





Impact report 2025-26



Health Innovation West of England









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Foreword

Over the past year, Health Innovation West of England has continued to demonstrate what is possible when innovation is embedded in everyday care.

Working with our partners in the NHS, universities, industry and our communities, we have helped improve the lives of more than 60,000 people and supported over 1,500 health and care professionals across the West of England.

As the NHS embraces the government's three strategic shifts – from analogue to digital, from hospital to community, and from sickness to prevention – our role has never been more important. Innovation is not simply about new ideas or technologies, it is about ensuring proven solutions reach patients faster, improve outcomes, reduce inequalities and strengthen the sustainability of our health and care system.

This report highlights that impact in action. Our groundbreaking PERIPrem programme continues to transform outcomes for premature babies across the South West, caring for more than 4,185 babies to date and delivering £30 million in NHS savings. Our leadership of the national Polypharmacy Programme has equipped over 12,800 clinicians across the country to reduce inappropriate prescribing, improving care while delivering financial and environmental benefits. You will also read about innovations including the capsule sponge test to accelerate earlier cancer diagnosis, Clera to improve hospital communication and productivity, and UniWee™ to enhance patient experience.

> "Together, we will continue to ensure the most effective innovations reach more people, more quickly, so every community across the West of England benefits from better health and care."

We remain committed to ensuring every community benefits from advances in health and care. Programmes such as Black Maternity Matters and our South West Learning Disability Collaborative continue to build capability, tackle inequity and support more inclusive care. Our education and leadership programmes are also helping to create the culture needed for innovation and quality improvement to thrive.



Our impact extends beyond health outcomes. As part of the national Health Innovation Network, we have helped drive economic growth, leveraging nearly £1.5 billion and creating or safeguarding more than 1,500 jobs, demonstrating the value innovation delivers for patients, the NHS and the wider economy.

None of this would be possible without the commitment of our partners, patients, innovators and dedicated teams. We are immensely grateful for your expertise and ambition in these challenging times. Together, we will continue to ensure the most effective innovations reach more people, more quickly, so every community across the West of England benefits from better health and care.



Steve West, Chair and Natasha Swinscoe, Chief Executive of Health Innovation West of England

The year in numbers

60,000+
lives have been positively impacted as a result of our work

1,533
jobs created or safeguarded by companies supported by the national Health Innovation Network

11
innovations introduced to new clinical settings

9
cancer innovation projects launched, supporting earlier and faster screening and diagnosis

£1.497 billion
investment leveraged with the support of the national Health Innovation Network

381
innovators supported by our industry and innovation team

761
health and care professionals have been supported by our West of England Academy

5
hospital trusts went live with the HOME pathway, remotely monitoring people at risk of high blood pressure during pregnancy

1,500+
health and care workers benefiting from our work in the West of England

£1.1 million
achieved in estimated NHS cost savings over three years from our national Polypharmacy programme interventions

21
real world evaluations in local settings

591
people are members of our South West Learning Disability Collaborative

£30 million
achieved in estimated NHS cost savings with the PERIPrem care bundle

722
health and care professionals are members of our Black Maternity Matters community

Driving the three key shifts in health and care

As part of the Health Innovation Network, our role is to drive innovation that responds to the changing needs of our population and the priorities of the health and care system.

Over the past year, we have worked with partners to support delivery of the government's 10 Year Health Plan. One year on from its launch, the plan continues to shape transformation across health and care, with a strong emphasis on prevention, digital technology and new models of care.

We help turn these ambitions into action by accelerating the adoption and spread of proven innovations that improve outcomes, increase efficiency and reduce inequalities.

Our work supports the three major shifts at the heart of the plan:

- harnessing the potential of digital transformation
- enabling more care closer to home and within communities
- shifting the focus from treatment to prevention.



Shift one: Analogue to digital

Digital, data-driven and AI-enabled approaches have the potential to transform care, improving patient experience, increasing workforce capacity and reducing pressure on services. From remote monitoring to advanced analytics, these innovations can help deliver more efficient, sustainable and personalised care.

Our role is to support the adoption of digital solutions that work in practice and deliver real benefits. We are equally focused on ensuring these advances are accessible to all, helping to reduce health inequalities rather than widen them.

In 2025-26, we supported all trusts across the West of England to implement the HOME approach within antenatal services, while Great Western Hospitals NHS Foundation Trust piloted the model postnatally. HOME is a remote blood pressure monitoring service using a digital system and home-based monitoring equipment to support safer, more accessible maternity care. Read more on page 14.

We have developed an effective strategic partnership with the NHS Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance to support cancer innovation, with a strong focus on cutting-edge technologies.



"We're being much safer now because [patients with essential hypertension] are using one of our [blood pressure monitoring] kits and telling us about it and we're managing them a lot better."

Staff member involved in the HOME monitoring pathway

9
cancer innovation projects launched to support earlier and faster screening and diagnosis

20
cancer staff trained in innovation adoption, digital tools, or AI applications

In the last year we have supported two innovation calls with nine new projects launched across the SWAG geography, and have co-designed their innovation strategy, striving to put innovation at the heart of the work to transform cancer outcomes.

We continued our role as a regional partner in the development of the South West Secure Data Environment (SWSDE), with a particular focus on commercial and technical support. In 2025, a £1 million funding call was launched to support health and care organisations and universities across the region to make their data research-ready for approved research projects. The SDE is a core part of NHS England's strategy to improve health outcomes through secure, responsible access to health and social care data for research. Going into 2026/27, our support for the SWSDE will continue.

As part of LEAP's Festival of Digital Health, we partnered with the University of the West of England's Health Tech Hub to host an event bringing together representatives from academia, industry, the VCSE sector, and health and care organisations to share learning on digital innovation and inclusive design.

"The Health Innovation West of England and SWAG partnership has demonstrated the power of close collaboration, shared leadership and a clear innovation strategy. Through co-chaired SWAG IT meetings, our innovation funding programmes and evaluation, and a strong commitment to partnership working, we have delivered an ambitious programme of innovation that is helping to transform cancer care across the region in line with the National Cancer Plan."

Helen Winter, Honorary Associate Professor, University of Bristol, SWAG Cancer Alliance Clinical Director



CASE STUDY: Using staff insight to support adoption of DrDoctor

Challenge

The successful implementation of digital innovations in healthcare settings depends on staff understanding the change, feeling involved in its development, and having confidence in new ways of working.

Before Sirona's rollout of DrDoctor (a secure digital patient engagement platform) across their musculoskeletal (MSK) services, there was an opportunity to better understand staff experiences, priorities and readiness for implementation as the project evolved. By collecting this evidence, we aimed to ensure implementation planning was informed by the most up to date frontline perspectives.

Approach

We designed and delivered a baseline mixed methods staff survey as part of our independent evaluation of the DrDoctor implementation.

The survey explored staff experiences of current administrative processes, perceptions of their work, expectations of DrDoctor, and readiness for implementation.

Findings were synthesised into a baseline report and shared with project leads and senior stakeholders.



Result

The evaluation provided timely evidence that influenced the implementation approach in the ongoing rollout. The findings showed that some staff would have benefited from more information and increased consultation around the rollout plan and role clarity.

In response, Sirona developed a 'You Said, We Did' communication to demonstrate how staff feedback had informed implementation planning, alongside actions to strengthen staff engagement and communication throughout the rollout. The baseline findings also informed discussions during Theory of Change workshops, ensuring the implementation plan reflected staff experiences and identified risks before implementation began.

This demonstrates how early evaluation can support continuous improvement rather than simply measuring outcomes after implementation.

Shift two: Hospital to community

Shifting care from hospitals into the community has the potential to ease pressure on hospitals while making care easier to access and more convenient for patients, especially people in underserved and disadvantaged communities.

Moving treatment and recovery closer to home can also help people stay healthier for longer and improve efficiency across the wider health system when done well.

This year marked the successful conclusion of the first phase of the Health Innovation Network's national Polypharmacy Programme, which we led for the last four years. The programme has raised national awareness of problematic polypharmacy, empowering patients and upskilling over 12,000 clinicians to tackle overprescribing, as well as delivering financial and environmental value.

We have remodelled the Polypharmacy programme with a stronger focus on older people and those with frailty, as well as repeat prescribing. Initially covering East Midlands, Wessex and the West of England, the new programme for 2026/27 is well-placed to support efforts to address frailty and ageing. Read more on page 22.

Our Patient Safety Collaborative has been working to reduce harm from psychotropic medicines prescribed for behaviours that challenge in people with a learning disability. We have brought together our local ICS partners to review current pathways and begin to test changes that promote safer, more appropriate support and alternatives to medication.



And in March 2026, we hosted a Respiratory Innovation Showcase for the NHS in collaboration with our neighbouring health innovation networks in the South of England. The event gave NHS organisations the chance to explore adoption-ready respiratory solutions for use in community care and connected them with innovators looking for new adoption sites and opportunities to develop real world evidence.

CASE STUDY: Detecting early-stage oesophageal cancer



Challenge

Oesophageal cancer currently has the lowest proportion of early-stage diagnoses among all cancers in the UK, with only 20% of cases caught at stages 1 or 2.

Detecting the disease or its precursor, Barrett's oesophagus, as early as possible is crucial to increasing long-term survival and reducing the risk of complications associated with advanced disease.

Approach

The capsule sponge test is a minimally invasive, non-endoscopic diagnostic method used to detect Barrett's oesophagus and early-stage cancer in individuals with chronic reflux.

The procedure is completed during a short appointment at a patient's GP practice.

In collaboration with the Somerset, Wiltshire, Avon, and Gloucestershire (SWAG) Cancer Alliance and Unity Insights, we evaluated an 11-month pilot of the capsule sponge test in primary care.

Results

The pilot demonstrated strong patient engagement and positive clinical outcomes. Of 579 eligible patients, 70% accepted the invitation and 52% successfully completed the test. Patient feedback was overwhelmingly positive, with 93% rating their experience as good or very good.

The test also proved effective at detection. Of the 301 patients tested, 70 required an endoscopy. 18 were diagnosed with Barrett's oesophagus and 29 diagnosed with other conditions.

Staff valued the simplicity of the pathway and its ability to deliver care closer to home.

47
patients were identified with Barrett's oesophagus or other conditions following capsule sponge test

301
patients completed the capsule sponge test to detect early-stage oesophageal cancer

CASE STUDY: HOME



Challenge

Hypertension affects around 8-10% of pregnant women and can lead to health problems for both the mother and baby. People racialised as Black or Brown and those from the global majority are at higher risk of developing high blood pressure during pregnancy.

People at high risk are recommended to have additional surveillance during pregnancy, usually through face-to-face appointments. This can mean additional and often inconvenient or stressful travel and time commitments for families and healthcare staff, and it also increases the environmental impact of care.

Approach

HOME (HOme Monitoring for Expectant and Postnatal parents) is a remote blood pressure monitoring service that allows people to check their blood pressure at home using digital technology and monitoring equipment.

By tracking blood pressure remotely, healthcare teams can spot potential problems earlier and take action when needed, while reducing the number of in-person appointments.

Evidence from Great Western Hospitals (GWH) shows that the HOME service has improved care for mothers and their unborn babies, helped people receive care closer to home, reduced hospital admissions and inpatient stays, lowered carbon emissions, and delivered cost and resource savings.

Results

Following HOME's success at GWH, we have supported the rollout of HOME across antenatal services in all acute trusts in the West of England. We expect the benefits from GWH to be mirrored across the region. We have also worked with GWH to pilot HOME postnatally.

Since November 2025, over 250 women have been onboarded to the service antenatally, and more than 30 postnatally in GWH.

All trusts are now collecting data for the evaluation that we are leading collaboratively with York Health Economics Consortium. Due to be published in autumn 2026, the evaluation will look at how easy the service is to access, patient and staff experiences, and the environmental and financial impact. It will also explore what has helped or challenged implementation and make recommendations for wider adoption.

"I think it's amazing. It's been really transformative for me, to be able to, to have that autonomy and control over my own body and what's happening with it versus just going in and having to come out to the hospital and not knowing what's going to happen. It's just been so good. It's just been a huge relief... a massive weight off my mind that I can know what's going on, keep tabs on it... it's been really, really good."

Patient on the HOME monitoring pathway



5
hospital trusts went live with the HOME pathway

250+
women onboarded to the HOME approach antenatally since November 2025

30+
women onboarded to the HOME approach postnatally at Great Western Hospitals since November 2025

"It's a big benefit to [community midwives] trying to fit in these women twice a week or every week to monitor. [It has] an impact on their clinic capacities. So, I know they were all quite keen for the changes. ... They're all asking about postnatally already. ... So I think they really noticed the benefit of it."

Staff member involved in the HOME monitoring pathway

Shift three: Sickness to prevention

By prioritising prevention and early intervention, we can help people stay well for longer, improving outcomes and quality of life while reducing demand on healthcare services through fewer avoidable admissions and better use of healthcare resources.

Throughout 2025-26 we have brought system partners together to deliver a range of national and local prevention-focused transformation programmes, including heart failure, wound care, adult ADHD, respiratory, and cardiovascular disease initiatives. Our work has strengthened collaboration across organisations, supported workforce development and sustainable system-wide improvement, and delivered training and education workshops to more than 300 healthcare professionals.

Our contribution to the national NHS Maternity and Neonatal Safety Improvement Programme has also supported earlier intervention and safer care for mothers and babies. This work includes the successful PERIPrem care bundle, which has been transforming outcomes for premature babies over the past six years (see page 17), and Avoiding Brain Injury in Childbirth, a new education programme now being rolled out nationally to strengthen clinical practice and reduce the risk of harm (see page 20).

The nine pioneering innovation projects we launched in partnership with the NHS Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance are aimed at supporting prevention by accelerating earlier and faster cancer screening and diagnosis across the region. One innovation is the capsule sponge test to support earlier diagnosis of oesophageal cancer and its pre-cursor condition, Barrett's Oesophagus. Read more on page 13.

We have also worked with Royal United Hospitals Bath NHS Foundation Trust on a real-world evaluation of the Hegenberger Retractor, a groundbreaking device designed to improve recovery after severe perineal tears during childbirth. The tool shortens procedure times, improves healing and makes the experience less stressful for both patients and staff. See page 24.

Much of our work to date has focused on secondary and tertiary prevention, and we are keen to focus more on prevention in primary care and the community.

This year we have also engaged more proactively with a broader range of partners, including local authorities, universities and the VCSE sector. The relationships we are building will lead to wider, multi-sector collaboration around the prevention agenda across our health and care systems.



300+
healthcare professionals in the West of England received training and education across a range of prevention-focused transformation programmes

CASE STUDY: Giving the smallest babies the biggest chance

Challenge
Preterm birth is the single biggest cause of infant mortality and newborn brain injury in England.

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.

PERIPrem was initially implemented in 12 maternity units in the South West. It has since been adopted across Wales, East Midlands and West Midlands and is now used by a total of 46 maternity units.

This year, colleagues from across the region marked the sixth anniversary of this award-winning care bundle with a celebratory event to explore the programme's clinical and social impact, and to recognise the outstanding achievements of neonatal and maternity teams in improving outcomes for premature babies.

Results
Since its launch in April 2020, PERIPrem has transformed neonatal care in the region.

As PERIPrem enters its next phase, the focus remains on sustainability, data-driven improvement and ensuring every preterm baby in the South West receives the best possible start in life.

"Over the past six years, PERIPrem has demonstrated the power of multidisciplinary teamwork. Through education, collaboration and continuous improvement, we've built a culture where staff feel confident and empowered to deliver the right interventions at the right time, helping to improve outcomes for preterm babies and give families the best possible start."

PERIPrem Lead, RUH



4,185+
mothers and babies cared for under the PERIPrem care bundle



90
cases of severe brain injury prevented in the South West with PERIPrem



30
cases of cerebral palsy prevented in the South West with PERIPrem



£30 million
NHS cost savings with PERIPrem

Improving patient safety and the quality of care

We have continued to build on the success of our local Patient Safety Collaborative, supporting the ambitions of the national NHS Patient Safety Improvement Programme.

Our shared aim is to ensure people in the West of England can be confident that care is safe and underpinned by a culture of openness, collaboration, continuous learning and quality improvement.



Supporting safer maternity and neonatal care



Every family deserves the best possible start. That is why improving the safety and quality of maternity and neonatal care remains a key priority for us.

In 2025-26, we supported delivery of the national NHS Maternity and Neonatal Safety Improvement Programme and continued to build on the success of initiatives such as PERIPrem (see page 17). By helping spread innovative practices and technologies across the region, we are supporting maternity and neonatal teams to deliver safer care and better outcomes for babies and families.

Perinatal Culture and Leadership Programme

We continued our role as a key delivery partner for the Perinatal Culture and Leadership Programme across the West of England. This NHS England initiative was designed to strengthen leadership and build a positive, supportive culture focused on safety, learning and continuous improvement in maternity and neonatal services.

We provided quality improvement coaching to local trusts and, working with neighbouring Health Innovation Networks, delivered Culture Coach Training to 79 clinicians. We now have 19 active culture coaches across the region.

All five local trusts completed every stage of the programme, helping teams make lasting improvements in both practice and culture, with benefits for staff, patients and families.

As part of this programme, Great Western Hospital NHS Foundation Trust conducted focused work to improve support for newly qualified midwives through a dedicated preceptorship programme. Within 10 months, the number of midwives leaving within their first year after qualification fell from 13.8% to 1.3%, while staff reported better wellbeing, confidence and support, helping to create a more positive working environment and improve staff retention.

Royal United Hospitals Bath focused on Maternity System Training across Community Midwifery Teams and their provider Ambulance Service, with the aim of increasing confidence and competence for all healthcare professionals in managing obstetric emergencies in outofhospital settings. This work has improved processes for the efficient management of maternity and neonatal emergencies and safe transfer into hospital, and strengthened working relationships and collaboration between midwives and ambulance crews.

Avoiding Brain Injury in Childbirth Programme

We have started working with NHS trusts across the region to support the national rollout of this educational programme. It focuses on improving safety in two high-risk areas: managing impacted fetal head during caesarean birth (when a baby becomes 'stuck' in the pelvis, which is an emergency that needs managing appropriately), and recognising and responding to fetal deterioration during labour.

We are coordinating training and supporting maternity teams to embed the programme within local services. As part of this work, we hosted the regional launch of the programme, bringing together maternity teams from across the West of England to share learning and best practice.

46 key professionals and users of maternity and neonatal services across all five maternity units within the West of England completed train-the-trainer training in impacted fetal head management, enabling them to deliver training within their own organisations. Feedback showed a significant increase in participants' knowledge and confidence following the training.

We will continue supporting individual trusts throughout 2026 to ensure safe implementation, and are planning a multidisciplinary education day.

Managing deteriorating patients – Martha's Rule

Martha's Rule helps ensure concerns about deterioration raised by patients, families, carers and staff are recognised and acted upon.

Through the Managing Deterioration Safety Improvement Programme, we supported the implementation of Martha's Rule across the three integrated care systems in the West of England. By providing quality improvement coaching, peer learning and tailored support, we have helped trusts improve escalation processes, increase staff confidence, and promote safer care through earlier recognition of deterioration.



Safe and effective use of medicines

This year we worked closely with ICS partners across the region to deliver change initiatives supporting the national Medicines Safety Improvement Programme's objectives to reduce harm from psychotropic medicines prescribed for behaviours that challenge in people with a learning disability.

And our work leading the first phase of the national Polypharmacy programme to tackle overprescribing drew to a successful close. Read more about the programme's impact and achievements, as well as our plans for a remodelled programme for 2026/27, on page 22.

5
trusts completed the Perinatal Culture and Leadership Programme

79
clinicians received Culture Coach Training across the West of England, South West and Wessex

46
key professionals from five maternity units completed Impacted Fetal Head train-the-trainer training, part of the ABC programme

"If you get the opportunity to be involved in the Health Innovation West of England (or any other Health Innovation area) Impacted Fetal Head training as part of Avoiding Brain Injury in Childbirth programme, do it! This week I am pretty sure it prevented a brain injury after I completed the training just two weeks ago."

Neonatologist, following Impacted Fetal Head training



"In healthcare we move quickly from one task to the next. But the conversations we have with patients, families and colleagues deserve our full attention. If Martha's Rule is teaching us anything, it is that listening really matters."

Siobhan Lanigan, Critical Care Nurse at the Bristol Royal Infirmary, on secondment to Health Innovation West of England to support the local rollout of Martha's Rule

CASE STUDY: Polypharmacy programme demonstrates transformative impact on patient safety across England

Challenge

As more people live longer with multiple long-term health conditions, the number of medicines they take often increases.

Problematic polypharmacy – when a patient is taking multiple medicines, some of which may no longer be necessary or could be causing harm – is an urgent and growing challenge.

In March 2025, more than 718,000 people aged 65 and over in England were taking 10 or more medicines, a figure projected to exceed 1.1 million by 2035 without effective intervention.



Approach

For the last four years we have been leading the Health Innovation Network's national Polypharmacy programme to tackle this challenge.

The programme engaged all 42 Integrated Care Boards (ICBs) across England and was built on a core three-pillar approach:

- Population health management: using NHS data to identify patients most at risk of harm from their medicines.
- Education and training: upskilling the primary care workforce to confidently and safely stop unnecessary medicines.
- Changing public behaviour: co-producing resources to support patients in having better, shared-decision-making conversations about their medicines.

Results

The programme has successfully engaged with 12,891 healthcare professionals to support them with the skills and confidence to tackle overprescribing, delivered 124 communities of practice across the country, and seen over 9,000 downloads of the vital resources co-developed to empower patients in conversations about their medicines. Feedback from clinicians and patients has been overwhelmingly positive.

A health economics analysis of the programme led by Unity Insights, based on five case study ICBs, estimated the financial and environmental value of the interventions.

"This will change my practice more than any learning event I have ever done."

GP and Polypharmacy training course attendee

In these regions, the programme prevented an estimated £20,000 in hospital admission costs and saved £76,000 in medicines expenditure over three years. When extrapolated across England, this indicates a potential total saving of over £1.1 million in three years, comprising £280,000 in avoided healthcare utilisation costs and £880,000 in reduced drug costs.

And by reducing unnecessary prescriptions in the five case study areas, an estimated 33,002 $kgCO_2e$ (tonnes of carbon dioxide equivalent) was avoided, equal to a value of over £8,500.

As the programme concludes its initial phase, its legacy is clear. It has raised national awareness of problematic polypharmacy, provided practical tools for change, and demonstrated that this complex issue is not insurmountable.

Building on this success, we are now leading a remodelled Polypharmacy programme, which is initially covering the West of England, Wessex and East Midlands. This will have a stronger focus on older people and those with frailty, as well as repeat prescribing.

"Tackling the complex challenge of problematic polypharmacy can sometimes feel overwhelming, so with support from NHS England, the Health Innovation Network has successfully developed structured approaches for healthcare professionals that provide a valuable resource to help ensure that medicines are being used effectively and safely, aligning with patient goals."

Professor Tony Avery, National Clinical Director for Prescribing for NHS England

12,891
healthcare professionals across England have engaged to date in our national Polypharmacy Programme education and training

9,000
downloads of new patient resources to support Structured Medication Reviews

£1.1 million
estimated potential national savings in healthcare and medicines costs over three years from polypharmacy programme interventions

CASE STUDY: Real-world evaluation of the Hegenberger Retractor

Challenge

Perineal trauma is a significant concern in maternity care, with up to 90% of first-time mothers experiencing some degree of injury during vaginal birth. Of these, third- and fourth-degree tears affect approximately 19,000 people annually in England.

If these severe injuries are not accurately diagnosed and repaired, they can lead to long-term physical and emotional complications, including chronic pain and incontinence.

Current repair practices often rely on manual retraction, which can be hampered by poor visualisation, bleeding, and the limited availability of surgical assistants.

Approach

We partnered with Royal United Hospitals to conduct a real-world evaluation of the Hegenberger Retractor. This innovative, strong and flexible device is designed to optimise tissue exposure during suturing, providing a clearer view of the injury and allowing clinicians to work hands-free.

Using a mixed-methods, quality improvement approach, the evaluation monitored device usage across 70 repairs of third- and fourth-degree tears between February and September 2025. The study gathered quantitative clinical data alongside qualitative feedback from staff surveys and interviews to assess surgical efficiency and clinician experience.

Result

The evaluation demonstrated moderate adoption, with the retractor used in 47% of relevant repairs. Clinicians reported significant procedural benefits, including improved visualisation (79% agreement), better ergonomics, and a reduced need for surgical assistants (55% agreement).

Crucially, the evaluation found no signal of harm. While statistical analysis noted longer surgical times (likely reflecting a learning curve and selective use in more complex cases), staff often perceived the tool as a time-saver.

These findings offer a valuable roadmap for wider adoption, emphasising the need for specialised training and integration into routine workflows.

"I am delighted to see the positive outcomes of this evaluation, particularly given the complexity of the repairs, the challenges faced during the evaluation, the steep learning curve, and the limited experience with the Hegenberger Retractor."

Malene Hegenberger, creator of the Hegenberger Retractor



"We must look at any innovation that may have the potential to aid the repair of an anal sphincter injury as a consequence of childbirth. If we identify any improvement that can be made in the healing and function after this injury, however small, we have made a big step forward in the postnatal outcomes for women."

Zoey Robinson, Consultant Obstetrician at Royal United Hospitals Bath NHS Foundation Trust, commenting on the Hegenberger Retractor

47%
of relevant perinatal tears were repaired using the Hegenberger Retractor

79%
of clinicians reported improved visualisation when using the Hegenberger Retractor

"I think it's a simple, easy device with minimal training that can improve the ability to repair something that is [...] notoriously difficult and stressful."

Clinician commenting on use of Hegenberger Retractor

Reducing health inequalities

The ambition to reduce health inequalities is embedded across our work. We are committed to ensuring that the benefits of innovations in health and care are felt by all communities, particularly those who experience the poorest health outcomes.

Central to this is working alongside local communities to understand the barriers they face and the wider factors that influence health and wellbeing.

By listening to people with lived experience and involving them in the design and delivery of our programmes, we can better target our efforts, amplify underrepresented voices, and help shape solutions that are equitable and sustainable.

To improve access to Structured Medication Reviews for seldom heard or marginalised communities, the patient resources we co-developed as part of the national Polypharmacy programme were translated into 12 community languages and made available in easy read and audio formats (see page 22).

In a pilot involving 27 Primary Care Networks across England, 85% of teams reported that the resources helped them engage more effectively with target communities, particularly veterans, people with a learning disability, and those whose first language is not English.

Our Regional Perinatal Equity Network is a vibrant community of practice for staff and parent or patient partners with an interest in addressing equalities in maternity and neonatal care. Its focus this year has been on clinical safety, patient empowerment and inclusive practice, including improving support for language barriers in maternity care, recognising jaundice in babies with darker skin tones, and applying Martha's Rule through a health equity lens.



South West Learning Disability Collaborative

Funded and delivered in partnership with NHS England South West, the South West Learning Disability Collaborative (SWLDC) works to reduce health inequalities faced by people with a learning disability. We bring together health and care professionals, carers, and people with lived experience to share best practice, and raise awareness of the issues affecting health outcomes.

During 2025-26, the collaborative continued to grow its reach and influence. Membership increased to 591 with many participating in our popular programme of webinars. Work focused on three key areas linked to improving health outcomes: healthy weight, lung health, and screening.

A notable achievement was supporting the development and launch of a new e-learning programme for carers of adults with a learning disability, designed to help them support healthier weight management. The programme combines practical guidance with lived experience videos and has been accessed more than 1,800 times.

"It has been an honour to share my story. I have really enjoyed doing this work and sharing my story, and I hope it inspires you all to think of different ways to help the people you support to have a healthy lifestyle... although it can be hard at times, the change in my life has been so big and I am so much happier now. Thank you all for watching!"

Alex Seaman, Brandon Adventurer, commenting on the e-learning for health programme for SWLDC



591
members of the South West Learning Disability Collaborative

1,800
number of times the healthy weight e-learning information was accessed



Black Maternity Matters

Our award-winning Black Maternity Matters programme continues to drive change in maternity services, helping to tackle the inequitable outcomes experienced by mothers and their babies racialised as Black or Brown.

Established in 2021 in partnership with Representation Matters, BCohCo and Black Mothers Matter, the education, training and quality improvement programme supports perinatal teams to recognise and address racism in maternity care.

In 2025–26, our community grew to 722 members. We have commissioned an independent evaluation of the clinical impact of our programme, across a range of perinatal outcomes, to identify the contribution Black Maternity Matters is making to the reduction of hurt and harm experienced by women, birthing people, babies and families racialised as Black. This further reinforces our commitment to the elevation of Black perinatal mortality and morbidity as an urgent patient safety issue.

We partnered with Bristol, North Somerset and South Gloucestershire Local Maternity and Neonatal System on an 18-month project to tackle anti-racism in preterm birth.

In addition, we delivered a series of webinars exploring the growing movement to rename the Sims speculum, raising awareness of the instrument's historical links to the exploitation and suffering of enslaved women.

Since its launch, Black Maternity Matters has delivered:

- 26 perinatal cohorts
- Nine cohorts of senior leaders
- 722 programme graduates

In 2026-27 we will continue to work with NHS England South West to deliver dedicated cohorts and strengthen our partnership with the NHS Race and Health Observatory. We have expanded our reach into the wider South West, as well as London and Birmingham, with our first 'open access' cohort enabling perinatal staff from across the country to participate in the Black Maternity Matters experience.

"It was such a highlight to watch our outstanding participants stand tall and showcase the work they've produced. Every project, every insight, every act of courage was a reminder of why this programme matters – urgently and unapologetically."

Aisha Thomas, one of Black Maternity Matters' founding members and Director of Representation Matters, hosting the programme's third annual celebration

722
health and care professionals have joined our Black Maternity Matters community

35
cohorts have participated in the Black Maternity Matters programme since its launch in 2021



CASE STUDY: UniWee™ improves dignity, comfort and equity in hospital care

Challenge

For many hospital patients who cannot get out of bed, something as basic as going to the toilet can be uncomfortable, distressing and undignified.

While men are often able to use a urinal bottle without having to move, women and others without male genitalia have traditionally relied on bedpans, which can be painful, difficult to use and time consuming, particularly following injuries such as a hip fracture.

Approach

Developed by nurses in the Emergency Department at Great Western Hospitals (GWH) NHS Foundation Trust, UniWee™ is a universal urinal that provides patients without male genitalia who are unable to walk with a dignified, pain-free way to urinate whilst sitting or lying down. It also reduces the need for staff to move patients unnecessarily, making the experience safer and more comfortable.

This innovative device is made from disposable pulp, which provides more environmental benefits compared to other ways to empty the bladder, such as catheters that are made from plastic materials. And unlike a catheter, the Uniwee™ does not carry any infection risks or require any invasive intervention.

UniWee™ has been commercialised in collaboration with Omni-Pac and is now available through the NHS Supply Chain.

Results

As part of our support to GWH, and to accelerate wider adoption of the device, we commissioned Unity Insights to produce an independent assessment of UniWee™'s financial and environmental impact in the hip fracture pathway.

The analysis found that an average NHS hospital in England could generate an estimated net benefit of almost £25,000 per year through the use of UniWee™, with every £1 invested returning over £19 in value.

The assessment also highlighted environmental benefits, estimating annual carbon savings of 473kgCO_2e per hospital, equivalent to the amount of carbon absorbed by approximately 18 trees each year.

By providing a more dignified and accessible option for patients who are unable to walk, UniWee™ is helping to improve patient experience while addressing an often overlooked inequity in care.

"This cost-benefit model, designed by Unity Insights and funded by Health Innovation West of England, will be invaluable in supporting our further work to demonstrate that this innovation supports sustainability in the NHS as well as being a better option for patients and staff."

Siân Thomas, Emergency Doctor at Great Western Hospitals NHS Foundation Trust

£24,817
estimated annual net benefit of UniWee™ device for average NHS hospital

£19.40
return on every £1 invested in UniWee™ device

473.37kgCO_2e
estimated annual carbon savings per hospital from UniWee™ device

Driving economic growth

Health and prosperity go hand in hand. Better health enables people to stay in work, return to work more quickly and participate fully in society, while poor health can limit economic opportunity and productivity.

Through our work, we help drive economic growth alongside improved health outcomes. By fostering collaboration between the NHS, innovators and industry, we strengthen the region's health and life sciences sector, helping to attract investment into the region and bring lasting benefits to patients, the NHS and the economy.





"This mapping has highlighted the breadth of research and innovation across the region, particularly highlighting the important role of disruptive and convergence technologies like AI, digital, quantum, engineering biology and data science in the future of health innovation."

Melanie Knetsch, Director of the GW4 Alliance

Exploring the potential for the health and life sciences sector in the region

This year we continued to work with strategic partners to explore, map and showcase opportunities for the health and life sciences sector in the South West and in October 2025, we participated in the GW4 Innovation Showcase at the House of Commons, profiling our region's potential.

Providing an evidence-led assessment of the region's assets, we have published a sector mapping report commissioned from Avison Young.

A defining characteristic of the South West's health and life sciences ecosystem identified in the report is its "polycentric" and distributed geography.

Unlike regional clusters organised around a single dominant hub, the South West operates as a coherent, distributed system where different locations perform complementary roles.

In the West of England, Bristol, Gloucestershire, Bath and Swindon function as the principal centres and connectors for research-intensive and innovation-led activity, underpinned by a high concentration of universities and clinical research infrastructure.

We intend to use these insights to support our specific geographies, fostering deeper collaborations between local authorities, universities, industry, and the NHS. We are committed to driving local cluster activity that not only showcases our regional assets but also ensures health innovation translates into economic growth and improved outcomes for our local communities.



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 381 innovators, which includes academic and clinical entrepreneurs, lived-experience innovators, SMEs and large businesses, including multinationals. We helped to introduce 11 innovations to new clinical settings and we led 21 real world evaluations.

Eight companies successfully completed our Commercialisation Academy, an eight-week course that helps promising, later stage health and care innovators navigate the complexities of commercialisation and move towards adoption and spread of their solutions. Read more on page 36.

Other examples of our support initiatives this year include a webinar series on real-world evaluation, designed to help developers understand how they can assess whether, how and why their innovation works and if it is worth implementing. We also hosted a webinar focused on bringing safe, regulated AI solutions into the NHS, featuring experts from across healthcare innovation, digital strategy and regulation.

We collaborated with neighbouring health innovation networks to deliver a Respiratory Innovation Showcase for the NHS. The event connected NHS organisations with four adoption-ready respiratory innovations, supporting the spread of solutions across diagnosis, treatment and monitoring while creating opportunities for innovators to generate real-world evidence.

Through this support, we have contributed to the national Health Innovation Network in leveraging over £1.5 billion in company investment. This collective support has enabled these companies to create or safeguard over 1,500 jobs.

"AI has huge potential to transform the way care is delivered, but bringing safe, effective solutions into the NHS requires more than great technology – it needs the right evidence, regulatory understanding and collaboration with clinical teams. This webinar was about giving innovators the practical insight to confidently navigate that journey and develop tools that truly benefit patients."

Alex Leach, Deputy Director of Programmes at Health Innovation West of England

£1.497 billion
investment leveraged by companies with the support of the national Health Innovation Network

1,500+ jobs
created or safeguarded by companies supported by the national Health Innovation Network

381
innovators were supported by our industry and innovation team

11
innovations introduced to new clinical settings

21
real world evaluations conducted

3,000+
people accessed our Innovation Exchange website



CASE STUDY: West of England Commercialisation Academy

Challenge
The barriers to the adoption of new technologies have been widely explored. A lack of clarity around value, evidence, and sustainability remains a key obstacle, limiting uptake by health and care services.

Improving companies' commercial readiness helps overcome this and supports wider adoption.

Approach
Our Commercialisation Academy is a free, eight-week course that helps promising, later stage health and care innovators navigate the complexities of commercialisation and move towards adoption and spread of their solutions.

"The sessions on provided the exact tactical roadmap we needed to navigate Local Authority buying cycles, identify the correct budget holders, and structure the quantitative ROI data required to unlock DWP funding."

Lingly AI, Commercialisation Academy participant

Delivered in partnership with Triple Chasm, the course is designed to help innovators develop strategic commercialisation plans. It is based on the Triple Chasm Model®, a data-driven framework developed from research into around 3,000 products taken to market.

Our second cohort of eight companies successfully completed the programme this year. Their innovations spanned digital tools, medical devices, and AI enabled platforms, and fit with the government's three health and care shifts.

Many were already engaging with NHS partners or had early traction but needed clarity on scaling, pricing, and navigating the journey from initial success to widespread adoption.

Results
The programme has directly resulted in connections between attendees and interested system representatives on the panel.

The impact of the Commercialisation Academy extends far beyond the programme itself, with a growing alumni network from both cohorts sharing insights, collaborating on projects and offering peer-to-peer support.

The programme has contributed to economic growth by supporting high potential companies, helping them build investable propositions, and developing skills that remain within the region.

"A huge thank you to everyone at Health Innovation West of England for a brilliant few months on the Commercialisation Academy. I really appreciate the huge amount of work that they have put into making this all come together. Thanks too to the Triple Chasm crew - a genuinely insightful and valuable insight into how to approach commercialisation. I've learned such a lot and I look forward to showing you the results we achieve with Tend!"

Sean Carroll, Tend VR, Commercialisation Academy participant

"The sessions that gave me the most value were the ones that felt like we got some insider information into the NHS I can't find elsewhere."

Amie Technologies, Commercialisation Academy participant

15
companies have successfully completed our Commercialisation Academy to date

Supporting the workforce

Health and care services across the West of England face growing demand alongside increasing pressure on resources and workforce capacity.

Innovation has a critical role to play in helping organisations improve productivity, deliver more efficient services, and ensure staff can focus their time where it has the greatest impact on patient care.

We help to create the conditions for innovation to thrive. By building capability across the system, we empower health and care professionals to embrace new ways of working, creating a culture of continuous improvement that benefits patients, staff and services alike.





Educating and empowering health and care professionals

Developing the workforce's capacity to innovate is a key element of many of our programmes, helping health and care professionals build the skills, confidence and leadership needed to deliver sustainable change.

For example, through our Black Maternity Matters programme, we have supported hundreds of health and care professionals at every stage of their careers to deepen their understanding of racism and its impact on healthcare experiences and outcomes. Participants have developed the knowledge, skills and confidence to challenge inequities in practice, becoming part of a growing community committed to driving meaningful change and improving outcomes for women, babies and families racialised as Black.

12,891
health and care professionals participated in Polypharmacy education and learning events around the country

83%
of GPs and pharmacists who completed the Polypharmacy ALS course reported making changes to their practice as a result

761
people took part in West of England Academy events

15,000+
people visited the Academy section of our website

722
health and care professionals have graduated from our Black Maternity Matters programme

West of England Academy

Our Academy supports people working in health and social care, including NHS colleagues, the voluntary and community sector, academia and industry to develop the knowledge and skills needed to drive quality improvement and innovation.

Through a range of accessible learning opportunities and resources, we help frontline workers, support service providers and innovators make sense of complex challenges and take practical steps towards change.

Covering the full innovation journey from idea generation to implementation, the Academy focuses on real-world challenges, enabling people to learn through doing. Participants develop skills in creative problem-solving, testing and refining ideas, gathering evidence, and delivering sustainable improvement in practice.

During 2025–26, 761 people took part in Academy events and workshops, while more than 15,000 visited the Academy webpages to access guides, videos and toolkits. We also launched QualiTea, our new Academy programme on the Health Innovation West of England podcast channel. Visit the Academy at www.healthinnowest.net/academy.



Upskilling GPs and pharmacists to confidently and safely stop unnecessary medicines

This was one of the three pillars of our national Polypharmacy programme. A range of Polypharmacy education and learning events reached 12,891 health and care professionals across the country, including 1,301 GPs and pharmacists who completed Polypharmacy Action Learning Sets (ALS).

99% of those who completed the Polypharmacy ALS course said they would recommend the course to colleagues, while 83% reported making changes to their practice as a result, including increasing shared decision-making with patients and actively stopping medicines. Read more on page 22.

We have further supported workforce development through the delivery of training and education workshops to more than 300 healthcare professionals through our South West Collaborative, working in partnership with our neighbouring health innovation networks in Wessex and the South West. Topics for these have included heart failure, lipid management and familial hypercholesterolemia and hypertension.

In 2025-26 we completed several real-world evaluations of innovations that offer potential benefits for supporting the workforce to improve productivity and increase efficiency, while also promising positive changes for patients. These include the Capsule Sponge Test (page 13), the Hegenberger Retractor (page 24), and Clera (page 44).



"This will change my practice more than any learning event I have ever done."

GP, on Polypharmacy Action Learning Sets course

"I was so impressed with the ability to discuss and tailor the session to the needs of our organisation. Entering a restructure has been hard but the principles I learnt on that day of ensuring communication and collaboration is central and using what is not changing to help team members feel less unsettled have been essential. The tips I gathered from the training gave me a plan and a way forward in very difficult times."

Change Lab participant, a course run by the West of England Academy



CASE STUDY: Accelerating the Deployment of Proven Technologies (ADOPT)

Challenge

Across the NHS, the adoption of innovation is often fragmented and poorly coordinated.

Common challenges include unclear processes, inconsistent decision-making, a lack of time and expertise to manage implementation, and limited transparency for innovators. Financial pressures can also make it difficult to invest in new solutions, even when they could deliver long-term benefits.

As a result, many promising innovative solutions are tested through small pilot projects but never become part of routine care or are adopted more widely across the NHS.

Approach

This year we announced our partnership with Salisbury NHS Foundation Trust (SFT), part of the BSW Hospitals Group, to launch the inaugural phase of the ADOPT (Accelerating Deployment of Proven Technologies) programme.

Instead of focusing on testing new ideas, ADOPT helps organisations introduce technologies and approaches that are already proven to deliver impact. The aim is to shorten the journey from identifying a challenge to putting an effective solution in place, so patients can benefit sooner.

Working closely with clinical and operational teams at SFT, we reviewed the Trust's current approach to adopting new technologies and identified opportunities for improvement. By the end of the programme, the Trust aims to have a clearer and more streamlined process for bringing innovations into everyday care.

The partnership also includes identifying proven solutions to help address the Trust's priority areas, with an innovation showcase designed to connect teams with suppliers and partners.

Result

Through detailed discussions with SFT staff, we have gained valuable insight into how innovations are currently adopted within the organisation. This will help to shape delivery of the programme.

The ADOPT programme has also engaged with 12 health and care organisations to understand how they progress innovation adoption. The findings have been shared with SFT and are helping to inform the design of its future adoption process.

The insights and tools developed during this partnership will be shared with other NHS organisations and integrated care boards (ICBs), helping to support efforts nationwide to improve healthcare through innovation.

"This partnership represents a chance for SFT to lead the way in driving healthcare innovation. We want to ensure that our staff have a clear, transparent, and 'slicker' way to implement new ideas that genuinely make a difference for our patients. By working with Health Innovation West of England, we are not just adopting a new piece of technology or approach; we are building a more agile culture that empowers our teams to deliver better care, faster."

Abi Kingston, Deputy Chief Medical Officer, Salisbury NHS Foundation Trust



CASE STUDY: Clera enhances communication between clinicians, patients and families

Challenge
Hospital ward staff spend a significant proportion of their time providing updates on patient care to families and next of kin.

Despite this, satisfaction with communication remains low – just 8% of families report being “very happy” with the level of updates they receive. This often leads to frustration, communication gaps, and challenges for patients in recalling vital medical information.

Approach
North Bristol NHS Trust were keen to support the early testing and evaluation of a new innovation prototype to address this challenge. Clera, a web-based messaging platform developed by NHS doctors Jonathan Abeles and Alice Appleton, set out to enable healthcare professionals to securely share updates with patients and their families, helping to improve communication, patient involvement and staff efficiency.

The mixed-methods evaluation took place over two weeks in February 2025 within the Infectious Diseases Unit at North Bristol NHS Trust (NBT), combining app data, patient notes and feedback from patients, families and staff.

Results
The evaluation demonstrated Clera’s potential to foster greater transparency and trust within acute care settings.



Clera also showed promise in reducing disparities in access to care updates across different demographic groups, including age, deprivation, disability and distance from hospital.

Benefits for healthcare professionals included ease of integration, efficiency gains and an increase in staff able to provide updates:

The evaluation supported the Trust and the innovators to agree next steps for Clera based on the valuable feedback gained.

“Clera was born from our daily frustrations on the wards – families lacked updates, and staff lacked time. It’s a project shaped by our experiences as doctors, but having the idea was the easy part. Finally seeing it being used by our colleagues on the wards we used to work on was a huge milestone for us. Hearing even just one piece of feedback from a family member who felt more connected and reassured has given us a renewed sense of purpose and shown us just how much impact we can have when clinicians and tech come together to solve real problems.”

Dr Alice Appleton, Co-Founder and Director of Clera



70%
of family members felt well informed about patient care with the Clera messaging app

92%
of staff valued the Clera messaging app’s impact on their work

64%
increase in number of staff able to provide patient care updates with the Clera messaging app

Our role as a health innovation network

Our vision and mission

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

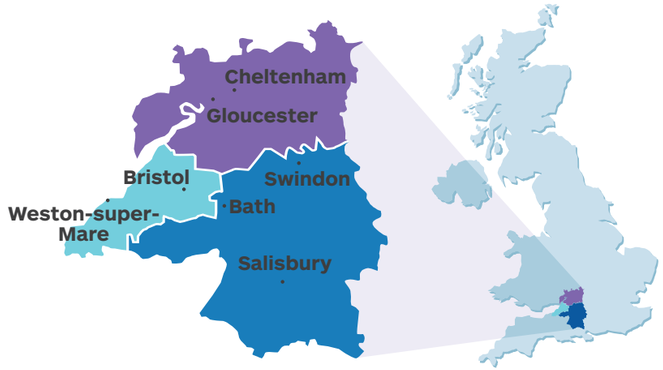
We play our part in achieving this vision by collaborating with our local health and care systems and the life sciences sector to spread proven innovation to drive better and fairer health outcomes for our communities and enable wealth creation.

What we do and how we work

We are one of 15 health innovation networks across England. Commissioned by NHS England and the Government's Office for Life Sciences, we are the innovation adoption experts, helping health and care systems find, test, implement and scale innovations that address the biggest challenges facing health and care, improving outcomes, increasing productivity and driving economic growth.

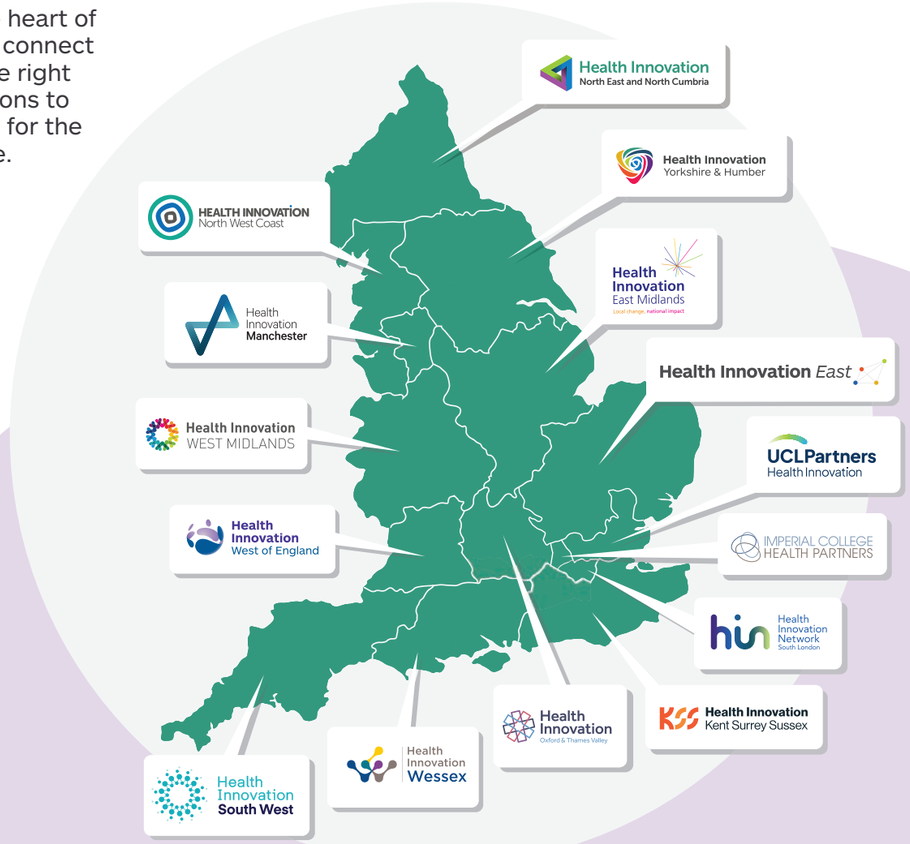
Working across the NHS, industry, academia and government, we combine national coordination with specialist, boots-on-the-ground implementation expertise and deep local relationships to accelerate the adoption and spread of innovation. By identifying promising solutions, generating evidence, supporting implementation and scaling proven approaches, we help ensure innovations reach more patients, more quickly. Together, we deliver local change with national impact.

- Gloucestershire
- Bath & North East Somerset, Swindon and Wiltshire
- Bristol, North Somerset and South Gloucestershire



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 four universities: Bath, Bristol, Gloucestershire 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

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.

Evaluation and insights

To find out more about our work to support the evaluation of innovation products and programmes, please contact healthinnowest.evaluation@nhs.net.

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.

Connect with us

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Part of the Health Innovation Network
Local change, national impact

Office for Life Sciences

NHS