment between quality priorities, breakthrough objectives and corporate programmes
- Increasing patient, carer and staff voice in improvement
- Supporting system working and shared improvement across BSW Hospitals Group.

Improving Together remains central to how the Trust delivers safe, effective and compassionate care, ensuring that quality improvement is not an additional task, but an integral part of how we work.

Priorities for improvement

Results and achievements for the 2024 to 2025 Quality Account Priorities

1) Patient safety - Measuring and improving compliance with the Sepsis 6 Bundle

Why was 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.

What we said we would 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.

What we did

The Sepsis 6 bundle audit has been complete. A number of improvement actions were identified during the audit, many of which have already been delivered or are well underway.

Key achievements include:

- Publication of updated sepsis guidelines
- Distribution of the Sepsis 6 bundle to all wards and front-door areas
- Sepsis Awareness Week activities in June 2025
- Introduced sepsis as the "theme of the month" for September 2025 in the Emergency Department
- Display of information on noticeboards across the Emergency Department and inpatient wards
- Launch of a mandatory sepsis training for staff
- Simulation-based sepsis training delivered to staff
- Development of a training plan to support ongoing education
- Inclusion of sepsis teaching in F2 and GP training programmes
- Short educational video to demonstrate correct blood culture collection to reduce contamination.

A repeat audit will take place to assess improvements and ensure continued progress.

2) Patient experience - Putting the hospital to bed

Why was this a priority?

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

What we said we would do

- We will ensure senior oversight of improvement actions including a number a of 'Go and See' visits 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.

What we did

- Senior oversight and 'Go and See' visits completed June and November 2025 which has shown an improvement in data regarding in staff awareness of the principles of the project and the sleep monitor role
- Daily staffing meetings: discussing skill mix, highlight if there are concerns regarding senior cover and experience.

Focused work has been undertaken to:

- Promote earlier discharges through the relocation of the discharge lounge
- New handover process has been trialled that eliminates the need for phone calls prior to patient transfers
- Embedding the sleep monitor role – including accsess to eye masks and ear plugs
- Prioritise access to core training for night staff which continues
- Trust has purchased further carers chairs to support open visiting
- Waiting inpatient survey results to monitor the progress of patient experience.

3) Clinical effectiveness - Supporting patients to self-administer their own medications

Why was this a priority?

Many inpatients 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.

What we said we would 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.

What we did

- SOP completed and is being worked into a new Trust policy
- Piloting has begun on several wards, a minimum of 60% of staff have received training before implementation on these wards
- Staff on Aldbourne ward have completed training

Our priorities for 2026-2027

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 - Safe use of Oxygen

Why is this a priority?

Safe use of oxygen is a key quality priority because oxygen is a medicine, and like any medicine, it must be given in the right amount. Too much or too little oxygen can be harmful.

When we review incidents involving oxygen, we see that it is not always given when patients need it, and sometimes patients receive more or less than they should. We also find occasions where oxygen is being used but has not been formally prescribed. By improving how we prescribe, monitor, and deliver oxygen, we can keep our patients safer and ensure they receive the right care at the right time.

What are our aims for the coming year?

- We will improve prescribing and administration of oxygen so that patients who are meant to receive oxygen have it appropriately prescribed, with appropriate target levels.
- We will ensure that patients who need to have oxygen administered from a cylinder have it administered and monitored safely.
- We will ensure that our cylinder management is good, ensuring that we always have the required number of cylinders available and stored appropriately where we need them.

What will we do?

- We will continue to monitor incident reports relating to oxygen cylinders not being used properly and implement actions to reduce the risk to patients when they need to receive oxygen from cylinders.
- We will ask our senior nursing leaders to define to what extent nonregistered healthcare staff can administer oxygen, and then enact training as required.
- We will ensure that there are clear expectations for what level of accompaniment a patient needs when being transferred in the hospital.
- We will monitor what percentage of patients in inpatient wards receiving oxygen have it prescribed and aim to improve this figure, ensuring that the target range is always appropriate for the patient.

2) Patient experience - To improve patient experience of the hospital discharge process

Why is this a priority?

We know from feedback through complaints, concerns, surveys, incidents, safeguarding, and conversations with our partners, that patients, families and carers often feel unhappy with the discharge process.

The main issue people tell us about is not having clear or consistent information about what is happening and what to expect.

What are our aims for the coming year?

- We want patients, families and carers to feel more informed and more confident about the discharge process.
- Our goal is to improve the feedback we receive, especially around communication and setting clear expectations for discharge.

What will we do?

- We will clearly explain who is responsible for each part of the discharge process, so everyone knows who to speak to.
- We will create an easy-to-follow visual guide for staff, helping them understand the different discharge pathways and their responsibilities. This will include patients going home with or without care, to a rehabilitation bed or a long-term nursing home placement.
- We will develop a reliable way of sharing discharge plans with patients, families and carers, so everyone stays informed.
- We will start using a new needs-assessment chart on every ward. This will help us clearly explain each person's daily needs to the local authority, so the right care and support can be arranged for them when they leave hospital.

3) Clinical effectiveness - To reduce patient harm through reduction of postpartum haemorrhage

Why is this a priority?

Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning will reduce maternal morbidity and mortality.

What are our aims for the coming year?

- Full implementation of the National Maternal Care Bundle aimed at reducing postpartum haemorrhage.

What will we do?

- Measure cumulative blood loss for all births in community and secondary care settings. This includes ensuring access to key resources
- Standardised definition and reporting of postpartum haemorrhage (PPH) and points of escalation by cumulative measured blood loss.

Statements of assurance

Clinical audit and national confidential enquiries

During 2025/2026, 63 national clinical audits and 3 national confidential enquiries covered relevant health services that the Trust provides.

During that period, the Trust participated in 97% 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 2025/2026 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 - COPD Secondary Care 2025/26	Yes	Data Collection in Progress
NRAP - Adult Asthma 2025/26	Yes	Data Collection in Progress
NRAP - Children & Young People Asthma 2025/26	Yes	Data Collection in Progress
Sentinel Stroke National Audit Programme (SSNAP) 2025/26	Yes	Data Collection in Progress
MBRRACE-UK 2025: Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	Yes	Data Collection in Progress
MBRRACE-UK 2025: Maternal mortality confidential enquiries	Yes	Data Collection in Progress
MBRRACE-UK 2025: Maternal mortality surveillance	Yes	Data Collection in Progress
MBRRACE-UK 2025: Perinatal mortality and serious morbidity confidential enquiry	Yes	Data Collection in Progress
MBRRACE-UK 2025: Perinatal Mortality Surveillance	Yes	Data Collection in Progress

MBRRACE-UK 2025: Perinatal Mortality Review Tool	Yes	Data Collection in Progress
National Neonatal Audit Programme 2025	Yes	Data Collection in Progress
National Paediatric Diabetes Audit (NPDA) 2025/26	Yes	Data Collection in Progress
National Pregnancy in Diabetes 2025	Yes	Data Collection in Progress
National Gestational Diabetes Mellitus Audit 2025	Planned	Data Collection Planned
NDA - National Diabetes Core Audit 2025/26	Yes	Data Collection in Progress
NDA - National Diabetes Inpatient Safety Audit (NDISA) 2025/26	Yes	Data Collection in Progress
NDA - National Diabetes Foot Care Audit (NDFA) 2025/26	Yes	Data Collection in Progress
NDA - Transition (Adolescents and Young Adults) and Young Type 2 Audit 2025/26	Yes	Data Collection in Progress
NCEPOD - Pleural Procedures	Yes	Data Collection in Progress
NCEPOD - Rib Fractures	Planned	Data Collection Planned
NCEPOD - Stabilisation of the critically ill child study	Yes	Data Collection in Progress
National Major Trauma Registry (NMTR) - Yr 2 2025/26	Yes	Data Collection in Progress
National Case Mix Programme 2025/26	Yes	Data Collection in Progress
National Emergency Laparotomy Audit - Yr 12 NELA 2025/26	Yes	Data Collection in Progress
National Emergency Laparotomy NoLap Audit - Yr 2 NELA 2025/26	Yes	Data Collection in Progress
National Joint Registry - NJR (2025/2026) (2025 data)	Yes	Data Collection in Progress
National Ophthalmology Audit - Adult Cataract Surgery Audit Year 10 (Cataract ops performed furin 2025/26)	Yes	Data Collection in Progress
Age-related Macular Degeneration Audit (AMD) Year 6 (Treatment started in 2025/26)	Yes	Data Collection in Progress

National Cardiac Arrest Audit NCAA 2025/26	Yes	Data Collection in Progress
Myocardial Ischaemia National Audit Programme (MINAP) - 2025-26	Yes	Data Collection in Progress
National Audit of Cardiac Rhythm Management (NACRM) 2025-26	Yes	Data Collection in Progress
National Audit of Percutaneous Coronary Interventions (NAPCI) 2025/26	Yes	Data Collection in Progress
National Heart Failure Audit (NHFA) 2025/26	Yes	Data Collection in Progress
FFFAP - Hip Fracture Database 2025/26	Yes	Data Collection in Progress
FFFAP - National Audit of Inpatient Falls (NAIF) 2025	Yes	Data Collection in Progress
RCEM - Care of Old People (COP) 2026 (Year 4)	Yes	Data Collection in Progress
RCEM - Time critical medications 2026	Yes	Data Collection in Progress
RCEM - Adolescent Mental Health (AMH) Year 1	Yes	Data Collection in Progress
NATCAN - National Lung Cancer Audit (NLCA) 2025/26 (2025 data)	Yes	Data Collection in Progress
NATCAN -National Prostate Cancer Audit (NPCA) 2025/26	Yes	Data Collection in Progress
NATCAN -National Bowel Cancer Audit Programme (NBCA) 2025/26	Yes	Data Collection in Progress
NATCAN - National Oesophago-Gastric Cancer Audit (NOGCA) 2025/26	Yes	Data Collection in Progress
NATCAN -National Audit of Metastatic Breast Cancer 2025/26	Yes	Data Collection in Progress
NATCAN -National Audit of Primary Breast Cancer 2025/26	Yes	Data Collection in Progress
NATCAN -National Ovarian Cancer Audit (NOCA) 2025/26	Yes	Data Collection in Progress
NATCAN - National Kidney Cancer Audit (NKCA) 2025/26	Yes	Data Collection in Progress
NATCAN - National Non-Hodgkin Lymphoma Audit (NNHLA) 2025/26	Yes	Data Collection in Progress
NATCAN - National Pancreatic Cancer Audit (NPaCA) 2025/26	Yes	Data Collection in Progress

National Early Inflammatory Arthritis Audit (NEIAA) 2025/26 (Year 8)	Yes	Data Collection in Progress
National Audit of Care at the End of Life 2025/26 (NACEL) - Round 7	Yes	Data Collection in Progress
NAD: Care in general hospitals - 2026	Planned	Data Collection Planned
LeDeR Programme 2025/26	Yes	Data Collection in Progress
National Maternity and Perinatal Audit (NMPA) 2025	Yes	Data Collection in Progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2025	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2025/26 - Cohort 8	Yes	Data Collection in Progress
Breast and Cosmetic Implant Registry (BCIR) 2025/26 (2025 Data)	Yes	100%
National Audit of Cardiac Rehabilitation 2026	Yes	Data Collection in Progress
National Acute Kidney Injury Audit 2025 (UKKA)	Yes	Data Collection in Progress
National Child Mortality Database 2025/26	Yes	Data Collection in Progress
BAUS - British audit of the investigation and referral of women with recurrent urinary tract infection using recent Guidance (BOOMERANG)	Yes	Data Collection in Progress
BAUS - Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	Yes	Data Collection in Data Collection in Progress
NCABT - Major Haemorrhage Audit 2025	Yes	100%
British Spine Registry (2025)	Yes	Data Collection in Progress
UK Parkinson's Audit	Yes	100%
BTS UK Interstitial Lung Disease (ILD) Registry	No	0%
Perioperative Quality Improvement Programme (PQIP) 2025/26	No	0%

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

National Respiratory Audit Programme (NRAP) – Secondary Care Adult COPD 2023/24

This audit gives reasonable assurance that care for adults admitted with COPD is good, with case capture higher than the national average and most key measures performing better than other hospitals. Local inpatient mortality was lower than expected. Improvements focus on strengthening non-invasive ventilation (NIV) practice and sharing learning with respiratory nurses and the NIV improvement team.

National Respiratory Audit Programme (NRAP) – Secondary Care Adult Asthma 2023/24

This audit shows reasonable assurance, with very high delivery of discharge bundles compared with other hospitals and a well-functioning respiratory nursing service. The main service gap identified relates to delays in biologic treatments, which will improve as services are brought back into secondary care with planned staffing and reconfiguration.

National Respiratory Audit Programme (NRAP) – Children & Young People Asthma 2023/24

This audit provides limited assurance because documentation of key care actions is inconsistent and below national levels in several areas. Planned actions include creating a standard asthma discharge bundle, updating guidelines, and embedding checklists into the electronic patient record to improve consistency and record keeping.

Sentinel Stroke National Audit Programme (SSNAP) 2023/24 (Acute Stroke)

This audit again gives limited assurance, showing good early imaging and discharge support but declining access to stroke units and reperfusion treatments. Staffing investment, including appointing an additional stroke consultant, has been completed to improve acute stroke care.

MBRRACE-UK 2022 – Perinatal Mortality Review Tool

This audit gives substantial assurance, with 100% of perinatal deaths reviewed and high family involvement. Actions to improve ethnicity recording have been completed to strengthen future analysis.

MBRRACE-UK 2023 – Maternal Morbidity

This audit provides substantial assurance, confirming appropriate management of high-risk mothers. Planned improvements focus on consistent recording of ethnicity and ongoing monitoring of blood clot prevention.

National Paediatric Diabetes Audit (NPDA) 2023/24

This audit provides reasonable assurance, showing improvements in glucose control and care processes compared with the previous year. Ongoing actions focus on increasing clinic capacity, improving access to psychology services, and expanding diabetes technology use.

National Diabetes Audit (NDA) – Core 2023/24

This audit gives reasonable assurance, with performance broadly in line with national averages and strong results in education and complication screening. Continued emphasis is placed on consistent documentation and wider technology uptake.

National Diabetes Foot Care Audit 2023/24

This audit gives reasonable assurance, although data submission issues limited analysis. Technical issues have been resolved and routine data submission has resumed.

NCEPOD – Community Acquired Pneumonia

This audit provides reasonable assurance that most standards are met. Planned quality improvement work includes better documentation of risk scores, smoking cessation advice, and providing consistent written information at discharge.

NCEPOD – Crohn's Disease

This audit gives reasonable assurance, highlighting strong multidisciplinary working. Improvements have focused on prioritising urgent surgery and establishing joint clinics, all of which have been implemented.

NCEPOD – Epilepsy

This audit provides reasonable assurance, with good compliance to national standards. Improvement actions focus on increasing epilepsy nurse specialist capacity and improving patient information and discharge communication.

NCEPOD – Endometriosis

This audit gives reasonable assurance, confirming strong multidisciplinary care and access to diagnostics. Improvements have included new patient information leaflets, quality-of-life tools, and regular MDT meetings, all now embedded.

NCEPOD – End of Life Care

This audit provides reasonable assurance, with strong practice in advance care planning and shared decision making. Ongoing work focuses on expanding parallel planning, improving communication, and working towards a future 7-day specialist service.

National Trauma Audit (TARN)

This audit gives reasonable assurance, showing excellent trauma leadership and outcomes. Improvements have focused on documentation quality, rehabilitation planning, and ward environment upgrades, all now embedded.

National PROMs – Elective Surgery

This audit provides reasonable assurance, with major improvements in patient feedback collection. Continued optimisation of text-message reminders and staff prompts is ongoing.

National Case Mix Programme – Critical Care

Across recent years, these audits provide reasonable to substantial assurance, showing good survival rates and low infection levels. Improvement work focuses on data completeness, discharge planning, and safer patient flow from intensive care.

CQC registration and statement

The 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	Required Improvement	Good

Our Maternity service was assessed on 20 and 21 January 2026. 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 team work to deliver safe and effective health research across the Trust. By delivering research, we directly contribute to the development of new treatment options for our patients. For example, we have supported numerous national research trials in the past decade that investigate new and improved treatments for Sjogren's Syndrome. As a result of this research, an effective treatment was identified this year, and is likely to be approved for use as treatment for patients with this Syndrome.

During the Covid-19 pandemic, the Trust was an early and high recruiter for the Recovery study which changed the management of a new disease and demonstrated the power of the NHS to deliver game changing research with a worldwide influence.

The cardiology team are recruiting to studies which are transforming the care of patients with heart failure, trialling new medications and pacemakers to treat people with advanced heart failure and also to prevent people getting heart failure.

We deliver research across a range of specialties. In 2025/26, 125 studies have been active in the organisation, with more than 500 patients opting to take part in research. By opening over 30 new studies this year, we continue to support the development of evidence-based healthcare.

New national metrics were implemented this year to monitor the time taken to open new research studies in order to enhance opportunities for patients to take part, with 2025 seeing a 19% improvement in how quickly we open research studies at the Trust. There has also been growth in our support for the life-science industry, which demonstrates our ongoing commitment to delivering research that leads to advancement in pharmacological treatment options.

Once recruited into a research study, patients are asked to complete the National Institute for Health and Care Research's Participant in Research Experience Survey (PRES) which collects views and experiences of participating in research. Results for 2025/26 show the majority of our participants felt valued when taking part in research, and would consider participating again in future.

We aim to develop a locally led research portfolio in partnership with key stakeholders, generating research that meets the needs of our patient population. In 2025/26, the Trust began delivering its first GWH-led research grant. Over three years, almost £270,000 will support a collaborative project involving the NHS, academia, community services and third-sector partners to improve care for people with Motor Neurone Disease.

Learning from deaths

Learning from deaths During 2025/2026, 1172 of Great Western Hospitals NHS Foundation Trust patients died, 496 case record reviews and investigations have been carried out in relation to the 1172 deaths in 2025/26. 49 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 2025/26 is presented below:

	Q1	Q2	Q3	Q4	Total
No. of deaths	**324**	**314**	**353**	**394**	**1385**
Case record reviews	**157**	**99**	**191**	**108**	**555**
Investigations (SJRs related to incidents)	**6**	**6**	**6**	**3**	**21**
No. of deaths with problems identified in care	**16**	**13**	**14**	**17**	**60**
No. of deaths >50% avoidable	**0**	**1**	**6**	**4**	**11**

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.

1. The Trust is undergoing an EPR upgrade and it is anticipated that our time to first consultant review data capture will be enhanced enabling a better understanding of the current situation and forming the basis for QI approaches to improve performance.
2. In 2026 a GIRFT led initiative to introduce and embed Clinical Operational Standards to improve time to first senior review has been launched - this is hoped to have a positive impact on standards 3, 6 and 8.
3. The trust has embedded QI methodology through all areas including Acute Care (standard 10).

Commissioning for Quality and Innovation (CQUIN) framework

NHS England is proposing to continue to pause the nationally mandated CQUIN incentive scheme in 2026/27. 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 99.9% for outpatient care and 99.8% 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 2025/26 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). There is an escalation route to the Trust's Information Governance Steering Group (IGSG) as necessary. 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.

The 2024/25 assessment was substantially changed and is now based on the Cyber Assurance Framework. Great Western Hospitals NHS Foundation Trust DSP Toolkit Assessment for 2024/25 was graded as 'Standards Met', with 197 out of 197 mandatory evidence items provided. The 2025/26 assessment is in progress and is also subject to an audit. An interim assessment was published in December 2025, with the final DSP submission in June 2026.

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 (data displayed is for the last reported period via NHS Digital)

Period	Value	SHMI Banding
2025/26	-	Not available on NHS Digital
2024/25	1.01	As expected
2023/24	1.04	As expected
2022/23	1.01	As expected
2021/22	1.05	As expected
2020/21	0.89	Lower than expected
2019/20	0.99	As expected

Table 2: Palliative Care

Period	Value
2025/26	Not available on NHS Digital
2024/25	Not available on NHS Digital
2023/24	1.01
2022/23	2.1
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).

Patient Reported OutcomeMeasures (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.

Data for 2024/25 and 2025/26 is not available on NHS Digital.

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 TRUST	Adjusted average health gain Oxford Knee Score index ENGLAND
2023/24	Knee Replacement Revision	Not available on NHS Digital	0.3	Not available on NHS Digital	5.5	Not available on NHS Digital	14.8
	Knee Replacement Primary	0.32	0.3	5.005	7.5	14.181	16.8
	Knee Replacement	0.318	0.3	6.378	7.6	14.559	16.5
2023/24	Hip Replacement Revision	Not available on NHS Digital	0.3	Not available on NHS Digital	10.2	Not available on NHS Digital	15.2
	Hip Replacement Primary	0.463	0.5	13.879	13.9		22.6
	Hip Replacement	0.471	0.4	15.016	13.6		21.9

2022/23	Knee Replacement Revision	Not available on NHS Digital	0.3		5.6	Not available on NHS Digital	14.2
	Knee Replacement Primary		0.3		8		17.4
	Knee Replacement		0.3		8		17
2022/23	Hip Replacement Revision		0.3		8.7		14.6
	Hip Replacement Primary		0.5		14.7		22.4
	Hip Replacement		0.5		14.5		22
2021/22	Knee Replacement Revision	Not available on NHS Digital	0.3	Not available on NHS Digital	5.6	Not available on NHS Digital	Not available on NHS Digital
	Knee Replacement Primary		0.3		8		
	Knee Replacement		0.3		8		
2021/22	Hip Replacement Revision		0.3		8.5		14.7
	Hip Replacement Primary		0.5		15		22.9
	Hip Replacement		0.5		14.7		22.5

Readmissions

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:

Data for 2025/26 is not yet available on NHS Digital.

Period	Patients aged 0 - 15 (GWH)	Patients aged 0 - 15 (England)	Patients aged 16+ (GWH)	Patients aged 16+ (England)
2024/25	13.3	13	16	14.9
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 in order 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?

Data is not available from 2021 to present on NHS Digital.

Period	Indicator Value (GWH)	Indicator Value (England)
2020/21	71.90%	74.50%
2019/20	63.40%	67.10%
2018/19	65.60%	67.20%

Staff who would recommend the Trust to their family or friends

The care question from the staff survey asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The Great Care campaign has focused on supporting existing and developing new improvement projects targeted to address areas of concern identified in the staff and inpatient survey.

Period	Agree (GWH)	Strongly agree (GWH)
2026	Not available on NHS Digital	
2025	46%	13%
2024	47%	13%
2023	46%	14%
2022	45%	12%
2021	48%	13%
2020	54%	16%

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 therefore particularly 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 therefore need to have their VTE assessed, so drugs or stockings can be used to reduce the risks. The target is for at least 95% of patients to be assessed. Data is not available for 2025/26.

Period	VTE Risk Assessment (GWH)	VTE Risk Assessment (England)
Q4 2024/25	98.10%	91%
Q3 2024/25	98.99%	91%
Q2 2024/25	99.06%	90%
Q1 2024/25	91.87%	90%
Q4 2023/24	98.90%	Data not available on NHS Digital
Q3 2023/24	96.50%	
Q2 2023/24	97.30%	

Q1 2023/24	94.60%	Data not available on NHS Digital
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	96.15%	

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

Data is not available for 2025/26.

Period	Rate - Total cases per 1000 bed days (GWH)	Rate - Total cases per 1000 bed days (England)
2024/25	24	23
2023/24	19.69	18.8
2022/23	15.36	20.28
2021/22	17.2	18.3
2020/21	10.4	17.7
2019/20	13.57	15.46
2018/19	13.49	14.09

The 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 reoccurrence.

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.

	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
Patient Safety Incidents 2024/25	3503	3348	3746	3482
Severe / Death 2021/22	18	21	26	28
Severe / Death 2022/23	20	25	35	29
Severe / Death 2023/24	11	19	14	8
Severe / Death 2043/25	14	15	14	12

Rate of patient safety incidents per 1000 bed days 2021/22	64.28	59.39	61.76	67.1
Rate of patient safety incidents per 1000 bed days 2022/23	62.2	49.48	49	57.01
Rate of patient safety incidents per 1000 bed days 2023/24	57.12	60.81	61.71	67.73
Rate of patient safety incidents per 1000 bed days 2024/25	68.4	67.19	71.36	66.46
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	0.4	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
Rate of incidents resulting in severe harm or death (per 1000 bed days) 2024/25	0.27	0.3	0.27	0.23

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 refreshed its PSIRF plan at the end of 2025. The refresh aligns this with the patient safety data available for the last 12-18 months.

The Trust continues to use the ethos of PSIRF to develop learning and a learning environment. This is further progressing with the embedding of key roles for patient safety, including Patient Safety Specialist, Patient and Family Engagement Managers and Patient Safety Partners (volunteers). The Trust continues to work with the wider system to develop a process of shared learning. This is being achieved through engagement at a number of Network meetings that is specifically aimed at patient safety and improvement.

Freedom To Speak Up (FTSU)

FTSU is an NHS initiative that ensures staff can safely raise concerns, helping the organisation improve patient care and create a safer, more supportive working environment. It encourages a culture where staff feel able to speak up, knowing they will be listened to, and their concerns will be acted on.

Each NHS organisation has a FTSU Guardian, an independent person who offers confidential advice and support to staff and helps ensure concerns are responded to in the right way.

In March 2025, the Trust strengthened the way it supports staff to speak up by introducing a substantive FTSU Guardian. This new approach replaces the previous model, where the role was shared between a Lead Guardian and volunteers. While that earlier system showed the Trust's strong commitment to listening to staff, it sometimes made it harder to provide a consistent and joined-up service.

Having a dedicated Guardian means there is clear responsibility for this important work, as well as more time to support staff who want to raise concerns. This is an important step in helping the Trust continue to build a safe, open, and compassionate culture. Since this change, more staff have felt confident to speak up, and the Trust has made progress toward becoming more transparent and responsive.

Staff are encouraged to raise concerns in any situation where they feel something isn't right -whether that relates to patient safety, the quality of care, or issues such as work culture. By speaking up, colleagues help us learn, improve, and make the hospital a safer and better place for both patients and staff.

Looking ahead to 2025/26, the Trust will continue strengthening its speaking-up culture by focusing on:

- Helping more staff understand how to raise concerns and where to find support
- Offering extra help to teams where concerns or patterns are identified
- Supporting the rollout of the new "Expected Behaviours," which promote kindness, respect, and psychological safety
- Improving how we listen to staff stories and experiences so we can spot early warning signs and take action sooner
- Working closely with staff networks, including those representing ethnic minorities, LGBTQ+ staff, disabled colleagues, and carers to make sure the service is accessible and trusted by everyone
- Strengthening the ways we protect staff from any negative treatment if they speak up, in line with national standards

These steps will help us continue creating an environment where speaking up is welcomed, concerns are taken seriously, and improvements benefit patients, staff, and the wider community.

Learning Disability and Autism (LDA) Practice 2025 – 2026

Delivering high-quality, safe and equitable care to people with a learning disability in acute hospitals requires a whole-system, person-centred approach underpinned by national policy, statutory duties, and evidence-based standards. NHS England emphasises that all services must make reasonable adjustments to ensure equal access to healthcare, supported by the national Reasonable Adjustment Digital Flag, which records and shares a person's required adaptations across care settings.

A core component of best practice is staff training, now mandated through the Oliver McGowan Mandatory Training (OMMT) on Learning Disability and Autism. The Code of Practice sets the legal training requirement for all CQC-registered providers, ensuring staff have appropriate knowledge, skills, and confidence to deliver compassionate and informed care. Training standards outline expectations for both content and delivery and require that learning be co-produced with experts by experience, embedding understanding of communication needs, sensory processing, and health inequalities into everyday practice. Trust staff are undertaking OMMT training at Levels 1 and 2.

Best practice also requires alignment with the NHS Learning Disability Improvement Standards, which help trusts evaluate the quality and consistency of care they deliver. These standards focus on three (Acute Trust)domains: Respecting and protecting rights, Inclusion and engagement and Workforce development.

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 2025.

The audit benefits from a triangulated data collection method, organisational data, staff survey and patient survey data and practice and the patient experience are 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. Other key projects are focussed on ensuring equal access to diagnostic tests and services and providing resources for staff to support effective communication for those who may have differing needs.

In 2025 the Trust has engaged with our local LD population and their carers and gained first hand feedback which the Trust has used to inform practice.

Clinical guidance highlights the importance of early identification of learning disability and autism at the point of admission. People with a learning disability and/or autism experience higher rates of comorbidities, communication difficulties, and avoidable mortality, making early recognition of needs essential for tailoring care appropriately and preventing deterioration. This year the Trust has worked to standardise the use of hospital passports and has an embedded early identification process within the Emergency Department. The Trust is also pioneering the use of a team of volunteers who will directly support care delivery on the wards and provide patients with meaningful activity.

Effective communication is central to best practice. Up to 90% of people with a learning disability have communication challenges, requiring staff to use accessible information, simple language, visual aids, and additional time. This year further resources have been made available for Trust staff in support of ensuring patients are at the heart of decision-making and care planning.

National safety investigations show that acute hospitals must ensure robust systems for identifying, recording, and sharing information about reasonable adjustments, particularly during transitions between wards or services. The Trust is working as part of the BSW Hospital Group on developing shared electronic patient record systems which will ensure important information is known to the right people at the right time across the health system.

Specialist learning disability liaison teams play an essential role in supporting ward staff and advocating for individuals' needs; however, provision of these services varies nationally. Embedding consistent liaison support helps ensure equitable, person-centred care across all departments, including emergency, inpatient, and diagnostic services.

The Trust employs two Learning Disability (LD) nurses who job share. In 2025/26 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.

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.

Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board on Great Western Hospital (GWH) NHS Foundation Trust Quality Account for 2025/2026

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Great Western Hospital Quality Account for 2025/2026. Insofar as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate, aligns with information presented to the Integrated Care Board via contractual monitoring and quality visits, and meets NHS England Quality Account requirements.

BSW ICB notes the comprehensive overview of the Trust's achievements, challenges, and future priorities, aimed at continuing the delivery of high-quality care. It is the view of the ICB that the Quality Account reflects Great Western Hospital's ongoing commitment to continuous improvement in patient care and safety, and recognises the Trust's key achievements in the following areas:

- Demonstrable improvements in patient safety, particularly the reduction in inpatient falls, with 152 fewer falls reported compared to the previous year and progress towards a 10% reduction target.
- Delivery of quality improvement through the Improving Together programme, including widespread staff engagement (over 1,500 staff trained) and embedding a culture of continuous improvement.
- Strong participation in national clinical audits (97%) and 100% participation in national confidential enquiries, demonstrating commitment to quality benchmarking and improvement.
- Improvements in operational performance, including reduced length of stay and improved waiting times for outpatient appointments.
- Continued focus on patient experience, including initiatives such as "Putting the Hospital to Bed", engagement with diverse communities, and innovations to improve accessibility (for example, British Sign Language access and carer support).
- Strong research and innovation activity, including over 125 active studies and improved research set-up times.
- Development of a learning culture through implementation of the Patient Safety Incident Response Framework, strengthening of Freedom to Speak Up, and system-wide learning approaches.

The ICB recognises the Trust's 2026/2027 plan to improve the quality of care, primarily through the Trust's Improving Together programme and the agreed breakthrough objectives. Specific areas identified for further development during 2025/2026 are:

- Continued improvement in compliance with national standards, including timely consultant review for emergency admissions, which remains inconsistent.
- Strengthening performance in areas highlighted through clinical audit findings, including stroke services and documentation consistency in some specialties.

- Ongoing improvement in mortality review learning, noting that a proportion of deaths were assessed as more likely than not due to problems in care.
- Addressing variation in patient experience, particularly around discharge processes and communication with patients and carers.
- Continued focus on maintaining safe staffing levels and reducing medical workforce vacancies.
- Progressing improvements in maternity services following the recent Care Quality Commission (CQC) inspection and ensuring sustained quality improvement in this area.
- Sustained focus on infection prevention and control, data quality, and completeness of national reporting metrics where gaps remain.

We look forward to seeing progress with the quality priorities identified in this Quality Account:

- Patient Safety - Safe use of oxygen
- Patient Experience - Improving patient experience of discharge processes
- Clinical Effectiveness - Reducing harm from postpartum haemorrhage

This will be supported by the continued maturity of the Patient Safety Incident Response Framework (PSIRF) and the Trust's contribution to system-wide learning and improvement through programmes such as Martha's Rule and the further implementation of the Prevention, Identification, Escalation and Response (PIER) framework.

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board is committed to sustaining strong working relationships with Great Western Hospital and, together with our wider stakeholders, will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2026/2027.

Yours sincerely,

Shelagh Meldrum
Cluster Chief Nursing Officer
NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset

Statement from the Council of Governors

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.

I have great pleasure in stating that this is a fair and accurate reflection of the quality account for 2025 and 2026. I am pleased that there are good targets for the 2026/2027 period and look forward to their results.

Chris Callow
Lead Governor on behalf of the Council of Governors

Statement from Healthwatch West Berkshire, Wiltshire and Swindon

Healthwatch West Berkshire, Healthwatch Wiltshire and Healthwatch Swindon welcome the opportunity to comment on the 2025/26 Quality Account for Great Western Hospitals NHS Foundation Trust.

It is positive to see the Trust continuing to focus on improving patient safety, patient experience and the quality-of-care people receive. We particularly welcome the strong focus throughout the report regarding listening to patients, carers and local communities, and using feedback to shape future improvements.

We are pleased to see work taking place with groups of people who can sometimes face additional barriers when accessing healthcare, including Deaf patients, people with learning disabilities and autism, unpaid carers, refugees and asylum seekers, and people needing interpreting and translation support. The steps being taken to improve communication, accessibility and reasonable adjustments are encouraging and important for helping people feel heard and supported when using services.

Healthwatch West Berkshire Healthwatch Wiltshire and Healthwatch Swindon welcome the Trust's continued "Improving Together" approach and the way staff, patients and carers are increasingly being involved in making changes to services. It is good to see examples of practical improvements that are making a difference both to patient care and staff experience.

We also welcome the work being done to reduce inpatient falls, improve patient safety and improve people's experiences during overnight stays in hospital through the "Putting the hospital to bed" project.

From the feedback Healthwatch West Berkshire, Healthwatch Wiltshire and Healthwatch Swindon receive locally, communication around hospital discharge continues to be an important issue for patients and families. We therefore particularly welcome the Trust making discharge communication one of its priorities for the coming year, including plans to improve how information is shared with patients, carers and families so people better understand what is happening and what support is available.

We recognise that the Trust continues to face challenges and ongoing pressures across services, and we note the current "Requires Improvement" rating from the Care Quality Commission. However, it is encouraging to see openness within the report around these challenges alongside clear areas of focus for improvement.

Healthwatch is pleased to see that feedback from patients, carers, complaints, surveys and partnership working, including feedback from Healthwatch West Berkshire, Healthwatch Wiltshire and Healthwatch Swindon has helped shape the Trust's priorities for 2026/27.

We look forward to continuing to work with the Trust to ensure the experiences of local people continue to help inform and improve services in the future.

Statement of Directors' responsibilities for the Quality Account

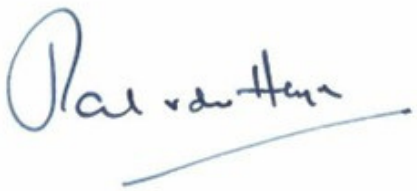
The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

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.



Paul von der Heyde
Joint Chair

Cara Charles-Barks
Chief Executive