



Impact report 2024-25



Health Innovation
West of England



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Foreword

We are pleased to introduce our impact report for 2024-25, showcasing the difference we've made to the lives of people across the West of England.

This past year, our collective efforts have positively impacted over 14,300 people and supported more than 16,000 health and care colleagues across the West of England. We've also played a significant role in driving economic growth nationally, leveraging over £490 million and helping to create or safeguard more than 912 jobs through the national Health Innovation Network.

These numbers reflect our commitment to accelerating the government's strategic shifts for the NHS: embracing digital transformation, delivering more care in the community, and moving from treatment to prevention.

You'll read how our digital health work, like rollout of the HOME remote blood pressure monitoring service and the Living Well with COPD pilot, are empowering more people to stay well at home. Our pioneering PERIPrem care bundle continues to make a profound difference, having cared for over 3,400 premature babies in the South West to date and contributing to the region achieving the country's lowest mortality rate for babies born at less than 32 weeks.

Our work to encourage a reduction in the prescribing of high-risk opioids has saved around 17 lives in the West of England, while the risk of opioid-related deaths has been halved for around 487 people.

Crucially, we are committed to tackling health inequalities. Our Black Maternity Matters collaborative, now with 331 members, directly confronts maternal health disparities through anti-racist training and support for perinatal staff. Our national Polypharmacy Programme has engaged nearly 6,000 healthcare professionals across England, reducing medication-related harm and encouraging better patient conversations, particularly in seldom-heard communities.

Our success is rooted in collaboration with NHS provider organisations, integrated care systems, universities, industry, patients and communities. We also support our health and care workforce to foster an innovation mindset through our West of England Academy and initiatives like the Innovate Healthier Together Fellowship, benefiting 495 participants and 130 Fellows this year.

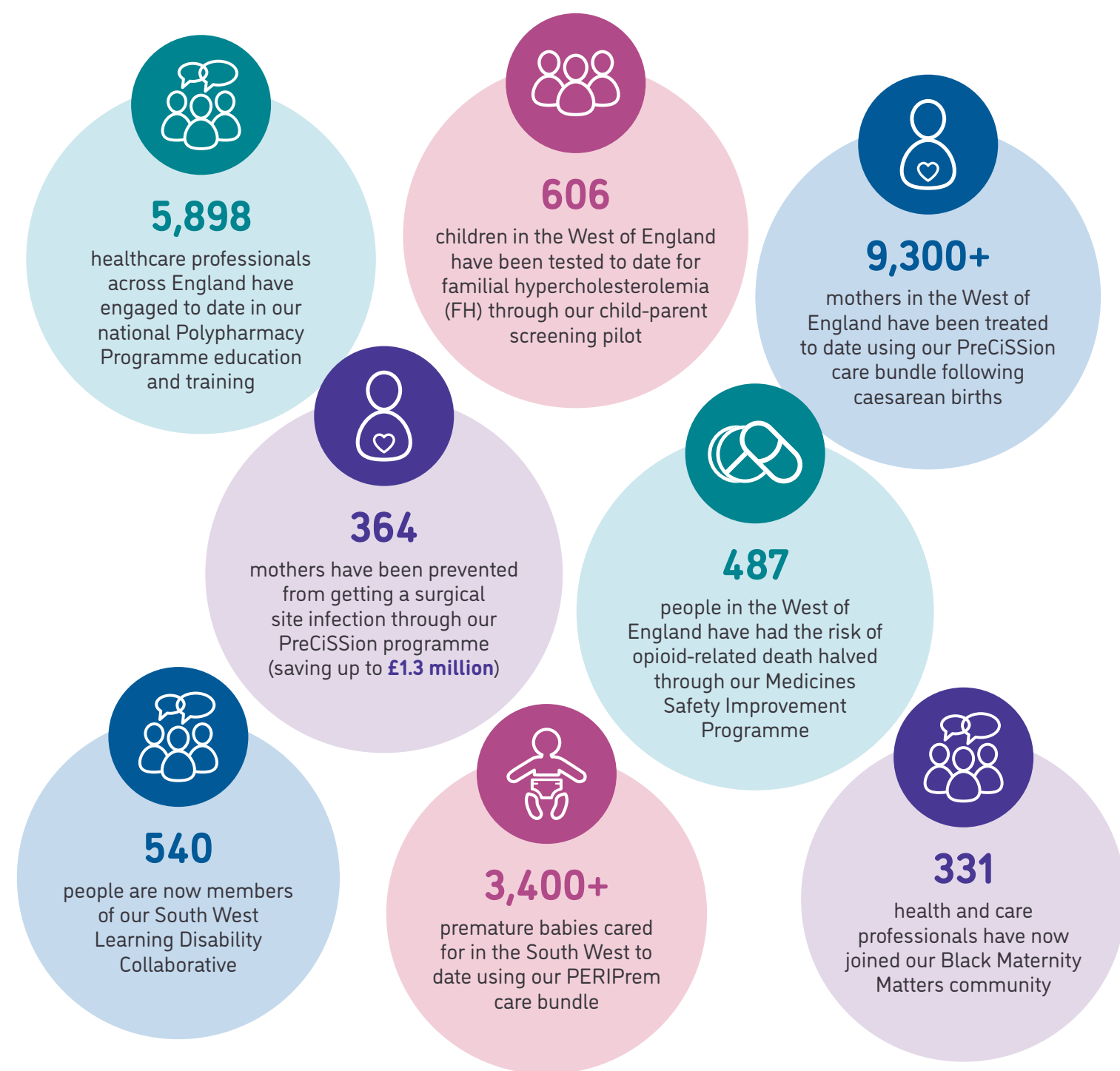
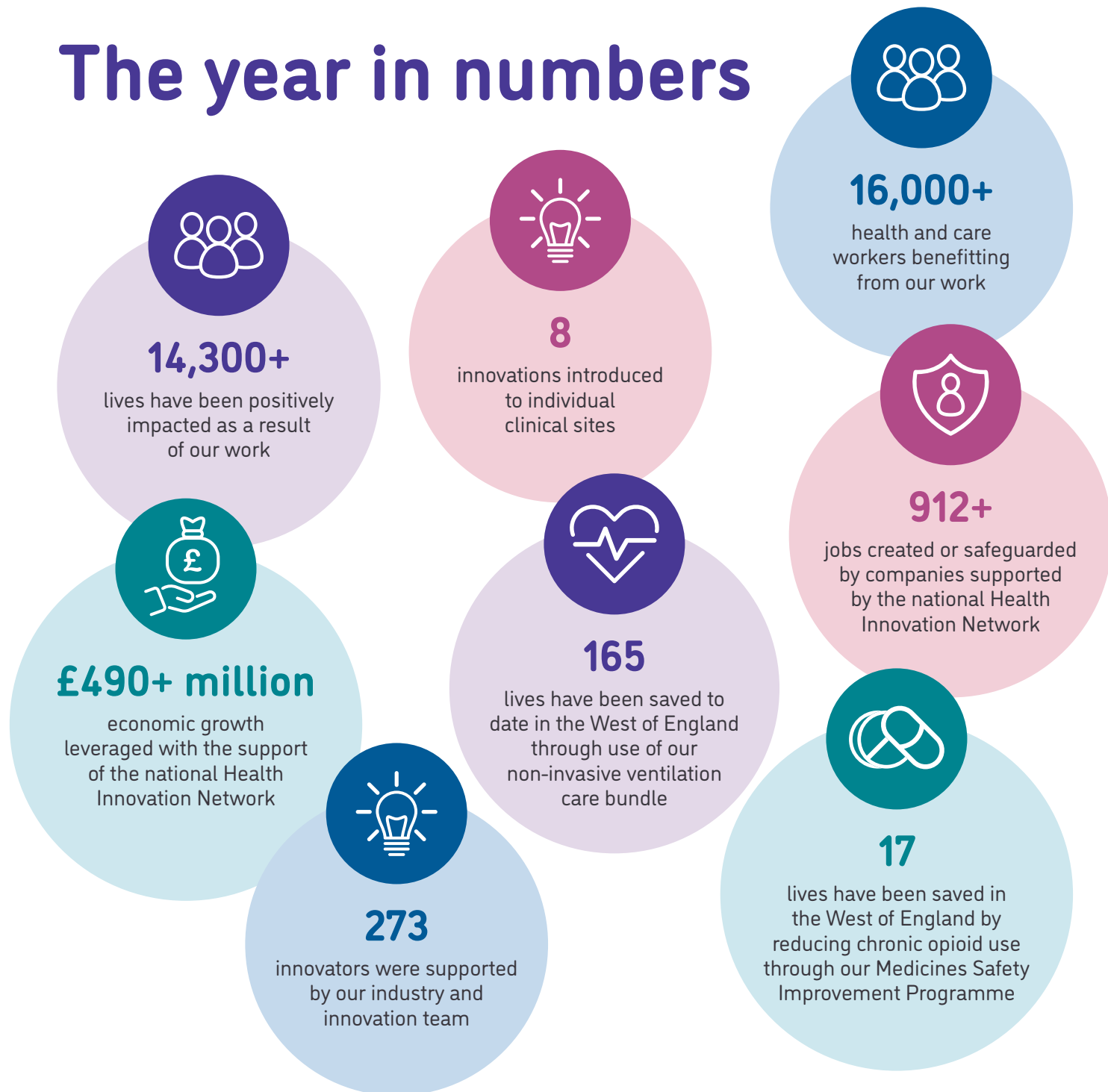
We are incredibly grateful to all our partners, collaborators and dedicated teams whose passion and expertise made these achievements possible. We look forward to continuing this vital work, ensuring all communities in the West of England benefit faster from proven innovations in health and care.



Prof. Sir Steve West, CBE, DL,
Chair of Health Innovation
West of England and
Vice-Chancellor of UWE Bristol

Natasha Swinscoe,
Chief Executive of Health
Innovation West of England

The year in numbers



Accelerating the three critical shifts in health and care

As a Health Innovation Network, it is vital that our activities align with the priorities of our health and care partners and that we can flex and pivot our support to evolving needs.

We proved this agility during the Covid pandemic. And again, this year we have shown we are well positioned to work with the NHS and innovators to help deliver the government's 10 Year Health Plan and realise the strategic shifts needed to create a truly modern health service designed to meet the changing needs of our population.

These three shifts are:

1. embracing digital transformation
2. delivering more care in the community and people's homes
3. moving from treatment to prevention.



Shift one: Analogue to digital

Harnessing the power of data and digital offers immense potential in improving patient experience, increasing workforce efficiency and reducing the burden on healthcare systems. For example, use of remote monitoring can play a significant role in reducing face-to-face appointments and hospital admissions, supporting the NHS Net Zero ambitions through a reduction in carbon admissions.

But this is not just about access to better technology. Our focus is on supporting the successful development of digital solutions and data infrastructures, while ensuring we don't increase health inequalities through digital exclusion.

We are a key partner helping to develop the [South West Secure Data Environment](#) (SDE), due to go live in summer 2025. The SDE provides an innovative and efficient approach to conducting research with

"We've had such positive feedback from women and birthing people and hospital staff in Swindon and Wiltshire and can't wait to see so many more people get the opportunity to benefit from this service. HOME genuinely puts the patient at the very heart of their care, while also reducing the impact on the environment and helping to make our systems more efficient."

Angela Willis,
Midwife at Great Western Hospitals
NHS Foundation Trust

"Health Innovation West of England provided key project management support to help us introduce the digital solution for the Living Well with COPD scheme. Working collaboratively with us and our digital provider, Doccla and my mhealth, their skills and experience have proved invaluable in rolling out this large-scale programme for local people with COPD."

Seb Habibi,
Deputy Director of Transformation
at Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

millions of people's health and care records, while maximising privacy and security. The goal is to enable research that's faster, fairer and safer.

We are also helping to shape the regional digital health agenda as a partner in the [LEAP Digital Health Hub](#), a programme funded by the Engineering and Physical Sciences Research Council that aims to cultivate a multidisciplinary, digital health community in the South West of England and Wales.

In 2024-25 we began rolling out the HOME approach across the West of England as part of our Evidence into Practice programme. HOME offers a remote blood pressure monitoring service using a digital platform and home-based monitoring equipment. Read more on page 9.

We also supported Living Well with COPD, a pilot programme in Bristol, North Somerset and South Gloucestershire, providing digitally enabled care and remote monitoring to empower people with COPD to take control of their health. Read more on page 10.

Anya – support app for parents

Challenge

Despite evidence that babies and their mothers can benefit from breastfeeding, here in the UK we have some of the lowest breastfeeding rates in the world, with eight out of ten women stopping breastfeeding before they want to.

According to UNICEF, improving our breastfeeding rates would have a positive impact on child health. For example, increasing the number of breastfed babies could reduce common childhood illnesses, saving the NHS up to £50 million each year.

Approach

Anya is a pregnancy, parenting and breastfeeding support app that uses AI to provide parents and parents-to-be with vital 24/7 support on their parenting and breastfeeding journey. With our support and expertise, Anya has grown from an initial idea to a widely deployed product.

In 2024-25 we supported a real-world evaluation of Anya by Gloucestershire Local Maternity and Neonatal System, who funded 500 women in the more deprived areas of the county to use the premium version of the app to explore if it improved breastfeeding rates.

Result

Our evaluation found that Anya is a promising digital tool for breastfeeding support. As the NHS continues to embrace innovation to enhance maternity services, tools like Anya may help promote positive feeding experiences and increase the availability of support for breastfeeding, particularly during the critical early postnatal period. The full evaluation report will be published in 2025.



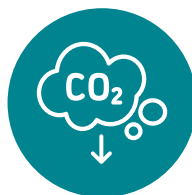
100%
patient satisfaction
in the Living Well with
COPD pilot



34%
reduction in non-elective admissions
through early intervention in the
Living Well with COPD pilot



1,248
face-to-face appointments saved in
a year by using the HOME approach
at Great Western Hospitals



4
flights from London to Hong Kong
– the equivalent reduction in
carbon emissions in a year by
using the HOME approach at
Great Western Hospitals

Shift two: Hospital to community

By resourcing teams with improved technologies, education, skills and communications, as well as developing more integrated and streamlined pathways, the NHS can improve service delivery, care and patient outcomes, while keeping people out of hospital.

Supporting people at high risk of developing hypertension in pregnancy

Challenge

Hypertension affects around 8% to 10% of all pregnant women and can be associated with complications for both the mother and baby. Black and minority ethnic people are disproportionately affected, as they have an increased risk of high blood pressure in pregnancy.

People at high risk are recommended to have additional surveillance during pregnancy, usually through face-to-face appointments. This leads to additional time and travel demands on both expectant parents and healthcare professionals.

Approach

Following its success at Great Western Hospitals NHS Foundation Trust, we are supporting the rollout of HOME (HOME Monitoring for Expectant and postnatal parents) across all acute trusts in the West of England.

The HOME approach is a remote blood pressure monitoring service using a digital system and home-based monitoring equipment. This enables early detection and intervention, while reducing the need for frequent in-person visits.

Result

Based on evidence from Great Western Hospitals, the HOME monitoring pathway has demonstrated significant benefits, which we expect to be mirrored across the rest of the region. These include better care for women and their unborn babies, providing care closer to home, reducing inpatient stays and hospital admissions, reduced carbon footprint, cost and resource savings.

We also helped Gloucestershire Hospitals NHS Foundation Trust, one of the 18 Clinical Entrepreneur Programme innovation sites (or InSites) across the country, to leverage £83K of additional funding through the Greener NHS Programme to support delivery of HOME in the West of England.

This will be used to purchase blood pressure monitors and fund backfill of midwives in each trust. It will also allow us to evaluate equity of patient access, patient experience and staff impact, as well as any barriers and enablers to implementation and recommendations for spread. Being part of the InSites programme also enables us to collaborate with York Health Economics Consortium to undertake a detailed carbon and cost impact evaluation.





Living Well with COPD

Challenge

Chronic obstructive pulmonary disease (COPD) is one of the UK's biggest health challenges. COPD is responsible for around 115,000 emergency hospital admissions in the UK. This is equivalent to more than one million bed days.

Approach

We supported a pilot programme in Bristol, North Somerset and South Gloucestershire called Living Well with COPD, designed to enable people with COPD to take greater control over their health and stay well at home. Working with digital partners Doccla and my mhealth, the service combined remote monitoring with health coaching and preventative care.

Result

The eight-month pilot achieved positive results, including a 34% reduction in non-elective admissions through early intervention and a 17% reduction in ambulance conveyance. Patients were impressed with the service, reporting improved confidence in self-management of their condition.



"I think this service is very good for me, just being able to send my details through and have someone there if I need to talk. I'm really impressed. I think this service is brilliant."

**Patient involved
in the Living Well
with COPD pilot**



5
hospital trusts adopting the HOME pathway this year



312
clinical hours reduced in a year through use of HOME at Great Western Hospitals



234
patients enrolled in Doccla's remote monitoring service



18%
reduction in A&E attendances amongst patients in the Living Well with COPD pilot

Shift three: Sickness to prevention

Many of our work programmes align to the third of the government's transformative shifts. Keeping people well not only improves our quality of life and overall population health outcomes, but prevents costly hospital admissions, cuts healthcare spending, and refocuses care away from reactive, crisis-driven interventions to proactive, preventative health solutions.

Our successful PERIPrem programme, for example, is helping to prevent brain injury and mortality rates

among babies born prematurely, and we are also working with trusts across the West of England to improve care and outcomes for patients receiving non-invasive ventilation.

Through our Polypharmacy and medicines safety programmes, we are making a significant impact on reducing unintended harm from medications, empowering people to be more engaged in shared decision making with their clinicians.

Cancer Innovation Programme

Challenge

We aim to encourage adoption of innovative care practices and new models of working to benefit patients and the wider cancer workforce.

We want to improve earlier diagnosis of cancer through the accelerated discovery and deployment of innovation in cancer services. This involves understanding and identifying local priorities and matching these with proven solutions that can improve pathways and outcomes.

Approach

In March 2024, we formed a collaboration with the Somerset, Wiltshire, Avon, and Gloucestershire (SWAG) Cancer Alliance and Health Innovation South West.

This partnership has funded a joint Cancer Innovation Programme Manager to engage with teams to understand specific innovation needs in the SWAG

geography and help identify proven innovations for spread and promising ones for evaluation.

Result

We have run successful innovation calls and seven projects are now being funded in with sites across the SWAG geography focused on improving cancer diagnosis.

These projects include evaluation of an artificial intelligence (AI) tool to support prostate MRI reporting and the use of a urine biomarker test for bladder cancer. We are also supporting a case-finding project using the capsule sponge to support earlier diagnosis of oesophageal cancer and its pre-cursor condition, Barrett's Oesophagus.

The Cancer Alliance is also funding three trusts to build Intelligent Process Automations to streamline administrative processes across the cancer pathway, freeing up staff time for other tasks.



Improving cholesterol management

Challenge

Cardiovascular disease (CVD) causes 25% of all deaths in England. People living in the most deprived areas of the country are more than twice as likely to die before 75 from CVD than people in the least deprived regions.

High cholesterol (also known as lipids disorder) is recognised as a significant risk factor for developing CVD.

Approach

Through the Collaborative Lipid Fund established by NHS England and Novartis Pharmaceuticals, we worked with five primary care networks (PCNs) in Bristol who were identified as requiring additional support. These PCNs were in areas of deprivation known to have poorer health outcomes.

In 2024, we helped GP practices run searches of their patient records to identify people who'd both had a heart attack or stroke and also had high cholesterol, supporting clinicians to manage patients in line with NICE lipid management guidance.

Result

During the project over 56,000 contacts were made with these patients, including text messages, telephone calls and face-to-face appointments. As well as the PCNs developing a better understanding of effective lipid management, the longer-term impacts should include a reduction in CVD events and hospital admissions and an overall improvement in health outcomes and life expectancy.



"I had no idea my risks are so high. Thank you for keeping me safe."

Bristol patient involved in the cholesterol management project



7 innovation projects selected for funding to improve cancer diagnosis



56,000 contacts made with Bristol patients at potential risk of developing CVD



606 patients reached through our support for child/parent screening for familial hypercholesterolemia (FH)

"The collaborative lipid project really helped our pharmacists and pharmacy technicians focus their efforts on reducing CVD. As a result, not only do we have better patient care and medication compliance but a much greater understanding within our PCN."

Anil Singh,
Senior PCN Pharmacist

Reducing health inequalities and engaging diverse communities

One of the key ambitions set out in our five-year strategy is to make a measurable contribution to reducing health inequalities and inequity.

We will achieve this by ensuring we consider this across our entire portfolio of work, specifically as we seek to reduce unwarranted variation in care outcomes as we spread innovation.

We are also keen to develop more focused projects that aim to redress the balance and proactively help to undo past damage done resulting from ignoring the needs and voices of so many who have been marginalised in our local communities.



Reducing health inequalities and engaging diverse communities

Hearing the voices of people with lived experience and engaging more diverse communities are crucial to understanding and tackling the causes of health inequalities and inequity.

We are increasingly taking a structured approach to co-designing and co-producing our work programmes, leveraging our valuable position embedded within our local health and care systems with links to industry and academia to give a voice to marginalised and seldom heard communities.

This year we gained valuable insights through focused pilots of resources co-produced with patients to encourage the uptake of Structured Medication Reviews in seldom-heard communities (see page 20).



"These webinars are a brilliant way to share best practice and improve care and services offered to people."

South West Learning Disability Collaborative member

South West Learning Disability Collaborative

Since 2019 our Learning Disability Collaborative has brought together people from a wide range of sectors and backgrounds, all with a shared commitment of improving the health outcomes of people with a learning disability.

We initially focused on using the National Early Warning Score (NEWS2) and soft-signs tools such as RESTORE2 and increasing uptake of annual health checks and flu vaccinations.

After notable successes, the expanded South West Learning Disability Collaborative was created in 2022 to cover the entire region and has grown to 540 members.

Highlights for the collaborative in 2024-25 include workshops on improving lung health, the co-production of resources on dementia, and working with colleagues across the region and NHS England to develop training to support healthy weight in people with a learning disability.



Black Maternity Matters

Challenge

Black women are four times more likely to die during pregnancy or in the postnatal period than White women, while stillbirth rates for Black babies are over twice those for White babies. This is a major patient safety issue.

Black Maternity Matters has been designed to help tackle the significant and unacceptable disparities in maternal health outcomes faced by Black mothers and their babies in the UK.

Approach

In 2021 we established the Black Maternity Matters collaborative with Representation Matters, BCohCo and Black Mothers Matter.

Our aim is to confront these inequalities by providing anti-racist training and support to perinatal staff, empowering them to deliver safer, more equitable care and ultimately reduce these life-threatening disparities.

"Black Maternity Matters is a testament to the power of truly meaningful interdisciplinary collaboration. We have demonstrated how you can build something bigger than the sum of individual parts and that change is possible and coming."

Sonah Paton, Managing Director of Black Mothers Matter



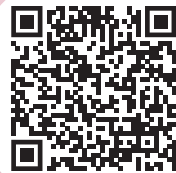
The Black Maternity Matters Collaborative (clockwise from left): Ruby Jackson, Katie Donovan-Adekanmbi, Ann Remmers, Lateesha Osborne, Ruth Butler, Noshin Emamiannaenini-Menzies, Aisha Thomas and Sonah Paton

Result

With 331 members, the Black Maternity Matters collaborative continues to go from strength to strength. Now onto our fourth cohort, our programme has evolved iteratively in response to learning and insights gathered from participants and course leaders during each phase.

In 2024 we introduced a specific cohort for senior leaders, recognising that healthcare professionals are limited to how much change they can activate without senior leadership advocacy.

In March 2025 we won the award for 'Community Project Impact' at the prestigious Black Maternal Health Awards in London.



Hearing the voices of young people with bowel and bladder conditions

Challenge

One in nine children in the UK live with a bowel or bladder condition. This can have an enormous impact on their lives, affecting both physical and mental health and disrupting their day-to-day lives and their education.

Talking about these conditions and their impact can be difficult. It's often an extremely sensitive topic.

From our work on the Voices for Change project in 2021-22 with Bristol Health Partner's Bladder and Bowel Health Integration Team (BABCON HIT), we realised the voice of children and young people was all too often being missed, increasing the risk of widening health inequalities.

Approach

We supported the Bristol-based children's bowel and bladder charity ERIC to better understand the specific challenges faced by young people. The ambition was to open conversations and lay the groundwork to initiate positive and enduring change, with the potential to make a real difference to people's lives.

Working with the Participation People, ERIC's Young Champions (a group of young people aged 12 to 19 with lived experience of bowel and bladder conditions) carried out the research with other young people across the UK.

Result

1,132 young people took part in the ERIC Young Champions research. The findings were published in January 2025, revealing that nearly half were not allowed to use the toilet during lessons, while a quarter said they were scared to use the toilets at school.

Anti-social behaviour around toilets is causing many schools to shut them during lesson times. Shame and stigma around

"Young people's voices aren't often heard on the subject of school toilets. The ERIC Young Champions have done amazingly well to capture such rich and expansive survey data from young people. We have been told, loud and clear, that change is desperately needed."

**Siân Wicks, CEO of ERIC,
The Children's Bowel
& Bladder Charity**

toileting are causing over a third of young people to avoid drinking water during the day so they don't need to go at school.

The 'Voices for Change' report includes problem statements that can be shared with the sector and innovators to suggest improvements to existing information, services and pathways, and guide thinking around developing or identifying innovative solutions.



1,132
young people took part in the ERIC Young Champions research



540
people are now members of our South West Learning Disability Collaborative



1,650
Structured Medication Reviews completed with people in marginalised communities through our national Polypharmacy programme



331
health and care professionals have now joined our Black Maternity Matters community

Improving the quality and safety of care

The safety of patients and improving quality of care is a critical thread running throughout all our work.

We want to build on the success to date of our local Patient Safety Collaborative (PSC) and continue to support the ambitions of the national NHS Patient Safety Improvement Programme.

Our goal is to ensure that patients in the West of England can be confident that care is safe for patients based on a culture of openness, collaboration, continuous learning and quality improvement.



"Finally, I can be part of decisions about my medicines and make decisions that I can stick with. Thank you for listening and explaining things to me."

Patient involved in the polypharmacy initiative engaging seldom-heard communities

Supporting safe and effective use of medicines

We need to ensure that everyone has access to the right medicines, but overprescribing and problematic polypharmacy are growing issues that we also need to address.

Our Patient Safety Collaborative is supporting the national NHS Medicines Safety Improvement Programme, which aims to help patients get the maximum benefit from their medicines and reduce waste with an overarching aim to reduce medication related harm in health and social care.

For the last three years we have led the Health Innovation Network's national Polypharmacy programme, which is supporting healthcare professionals to identify patients at potential risk of harm from problematic polypharmacy and improving conversations with patients about their medicines.



"The Health Innovation Network's problematic polypharmacy manual brings together all the evidence, why it is so important to patients, and how to address this vital topic in one, easy-to-use document. I think this is an essential resource for all clinicians working in primary care, as well as commissioners of those services."

Neil Hardy, Chief Pharmacist for NHS Hampshire and Isle of Wight

"I will take back to my practice the importance of community and community engagement in treating pain and the wide range of interventions and activities that can be helpful in treating pain, beyond medication."

Healthcare professional engaged in our work to reduce harm from high-risk opioids

Polypharmacy: getting the balance right

Challenge

In England, the NHS primary care system dispenses over 1 billion prescription items every year. Medicines are intended to help patients, but they can also cause harm.

As more people live longer with multiple long-term health conditions, the number of medicines they take often increases. This can create a significant burden for the person trying to manage multiple medicine regimes and, in some cases, it can cause harm.

Problematic polypharmacy adds a cost to the healthcare system and diminishes quality care for the patient – and most of this is entirely preventable.

Approach

We are leading the Health Innovation Network's national Polypharmacy programme. This aligns with recommendations such as the National Overprescribing Review (2021), which identified overprescribing had increased dramatically in 25 years.

We are supporting local systems to reduce problematic polypharmacy through three pillars of activity:

1. using data to support population health management to identify patients at potential risk and prioritise them for a Structured Medication Review.
2. supporting the workforce by providing national and local Action Learning Sets and bespoke training sessions to improve confidence in stopping unnecessary medicines.
3. focusing on public behaviour change, supporting patients to consider their prescribed medications and encouraging conversations with healthcare professionals.



This year we have funded pilots focused on improving access to Structured Medication Reviews for patients in seldom-heard communities, particularly those living in areas of high deprivation and from ethnic minority groups. The insights report will be published in summer 2025.

Result

So far, nearly 6,000 GPs, pharmacists and healthcare professionals around the country have attended our education and training sessions, including over 600 practitioners here in the West of England. Nationally, 123 polypharmacy communities of practice are sharing best practice and learning.

In February 2025 we published a “game changing” guide for tackling overprescribing and problematic polypharmacy, which has been extremely well received by prescribing and primary care colleagues across the country.

All 42 of England's integrated care boards (ICBs) have engaged with some or all elements of the programme.

Encouragingly, 21 ICBs are now showing evidence of a decline or 'flattening of the line' in one or more of the NHSBSA polypharmacy prescribing comparators. These indicate how many patients are on eight, 10, 15 and 20 or more medicines.



Reducing harm from high-risk opioids

Challenge

There are over one million people in England taking high-risk opioids.

There is no evidence for the efficacy of high dose opioids (over 120mg a day of morphine or equivalent) on long-term pain. Furthermore, the Faculty of Pain Medicine warns that increasing opioids above this dose exposes patients to increased harm.

Approach

As part of the NHS Medicines Safety Improvement Programme, we are encouraging a reduction in the prescribing of high-risk opioids for non-cancer chronic pain. We have supported our local systems to move away from the medical model of prescribing towards a biopsychosocial model, including supported self-management.

Over the last two years, we have provided 155 colleagues with access to the Ten Footsteps to Living Well with Pain programme, helping

practitioners to developing confidence in pain self-management and regain control of their lives. Many of these have gone on to group facilitation training, leading to the development of six new pain cafes and groups in the West of England.

Results

Modelling shows that by taking this biopsychosocial approach, we have saved around 17 lives by reducing the use of high-risk opioids use, while the risk of opioid-related deaths has been halved for around 487 people.

The skills developed through this programme are now being utilised to develop groups and wider service improvements related to other chronic health conditions, particularly around tackling health inequalities issues such as unconscious bias and inaccessibility of services.



17 lives have been saved in the West of England by reducing chronic opioids through our Medicines Safety Improvement Programme



487 people in the West of England have had the risk of opioid-related death halved through our Medicines Safety Improvement Programme



5,898 healthcare professionals across England have engaged to date in our national Polypharmacy Programme education and training



14.5K visits to our Polypharmacy patient-facing resources webpage

Improving the quality and safety of care

We have a strong track record of bringing together colleagues from across all three of our local integrated care systems to take a joined-up

Reducing surgical site infections following caesarean births

Challenge

Surgical site infection (SSI) is a wound infection following an invasive surgical procedure. SSIs account for 14.5% of all hospital-acquired infections in the UK.

Caesarean birth is one of the most common surgical procedures but most trusts are unaware of their caesarean SSI rates. Local spot audits indicated SSI rates of up to 18% in the West of England.

SSIs can have a huge impact on the wellbeing of mothers, as well as their ability to look after their child. The need for antibiotics can also affect breastfeeding and bonding. Scarring following infection can increase complications of any future caesareans.

Approach

The PreCiSSlon programme (Preventing Caesarean Birth SSI across the region) supported all six hospitals and maternity units to reduce SSIs following caesarean births by introducing an evidence-based care bundle of four elements.

We worked with Cemplicity to digitise the standard UKHSA tool for identifying SSI at

approach to preventing sickness and reducing the risk of harm to patients in our care.

In the last couple of years, we have combined this approach with our focus on getting proven evidence into practice through the introduction of care bundles.

30 days post-surgery. All mothers received a digital questionnaire, making it easier for them to provide feedback following surgery.

The care bundle was introduced in all units to help prevent SSI, and data-enabled risk factors for infection were evaluated so that specific interventions could be targeted and tracked. The data showed that women with a higher body mass index (BMI) at booking have an increased risk of an SSI, so we implemented specific interventions for this group.

Result

Between November 2022 and March 2025, we have analysed SSI data from 9,600 women. Across the West of England, SSI rates following caesarean births fell from 18.5% before the launch of PReCiSSlon to 13.3% by March 2025.

Modelling demonstrates we helped prevent 364 mothers from developing an SSI, representing an estimated cost saving to the NHS of up to £1.3 million.

Patient feedback has also led to specific interventions to help improve patient experience.



Improve care for patients receiving non-invasive ventilation

Challenge

Non-invasive ventilation (NIV) can be an effective way to support a patient's breathing when they have type two respiratory failure, helping get more oxygen into their body and clearing carbon dioxide.

However, while there has been a slight improvement in recent years, mortality rates for patients receiving non-invasive ventilation (NIV) in England remain higher than in many other countries.

Approach

Through our Improving NIV Care programme, we have successfully worked with all six hospitals across the West of England to introduce a standardised 'NIV 5' care bundle, based on the British Thoracic Society's quality standards.

We supported introduction of the care bundle with quality improvement (QI) approaches and tools to ensure that the right support is given to clinicians.

Result

Mortality rates after implementation of the NIV 5 care bundle have dropped from 28% to 22% across the West of England. Modelling indicates that this has saved 165 lives to date.

Clinical colleagues from the participating trusts have established a network for sharing learning and resources. More widely we have seen improved staff confidence and competence in the correct application of NIV treatment.

The programme completed in autumn 2024. We will share evaluation report later this year.



165

lives have been saved to date in the West of England through use of our non-invasive ventilation care bundle



364

mothers have been prevented from getting a surgical site infection through our PReCiSSlon programme



£1.3 million

estimated savings to the NHS through our PReCiSSlon programme

Managing deteriorating patients

Since we were first established over a decade ago, management of deteriorating patients has been one of our key areas of focus for improving patient safety.

We spearheaded use of the National Early Warning Score (NEWS2) across the entire region at all interfaces of care, as well as helping to standardise the delivery of basic care and improve resilience in emergency departments during periods of crowding through development of the ED Safety Checklist.

We feel privileged to be able to build on this work in the last year by supporting the local implementation of Martha's Rule.

We have been able to align Martha's Rule (as well as other programmes) with the move to the new Patient Safety Incident Response Framework (PSIRF), setting out the revised 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.

This is helping to reduce silo working and reinforcing the golden thread of safety culture throughout our leadership of the West of England Patient Safety Collaborative.

"The commitment of the sites and the potential for Martha's Rule to truly empower patients, families and staff to improve safety is clear. It represents a fundamental shift towards a more listening and supportive healthcare system."

Siobhan Lanigan, Registered Nurse and Senior Project Manager, Health Innovation West of England

"A massive thank you for all your support - your input has been invaluable. We were talking about your insight into PSIRF and how that has been great for the group."

Bath and North East Somerset, Swindon and Wiltshire Medicines Safety and Quality Group



Supporting introduction of Martha's Rule

Challenge

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. She was 13 years old.

Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this, and other cases relating to how we manage the deterioration of patients, NHS England committed to implement 'Martha's Rule' – a patient safety initiative to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

Martha's Rule allows patients, families, carers and staff who are concerned about a person's condition to access a rapid review.

Approach

As part of our support for the national NHS Patient Safety Improvement Programme, in 2024-25 we supported the pilot of Martha's Rule across the three integrated care systems in the West of England, working with six hospital sites.

We have provided tailored, site-specific support, recognising that each trust and ward has unique local needs and may have different starting points. Some have been involved in similar related pilots, such as 'Worries and Concerns', while others are beginning completely from scratch.



This support includes monthly one-to-one sessions, featuring advice on quality improvement (QI) approaches and coaching to troubleshoot specific challenges. We also host monthly Share and Learn sessions to provide a valuable safe space for collaboration and learning across the trusts.

Result

Through our collaborative learning approach, we have identified several shared issues that we have been able to successfully learn from and make progress in tackling together. These have included communication, data collection, and fostering culture change.

In 2025-26 we will build on these insights to continue to support pilot trust sites across the West of England to test and implement Martha's Rule.



6 hospital sites in the West of England are piloting Martha's Rule

Maternity and neonatal safety

We have earned a strong reputation regionally and nationally for our work to support babies, their families and the healthcare professionals who care for them.

We help to deliver the national NHS Maternity and Neonatal Safety Improvement Programme. Our collective mission is to create and embed the conditions for all staff to improve the safety and outcomes of maternity and neonatal care by reducing unwarranted variation and providing a high-quality healthcare experience for all babies, birthers and families across England.



Building on the success of PReCePT and PERIPrem in improving care of premature babies, we continue to focus on bringing innovation and innovative practice into our maternity and neonatal services. This can be seen in our support for groundbreaking initiatives like Black Maternity Matters, and this last year we have also begun a real-world evaluation of the Hegenberger Retractor, a potential gamechanger in reducing the pain and distress caused by postpartum tears.

We are fortunate to be led in this work by our Maternity and Neonatal Clinical Lead, Ann Remmers, who received the NHS England Chief Midwifery Officer Gold Award in December 2024 for 50 years' outstanding service and achievements in the NHS.

Ann Remmers, Maternity and Neonatal Clinical Lead (centre) with Natasha Swinscoe, Chief Executive (left) and Rachael Glasson, Deputy Regional Chief Midwife for NHS England South West (right)



Sustaining the impact of PERIPrem

Challenge

Preterm birth is the single biggest cause of infant mortality and newborn brain injury in England. While survival rates are improving, rates of severe disability have not followed the same trajectory and there is a growing population of children with neuro-disabilities due to prematurity.

Approach

PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) is a unique perinatal care bundle of 11 interventions that have a significant impact on brain injury and mortality rates amongst babies born prematurely. These include antenatal magnesium sulphate, delayed cord clamping and early breast milk.

Working with all 12 hospital trusts across the South West region, we developed and launched the bundle in 2020 in partnership with Health Innovation South West and the South West Neonatal Network.

The 12 trusts continue to use the PERIPrem bundle, and we offer ongoing support by providing data visualisation and quality improvement (QI) coaching, developing new patient resources and coordinating a vibrant community of practice.

In 2023 we supported NHS Wales to roll out PERIPrem Cymru, and we are now working with the Health Innovation Networks in East and West Midlands to support further spread and adoption of PERIPrem.

Result

To date, at least 3,400 premature babies have been cared for in the South West using the PERIPrem bundle.

PERIPrem continues to make a big difference to the lives of babies in our region. According to the National Neonatal Audit Programme's (NNAP) latest report, published in October 2024, maternity units across the South West achieved:

- The lowest mortality rate for babies born at less than 32 weeks gestation.
- The highest rate of eligible mothers receiving antenatal magnesium sulphate
- The highest rate of delayed cord clamping for the fourth year in a row
- The highest rate of early breast milk within 48 hours for the second year in a row.





Evaluating a new solution to improve recovery after childbirth

Challenge
Postpartum tears affect around 19,000 women annually in England and can have long-lasting physical and emotional impacts if not treated correctly.

Approach
We are conducting a real-world evaluation with Royal United Hospitals Bath (RUH) NHS Foundation Trust to assess a groundbreaking device, designed to improve recovery for women and birthing people after childbirth.

The 'Hegenberger Retractor' is an innovative tool that supports obstetricians in repairing

second, third and fourth-degree tears. It aims to shorten procedure times, improve healing, and make the experience less stressful for both patients and staff.

We will gather feedback from clinicians and patients to understand both the benefits and challenges of incorporating this tool into standard practice.

Result
Our evaluation report will be completed by December 2025 – watch this space!



"I continue to see and feel the impact of PERIPrem, five years on. At a local level, it is wonderful to see happy and healthy two-year-old children come back for their neonatal follow up clinics with parents that are unbelievably grateful for how well their child is, having been born so early.

"At a regional level, it is awesome to hear how PERIPrem has become the language automatically used when talking about optimisation, and to hear and see how this continues to unite perinatal teams throughout the region.

"Nationally, it has been great to see how PERIPrem continues to influence and support teams across the four nations of the UK and further afield to improve outcomes for preterm babies and their families."

Dr Sarah Bates, Consultant Paediatrician and Neonatologist, Great Western Hospitals NHS Foundation Trust



"We believe the Hegenberger Retractor could make a real difference, helping us perform repairs more efficiently and improving recovery outcomes. If the results are positive, this could be a game-changer for maternity care - not just here at the RUH, but across the NHS."

Zoey Robinson, Consultant Obstetrician at Royal United Hospitals Bath NHS Foundation Trust



3,400+
premature babies have been cared for in the South West using the PERIPrem bundle



1
The South West is number one in the country for eligible mothers receiving antenatal magnesium sulphate, delayed cord clamping and early breast milk



12
hospital trusts in the South West are using the PERIPrem care bundle

Driving economic growth

As a Health Innovation Network, one of our driving principles is that wealth is as important as health. We aim to support the creation of a forward-thinking commercial environment in the West of England.

We believe that as part of a vibrant health and life sciences sector, the NHS can collaborate effectively with industry for patient benefit, while delivering greater value for the taxpayer, contributing towards the nation's prosperity and stimulating economic growth.



Supporting healthcare innovators and encouraging inward investment

Our team offers a range of specialist support services and guidance to innovators who are developing products and services with the potential to improve patient outcomes, increase efficiencies and grow the UK health sector economy.

In the last year we supported 273 innovators, which includes academic and clinical entrepreneurs, lived-experience innovators, SMEs and large businesses, including multinationals.

We tailor our support according to the level of adoption readiness of the technology, the demand and interest from our local systems and the innovator's needs.

Through this support, we have contributed to the national Health Innovation Network in leveraging over £490+ million in economic growth. This collective support has enabled these companies to create or safeguard over 912 jobs.

In addition to providing direct, tailored support to companies, our Innovation Exchange website is also designed to help innovators navigate the healthcare market. Last year, 7,712 people accessed our online resources at www.innovationexchange.co.uk.

We also support a range of national programmes, including [SBRI Healthcare](#), the [NHS Clinical Entrepreneur Programme](#), the [NHS Innovation Support Service](#), and the [NHS Innovation Accelerator \(NIA\)](#).



Three innovators supported by Health Innovation West of England were announced as NIA 2025 Fellows: Jinghui (Helen) Liang from LabCycle, Tom Oakley from Bleepa® and Melinda Rees from Psymics Platform.

Exploring a potential health and life sciences cluster for the region

In 2024-25, we began working with strategic partners to gather views on the benefits and opportunities a health and life sciences 'cluster' might offer the region.

Currently the South West is the only region in the UK that hasn't created a formal health and life sciences cluster. In other parts of the country, successful clusters are bringing together industry, investors, universities and research institutions, NHS organisations and health innovation networks to drive regional growth and productivity.

In 2025-26, we will continue to work with partners, including the GW4 Alliance and Health Innovation South West to coproduce structured proposals that build on collective ambitions, support more strategic collaborations, and showcase our regional talent and assets.

West of England Commercialisation Academy

Challenge

The commercialisation of innovative medical solutions is challenging, particularly at the stage where a scalable business model is being developed. Success depends on the ability of companies to integrate a wide range of economic, technological, commercial, social and cultural factors in the commercialisation process.

Approach

In 2024-25 we teamed up with Triple Chasm to deliver the new West of England Commercialisation Academy, specifically designed to address the needs of later-stage health and care innovators.

The Commercialisation Academy is a free eight-week programme designed to support health and care innovators who are seeking wider adoption and scale of their innovations.

The programme is based on the Triple Chasm Model®, which provides a holistic data-driven framework that was devised following research into around 3,000 products taken to market.

Result

Seven companies successfully completed our first Commercialisation Academy programme last year, joining weekly workshops to help them develop their strategic commercialisation plans. We will continue to nurture ongoing relationships with these companies, signposting and supporting with any opportunities locally or nationally.



"We found the Commercialisation Academy absolutely game changing for our product and how we are commercialising it within the NHS setting. In particular, it's really helped us understand the market we operate in and the value proposition and really refining it and being able to articulate it clearly to our audience so they can really see the value we can bring to their organisations."

Karina Malhotra, Managing Director, Acumentice

Building on this success, we will run our second Commercialisation Academy in autumn 2025. This year our selection criteria for companies will align with the three strategic shifts for the NHS: hospital to community, analogue to digital and sickness to prevention.



"I felt incredibly lucky to be invited to sit on the panel at the finale of the Commercialisation Academy for HealthTech innovators in the West of England. It was abundantly clear how much these founders have gained from their journey, and I very much look forward to monitoring the progress of these companies."

Lawrie Kidd, Consultant Anaesthetist, Gloucestershire Hospitals NHS Foundation Trust

"It was the 'over' investment in our life sciences base that helped us achieve what we achieved during the pandemic at the pace we managed to achieve it in. I want us all to enjoy the fruits of that labour and the treatments and the innovations before any other country. A truly great life sciences sector is built on a solid foundation for clinical trials and comes with big signals from the state about investment in R&D. How can we incentivise more companies to choose to set up in the UK and develop their product?"

Jordan Cummins, UK Competitiveness Director for the CBI, keynote speaker at our conference



273 innovators were supported by our industry and innovation team this year



£490+ million economic growth leveraged with the support of the national Health Innovation Network



912+ jobs created or safeguarded by companies supported by the national Health Innovation Network



7 companies took part in our first West of England Commercialisation Academy



7,712 people accessed our Innovation Exchange website



210 delegates attended our 2024 conference at UWE's Enterprise Park



20 companies exhibited in the Innovation Zone at our 2024 conference

Supporting the workforce

Health and social care systems in the West of England need innovative solutions to help them cope with demand and improve services for local people. We also recognise the importance innovation can play in delivering efficiencies and supporting productivity.

We also play a vital role in fostering a culture of learning, collaboration, and knowledge sharing around innovation and transformation. We support health and care professionals to think and work innovatively and implement new ways of working.



Educating and empowering health and care professionals

An important aspect of many of our work programmes is supporting health and care professionals to develop an innovation mindset and to grow the skills and confidence to drive change within their services and systems.

Through our Black Maternity Matters programme for instance, we have supported many health and care colleagues at all stages of their career to embark on a journey of antiracist education, joining an ever-expanding community empowered to make on-the ground changes in reducing the inequity of outcomes experienced by Black women, families and babies. Read more on page 15.

Improving the knowledge and confidence of GPs and pharmacists to tackle overprescribing is a critical component of our national Polypharmacy programme. We have created clinical, multi-stakeholder communities of practice across England, focusing on problematic polypharmacy within local areas.

Through a series of national webinars, education and training, we encourage routine use of the NHSBSA Polypharmacy Prescribing Comparators to identify and prioritise patients for structured medication reviews. We also run Action Learning Sets to support GPs, pharmacists and other healthcare professionals who undertake prescribing or medication reviews to understand the complex issues around stopping inappropriate medicines safely. Read more on page 20.



West of England Academy

Our popular Academy provides a wide range of accessible resources and learning opportunities for health and care professionals, frontline workers, support service providers and innovators to support their professional development, increase their knowledge and understanding of quality improvement (QI) and enhance their ability to drive positive change.

The Academy covers the entire innovation journey from ideation to implementation. We help people learn how to develop creative problem-solving techniques, prototype and test potential ideas and solutions, and gather evidence to drive meaningful change.

During 2024-25, 495 attendees participated in virtual and in-person events. More than 2,000 people visited the Academy section of our website, where we provide a wide range of learning and development guides, videos and toolkits. Visit the Academy at www.healthinnowest.net/academy.

Innovate Healthier Together

Challenge

Integrated care systems (ICSs) and integrated care boards (ICBs) have a statutory duty to promote innovation in the provision of health services.

Bristol, North Somerset and South Gloucestershire (BNSSG) ICB identified three key challenges locally: fragmentation and the absence of a clear approach to innovation; the need to foster an innovation mindset; and the commercial constraints of tests, pilots, spread and adoption opportunities.

Approach

We partnered with BNSSG ICB to design an exciting 12-month programme to respond to these challenges and accelerate the uptake of innovation across Healthier Together, the local ICS.

Innovate Healthier Together comprised four main strands:

1. Developing innovation mindsets and culture
2. Innovation push: test run of innovation adoption
3. Innovation pull: supporting the ICS with needs-driven innovation
4. Creating an enabling innovation infrastructure.

A key output of this programme was the establishment of the Innovate Healthier Together Fellowship, which launched in May 2024. This is an active community of innovation pioneers and change-makers from across all local health and care partners in BNSSG. Nurturing an innovative culture across the system, fellows are offered opportunities to network, receive mentorship, showcase innovations and innovative practices, learn, share, debate and make connections.

The Living Well with COPD project (page 10) formed the innovation 'push' element of this programme, providing a real-world experience of rapid deployment that can be replicated. A number of design-thinking sessions were run with local communities to better understand the health and care problems innovation might help resolve.

In addition, health and care colleagues across the ICS have benefited from accredited training in quality improvement (QI), facilitation and problem-solving techniques.

Result

The Innovate Healthier Together programme has been highly valued by participants.

In particular, the Fellowship has helped individuals become part of a connected community of innovation enthusiasts and access more opportunities for collaboration across organisational and sector boundaries. Members report the Fellowship will be important for continue to drive innovation across health and care services.

Colleagues in BNSSG have gained a better understanding of how innovations are successfully adopted and how to evidence their impact and have increased confidence in supporting the spread and adoption of evidence-based innovative practices.

A full evaluation report will be available in the summer of 2025, contributing to a practical guide for BNSSG ICS partners on opportunities for accelerating innovation into practice.



"I am excited about technology-enabled care and making it a universal offer. I'm also excited about AI and how it can transform the way in which we assess people's needs."

Hayley Verrico, Interim CEO of North Somerset Council and Innovate Healthier Together Fellow

"The NHS was never built to manage today's complex health issues. Technology has come a long way, but it's got to be used thoughtfully to be effective. We have to be part of the conversation to truly understand the challenges and needs. It's about health innovation, implementation, and collaboration among clinics, researchers, and innovators."

Wendie Smith, Advanced Nurse Practitioner and Innovate Healthier Together Fellow



130
people are signed up to the Innovate Healthier Together Fellowship



495
people took part in West of England Academy events



2,391
people visited the Academy section of our website

About Health Innovation West of England

Our vision and mission

We want all communities in the West of England to benefit faster from the best innovations in health and care.

We play our part in achieving this vision by collaborating with our local health and care systems and the life sciences sector to discover, develop and deploy proven innovation to drive better and fairer health outcomes for our communities and enable wealth creation.

What we do and how we work

We are one of 15 health innovation networks commissioned by NHS England and the Government's Office for Life Sciences. As part of the national Health Innovation Network, we tackle national problems with local understanding and local problems with national expertise.

We receive core funding to work in partnership with our health and care systems to understand

their local needs and priorities. This then informs and shapes how we:

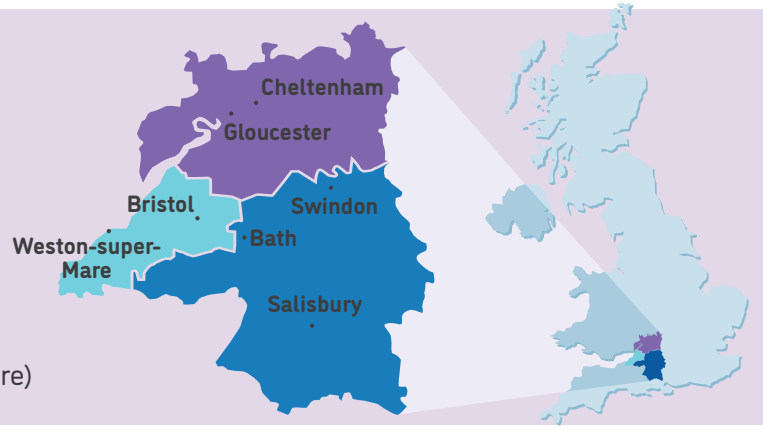
- implement national innovation adoption and spread programmes, tailoring approaches to local settings
- coordinate the West of England Patient Safety Collaborative, delivering the national patient safety improvement programme locally
- design and deliver bespoke innovation programmes
- support innovators with promising products and services
- conduct real-world evaluations of promising innovations
- help to get proven innovations spread and adopted.

We are a network organisation. Our membership includes all the NHS service providers in the West of England, our three local integrated care boards, and three universities: Bath, Bristol and UWE.

Collaboration is at the heart of everything we do. We connect and bring together the right people and organisations to make positive change for the communities we serve.

Health Innovation West of England and our Integrated Care Systems (ICS)

- One Gloucestershire
- BSW Together (Bath & North East Somerset, Swindon and Wiltshire)
- Healthier Together (Bristol, North Somerset and South Gloucestershire)





Health Innovation
West of England

Get in touch

If you're interested in finding out more about how Health Innovation West of England can support you or how you can get involved in our work programmes, we'd love to hear from you.

Supporting innovators

To talk to our Innovation team about support for developing healthcare innovations, email healthinnowest.innovation@nhs.net or visit www.innovationexchange.co.uk.

West of England Academy

To find out about the learning events and training resources available through our Academy, email healthinnowest.academy@nhs.net or visit www.healthinnowest.net/academy.

General enquiries

To find out about anything else, drop us a line at healthinnowest.contactus@nhs.net, explore www.healthinnowest.net or sign up for our regular email newsletters at www.healthinnowest.net/newsletter-sign-up.

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