

Quality account 2019-2020



Safe &
compassionate
care,

every
time

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Introduction

The Quality Account is an annual account to the public about the quality of services that we provide and deliver and our plans for improvement. This report is designed to assure our local population, our patients and our commissioners that we provide high quality clinical care to our patients. The Quality Account includes our high level priorities for the coming year and an assessment of our performance last year.

Buckinghamshire Healthcare NHS Trust (BHT) has three objectives for 2019-2021; to continue to improve our culture, implement new workforce models and tackle inequalities and variation.

This report also includes feedback from our stakeholders on how well they think we are doing.

The publication of this document is one of the ways in which we are able to share our evidence on the quality of care we provide to our patients.

A Guide To the Structure of This Report

This Quality Account summarises performance and improvements against the quality priorities and objectives which were set for 2019/20 and outlines the quality priorities and objectives which have been set for 2020/21.

- Part 1** Statement on quality from the Chair and Chief Executive Officer and a selection of speciality achievements for 2019/20
- Part 2** Priorities for improvement and statements of assurance from the Board
- Part 3** Further aspects on quality improvement

Your Feedback

If you have any comments or suggestions on this Quality Account, we would welcome your feedback. Please contact Mrs Karen Bonner, Chief Nurse, by email at: bht.pals@nhs.net

Trust Profile

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties. Our 6,000 staff provide care to over half a million patients every year. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients across England and internationally. The Trust is also the regional centre for burns care, plastic surgery, stroke, cardiac services and dermatology.

Our aim is to provide safe and compassionate care, every time, for our patients. Our highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff deliver this care.

We deliver our services from a network of facilities including a range of community settings:

- health centres
- schools
- patients' own homes
- community hospitals
- community hubs

The acute hospitals

- Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT.

Our main community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrard's Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Hospital, Victoria Road, Marlow SL8 5SX
- Thame Community Hospital, East Street, Thame OX9 3JT

- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge Rehabilitation Unit, Croft Road, Aylesbury, Buckinghamshire HP21 7RD.
- Camborne Centre, Jansel Square, Bedgrove, Aylesbury HP21 7ET

Our Trust headquarters are at Stoke Mandeville Hospital

Visit our website for more details on our services www.buckshealthcare.nhs.uk

PART ONE

Statement on Quality from the Chair and Chief Executive

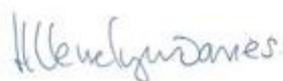
In 2019/20 we were awarded an overall rating of 'Good' by the Care Quality Commission (CQC) and 'Outstanding' for Caring. This is a fantastic achievement by everyone who works and volunteers for the Trust, as well as our close working partners in the region.

The CQC rated our end of life care team 'Outstanding' overall and identified a number of areas of 'outstanding' practice across other services, including outpatients, community adult services and emergency care. We have also celebrated a huge range of awards over the past year, recognising individuals, teams and services. We are enormously proud of, and inspired by, the dedication and excellence demonstrated by all.

These achievements are particularly commendable against the backdrop of an increasing demand for our services. Like most of the country, we saw a combination of high numbers of patients in our Emergency Department and high levels of acuity during the autumn and into the winter months. We also saw greater demand for our community services, particularly by our elderly population and our children and young people and are continuing to develop and expand our models of care closer to home through our community hubs and services.

On our journey to 'Outstanding' as an organisation, during 2019/20 we focused on striving to embed a quality improvement approach through everything we do, and together with our Small Change, Big Difference campaign, empowering our colleagues to make the small but meaningful improvements in their own daily working lives. It is great to see patient assessors now working with our teams to use Perfect Ward to support our quality rounds. We also focused on ensuring our colleagues have the resources and time to continue to deliver high quality, compassionate care, be this through our environments, staff wellbeing, or digital infrastructure, and our thanks also go to the relentless hard work by everyone in our corporate support services, who are as integral to the quality of the care we deliver as our clinical and patient-facing colleagues.

Like all organisations, towards the end of 2019/20 we commenced our incident response to the COVID-19 pandemic. The majority of this year's Quality Account therefore focuses on activity prior to this; our Quality Account for 2020/21 will refer in more detail to our incident response and subsequent business recovery.



Hattie Llewelyn-Davies, Chair



Neil Macdonald, Chief Executive

Speciality Achievements for 2019/20

2019/20 has been a year to be proud of at Buckinghamshire Healthcare NHS Trust. Below is a very small selection of improvements and innovations that have been put in place over the year which teams are particularly proud of. Other areas of improvement can be found in more detail in Part 3, "Further Aspects on Quality Improvement".

Ophthalmology Service

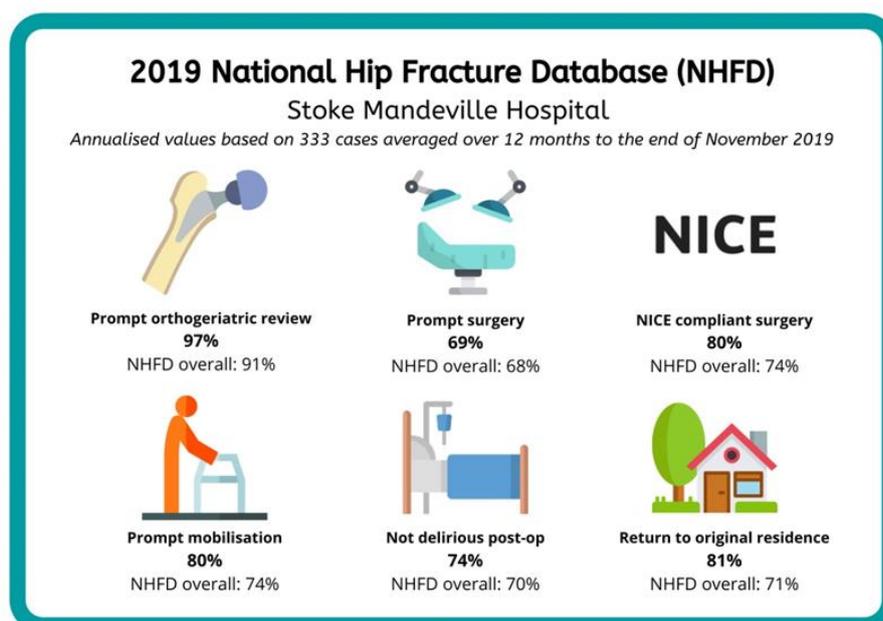
We have successfully appointed a Glaucoma Failsafe Officer. This post is helping manage the demand and capacity in the service and track patients that are most at risk. The Failsafe Officer is the single point of contact for glaucoma patients and provides a robust link to the clinical team.

Anaesthesia Clinical Services Accreditation (ACSA)

ACSA is a voluntary scheme run by the Royal College of Anaesthetists for the NHS and independent sector organisations, offering quality improvement through peer review. BHT signed up to the ACSA scheme and was awarded accreditation. This is a great achievement for our anaesthetic department which is the first department in the Thames Valley area to receive this accolade.

Trauma and Orthopaedics (T&O)

The T&O team achieved above national average for Fractured Neck of Femur (NOF) quality standards.



Occupational Therapy

The Occupational Therapy Team has gained a learning disabilities post as part of the junior occupational therapy rotation. This is in collaboration with Hertfordshire Partnership University Trust which treats Buckinghamshire learning disabilities patients. Junior occupational therapists are now gaining specialist skills to treat people with learning disabilities which enables them to continue providing individualised treatment to their patients. The patient benefits from being treated by an occupational therapist who better understands their needs and can communicate and engage with them effectively.

Cardiology

Over the last ten years we have developed cardiovascular clinical research studies and opened over 60 randomised controlled trials, registries and observational studies. The most recent accomplishment within the department is the integration of the three services - cardiology and diabetes clinical research, cardiac rehabilitation and heart failure. This has allowed for an enhanced interdisciplinary approach to patient care. It has also enabled clinical guidelines to be reviewed, changed and introduced at the earliest opportunity from the latest clinical research evidence, improving the standard of care provided within the cardiovascular division.

This integration allows for staff cross cover, reducing staff shortages, enhancing professional development, training and, increasing staff recruitment and retention.

In September 2019, one of our consultant cardiologists received an award for Outstanding Research Impact from the National Institute for Health Research (NIHR), Thames Valley and South Midlands Clinic Research Network (TVSMCRN). Two cardiac research nurses are now acting as principal investigators for observational studies.

Integrated Respiratory Services

During 2019/2020 the focus has been on improving patient diagnosis and care for our inpatients. This service has been working together with the intensive care services and the quality improvement team in developing a quality non-invasive ventilator (NIV) service for our respiratory patients.

The past year has seen the provision of nine new non-invasive ventilators to replace seven older machines, a competency based education programme for all clinicians involved in assessing and administering NIV, and the development of new protocols and documentations to support the NIV pathway.

There have been a number of developments to improve patient care and pathways in our community services. This has included the development of capillary blood gas sampling competencies to support patients at home requiring and using oxygen. A number of the respiratory specialist nurses are either registered, or working towards registration, with the Association for Respiratory Technology and Physiology. The team is also performing ECGs at home to reduce the delays in assessment for patients found to have irregular heartbeats and requiring further investigation.

The service has been working with the Clinical Commissioning Group to increase capacity to ensure that pulmonary rehabilitation is provided to all patients with a respiratory condition who are functionally disabled by breathlessness. They have also been working with the Healthy Minds team to expand their support to patients in their own home who are unable to access psychological services in the usual manner.

Emergency Department

The Care Quality Commission (CQC) rated the Emergency Department (ED) good overall with recognition of outstanding practice. Staff morale improved as a result and patient experience response rates increased. The department was recognised for promoting a positive, inclusive and collaborative culture that supports and values staff, creating a sense of common purpose based on shared values. Staff spoke highly of their job, despite the pressures, and were committed to delivering a good service.

ED has recruited a treatment nurse (since November 19), working alongside a senior triage nurse and a doctor at the front door, which has improved the time to triage and time to be seen by a senior clinician for patients in ED. The treatment nurse has enabled treatments to be administered to patients within the waiting area as prescribed by the clinicians reducing medication delays and improving the door to needle time (DNT). DNT refers to the time from presentation of a patient with symptoms at the hospital to the start of treatment by a clinician. Therefore, this can be used to evaluate the quality of care provided by each hospital. A treatment assistant ensures that patients in the waiting area receive repeat observations, regular communication and maintains an overview of the waiting room.

Neonatal Care and Children Services

Little Swans is a drop-in clinic and parents group set up by the Neonatal Outreach team with support from both physiotherapists and occupational therapists. This group runs fortnightly in Aylesbury and High Wycombe and is well attended by families who benefit from sessions on topics such as development and health promotion.

A listening event was held in July 2019 with parents whose babies had been cared for on the Neonatal Unit (NNU), supported by the patient experience team. The event highlighted both positive experiences and challenges faced by parents on the NNU. Recommendations made by the families to further improve their experiences have been actioned and include reduction in parking fees for those families whose baby is resident on the Neonatal Unit for over two weeks, increase in breast feeding support and improved communication between the team and families.

Following the listening event, Children's Services has set up a HUGG (Help Us Grow Group) so that parents can continue to have a voice regarding the care of their babies and this group is supported by the neonatal medical and nursing teams, an occupational therapist and a physiotherapist. This group gives monthly feedback on how to improve the unit for babies, families and staff as a whole.

Children and Young People

A Patient Experience Survey (2018) takes place every two years ensuring that the voices of children and young people are heard. Capturing their experiences and feeding back to everyone involved in the care of children and young people can help us to plan future pathways that improve the outcomes for children and young people.

The results from the last survey were released in 2019 and showed that 96% of parents and 91% of children felt that they were well looked after and that 93% of families felt that they were involved in a plan for their child's care. BHT came 7th out of the 66 trusts surveyed - the highest placed district general hospital surveyed which is fantastic news for everyone involved in the care of children and young people. The survey highlighted concerns around the importance of ensuring that young people have more opportunities to ask questions about their care, independent of their parents or carers. Following on from this survey, the team is working closely with our patient experience team to set up a young person's forum so that young people can continue to voice their opinions and make suggestions on a range of topics and issues using their own experiences.

Pharmacy

In 2019, pharmacy created The Medicines Resource Centre (MRC), a unique joint venture across the Buckinghamshire Integrated Care Partnership (ICP). This forward-thinking team provides advice relating to medicines to patients and healthcare professionals. The team consists of a mixture of pharmacists and pharmacy technicians with a wide variety of backgrounds and experience. The benefits are: a single access point for information and

advice about medicines across Buckinghamshire; accessible to all residents of the county (not just patients of the Trust), accessible to health care professionals from across the system, and co-ordination of work on medicine issues facing different organisations such as drug shortages.

Antimicrobial Resistance (AMR)

BHT was successful in bidding for a grant from the Fleming Fund to collaborate with Nottingham Trent University and Makerere University as part of a Commonwealth Partnership for Antimicrobial Stewardship. The aim is to support the National Action Plan for Antimicrobial Resistance in Uganda by raising awareness of the issue. Three pharmacists and a consultant microbiologist from BHT devised and took part in the delivery of a train-the-trainer programme in Uganda. As an expansion to this project we have linked two primary schools in Uganda with two primary schools in Buckinghamshire to spread the messages of good infection prevention and antimicrobial stewardship.

Cancer Services

The expansion of the Skin Cancer Service to enable patients to receive SACT (systemic anti-cancer therapy) within Buckinghamshire has also been supported by a successful bid to Macmillan Cancer Charity for an additional oncology nurse specialist to support this new patient group through their treatment pathway and beyond. Changes to existing services and new service developments have provided easier access to services and provision of care closer to home for patients. Additional specialist nurse resources enable patients to access the resources and support they need from diagnosis and throughout the cancer experience.

A cancer specific education programme was provided for staff working within generalist and specialist areas. The programme includes access to specialist study days and courses as well as bespoke training. In 2019/20, over 280 staff received cancer training with 100% recommending the courses they attended.

Pathology

The Pathology Service has implemented a new quality improvement system in blood sciences. Every morning a daily improvement huddle around their quality board is held. The meetings are run by the team and not by the senior staff and managers. In addition, daily laboratory huddles are held to discuss issues in the lab, such as staffing, equipment and any other related issues. Both meetings have resulted in improved team working and communication. There have been improvements made to the last delivery of samples from

Wycombe Hospital which is now being processed at Wycombe and not sent to Stoke Mandeville Hospital. This has resulted in the following:

- GP samples are processed the same day and results authorised in a timelier manner.
- Any critical GP result that needs action can be phoned to Bucks24 the same day and not the following one. This has enabled us to provide a safer healthcare service.
- It is easier to focus on urgent ED samples overnight, making sure that they have the blood results within one hour.
- Staff are satisfied and proud that they have completed the work thoroughly as no work is outstanding.
- Night staff can focus on additional tasks easing the pressure on the daytime staff.

Research and Innovation

2019/2020 has been a busy year with an increase in the number of studies, an increase in patients participating in research studies along with an increase in innovation projects. The team has been out promoting activity and how the community can be involved. A new website has been launched to reach our service users and potential collaborators; we have also had an increased presence on social media to keep the local area up to date with research and innovation happening in Buckinghamshire.

Through our partnership with Bucks Health and Social Care Ventures, we have supported an increased number of innovation projects in Buckinghamshire. The first cohort of innovators/small and medium sized enterprises graduated in the autumn with some studies we supported going on to submit grants to take their product to full evaluation.

BHT has been supporting several projects involving artificial intelligence, mobile phone apps, incontinence products and other products that enable patients to be treated closer to home.

The team is working to create an agile workforce to support further research within the Trust. They will be providing training and workshops to teach staff the skills to conduct their own research and provide apprentice opportunities.

Innovation is high on BHT's agenda and barriers have been removed so that there is an easy process to innovate at BHT.

Patient Stories

Dedicated Trust nurses travel to Mexico to help stranded COVID-19 patients get home safely

Two dedicated Buckinghamshire Healthcare NHS Trust nurses took their expertise global as they travelled thousands of miles to Mexico to care for stricken Buckinghamshire residents who needed to fly home to Britain.

Marc Jordan, Group Director of TUI travel agency, contacted BHT to thank Alexandra Lowe and Victoria Robinson for their fantastic work.

After contracting COVID-19, 46 passengers of the Marella Explorer 2 cruise ship found themselves stranded in the Caribbean for more than three weeks. Healthy passengers had already disembarked, but those remaining were mostly elderly and all either showed symptoms of the virus or had to isolate while being supported by TUI's medical team.

Eventually, arrangements were made with the Mexican government to fly these passengers home to Britain. But to do that, two more nurses were needed to join the flight.

When private emergency repatriation companies were unable to support, Alexandra, a community staff nurse, was approached by a personal connection at TUI. Quickly agreeing to help, she asked Victoria, an advanced community practitioner district nurse, if she would be willing to join her. Two days later, on 29 March, the pair boarded a flight from Gatwick to Mexico.

After a 48 hour delay on their arrival, the stranded passengers' flight home finally got the go-ahead to depart. Alexandra said: "The majority of passengers were incredibly distressed from their experience of being confined to their cabins for so long, so a large part of our job was to comfort everyone on board the plane and reassure them we would take good care of them.

"It was an absolutely unforgettable experience and one I will remember for the rest of my life."

On the return flight, the medical team's main challenge was to keep people's symptoms under control, but some passengers needed more urgent medical attention. Thankfully, they got the help they needed, and everyone reached home safely.

Victoria said: "We have had an amazing experience that had a massive impact on us and the fabulous crew we worked with - we all cried a little when the passengers finally boarded. TUI looked after us so well and we were very happy to help. It feels like an honour for us."

Marc added: "Throughout this ordeal, with delay and uncertainty, your nurses, as the whole NHS does, made us proud with their professionalism and dedication.

"They went above and beyond, working with our crew on board the aircraft to ensure the returning passengers were safe and looked after. Their medical expertise was required, and our flight captain and crew were so very pleased to have them on board."

PART TWO

Priorities for Improvement and Statements of Assurance from the Board

The BHT Way

Introduction to the 2019/20 priorities for improvement

‘The BHT Way’ sets out our ambition to be one of the safest healthcare systems in the country delivering safe, compassionate care every time for every patient.

The BHT Way is underpinned by our CARE values of collaborate, aspire, respect and enable that help to define our beliefs and set expectations of how we behave as staff working for Buckinghamshire Healthcare NHS Trust.



We **Collaborate** – working as a team



We **Aspire** – striving to be the best



We **Respect** – everyone, valuing each person as an individual



We **Enable** – people to take responsibility

Buckinghamshire Healthcare NHS Trust’s vision and values were developed in collaboration with staff, patients and families. Work is underway to embed the values with staff and teams throughout BHT.

Our Strategic Priorities

We have continued to focus on delivering our three strategic priorities – Quality, People and Money:

Quality

We will offer high quality, safe and compassionate care in patients’ homes, the community or one of our hospitals:

People

We will be a great place to work where our people have the right skills and values to deliver excellence in care:

Money

We will be financially sustainable, will make the best use of our buildings and be at the forefront of innovation and technology:

Corporate Objectives

Buckinghamshire Healthcare NHS Trust has three objectives for 2019-2021; to continue to improve our culture, implement new workforce models and tackle inequalities and variation. These objectives and plans traverse our three strategic priorities – Quality, People and Money. Our digital, estates, clinical and commercial strategies are supporting the delivery of our objectives.

The three objectives are the goals that relate to the organisation as a whole and have the most influence on delivering our vision to be the safest healthcare system in the country and deliver safe and compassionate care every time for every patient. We monitor the Trust's operational performance as part of the Integrated Performance Report, and we monitor the impact of our actions at the relevant Board Committees.

Below is the list of our three corporate objectives and the related programmes.

Corporate objective	Programmes
Continue to improve our culture	BHT Way – always improving: <ul style="list-style-type: none"> - Listening to the patient voice - An organisation that learns - Culture of quality improvement - Making it easier to get things done
	Small Change, Big Difference
Implement new workforce models	Innovate with new models of care and/or staffing to tackle gaps in workforce
	Make BHT a great place to work
	Develop teams, talent and an inclusive workforce
Tackle inequalities and variation	Build new community partnerships
	Get It Right First Time and reduce clinical variation
	Modernise outpatient services
	Embed use of accurate data across the Trust

Key developments and achievements

Improving quality and experience of care is at the core of our organisational transformation and improvement journey and is recognised as something that successful organisations do well.

The following is a summary of some of the achievements during 2019/2020 against our corporate objectives. Full details of achievements, benefits, concerns and next steps are routinely reported at relevant Board Committees:

Corporate objective	Progress and Achievements
<p>Continue to improve our culture</p>	<p>Listening to the Patient Voice</p> <ul style="list-style-type: none"> • The Trust's Children and Young Peoples Services rated 7th out of 66 trusts surveyed by Picker. • Progress against patient recommendations in National Spinal Injuries Centre (NSIC) including reduction in bed days for non-spinal cord injury patients, bed occupancy on target (96%). • Trained 15 patient assessors in Perfect Ward and assessing close to 53% of wards. • Achieved Friends and Family Test (FFT) approval rating of 87.5% (target 95%) and response rate of 22% (target 30%). Reviewing what actions needed to improve in both areas.
	<p>An Organisation That Learns</p> <ul style="list-style-type: none"> • The Trust benchmarks just outside the top 25% of trusts for reporting incidents which is the best ranking the Trust has ever achieved. The programme will focus on continued improvement. • Perfect Ward compliance scores across the divisions have increased by 20% and most divisions now reach above the 90% target. This supports more efficient and effective ways to inspect quality of care in wards/services. • An average of 944 incidents per month was reported (above the monthly target of 925).
	<p>Culture of Quality Improvement</p> <ul style="list-style-type: none"> • 80 QSIR (Quality and Service Improvement and Redesign) practitioners have been trained across the Buckinghamshire ICP. 140 Trust staff have completed the one day fundamentals training and 192 staff have completed QSIR sessions as part of the leadership training. • Completed Board development programme in quality improvement and measurement for improvement.
	<p>Small Change, Big Difference</p> <ul style="list-style-type: none"> • Cost and quality impacts of programme routinely monitored as part of the Trust's overall cost improvement programme. • Continued improvement in compliance with timely purchase order (PO) submission, reduction to 4.23% of total purchase orders late at month 5.

	<ul style="list-style-type: none"> • Full year saving of £25k identified by change of printing paper and £6k saving per month by reducing colour printing. • Full year savings of £97,805, including the savings from reducing colour printing and changes to postal services.
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Corporate objective	Progress and Achievements
Implement new workforce models	<p>Innovate with new models of care and/or staffing to tackle gaps in workforce</p> <ul style="list-style-type: none"> • Reduced nurse turnover rate from 14.3% in March 2019 to 12.8% in March 2020. This is better than the target set at the beginning of the year. • BHT has successfully recruited apprentices in the following areas: senior healthcare support, assistant practitioners, nursing associates, registered nurses and advanced clinical practitioners. • All staff moved from Rosterpro to HealthRoster and able to stop contract for multiple roster systems and improve rostering process for all staff. • Roll out of SafeCare across all inpatient wards and training which helps to inform decision making and aims to reduce temporary staff use.
	<p>Make BHT a great place to work</p> <ul style="list-style-type: none"> • Implemented nurse retention plan and in June saw the lowest level of leavers on record. • Implemented a new induction which is engaging, informative and includes completion of mandatory training where possible. • Continuing to implement Go Engage – effective team training to support teams to improve their engagement and staff satisfaction. • Published Workforce Race Equality Standard (WRES), Public Sector Equality Duty (PSED). Workforce Disability Equality Standard (WDES) to support us to become a more inclusive organisation. • WRES data shows improvements in indicator 2 and 3 (recruitment and disciplinary) and slight worsening in 4 (non-mandatory training). Also learnt BAME staff reported experiencing discrimination at work in greater proportions than white staff (10% v 5%). Actions in place to improve recruitment and disciplinary processes and improve representation in senior pay bands.
	<p>Develop teams, talent and an inclusive workforce</p> <ul style="list-style-type: none"> • Established and supported staff networks (race, LGBTQ+, disability and spirituality) to deliver action plans to improve inclusion for marginalised groups. Hosted an Inclusion Conference with guest speakers from different groups and Yvonne Coghill from NHSE WRES team. • Established and ran an Executive Talent Pool supporting staff with potential to work at executive level in the future. • Launched Buckinghamshire Health and Care Academy.

<p>Tackle inequalities and variation</p>	<p>Build new community Partnerships</p> <ul style="list-style-type: none"> • BOB ICS Long Term Plan submitted in January 2020. • Ageing Well Accelerator bid for BOB ICS approved and implementation has begun. • Integrated 2020/21 business planning between CCG and BHT launched. • A series of engagement events with system leaders and PCNs have taken place to build relationships. • Draft Joint Prevention Plan with Buckinghamshire Council completed to support reducing health inequalities and delivering CQUIN with priorities to reduce smoking, alcohol and obesity. • System providing additional resource for new service models for paediatric and respiratory care targeting areas of greatest need (linked to deprivation and inequality).
	<p>Get It Right First Time and reduce clinical variation</p> <ul style="list-style-type: none"> • Ophthalmology: Nurse injectors save medical time – saving £47k. • Oral Maxillofacial surgery (OMFS): Coding review to put outpatients as OMFS – additional income gained of £85k/year. • Pain: Theatre productivity - four cases per list increased to seven cases per list. • Urology: Introduction of Urolift – move to day case procedure increasing productivity and quality of care for patients. Length of stay for benign prostate surgery reduced from 2.6 days to 1.7 days. • Breast: Increased day case rate for mastectomy to national average (15% from 6.4%). • Dermatology: one-stop joint clinics with plastics introduced to reduce follow-ups, improve cancer pathway and enhance patient experience.
	<p>Modernise outpatient services</p> <ul style="list-style-type: none"> • BHT's Outpatient Transformation Programme established and incorporated recommendations from Trainee Leadership Board, ICS Outpatient Programme and adopting the QSIR methodology in its approach. • The aim is to reduce face-to-face outpatient appointments (30% over 5 years) using new models of care, improving efficiency and adopting new technologies. • During the first half of the year the average clinic utilisation was 82%.
	<p>Embed use of accurate data across the Trust</p> <ul style="list-style-type: none"> • A full review of the BHT Business Intelligence (BI) function was undertaken with a view to establishing an ICP wide BI function providing support to inform the decision making in the delivery and planning of services. Review will be complete with recommendations in December 2019.

BHT and the NHS Long Term Plan

In January 2019, the NHS published its vision for the next 10 years in its Long Term Plan (LTP), setting out a blueprint to tackle major health conditions and investment in the latest technology to provide cutting edge treatment. The LTP focuses on health prevention and early detection of serious health conditions, as well as improved care and integrated support for patients. It sets out guarantees for investment in healthcare, funding a £4.5 billion new service model to provide better, joined up care. The Trust will work closely with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS), councils and other partners, to turn the ambitions of the LTP into local action and develop a strategy for the area for the next five years.

Our plans for the year ahead are aligned to many of the aims set out in the LTP. Work has been undertaken throughout the Trust to develop clinical service plans for the year, which will influence what we provide and how we provide it. Developing the workforce and training more professionals to work in the NHS is a key ambition of the LTP and an aim we fully support. Recruitment is a priority and a strong plan is in place to attract new staff to the Trust. A programme to develop aspiring and existing leaders is continuously being improved, with a strong focus on cultivating a culture of quality improvement, communication, engagement and transparency.

Buckinghamshire Healthcare Projects Limited

BHT has continued to invest in a wholly owned subsidiary company. One area the company supports BHT with is the provision of an outpatients dispensing pharmacy. The company provides outpatient dispensing services across three pharmacies: Wycombe, Amersham and Stoke Mandeville, with appropriate investment in skilled staff and systems. Since inception, the pharmacy services have made significant improvements in decreasing patients' waiting time for prescriptions and improving financial efficiencies.

Mandatory Declarations and Assurances

All NHS Trusts are required in accordance with the statutory regulations to provide prescribed information in their quality accounts. This enables the Trust to inform the reader about the quality of our care and services during 2019/20 according to the national requirements.

The data used in this section of the report has been gathered within the Trust from many different sources or provided to us from the Health and Social Care Information Centre (HSCIC). The information, format and presentation of the information in this part of the Quality Account is as prescribed in the National Health Service (Quality Accounts) Regulations 2010 and Amendment Regulations 2012/2017.

Statements of Assurance

During 2019/20 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted seven NHS services. These are:

- Accident and Emergency (A&E)
- Acute Services (A)
- Cancer Services (CR)
- Community Services (CS)
- Diagnostic, Screening and/or Pathology Services (D)
- End of Life Care Services (ELC)
- Patient Transport Services (PT)

The Buckinghamshire Healthcare NHS Trust has reviewed all the data available to them on the quality of care in seven of these NHS services.

The income generated by the NHS services listed represents 93% of the total income generated by Buckinghamshire Healthcare NHS Trust for 2019/2020. The Trust received the other 7% of its income for other aspects of work, for example research and development, education and training, sustainability and transformation funding and other miscellaneous income.

Clinical Audit and National Confidential Enquiries

During April 2019 – March 2020, 50 national clinical audits and national confidential enquiries covered relevant health services provided by Buckinghamshire Healthcare NHS Trust.

During that period Buckinghamshire Healthcare NHS Trust participated in 89% (41/46) national clinical audits and 100% (4/4) national confidential enquiries of the audits and enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Buckinghamshire Healthcare NHS Trust was eligible to participate in during April 2019 to March 2020 are detailed in the table below.

The table shows which audits the Trust participated in and the percentage of eligible/requested cases submitted.

AUDIT	Applicable overall	Data collection (yes/no)	2019/20 status	% eligible/requested cases submitted or reason for non-
CANCER				
Bowel Cancer (NBOCAP)	applicable	yes	participating	Continuous data collection
National Lung Cancer Audit	applicable	yes	participating	Continuous data collection
National Prostate Cancer Audit	applicable	yes	participating	Continuous data collection
Oesophago-gastric Cancer (NOGCA)	applicable	yes	participating	Data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	participating	Continuous data collection
WOMEN AND CHILDREN				
Diabetes (Paediatric) Audit (NPDA)	applicable	yes	participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	participating	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	applicable	yes	participating	Continuous data collection
National Neonatal Audit Programme (NNAP)	applicable	yes	participating	100%

National Audit of Seizures and Epilepsies in Children and Young People	applicable	yes	participating	Continuous data collection
CARDIAC, DIABETES AND VASCULAR				
Myocardial Ischaemia National Audit Project (MINAP)	applicable	yes	participating	Continuous data collection
Cardiac Rhythm Management (CRM)	applicable	yes	participating	Continuous data collection
National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	participating	Continuous data collection
National Cardiac Arrest Audit (NCAA)	applicable	no	not participating	Trust has its own local audit
National Heart Failure Audit	applicable	yes	participating	Continuous data collection
National Audit of Cardiac Rehabilitation	applicable	yes	participating	Continuous data collection
National Diabetes Audit – Adults	applicable	yes	participating	100%
National Vascular Registry	applicable	yes	participating	Data submitted by the Regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis	applicable	yes	participating	100%
OLDER PEOPLE				
Falls and Fragility Fractures Audit Programme (FFFAP)	applicable	yes	participating	Continuous data collection
National Audit of Dementia (Spotlight Audit Prescribing of Psychotropic Medication)	applicable	no	not participating	Could not participate as the Trust does not have electronic prescribing
Sentinel Stroke National Audit Programme (SSNAP)	applicable	yes	participating	Continuous data collection
National UK Parkinson's Audit	applicable	yes	participating	20 cases
ACUTE				
National Asthma and COPD Audit Programme	applicable	no	not participating	Withdrew from audit with Trust agreement
National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	Continuous data collection
National Comparative Audit of Blood Transfusion Programme	applicable	yes	participating	100%
Case Mix Programme (ICNARC)	applicable	yes	participating	Continuous data collection

Perioperative Quality Improvement Programme (PQIP)	applicable	yes	participating	Continuous data collection
ACUTE				
Elective Surgery (National PROMs Programme)	applicable	yes	participating	100%
Major Trauma Audit (TARN)	applicable	yes	participating	100%
National Joint Registry Audit (NJR)	applicable	yes	participating	Continuous data collection
National Ophthalmology Audit	applicable	yes	participating	Continuous data collection
BAUS Urology Audit - Nephrectomy	applicable	yes	participating	Continuous data
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	applicable	yes	participating	Continuous data
BAUS Urology Audit – Percutaneous Nephrolithotomy (PCNL)	applicable	yes	participating	Continuous data
BAUS Urology Audit – Radical Prostatectomy	applicable	yes	participating	Continuous data collection
RCEM Assessing Cognitive Impairment in Older People	applicable	yes	participating	1335
RCEM Care of Children in the emergency Department	applicable	yes	participating	553
RCEM Mental Health Care in Emergency Departments 2019	applicable	yes	participating	253
National Audit of Care at the End of Life (NACEL)	applicable	yes	participating	40 case note reviews submitted
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	participating	Continuous data collection
Surgical Site Infection Surveillance Service	applicable	yes	participating	100%
National Audit of Seizure Management in Hospital (NASH3)	applicable	no	participating	Did not participate due to lack of resources
OTHER				
Seven Day Hospital Services	applicable	yes	participating	100%
BTS National Smoking Cessation Audit 2019	applicable	no	not participating	Trust not commissioned to provide a smoking cessation service

Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	applicable	yes	participating	100%
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National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Management of Out of Hospital Cardiac Arrests	applicable	participated	7/10 questionnaires submitted
Dysphagia in Parkinson's Disease	applicable	participated	2/3 questionnaires submitted
Acute Bowel Obstruction	applicable	participated	7/9 questionnaires submitted
Long Term Ventilation in under 25s	applicable	participated	6/6 questionnaires submitted

National Audits

The reports of 36 national clinical audits were reviewed by Buckinghamshire Healthcare NHS Trust in April 2019 to March 2020 and the following are examples of actions taken by the provider to improve the quality of healthcare provided:

National Paediatric Diabetes Audit - The purpose of this annual national audit is to monitor the incidence and prevalence of diabetes amongst children and young people receiving care from Paediatric Diabetes Units (PDUs) in England and Wales and to establish whether recommended health checks are being carried out. The results for the Trust's Paediatric Diabetes Services were in line with national and regional figures. The audit highlighted the need for better understanding of how to correctly record information on our diabetes database, DIAMOND, so patients can be accurately monitored, and any missing care processes identified and actioned.

BTS Adult Community Acquired Pneumonia Audit - The purpose of this audit was to monitor the proportion of adults with Community Acquired Pneumonia (CAP) who received their first dose of antibiotic therapy within four hours of admission, what proportion of cases of high severity CAP were administered β -lactam and macrolide therapy and the proportion of cases where a chest x-ray was performed. The results for the Trust were in line with national figures. The following actions were agreed; ensure oxygen assessments are carried out on arrival in ED and supplementary oxygen given where sats <92%, regular training for junior

doctors regarding CAP and the need to select antibiotics in line with the CAP or sepsis of unknown origin guidelines.

National Audit of Care at the End of Life (NACEL) –The purpose of this annual audit is to review the care received by inpatients at the end of life. The audit identified the need to improve documentation in respect of: discussions regarding hydration and nutrition, discussions with patients regarding plans of care, patients' capacity to be involved in decisions about care and care planning, and discussions with patients and their families in respect of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. Since this audit, the Trust has launched the Purple Rose Care Plan booklet to aid the contemporaneous recording of discussions and decisions at the end of life. Results of a recent staff survey show that staff who had used the booklet found it helpful when caring for patients at the end of life.

National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) – The purpose of this national audit is to measure and improve the quality of care for children and young people with seizures and epilepsies. Results from the organisational audit identified gaps in the services we provide and the need to appoint a consultant with interest in epilepsy as well as an epilepsy specialist nurse to further support the service. Data regarding patients with a diagnosis of epilepsy is now being captured via our electronic patient records platform, so going forwards we should be able to better manage the care for these patients, including making referrals to the specialist epilepsy clinic prospectively and arranging follow up for complex patients with neurologists or the named epilepsy lead as needed.

Local Audits

The reports of 104 completed local clinical audits were reviewed by the provider in April 2019 to March 2020 and the following are examples of actions taken by Buckinghamshire Healthcare NHS Trust to improve the quality of healthcare provided.

Sepsis Screening in SAU – An audit completed in 2019/2020 of sepsis screening in the Surgical Assessment Unit (SAU) against NICE Guidance 51 - Sepsis: recognition, diagnosis and early management. The audit results showed sepsis screening for patients triaged and admitted on SAU has shown a sustained compliance, against NICE guidance, of 97% over the last two years. NICE sepsis guidance (2016) promotes timely recognition and treatment, and where sepsis management is initiated within one hour can lead to an increased survival rate of 25% (NCEPOD, 2015). The following actions were agreed: a new screening and

actions tool and a SAU nurse triage booklet has been introduced in Urgent Care. A GP surgical referral form is being piloted with junior doctors as well as the provision of education and training for junior doctors to raise awareness regarding sepsis.

Cardiac Disease in Pregnancy – An audit was carried out to review the care received by pregnant women, with cardiac history, referred to the cardiac-obstetric clinic. Their care was reviewed against guidelines from the Royal College of Obstetricians and Gynaecologists. The audit results showed the current pathway for these patients is often difficult to track and the waiting time to be seen in a cardiology Clinic may be greater than one month, which is longer than the recommended wait time. The following actions were agreed: the need to improve coding of cardiac disease in medical notes to aid early identification of mothers requiring referrals and the need for an agreed referral process.

Nil by Mouth (NBM) Medications - Are They Being Given? – An audit was carried out to review the care of patients with a nil by mouth (NBM) status, and whether pre-operative medication was still being given. The audit results showed that where medications were omitted, in 12% of cases there was no clear rationale for omitting these. The following actions were agreed; review of the Trust guidelines on pre-operative fasting (these were found to be in line with national guidelines on fasting), display of 'Nothing but Medicine' posters on the wards explaining when medication should be given. Results of the audit were presented and shared as part of ongoing education.

Rib Fracture Audit – An audit was carried out to review the treatment and management of rib fractures in trauma patients. Research has shown that the risk of secondary complications can be attenuated by early and judicious pain control. The audit results showed variations in treatment pathways and a need to standardise practice. The following actions were agreed; agreement of a Trust guideline for pain management in rib fractures, re-audit in 2020 once the new guideline has had chance to embed.

Participation in Research

The number of patients receiving NHS services, provided or subcontracted by Buckinghamshire Healthcare NHS Trust in 2019/20, recruited during that period to participate in research approved by a research ethics committee was 6735.

Income for Quality and Innovation

A proportion of Buckinghamshire Healthcare NHS Trust's income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Buckinghamshire Healthcare NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation Payment Framework.

Further details of the agreed goals for 2019/20, and for the following 12 months period, are available on request by emailing: bht.communications@nhs.net.

Care Quality Commission (CQC)

Buckinghamshire Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) under Section 10 of the Health and Social Care Act 2008 and its current registration status is 'Registered'.

Buckinghamshire Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.

Between January and March 2019, Buckinghamshire Healthcare NHS Trust underwent an announced inspection of its services by the CQC against the five key lines of enquiry: Safe, Effective, Caring, Responsive, Well-led, as well as a new assessment of our Use of Resources. A copy of the inspection reports can be found at www.cqc.org.uk/directory/RXQ.

As a result of the inspection, the overall rating of the Trust changed from 'Requires Improvement' to 'Good'. Please see below summary of the Trust's current ratings:



Following the inspection, the CQC issued compliance notices against Regulation 12 Safe Care and Treatment for our surgery core service at Wycombe Hospital and Stoke Mandeville Hospital; Regulation 12 Safe Care and Treatment for our community health services for children, young people and families; Regulation 17 Good Governance for the Trust Well-Led; and Regulation 17 Good Governance for the Emergency Department.

The CQC also imposed conditions on our registration following the inspection. Under Section 26 of the Health and Social Care Act 2008, Buckinghamshire Healthcare NHS Trust has the following conditions on registration for 'Regulated Activity: Treatment of disease, disorder or injury':

Location name and address	Amersham Hospital Whielden Street Amersham Buckinghamshire HP7 0JD
Location ID	RXQ51
Additional conditions that apply at this location	<ol style="list-style-type: none"> 1. The registered provider must act and implement an effective system to ensure there are sufficient numbers of suitably qualified, skilled and experienced nurses, Healthcare Assistants (HCAs) and therapy staff throughout the community health inpatient wards to support the care and treatment of patients in particular regard to the following: <ol style="list-style-type: none"> a. The registered provider must act to ensure that the providers' safe staffing levels include enough suitably trained staff for patients to receive physiotherapy across all seven days of the week. b. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for staff who provide therapy for each community health inpatient ward. c. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for nursing staff including the nurse to patient ratios for each shift in a 24-hour period for each community health inpatient ward. d. Where the actual nurse staffing levels have fallen below safe the Trust must detail what action was taken to ensure the staff to patient ratios were safe.

Location name and address	Buckingham Community Hospital High Street Buckingham Buckinghamshire MK18 1NU
Location ID	RXQ61

Additional conditions that apply at this location	<ol style="list-style-type: none"> 1. The registered provider must act and implement an effective system to ensure there are sufficient numbers of suitably qualified, skilled and experienced nurses, Healthcare Assistants (HCAs) and therapy staff throughout the community health inpatient wards to support the care and treatment of patients in particular regard to the following: <ol style="list-style-type: none"> a. The registered provider must act to ensure that the providers safe staffing levels include enough suitably trained staff for patients, to receive physiotherapy across all seven days of the week. b. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for staff who provide therapy for each community health inpatient ward. c. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for nursing staff including the nurse to patient ratios for each shift in a 24-hour period for each community health inpatient ward. d. Where the actual nurse staffing levels have fallen below safe the Trust must detail what action was taken to ensure the staff to patient ratios were safe.
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The 40 ‘should do’ actions identified in the CQC’s inspection report in 2019 have been incorporated into an action plan which is monitored through the Trust Board Quality and Clinical Governance Committee.

The Trust hosted quarterly engagement visits with the CQC in 2019/20, which focussed on those services not inspected as part of the last inspection. Staff within the services that supported these days appreciated the opportunity to share their work with the CQC. The CQC also responded positively, describing the process as helping to get a much better understanding of a wider range of services.

Data Quality

Buckinghamshire Healthcare NHS Trust submitted records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data relating to <i>admitted patient care</i> which included the patient’s:	The percentage of records in the published data relating to <i>out-patient care</i> which included the patient’s:	The percentage of records in the published data relating to <i>accident and emergency care</i> which included the patient’s:
Valid NHS Number was 99.7% (National Average 99.4%)	Valid NHS Number was 100% (National Average 99.6 %)	Valid NHS Number was 99.9% (National Average 97.5 %)

General Medical Practice code 100%	General Medical Practice code 100%	General Medical Practice code 100%
(National Average 99.9%)	(National Average 99.8%)	(National Average 99.3%)

Buckinghamshire Healthcare NHS Trust's Information Governance assessment report is now completed through the Data Security and Protection (DSP) Toolkit. This is an online self-assessment tool that allows organisations to measure their performance against the National Data. The Trust's DSP Toolkit was completed for 2019-2020 with all standards met.

The Trust was subject to a coding audit completed by an external clinical coding auditor. This is a mandatory requirement of the Data Security and Protection Toolkit. The audit was carried out in April 2020 whereby the Trust achieved a 'standards met' pass.

Buckinghamshire Healthcare NHS Trust will be taking the following actions to improve data quality:

- A data quality team, in the information department, checks for missing NHS numbers, postcodes and GP practices.
- The corporate application team has a list of data quality tasks that they perform daily.
- Medical records manage merging of duplicate records.
- Promote and reinforce the corporate message that data quality is the responsibility of all.

The Department of Health Core Quality Indicators

The core quality indicators that are relevant to Buckinghamshire Healthcare NHS Trust are detailed below. They relate to:

- Summary Hospital level Mortality Indicator (SHMI)
- Patient Reported Outcome Measures (PROMS)
- Readmission rate into hospital within 28 days of discharge
- The Trust's responsiveness to the personal needs of its patients
- Friends and Family Test for staff
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism
- The C. difficile infection rate per 100,000 bed days
- The number of patient safety incidents reported and the level of harm

Summary Hospital Level Mortality Indicator (SHMI)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	2018/19	0.9924	1.0034	0.888	1.1261
	2019/20	1.0446	1.0043	0.6752	1.2002
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none"> • Band 1 = Worse than expected • Band 2 = As expected • Band 3 = Better than expected 	2019/20	Band 2	Band 2	Band 3	Band 1
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2018/19	47.6%	33.6%	Data not available	Data not available
	2019/20	51.2%	36.6%	Data not available	Data not available

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons:

- SHMI makes no adjustment for palliative care and the Trust has palliative care beds within the acute services that are included in the calculations.

Buckinghamshire Healthcare NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Analysing mortality data in the Mortality Review Group and investigating variations.
- The Medical Examiner service enables an independent scrutiny of adult inpatient deaths in partnership with families and carers and identifies opportunities for learning.

Patient Reported Outcome Measures (PROMS):

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
Hip replacement surgery	2017/18	0.441	0.458	0.666	0.179
	2018/19	0.438	0.459	0.573	0.333
Knee replacement surgery	2017/18	0.318	0.337	0.506	0.232
	2018/19	0.330	0.339	0.404	0.291

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

- The Trust has made regular and timely data submissions to NHS Digital and the figures are consistent with those produced by the Trust's internal data systems.

Buckinghamshire Healthcare NHS Trust intends to /has taken the following actions to improve this score, and so the quality of its services, by:

- PROMS which measure health-related quality of life as reported by patients themselves. Measurements before and after a clinical intervention are used to understand the overall impact of that intervention and the associated health gain. They also provide us with a way of benchmarking performance standards to compare service provision and to detect variations in the standard of care delivered to patients.
- The Trust's PROMS data is reviewed and discussed at the monthly arthroplasty meetings. There has been an improvement in the score for knee replacements in 18/19 from the previous year.
- We know that we need to improve the number of patients completing their PROMS questionnaire following surgery, as we benchmark significantly lower in terms of submitted responses than neighbouring trusts. There are various ways that we are doing this, which include raising awareness of the importance of completing the questionnaire.
- We are also exploring how we can use technology to prompt patients to complete their forms.

- Our longer-term plan is to move towards same day hip and knee replacements to improve patient experience and surgical outcomes.

Readmission Rates

Prescribed Information	Reporting Period	BHT Score	National Average	Best Performer	Worse Performer
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 2017 – Sep 2018	11.2%	9.0%	1.0%	17.9%
	Oct 2018 – Sep 2019	14.9%	9.7%	1.0%	17.8%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 2017 – Sep 2018	6.8%	8.4%	2.4%	17.1%
	Oct 2018 – Sep 2019	8.1%	8.8%	2.4%	16.7%

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

- NHS Digital does not provide data on this for the reporting period, so we have provided the latest data from Dr Foster.

Buckinghamshire Healthcare NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- A deep dive has been undertaken of patient readmissions which has identified a data collection issue whereby patients which should have been excluded, have been included in the count. The following actions are underway to correct this:
 - To establish the correct data set of patients to the definition from NHSI.

- Ensure we are coding patients correctly when presenting the data included in the report.
- Rectify incomplete readmission data for analysis.
- Undertake a deep dive of the data with the divisions.

Responsive to the personal needs of patients

The table below contains the indicator values for NHS Outcomes Framework indicator 4.2.

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the NHS Trusts of NHS foundation Trusts by NHS Digital with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.	2016/17	68.0	68.1	85.23	60.2
	2017/18	64.3	68.6	85.0	60.5
	2018/19	66.2	67.3	85.0	58.9

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

- The national inpatient survey shows that the feedback we received in relation to our responsiveness to the personal needs of our patients has improved. This can be triangulated with our friends and family data and free text comments that support the improvement in our position when compared with the previous year. We saw an improvement in experience related to being involved in decisions about care, and privacy and dignity when discussing treatment. Patients also had an increased positive experience relating to being told about side effects of medication and who to contact if they were worried.

Buckinghamshire Healthcare NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services:

- Build patient experience and involvement into the Trust's quality improvement processes.
- Continue to increase patient involvement in service design, and improvement and governance.

- Increase role of volunteers in improving the patient experience.
- Address health inequalities for key groups focusing on BAME communities and areas of social deprivation.
- Celebrate and develop positive patient experience via communications, learning, and creative health initiatives.
- Improve patient experience reporting to inform improvement and strengthen patient experience governance.
- Empower staff at a local level to make improvements in response to patient feedback.

Friends and Family test for staff

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	2018/19	70%	70%	90%	49%
	2019/20	70%	71%	90.5%	48.8%

The Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

- The figure from the National NHS Staff Survey is an annual survey which is published by the Department of Health. This annual survey is a poll of NHS Trust staff each year.

Buckinghamshire Healthcare NHS Trust intends to /has taken the following actions to improve this score, and so the quality of its services, by:

- The benchmarked data was published on 18th February, initial discussions had taken place but due to the Coronavirus pandemic, there has not been an opportunity to take forward actions following receipt of the staff survey results.

Venous Thromboembolism

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2018/19 Quarter 3	95%	96%	100%	55%
	2019/20 Quarter 3	96.6%	95.3%	100%	71.6%

Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reasons:

- The Trust has made regular and timely data submissions to NHS Digital and the figures are consistent with those produced by the Trust internal information systems.

Buckinghamshire Healthcare NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Ensure compliance with NICE guidance.
- Monitor effectiveness of the VTE policy as a priority objective.
- Promote patient information and patient engagement regarding VTE prevention.
- Create e-learning package for the Trust.
- Standardise the quarterly ward audits and improve the feedback pathways to departments/divisions.

Clostridium Difficile Infection rate

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	2017/18	17.47	13.7	91.0	0
	2018/19	18.42	12.2	79.7	0
	2019/20	Not available*	Not available*	Not available*	Not available*

* Data not yet available due to significant delays in publishing data due to COVID-19.

Buckinghamshire Healthcare NHS Trust considers that this rate is as described for the following reasons:

- The yearly objective for Buckinghamshire Healthcare NHS Trust (BHT) was 65 cases. The objective set by Public Health England for 2019/2020 is not comparable to the previous year as the reporting algorithm has been changed. BHT ended the year – (2019/20) with 57 cases. A root cause analysis is undertaken of all cases together with the CCG and the outcome of that work concluded that:
 - 30 of the 57 cases were unavoidable
 - 27 of the 57 cases were avoidable
- Avoidable is defined as follows:
 - Lapse/lapses in care identified that has/have directly contributed or there is reasonable correlation with the patient acquiring this episode of C. difficile infection at Buckinghamshire Healthcare NHS Trust. For example, if the antibiotics prescribed to the patient in question were not in line with published BHT guidelines and not appropriate for the clinical syndrome/s, then the case will be deemed avoidable.
- This analysis demonstrated that there are three main areas to consider:
 - The judicious use of antibiotics across the Trust.
 - Prompt isolation of patients in line with BHT guidance.
 - Collaborative team working within wards.

Buckinghamshire Healthcare NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Undertaking monthly Antimicrobial Care Bundle (ACB) audits with results being shared for discussion at Divisional and Service Delivery Unit Quality meetings. A monthly narrative assurance has been implemented within the Infection Prevention and Control Committee agenda for divisions to demonstrate actions and learning identified from ACB audits.
- Embedding the use of the Perfect Ward app which allows staff to jointly audit ward practice, including stool monitoring documentation and infection prevention practice.

Patient Safety Incidents

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Rate	Lowest Rate
Rate of patient safety incidents (per 1000 bed days) when benchmarked against medium acute Trusts	2018/19 (1/4/18–30/9/18)	39.7	44.5	107.4	13.1
	2019/20 (1/4/19–30/9/19)	52.1	49.8	103.8	26.3
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute Trusts	2018/19 (1/4/18–30/9/18)	0.2%	0.4%	1.2%	0%
	2019/20 (1/4/19–30/9/19)	0.2%	0.3%	1.6%	0%

Buckinghamshire Healthcare NHS Trust considers that this number and/or rate is as described for the following reasons:

- The source of the data is the National Reporting and Learning System and is regarded as reliable, supplemented by data from the Trust's electronic risk management system.
- Incident reporting data from the risk management system is used frequently as intelligence for understanding risk, identifying patterns of reported concerns, in conjunction with other data.
- A scheduled routine external audit was undertaken in October 2019, which reviewed the process of reporting near miss, no harm and low harm incidents.

- The reporting of near miss and no harm incidents are promoted as ‘good catches’ and therefore an important activity. Incident reporting is actively encouraged in the Staff Induction Handbook where reporting is aligned to the Trust’s CARE values. The benefits of positive communications about reporting are evident in the much improved number of incidents uploaded in this time period.

Buckinghamshire Healthcare NHS Trust has taken/will take the following actions to improve this number and/or rate, and so the quality of its services, by:

- Review and implement the NHS Patient Safety Strategy (2019) which takes a multifaceted approach to impact patient safety outcomes using insight, involvement and improvement.
- Discussions from ward to Board to model an open and transparent patient safety culture which includes incident reporting.
- Messaging through a range of communication methods, such as the intranet - linking incident reporting to excellence reporting – highlighting the benefits of both. Publishing interviews with senior management.
- Opportunities to link incident reporting with national campaigns such as the WHO World Patient Safety Day (September 2019), which involved an interview on hospital radio, a trust wide walkabout collecting patient safety pledges. Paediatric patients were involved in designing posters for display, illustrating what helped them feel safe in hospital.
- Strengthening the safety message format of newsletters for consistent and robust messaging.
- Education of staff on incident reporting through a range of training methods, classroom, bespoke, train the trainer, training for preceptees.
- A short film produced by NHS Improvement which makes the link between incident reporting and the issue of national safety alerts to be shown at induction.
- Continue to work with HR, in relation to the NHS Staff Survey findings, and act on them.
- The Corporate Patient Safety team actively seeks feedback on the current risk management system and potential changes which could be made to enable easier and more timely reporting and investigation.
- The external audit of October 2019, which reviewed the process of reporting near miss, no harm and low harm incidents, highlighted a revision that was needed in the internal

policy and has been completed, and made a suggestion to create an online electronic training package for access at any time.

- Moving towards a mature, patient safety culture which values openness, transparency and quality, the Corporate Patient Safety team continues to facilitate the development of patient safety subject matter expertise amongst the divisional clinical governance leads.
- Scheduled regular meetings with divisional leads to build inter-divisional relationships for the benefit of joint investigations and shared learning.
- An online electronic training package on incident reporting is underway.

Deaths

During 2019/20, 1183 of Buckinghamshire Healthcare NHS Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Number of BHT deaths	255	254	324	350	1183
Number of Deaths Reviewed by Medical Examiner (ME)	255	254	324	349	1182
Deaths subject to Case Note Review (Structured Judgement Review SJR)	28	35	40	30	133
Serious Incident investigations	2	2	3	3	10
Deaths more likely than not to have been due to problems in care	0	0	1	1	2
Overall percentage of deaths more likely than not to have been due to problems in care	0%	0%	0.3%	0.3%	0.2%

Number of Deaths in Apr 18-March 19 reviewed/or investigated after previous reporting period	For those still awaiting review: number due to problems more than likely than not to have been due to problems in care	Overall percentage of deaths: due to problems more than likely than not to have been due to problems in care
--	--	--

0 ME Reviews		
47 SJRs	0	0%

Learning from Deaths

Following the Care Quality Commission inspections in 2019, the CQC rated the Trust’s overall position improved from “Requires Improvement” to “Good” in recognition of the ‘significant and sustained improvement’ throughout the Trust since the previous inspection report in 2015.

The report cited the Trust’s Medical examiner (ME) service as an area of ‘Outstanding’ practice and care. The CQC noted:

“The bereavement team and medical examiner service understood the need to ‘get it right’ for every individual family and supported relatives in a sensitive and proactive way.”

“Innovations such as the introduction of the medical examiner service have been encouraged to achieve sustained improvements in safety and continual reductions in harm.”

The ME service has now been operational for two years. As an early adopter, we are the regional lead supporting neighbouring trusts in implementation and hosting external visits from across the country. The new role of Medical Examiner Officer (MEO) has been introduced via the Royal College of Pathologists with the Trust part of the training faculty. The ME service has also been cited in the second national Royal College of Physician’s (RCP) mortality report and presented nationally at the Dr Foster learning from deaths workshop.

The ME system and the Learning from Deaths programme improve mortality governance and promotes compassionate care for bereaved families.

Feedback from bereaved relatives is overwhelmingly positive with 30% of all compliments being sent as excellence reports to ward staff and named individuals. Themes include compassionate care, good communication, treated with dignity and support for the bereaved. Complaints relating to the deceased reduced from 10% in 2017 to 8% in 2019.

Implementing the Priority Clinical Standards for Seven Day Hospital Services

The Seven Day Hospital Services (7DS) Programme was developed to support providers of acute trusts to deliver high quality care and improve outcomes on a seven day basis for patients admitted to hospital in an emergency.

Measurement of improvement outcomes were focused around ten clinical standards, four of which were priority standards. A self-assessment tool has been in place since 2016 to measure delivery against the four priority standards.

The four priority clinical standards are:

Standard 2: Time to initial consultant review

Standard 5: Access to diagnostics

Standard 6: Access to consultant led interventions

Standard 8: Ongoing daily consultant-directed review.

Results from the self-assessment submitted November 2019

Clinical Standard	Seven day hospital self-assessment – four priority standards	Overall
2	90% of emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital	Standard Met
5	Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: Within 1 hour for critical patients Within 12 hours for urgent patients	Standard Met
6	Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be: Critical care Interventional radiology	Standard Met

	Interventional endoscopy Emergency general surgery Emergency renal replacement therapy	
8	All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Standard Met

Freedom to Speak up Guardian (FTSUG)

The FTSUG has the role of supporting staff to speak up safely in the interest of patient and staff safety without fear of blame or detriment. It includes helping to make sure concerns are adequately addressed, that any barriers to speaking up are identified and resolved and learning is shared. The FTSUG role is a mandatory post for NHS trusts in England and they also report to the National Guardian Office on behalf of their trusts. The FTSUG meets regularly with the Chief Executive as well as other Executive Directors. At BHT, the post has been in place for just three years and sits on several relevant Trust groups reporting to the Trust Strategic Workforce Committee, via the Executive Management Committee. Twice yearly reports are presented by the FTSUG to the Trust Board and the organisation has a designated Non-Executive Director in line with good practice and national guidance.

The Trust encourages staff to speak up through a variety of routes and the following information relates only to issues raised directly to the FTSUG.

Since 2017 we have seen a positive and significant increase in the number of staff coming forward to raise concerns and speak up. Activity has continued to increase year on year with more than 125 people speaking up to the FTSUG over the past year and a total of 97 cases, exceeding 74 cases in the previous year.

The national staff survey results also help to triangulate the increase in activity as positive with staff feeling more confident to "speak up". The latest results show the number of staff who feel secure to raise concerns about unsafe clinical practice has increased again this year by a further 3.5%, a greater increase than anticipated and building on the significant rise of 4% last year at BHT.

Key themes identified as underlying causes or contributing to concerns include:

- Poor behaviours and bullying and harassment. This includes examples of upward bullying. This theme is also reflected nationally as the topic with most concerns raised. See below regarding our ongoing 'Building a Climate of Respect'" campaign.
- This year we have seen a theme of concerns being raised about violence and aggression by patients towards staff. Action has been taken with a number of initiatives requested by the staff including posters, a step by step flow diagram which can be used by a nurses station on what to do if an incident occurs, communication out to all staff to reiterate that the Trust will support staff and does not tolerate violence or aggressive behaviours by patients towards staff, the policy has been reviewed, personal alarms for our Ambulatory Medical Unit have been sought and advanced conflict resolution training has been offered to all staff in the emergency pathway. Learning from this work will inform next steps. Other support has been available and is being further planned such as:
 - Wellbeing
 - Management styles and approach
 - Patient safety / quality of care including issues of process, conflicting advice and poor communication
 - Poor team dynamics
 - Poor change management

Over the past year the following FTSUG related work has been developed or progressed in addition to the individual direct handling of concerns raised:

- Concerning Conversations – a year long FTSUG programme of bespoke monthly training sessions developed, implemented, evaluated and completed in year. It aims to support managers in having informal conversations about dealing with concerns in their early stages. This was developed and implemented as a direct result of learning from concerns raised in the previous year. Some follow up has resulted in seeing how learning has been utilised with positive benefits.
- Launch of new FTSUG information pages on our staff intranet.
- Launch of new FTSUG information via the Trust's new "Our BHT" App for staff.
- The Trust was shortlisted as a finalist in the category of "Freedom to Speak Up – Organisation of the Year" for the HSJ Awards 2019.
- More success followed with BHT's FTSUG becoming a regional winner for the South East Region in the "Skills for Health – Heroes for Health Awards".

- Ongoing development and increased signposting to our 'Building a Climate of Respect' campaign. Resources provide key CEO messaging about our zero tolerance approach as well as an extensive collection of information, research, guidance and help about all aspects of bullying and harassment for staff. Hits and views of the resources continue to grow and are now more than 1,100.
- The FTSUG has been introduced into the preceptorship programme which is a new development and has been beneficial in seeing some preceptees speaking up this year.
- A very successful October Speaking Up month – part of national awareness raising.
- Two FTSUG lessons learnt sessions were delivered in August 2019 as part of the Trust annual lessons learnt programme which is trust wide.
- The FTSUG continues to be at corporate and doctor inductions. All new joiners therefore receive a consistent message that our Trust supports staff speaking up and the various routes they can raise concerns. Messages are clear that we strive to strengthen our positive speaking up culture, and we have a zero tolerance approach to bullying or harassment. Importantly, they know how to access the FTSUG if needed.

PART THREE

Further aspects on Quality Improvement

Infection Control and Prevention

GNBSI – Gram Negative Bacteria Site Infection

On-going collaboration with Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System Strategic Transformation Programme (STP).

Study risk factors data from Public Health England Healthcare Associations Infections Data Capture System.

Continue focus on catheter care, hydration and antimicrobial stewardship.

Study population data in Bucks with regional PHE to better understand the latest increases in numbers.

Review Gram Negative Bloodstream Infections (GNBSI) Route Cause Analysis (RCA) process.

	2017 - 2018	2018 - 2019	2019-2020	TOTAL
E. coli	45	42	48	135
(Total Reported)	(231)	(252)	(245)	(728)
Klebsiella	17	15	23	55
(Total Reported)	(56)	(55)	(65)	(176)
Pseudomonas	16	12	15	43
(Total Reported)	(27)	(24)	(32)	(83)
TOTAL	78	69	86	233
(Total Reported)	(314)	(331)	(342)	(987)

Inpatient Falls

There is a continued focus on reducing in-patient falls within BHT. Interventions include:

- Focus on 'Stay in the Bay' or 'Stay with Me' to ensure we maximise observation of patients at risk.
- Implementation of the Fallsafe bundle.
- Completion of risk assessment and appropriate care planning.
- Appropriate equipment.

Falls with Harm:

	2017/18	2018/19	2019/20
Total	1133	1189	1066
No harm	651	710	669
Low Harm	467	465	371
Moderate Harm	14	12	22
Severe Harm	1	1	4
Death	0	1	0

In 2019/20 we had 22 falls with moderate harm and 4 falls with severe harm.

Falls SIs (Serious Incidents) declared

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/2018	1	1	1	0	3	0	0	0	0	2	1	0	9
2018/2019	2	1	0	1	0	0	0	3	1	1	2	1	12
2019/2020	2	0	2	2	2	1	1	0	2	0	0	3	15

Pressure Ulcers

BHT Pressure Ulcer & Moisture Associated Skin Damage (MASD)

BHT is seeing a slight rise in the numbers reported in line with national expectations following the implementation of new recommendations issued by NHS Improvement

Points to note include:

- There is an increase in reporting which was expected in line with new NHS Improvement guidance for reporting.
- Of the 43 pressure ulcers, 18 occurred in community and 25 in hospitals across BHT.
- New process for pressure ulcer investigation commenced in July with more focus on actions and learning - to be reviewed with Deputy Chief Nurse, and Tissue Viability and Deputy Chief Nurse to attend all pressure ulcer debriefs.
- Final decision on SI status of incidents to be made by Executive team.

Current BHT Position for Category 3, 4 & Unstageable Pressure Ulcers and Serious Incident reporting

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Total SI
2017/18	1	1	5	1	4	4	3	3	6	5	2	5	40	14
2018/19	4	1	1	1	2	0	3	2	2	2	5	5	28	9
2019/20	2	3	4	6	5	1	6	0	2	5	4	5	43	10

Current BHT Position for Category 2

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	16	31	20	24	20	23	28	16	22	28	20	27	275
2018/19	29	21	16	19	19	18	11	16	27	13	18	13	220
2019/20	19	26	18	21	21	20	14	17	26	34	30	16	262

Medical device related pressure ulcers – included in above figures

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	3	1	1	3	1	0	1	3	5	0	0	0	18
2019/20	0	1	4	1	3	1	2	0	4	2	2	0	20

Moisture Associated Skin Damage (MASD) – Incontinence associated Skin Damage (IAD)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	2	6	2	3	5	6	4	16	8	12	11	13	68

Sepsis

Sepsis forms part of the Trust's strategy to improve patient safety by achieving early recognition of sepsis from community through to hospital. Sepsis is a time critical illness and the need to expedite treatment is pivotal to improving patient outcomes and the quality of care.

The Trust has promoted the use of NEWS2 as a common language across care pathways by developing a GP sepsis pathway for medical expected patients and safety netting at secondary care referral. All patients presenting to ED should be screened for sepsis excluding minors.

There has been an increased focus on training and communication to include preceptorship, doctors' induction, mandatory e-learning for all clinical staff, the use of clinical simulation, deteriorating patient champions in key clinical areas and a sepsis newsletter via the staff communications bulletin. Trust wide sepsis study days are delivered with over 100 clinical staff attending four times a year.

The Trust audits compliance in the form of suspicion of sepsis to time of intravenous antibiotics (STNT) within one hour. The results are reported as a percentage of total compliance with the one hour target for the total number of cases coded as sepsis for the first month of each quarter. STNT annual mean compliance for 2019/2020 was 80%.

Focused improvements have also included care homes in the region to support the early recognition of signs and symptoms in vulnerable groups. The Trust forms part of the Academic Health Science Network (AHSN) regional group to be able to share best practice and evaluate performance across the region.

Patient engagement is key to learning and in ensuring support for survivors. A trust-wide lessons learnt session was held with patient involvement to train and educate staff in recognition and improvements. Real life cases are used in training and excellence reporting to promote positive asset modelling in achieving best practice.

Improvements Achieved in Cancer Services

A cancer specific education programme was put in place for staff working within generalist and specialist areas. The programme includes access to specialist study days and courses as well as bespoke training. In 2019, over 280 staff received cancer training with 100% recommending the courses they attended.

Changes to existing services and new service developments have provided easier access to services and provision of care closer to home for patients. Additional specialist nurse resources enable patients to access the resources and support they need from diagnosis and throughout the cancer experience.

Access for staff to specialist education and training develops skills, knowledge and confidence in caring for cancer patients.

Review and Improvements Made in Outpatient Services

Outpatient services has been through the first phase of a modernisation programme from 2018/19 to improve the means of patient communication by offering patients choice in how we communicate. This has included

- Digital appointment letters to patients providing instant communication, letter translation and audible letters.
- Improved appointment reminder services reducing “did not attend” (DNA) to a Trust low of 5%.
- Digital referral communication between primary and secondary care.
- Improved slot utilisation analysis to maximise appointment capacity.

The next stage of modernisation in 20/21 is to review further digital opportunities in the delivery of outpatient appointments as below:

- Video appointments
- Digital clinical letters
- Partial booking
- Patient Initiated follow-up
- New Patient Call Centre software

Improvements in Ophthalmology

Cataracts:

- Following the success of our ‘Vanguard’ project, when we had a mobile theatre for three months to help clear some operating backlog, we introduced telephone post-operative follow ups for all routine cataracts, first and second eyes. These are nurse delivered telephone clinics, freeing up doctors’ time to see new patients and operate.

- Lessons learned from operating in the Vanguard helped us increase our theatre utilisation in our fixed setting, increasing capacity.

Medical Retina:

- We have an award winning AMD (age related macular degeneration) unit in Amersham. We run efficient, high volume, one-stop clinics with nurse injectors, which makes the use of clinical time more efficient. These clinics are never cancelled and so we can ensure that patients are treated according to the strict injection regime required for optimal results.
- We have a Failsafe Officer who tracks all the patients through their pathways and follows up on patients who miss their appointments.

Glaucoma:

- We adopted high volume clinics for new glaucoma patients. This enabled not only an increase in capacity but also staff development with the use of nurse and other allied health professionals in the service.

ECLO:

- We have a partnership with RNIB to support two Eye Clinic Liaison Officers (ECLO's), providing support to patients across the county, putting them in touch with charities and other external parties who can offer them help and advice.

System Working:

- We are working closely with the ICP to reconfigure ophthalmology services involving the community providers, optometrists etc. across the area, covering Buckinghamshire, Oxfordshire and Berkshire West.

Learning from Never Events 2019/20

NHS Improvement provides technical guidance on the specific criteria for inclusions and exclusions of what constitutes a Never Event. They are '...a subset of serious incidents.'

NHS England Revised Never Events Policy and Framework 2015 – definition extract from p.7 & 8. The Never Events List was updated in February 2018 - supporting documentation is accessible on the NHS Improvement website.

Never Events are few, rarely attributable to one practitioner, and often found to involve a set of circumstances for which each individual aspect – perhaps inconsequential on its own - collectively then creates an environment in which a Never Event can occur.

In Buckinghamshire Healthcare NHS Trust, Serious Incident Investigation reports and action plans are always undertaken for all Never Events, with the important features being a robust investigation, rigorous analysis and an action plan with sustainable recommendations, approved by an executive.

During 2019/20 Buckinghamshire Healthcare NHS Trust reported one Never Event in December 2019. By comparison in 2018/19 five Never Events were reported with the last one reported in October 2018. This highlights that the Trust has learned from Never Events which have occurred in previous years and re-occurrence has been prevented.

A sustained focus on the value of reporting incidents of low and no harm in order to act preventatively to reduce incidents of greater risk, including Never Event category incidents, has been effective with a demonstrable increase in reported incidents of no harm and low harm. This messaging underpins the continued vigilance of clinical staff and their commitment to ensuring that standard operating procedures, clinical policies and guidelines are adhered to, to keep patients safe.

The table below indicates the frequency of Never Events in BHT for 2019/20.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
0	0	0	0	0	0	0	0	1	0	0	0

The Never Event which occurred in December 2019 involved a retained guidewire. A patient was referred to the Emergency Department via a GP. An emergency central venous catheter [CVC] (femoral) line was inserted. Due to the task focus on the complex emergency care required, the guidewire was not removed at the time of the insertion of the CVC and was not noticed for 24 hrs, until discovered through an X-ray. Duty of Candour was completed.

Some key learning for the team includes:

Ensuring the checklist for Local Safety Standards for Invasive Procedures – designed to eradicate Never Event incidents – is part of the emergency kit for emergency CVC procedures and is available in the Emergency Department, ICU and theatres. The completed checklist should be included in the patient’s medical notes, as they may transfer elsewhere.

Products to assist with guidewire use - designed to halt procedures until the guidewire has been removed - will be reviewed with a view to trialling those products deemed suitable.

Duty of Candour

The Duty of Candour is integral to providing high quality healthcare through adoption of the principles of being open, transparent and candid with a patient and/or family and acknowledging that an incident or event has not gone well.

The Duty of Candour is a statutory, regulatory and legal requirement and as such is included in contracting arrangements with commissioners. Where an incident or event results in moderate harm, severe harm, or death for a patient, NHS organisations have a duty to provide patients and/or their families with truthful information, with reasonable support and also offer a genuine expression of regret, which says that we are sorry for what has happened; the Trust must disclose this information to the patient and/or their family and any other 'relevant person', within 10 working days.

When a reportable incident of this grade has, or may have occurred, then a point of contact within the investigation team should provide updates to the patient and/or family at agreed dates until the incident has been fully investigated with executive approved actions to support improvements.

Through investigating an incident or event, staff are able to look closely at the circumstances and learn how we could do things differently, or reference what happens when a similar event goes well, in order to provide a better service in the future.

Duty of Candour training is a statutory e-learning module for all staff in BHT and uptake of training is monitored and addressed through the Education and Learning Team.

The Corporate Patient Safety Team closely monitors Duty of Candour records relating to safety incidents and events to provide assurance that the Duty is carried out correctly and documented.

The CQC Inspection Report (June 2019) recognised BHT's commitment to Duty of Candour. It noted that throughout the Trust's services "*...managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong, staff apologised and gave patients honest information and suitable support.*"

And in End of Life Care, *“People are protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things go wrong.”*

A Divisional Governance Lead commented that a key element for patients or families who have been contacted as part of the Duty of Candour process is that it can make all the difference to them if the conversations are adapted to suit their preferences and that meetings are made as easy as possible. She gave an example where she was thanked by one patient for corresponding through text mainly but with phone calls as needed. The patient was particularly grateful that in a process which started out as a complaint, but then developed into a serious incident investigation, she was assisted to navigate through it as smoothly as possible and helped her to feel as if her experience mattered and was taken seriously.

Progression of the Safeguarding Strategy Implementation

The Trust has a safeguarding strategy covering the period 2020-2023. The strategy focuses on strengthening relationships for safeguarding both adults and children over the next three years. It makes clear the roles and responsibilities for all staff to protect patients from abuse and identify and report abuse when it has occurred. Safeguarding starts with safe recruitment processes and established procedures to ensure suitably qualified staff are selected and employed and that all staff have access to training for all roles and positions within the Trust as laid out within the Intercollegiate Document. The Trust is committed to enabling the safety of children, young people and adults. Our aim is to make safeguarding personal and the responsibility of everyone. Safeguarding consists of a range of activities aimed at upholding the right of a child or an adult to be safe and free from abuse.

The strategy considers all the steps required to protect children and adults as the foundation of our duty to care. It consists of four overarching objectives:

1. The Safeguarding Team will deliver an effective safeguarding service to all Trust staff to support a service delivery that is safe for all our patients.
2. The Safeguarding Team will support the Buckinghamshire wide safeguarding partnership by remaining an active member of key safeguarding boards/ partnership bodies.
3. The Safeguarding Team will support trust-wide innovations, developments and service expansions where appropriate.

4. The Safeguarding Team will maintain and develop its knowledge and expertise within the safeguarding arena including the authorship, involvement and dissemination of lessons learned within local safeguarding enquiries, serious case reviews, safeguarding adult reviews.

The detail within each of the four strategic objectives focuses upon both local and ICP opportunities and innovations to strengthen safeguarding across Buckinghamshire. There are good examples in terms of the Mental Capacity Act (MCA), Deprivation of Liberty (DOL's) and Liberty Protection Safeguards (LPS) work of where and how this collaborative approach is already impacting positively upon clinical pathways. Learning from recent changes to the infection prevention and control structure with new appointments at a senior level being ICP rather than trust focused have recently been implemented and will be used to adjust and adapt within safeguarding going forward, whilst remaining mindful of the statutory responsibilities.

Looked After Children

The Looked After Children (LAC) team is working in partnership with the Local Authority to improve the timeliness of health assessments in line with statutory guidance. Joint standard operating procedures (SOPs) between the partner agencies have been developed in conjunction with social care and are now being embedded into practice. These outline the responsibilities of each agency and the expected timeframes in which the procedures will take place. An escalation pathway forms part of the SOP so that any disruption to the completion of a health assessment within statutory timescales is appropriately highlighted to senior management and joint commissioners in order to support a resolution as required.

In addition to the joint SOP, co-location between personnel from BHT and children's social care has begun to streamline processes and improve timeliness of health assessment paperwork. This aids partnership working and builds professional relationships between the agencies. Co-location occurs on a monthly basis and is now business as usual.

The LAC team continue to use RiO (electronic patient record system) to produce reports on the progress of an individual child's LAC health assessments. The reports demonstrate on a month to month basis the number of health assessments that are due and those that have been completed. A new dashboard has been created to demonstrate this activity in line with both statutory guidance and local key performance indicators.

All children aged 16-17 leaving care are entitled to receive a summary of their health records so that young people leaving care have access to their health information. As young people approached their 18th birthday in 2019-2020 they were routinely provided with a leaving care health summary. In partnership with Buckinghamshire Council, the Trust has designed leaflets for children, young people and their carers to explain what will happen during the health assessment. This is to help inform children and young people in order to encourage attendance. The leaflets were developed with the contribution of a group of children and young people who are Looked After. The Trust's Looked After Children's team is now routinely disseminating the leaflets ahead of the health assessment.

The LAC team continues to deliver training and updates to colleagues across the Trust to ensure competence in line with the Intercollegiate Framework (RCN, RCPCH 2015). Bespoke training to Specialist Community Public Health Nurses (SCPHN's) and SCPHN students has also been delivered to aid the quality and timeliness of health assessments that are completed by BHT personnel. A mechanism for reminders and escalation to individuals and their managers is carried out to further aid this work.

The LAC team has developed a 'voice of the child' survey which was implemented in March 2020. The survey is available both electronically and as a paper version to ensure inclusion of all children irrespective of whether they are living within or outside of Buckinghamshire. The survey aims to understand whether the services provided are accessible, child centred, and whether they made a positive difference. It is hoped this feedback will be used to inform service developments.

Complaints

A high quality complaints handling service is central to ensuring continuous improvement in the quality and safety of care at Buckinghamshire Healthcare NHS Trust.

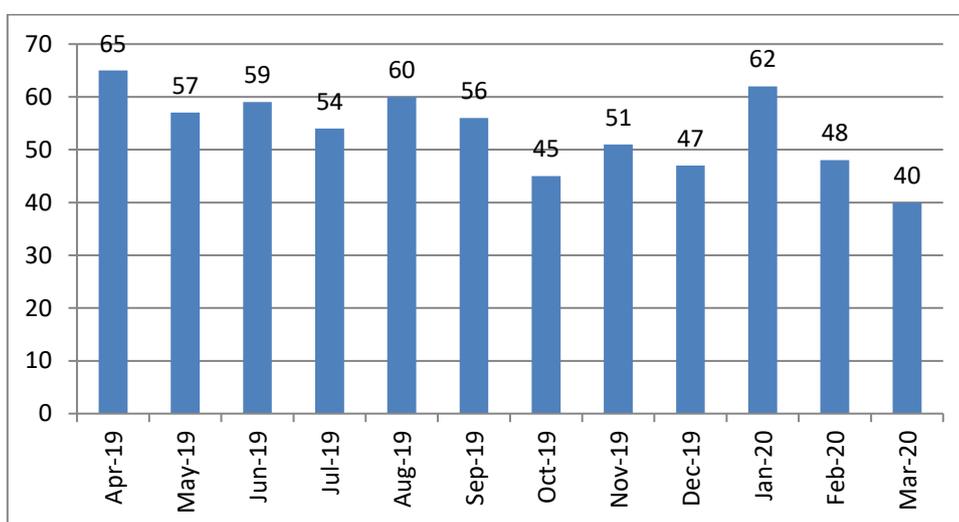
The Trust invites patients, carers and visitors to contact our PALS (Patient Advice & Liaison Service) for support and advice regarding all services. This approach enables the PALS and complaints team to work together to appropriately manage enquiries and concerns that are raised by our service users. In 2019/20 we recorded 4901 PALS contacts from enquirers seeking advice and information about our services. This was an increase of 5% on last year.

Our complaints ethos is built on the Ombudsman's "Principles for Remedy" that states that complaints resolution should be based on:

- Getting it right the first time
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Numbers of complaints received

In 2019/20 Buckinghamshire Healthcare Trust received 644 formal complaints compared to 565 formal complaints received in 2018/19. This represents a 14% increase in complaints received when compared to the previous year.



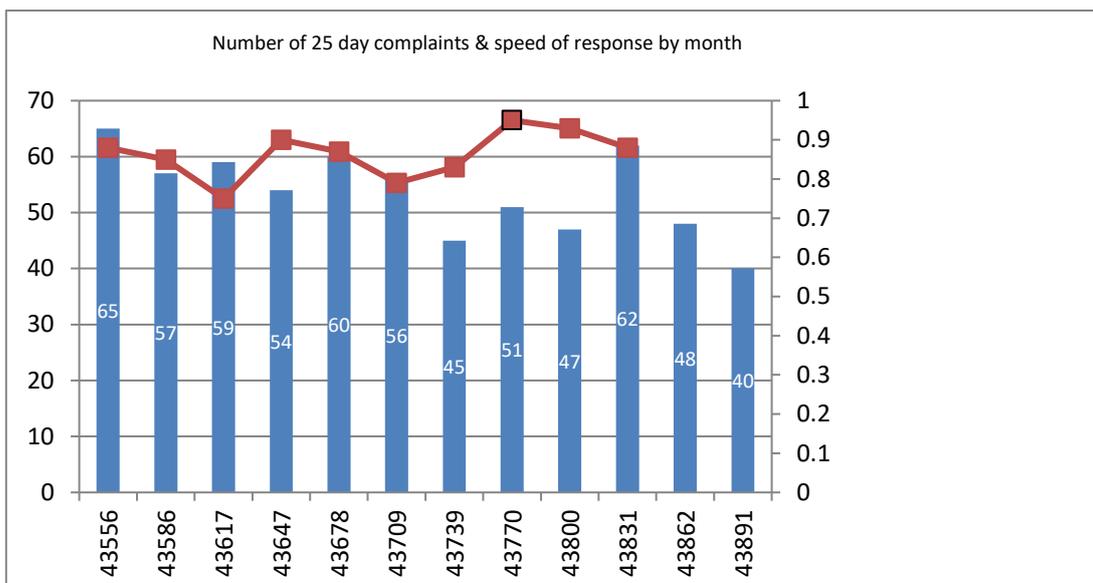
The Trust encourages feedback from several sources including our local partners, colleagues and patients which may include complaints. Complaints provide valuable feedback for the Trust about the quality of our services and the opportunity to learn from patients' experiences and drive real change in our service provision.

Speed of response

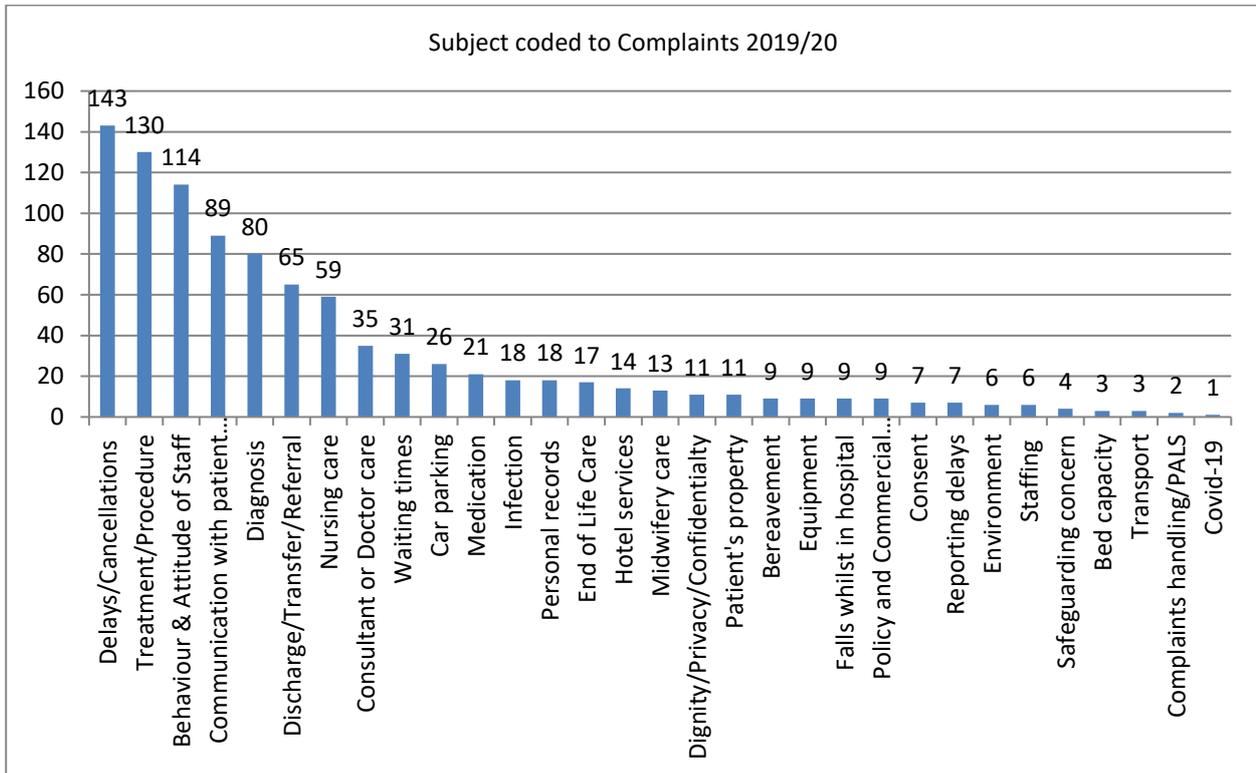
The graph below shows the number of formal complaints received each month throughout the reporting period. The Trust has set an internal target of 85% of all category 4 complaints to be responded to within 25 working days. Category 4 complaints are those that cannot be immediately resolved through the PALS service, do not cross multiple services or other healthcare providers, or require a more complex investigation. The graph below shows our

performance during 2019/20. We achieved an average of 86% of complaints responded to within the 25 day time frame at the time of the report date.

In March 2020, in response to NHSE (NHS England) advice in the context of COVID-19 pressures on the NHS, the Trust moved all existing cases to a 40 day timeframe and all incoming to a 60 day timeframe. Any concerns raised that affected the immediate safety and quality of care were escalated and responded to with appropriate urgency on a 'local resolution' basis.



The graph below illustrates the reasons that people raised formal complaints with the Trust in 2019/20. Delays and cancellations, treatment/procedure and the behaviour and attitude of staff were the most cited themes in complaints for 2019/20.



Parliamentary and Health Service Ombudsman (PHSO) investigations

In 2019/20 there were seven complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). Of the seven cases referred, three were not upheld, two were partly or fully upheld and two are currently being investigated.

Complaints Quality Survey

Every complainant receives a Complaints Quality Survey. The survey is based on the 'User-Led Vision for Raising Concerns and Complaints' published by the PHSO (Parliamentary and Health Service Ombudsman) in November 2014. The report 'My Expectations for Raising Concerns and Complaints' presented 'I statements', as expressions of what patients and service users might say if their experience was a good one at every stage of the complaints process. The results indicated that we have delivered an accessible service and responded in a way that was easy to understand. It is important to note that all complainants who used the service agreed that it was accessible, timely and that they would complain again if they needed to. The areas for improvement centred around the perception of the Trust's openness within the responses.

Q1. I felt that it was easy to make a complaint.	Q2. I felt that my complaint was dealt with within the timeframe agreed in my acknowledgment letter and I was kept informed of any delays.	Q3. I thought that the response was easy to understand.	Q4. I felt my concerns were addressed in an open and honest way.	Q5. I felt my concerns were taken seriously.	Q6. I would complain again if I felt I needed to	Q7. Overall rating
87%	81%	87%	72%	76%	96%	7

Learning from Complaints

A key component of every complaint investigation is the learning identified to inform improvement. Each complaint has an action plan that is recorded and monitored by the individual clinical divisions.

In 2019/20, we have documented 583 actions in relation to complaints closed.

Actions taken in 2019/20	Coded
Feedback for specific staff member/s OR teams	216
Staff training or Academic Half Day	58
Process change to be reviewed/plan set or complete	56
Agenda item for governance/quality meeting/team meeting	52
Appointment expedited, made or offer of appointment	46
Complaint shared anonymously with staff	35
Feedback or liaison with another Trust/provider/GP	16
Increase in clinics or service provision	15
Reimbursement or ex-gratia payment or charge cancelled	15
Documentation changed or introduced	13
Team communication sent in writing	10
Equipment/software changed or purchased	9
Policy change or Guidelines reviewed - planned or complete	8

Inter-departmental working/MDT planned	7
Audit requested/to be carried out	6
Care plan change	4
Promote more effective handover / communication	4
Case study or patient story provided to staff	3
Signage changed or environment upgraded	3
Flag added to patient electronic record	2
Doctor training / monitoring	2
Re-enforce need for timely escalation (senior nurse, Dr etc).	1
Invitation for public and patient Involvement	1
Promote use of specific assessment tools e.g. falls	1
Totals:	583

Listening to The Patient Voice

‘Listening to the Patient Voice’ training took place across the Trust to help staff become more confident in involving patients in local improvements:

- 32 members of staff attended ‘Listening to the Patient Voice’ training in the first three quarters of 2019/20.
- Participants reported an average increase in confidence in listening to the patient voice of 40%.

Another important aspect to how we listen to the patient voice is through the development of Perfect Ward patient assessors. Perfect Ward is an App based tool designed to make the quality ward rounds easier and more efficient. It is simple and easy to use, and it gives a clear, real time, view of the data that is collected.

- 15 patient assessors have been trained to conduct Perfect Ward environment and patient experience audits across our inpatient wards.
- Patient assessors conducted audits on 21 wards, representing 53% of total number of wards.

Patient assessors provided a fresh pair of eyes and challenge during Perfect Ward quality rounds which demonstrated in some areas a 6% adjustment in audit scores resulting in the requirement for local improvement. Our patient assessors were involved in working with the wards to put together the action plan for improvement.

Further examples of how we have listened to the patient voice can be seen in the table below:

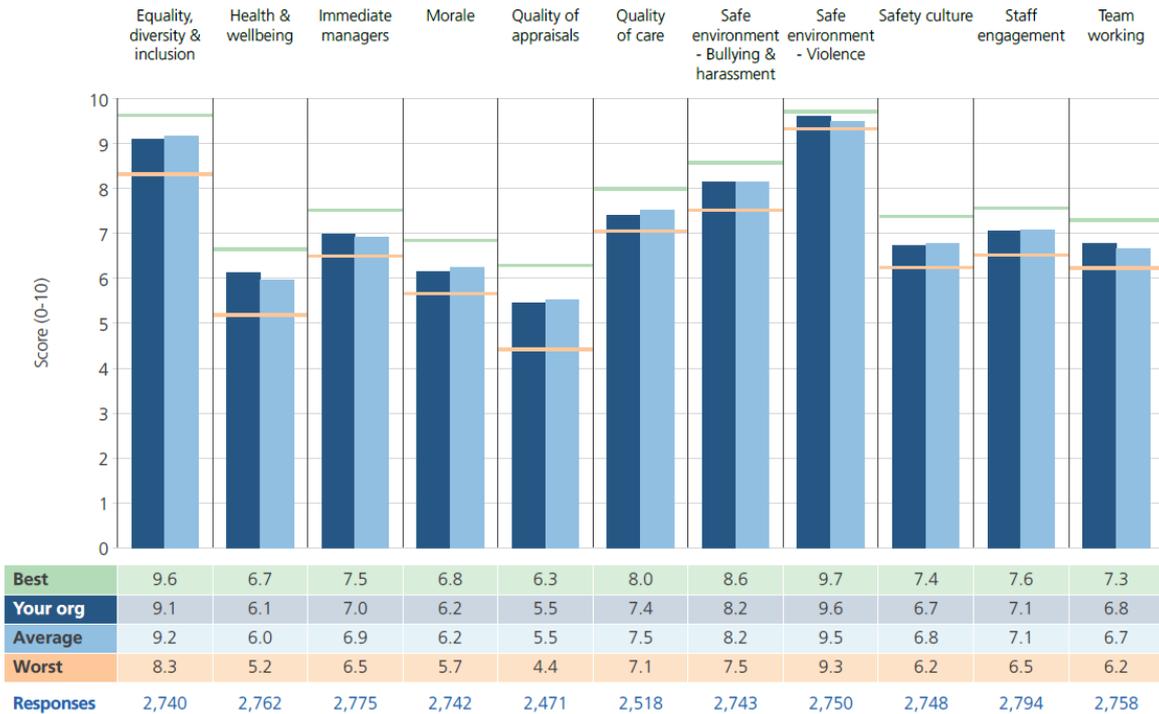
Project	Purpose/Key findings
Review of ophthalmology pathways	40 patients took part in three workshops in Amersham, Wycombe and Aylesbury to give their view on reviews of cataract, glaucoma and minor eye conditions (MEC) pathways.
Review of MSK pathway	101 patients interviewed across 10 Trauma and Orthopaedic clinics. Gave views on how to save people trips to hospital, reduce waiting time for appointments and patient information.
Changes to Amersham Hospital Community Wards	In depth interviews with 23 patients who had been or were patients of Chartridge or Waterside wards along with two public engagement events, attended by 46 members of the public. The aim was: <ul style="list-style-type: none"> • To understand patient and public views on the existing model of care and how it could be improved. • To understand how the changes to the community wards at Amersham Hospital impacted on patient experience; and • To ensure patient and public views informed the future model of care.
Improving patients experience of Neonatal Unit	Parents of babies who had been in NNU recently gave ideas on how family experience could be improved: <ul style="list-style-type: none"> • Obtain consent for all non-emergency procedures. • Better communication regarding care times so parents can be involved. • More follow on support for parents after leaving NNU. • More breastfeeding support. • More privacy when breastfeeding; and • Ability for parents to stay overnight.
Improving patient experience of the NSIC	NSIC Patient Forum set up in 2018 following engagement workshops involving 57 patients. Purpose of the group is to work with staff to oversee implementation of patient recommendations.
Patient Experience Group	The Trust Patient Experience Group (PEG) met quarterly during 2019/20.

Patient Led Assessment of the Care Environment	PLACE scores are split in to six domains and are assessed by patient assessors over several days visiting Stoke Mandeville, Wycombe, Amersham and Buckingham hospitals.
Community Hub Stakeholder Group	The Trust Community Hub Stakeholder group met bi-monthly. The purpose of the Community Hub stakeholder group is to ensure experiences and feedback from patients, carers, service users and the public inform the development of community hubs so that they evolve in line with the needs of residents.
Communications Advisory Panel	The Trust Communications Advisory Panel (CAP) met quarterly during 2019/2020. This group is a panel of public, patient and group representatives who scrutinise patient communications made public by the Trust through various media, provide constructive feedback and challenge our communications and help us shape the development of communications tools used within the Trust.

NHS Staff Survey

The 17th NHS national annual staff survey was conducted between October and December 2019. All 6015 staff members were invited to participate in the survey online, only 149 staff members received a paper copy of the survey. 2800 surveys were returned representing a 47% response rate. This compares less favourably than our response rate in 2018 which was 51%. However, it compares favourably with the national average response rate for combined acute and community trusts in England of 46%.

In 2018, NHS England introduced ten key themes replacing the previous 32 key findings. For 2019 a further theme was introduced 'Team Working'. Each of the 11 themes summarises groups of questions reporting on the staff experience of working in the NHS. For 2019 the Trust had four themes better than average, four themes equalling the national average score and three themes scoring just below the national average. There were no statistically significant improvements or deteriorations observed. The Trust is benchmarked against 47 other combined acute and community organisations.



Equality, Diversity & Inclusion (EDI)

The Trust saw a decline of both BAME and white staff believing the Trust provides equal opportunities for promotion and career development when compared with its results in 2018. This was also the case for discrimination from managers, team leaders or colleagues and bullying and harassment in both staff groups. The scores regarding bullying harassment and abuse from patients also deteriorated between 2018 and 2019.

The Trust has been very active in the EDI space during 2019 with:

- The introduction of a new Equality, Diversity and Inclusion (ED&I) Steering Group to set the strategic direction for ED&I and to drive this forward within the Trust.
- The establishment of BAME, Disability and LGBTQQIA+ staff networks.
- The introduction of a Reciprocal Mentoring Scheme for BAME staff. This scheme provides the opportunity for staff to mentor senior leaders within the Trust to enable them to understand some of the lived experiences of staff with these protected characteristics.
- Participation in the gender pay gap reporting.
- The introduction of a triage process around disciplinary cases. These are triaged to ensure there is no discrimination for BAME staff. This is in response to national

findings that suggests BAME staff groups are at a disadvantage and more of them enter the disciplinary process than white staff.

- The successful introduction of the Trust's first inclusion conference with keynote speaker Yvonne Coghill, Director of the NHS Quality and Diversity Council and Vice President of the Royal College of Nursing. Delegates also heard the lived experience from a member of the transgender community and the neurodiversity community.
- The Rainbow Badge Scheme is a programme where staff volunteer to support LGBTQ+ people who use our services. During 2019/20 183 members of staff have been trained and have received their Rainbow Badge.
- Stonewall is a professional lobbying and campaigning organisation for the LGBTQ+ community and has now put the case for equality on the mainstream political agenda. The Trust has an annual subscription to this organisation which has helped us update our equality monitoring questionnaire, given advice on the Transgender Advise and Support policy and given us access to resources to ensure our Trust is a welcome employer to the LGBTQ+ community and also to those seeking healthcare.
- Under the statutory requirements of the Public Sector Equality Duty (PSED), the Trust is expected to publish enough information to demonstrate compliance with the Equality Act 2010. For the general duty as set out in the PSED we need to show how we are:
 - Eliminating unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010.
 - Advancing equality of opportunity between people who share a protected characteristic and people who do not share it.
 - Fostering good relations between people who share a protected characteristic and people who do not share it.

There are 10 reports covering information relating to staff and patients for the financial year 2019-20. These must be published annually to comply with our statutory duty. A summary of the key findings is set out below. The full reports are available on request.

Summary of PSED Key Findings

Report	Protected characteristic	Key finding
Workforce profiles	Ethnicity	25% of employees in Band 6 are of a BAME background (22% in 2018 WRES), and this drops to 16% (15% in 2018 WRES) at Band 7. At Band 8B, 25% of employees are of a BAME background (18% in 2018) and this drops to 8% at Band 8C (9% in 2018 WRES). 15% of staff at Band 9 are of a BAME background and this drops to 0% at very senior manager level.
	Disability	There is a significant difference in the percentage of staff who declared a disability in the 2018 Staff Survey (16% of respondents) compared to the data held on the electronic staff register (3% of staff).
	Gender	The gender breakdown as of 31 March 2019 was 81% female and 19% male. In the previous financial year, the gender breakdown was 78% female and 22% male. There has been a small, but significant increase in women in senior leadership roles in the Trust. At Band 9, there was an increase from six women to eight between 2018 and 2019. In Bands 8A-8D there has been an increase from 229 in 2018 to 235 in 2019.
	Sexual orientation	Only 1% of staff reported themselves to be gay or lesbian. We will be carrying out some focussed work to encourage higher declaration rates. 17% of staff who were asked this question chose not to declare their sexuality. We will put actions in place to address this in the coming year.
	Religion & belief	Our 2018-19 data shows a 1% increase in Atheism, 6% increase in undefined, a 5% increase in Christianity and a 1% increase in Hinduism in comparison to 2017-18.
Employee Relations	Disability	15% of staff who took out a grievance had declared a disability.
	Ethnicity	47% of formal disciplinary cases involved someone from BAME background 33% of staff who made complaints under Dignity and Respect at Work, had declared their ethnicity as white.
	Gender and age	Flexible Working - 91% of flexible working requests were made by female staff and the age group most likely to make such a request was aged between 35-44.
Bullying and Harassment	Ethnicity	Fewer BAME staff experienced harassment and bullying from the public in 2019, 26% as opposed to 28% in 2018. Our 2018 figure compares favourably with a national figure of 28% of BAME staff in similar Trusts. However, such behaviours perpetrated by staff increased to 23% in 2019 from 21% in 2018.
	Disability	As demonstrated in the WDES, 31.3% of staff who declared a disability had experienced bullying by patients and the public; nationally this compares to a national average figure of 34.1%.
Patient Engagement and patient involvement		In contrast to our results for 2018/19, where the majority of participants were older, this year (2019/20) in large part due to a county wide engagement programme for Better Births the majority of participants were between 25 and 34. One of the aims identified in our 18/19 report was to engage with younger people. This was largely achieved through promoting the engagement via social media.

		<p>Patient involvement traditionally attracts more female participants; however, this year's results have been skewed by our engagement on Better Births which targeted women who were pregnant or had had a child in the last year.</p> <p>It is positive to see that the views of people received through our various engagement and involvement opportunities represent a broad range of ethnic minority groups. However further work needs to take place during 2020/21 to encourage minority groups to engage with Buckinghamshire Healthcare NHS Trust.</p>
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Recognising Great Professionalism and Care

Monthly CARE awards

The Trust monthly CARE awards recognise individuals and teams who go to extraordinary lengths to deliver the Trust's values. Members of staff can be nominated by the community they care for or by colleagues and peers, and awards are made in four categories that align with the Trust's values:

- Collaborate together as a team
- Aspire to be the best
- Respect everyone, valuing each person as an individual
- Enable people to take responsibility

Recipients of CARE awards are invited to a special ceremony that is a part of each public board meeting to receive their award from the Chief Executive. Over the course of the year over 50 members of staff/teams are recognised.

Annual Staff Awards

BHT's annual staff awards recognise and celebrate the achievements and commitment of individuals and teams working for Buckinghamshire Healthcare NHS Trust. Award winners are staff members, volunteers and contractors who demonstrate safe, compassionate care and who embody our CARE values and behaviours; Collaborate, Aspire, Respect, Enable. The 2019 awards ceremony was broadcast live in partnership with Stoke Mandeville Hospital Radio for the first time. For 2019 we introduced two further awards; Quality Improvement and Small Change Big Difference and recognised the Florence Nightingale Hospital Charity for its 30 years of support to the Hospice.

Long Service Awards

BHT continues to recognise the commitment and loyalty of its staff to the organisation and the NHS through its long service awards programme. In 2019/2020 we recognised in excess of 500 staff members who had achieved a service milestone of between 5 and 45 years. Staff

who achieve 5, 10 and 15 years' service receive a service badge and letter of thanks, while staff from 20 to 45 years are invited to receive their service badge and certificate and attend a tea party hosted by the Chair and CEO.

Thank you cards

Thank you, cards are used by managers to acknowledge good work, as it is being delivered. They are not as formal as nominating someone for a monthly CARE award, or submitting an excellence report, and are used for acknowledging effort 'in the moment', as part of day to day activities.

Managers are encouraged to write a personal message on the card about what they witnessed and then give the card personally to the member of staff concerned.

Who we have involved in the Quality Account

1. BHT invited colleagues within the Trust to contribute to this Quality Account. The Quality Account was drafted by a Trust manager from the Quality Management team.
2. BHT wrote to the local Clinical Commissioning Groups, the local Healthwatch and the Buckinghamshire Health and Social Care Committee chair inviting their contribution. The report draft is circulated giving 30 days for their comments on the report to be added in this section.
3. These are added as appendices once we receive feedback.

Statement from Clinical Commissioning Group



Buckinghamshire
Clinical Commissioning Group
Second Floor
The Gateway
Gatehouse Rd
Aylesbury
HP19 8FF

Tel: 01296 587220

Email: buckscg@nhs.net

21st September 2020

Dear Colleague,

Statement from Clinical Commissioning Group (CCG)

Buckinghamshire CCG, response to Buckinghamshire Healthcare NHS Trust
Quality Account 2019/2020

Buckinghamshire Clinical Commissioning Group (CCG) has reviewed the Buckinghamshire Healthcare NHS Trust Quality Account against the quality priorities for 2019/2020. There is evidence that the Trust has relied on both internal and external assurance mechanisms, to provide a comprehensive Quality Account review.

The CCG has provided detailed narrative separately to this statement to provide clarification on a number of points where information could be presented further to provide additional context.

Firstly we would like to recognise the CQC rating achievement by the Trust with the Trust in 2019/2020 being awarded an overall rating of 'Good' by the Care Quality Commission (CQC), and 'Outstanding' for Caring. This is a fantastic achievement by everyone who works and volunteers for the Trust.

The Quality Account also demonstrates the Trust has made progress in a number of the Trusts quality priorities identified for the year under review. Whilst acknowledging the impact Covid-19 has had on the delivery of our local services. The Quality Account also recognises a number of achievements in a number of specialist areas.

The CCG would like to recognise the positive work that has been conducted in relation to the role of the Medical Examiner and the collaborative working for the LeDeR Learning Disability Mortality review programme with the CCG and other stakeholders within the ICS.

The Quality Account highlights a need for continued quality improvement over, avoidable infections, falls prevention and management, management of VTE.

The table below indicates the frequency of **Never Events** in BHT for 2019/20.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
0	0	0	0	0	0	0	0	1	0	0	0

The Never Event which occurred in December 2019 involves a retained guidewire

The CCG has worked with BHT to review the reported Never Event, identify learning and seek assurance on activities to reduce recurrence working with the Trust and NHS Improvement.

The Quality Account provides a detailed overview of the Trust's performance over the last 12 months and clearly identifies the achievements within the period reported, but also areas within service delivery where improvements could be made. We are grateful to the Trust for working collaboratively with commissioners and we will continue to work together to support our collaborative improvement journey

Yours sincerely,



Robert Majilton
Deputy Accountable Office
Buckinghamshire Clinical Commissioning Group

Statement from Healthwatch Bucks



Response to Buckinghamshire Healthcare Trust Quality Account 2019-20

Healthwatch Bucks welcomes the initiatives that Buckinghamshire Healthcare Trust has put in place over this year to ensure that patients continue to be at the heart of quality improvement across the Trust. For example, the appointment of volunteer Perfect Ward Patient Assessors was an innovative decision, as they provide a second pair of eyes to ward quality audits. We look forward to this being rolled out across other wards with continued evidence of how they are making a difference to how care is delivered.

We also welcome the Trust's initiative to train staff in involving patients in local improvements and see that at least 32 staff were trained this year. We ask that support is given to encourage uptake beyond this initial cohort, to ensure that there is a good range of staff across levels of seniority and service areas.

We are pleased to hear of the positive feedback received from children and young people about their care, especially from families who felt they were more involved in planning their child's care. Establishing a young person's forum was another positive response, however, we feel there is more that can be done to provide young people with opportunities to ask questions directly about their own care.

Involving patients in reviews of pathways (e.g. musculoskeletal health and ophthalmology) and in changes to services, is another positive step that we hope continues. It is important to ensure that services openly evidence how they have changed in response to patient feedback, and where they have not changed, being equally open about the reasons why.

The Friends and Family Test score remains consistently short of the national average and whilst we recognise that responding to the Covid-19 pandemic took priority, we urge the Trust to work on taking actions from staff survey as soon as practicably possible.

Finally, we at Healthwatch Bucks are happy to offer our continued support to BHT, across all these initiatives, both as a facilitator and "critical friend". This includes priority areas for next year such as improving patient experience governance and reporting and empowering staff to make improvements based on patient feedback. We look forward to our continued collaboration in the future.

Miguel Souto, Chief Executive, Healthwatch Bucks

Statement from Health and Adult Social Care Select Committee

Buckinghamshire Council's Health and Adult Social Care (HASC) Select Committee holds decision-makers to account for improving outcomes and services for the residents of Buckinghamshire. As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for 2019/20.

Firstly, we would like to place on record our thanks to all NHS staff who have worked tirelessly throughout the COVID-19 pandemic. We read with interest the case study of the two nurses who travelled to Mexico to help care for stranded Buckinghamshire residents and bring them home - a real reflection of the core values of the Trust.

The latest Care Quality Commission (CQC) inspection ratings provided much good news for the Trust, particularly the outstanding rating for "Caring". We note that the Emergency Department has been recognised as good overall and note staff morale has improved, which is commendable in a challenging national context. We hope the Trust is focusing on addressing the issues highlighted as "requires improvement", particularly in relation to the appointment of a permanent Finance Director.

We acknowledge the following achievements and highlights:

- **Integrated Respiratory Service** – We note the achievements of the Integrated Respiratory Service and the efficacy of this, particularly bearing in mind the Covid-19 pandemic.
- **Medical Examiner** - The Trust is committed to the Learning from Death Programme and the important role of the Medical Examiner Officer. The work of the Bereavement Team is to be commended.
- **Cancer services** – We acknowledge the improvements in cancer care, particularly easier access to services and the provision of care closer to home for patients, and also note the expansion of the skin cancer service and the appointment of an additional oncology nurse specialist.
- **Sepsis** – It is commendable to hear that the Trust is sharing good practice with partners across the region and would support further scope for compliance with a higher rate of "Suspicion to Needle Time" (STNT), possibly by working with care homes in early identification.

- **Four priority clinical standards** – We were pleased to read that all the priority clinical standards had been met.
- **Mental health** – The partnership with Healthy Minds to offer psychological support to patients in their own home is commendable. Last year, the Trust committed in its accounts to recognise and promote parity of esteem for mental health alongside physical health, so we expect to see mental health services feature prominently in next years' quality account.
- **Looked after Children (LAC)** – We read with interest the developments in partnership working and the improvements in the timeliness of health assessments for LAC.
- **Small Change, Big Difference** – We read with interest about this initiative and look forward to hearing more about how this has been embedded across the Trust, evidenced by tangible examples of the differences that it has made.

We note the following concerns and areas of improvement:

- **Readmission rates** – We noted the readmissions rate for both 0-15-year olds and patients over 16 have both increased with the 0-15-year-old rate being above the national average. Whilst the Trust has explained the higher than national average readmission rate (data collection methodology), we feel there is scope for improvement here.
- **Pressure ulcers** – The Committee made reference to pressure ulcers in its statement last year as the figures had reduced in all categories. However, we were concerned to read in this years' account that the figures in all categories have increased – category 3, 4 and unstageable pressure ulcers and serious incident reporting have increased from 28 to 43.
- **Inpatient falls** – We noted that the numbers of falls that are categorised as “moderate” and “severe” have both increased in 2019/20 with moderate numbers almost doubling.
- **C-Difficile** – We were disappointed to see no data relating to C-Diff infection rates for this year due to a change in reporting algorithm but note that 27 out of the 57 cases were avoidable.
- **Responsiveness to personal needs of patients** – Whilst the report states that the Trust has improved in this area, it has improved based on last years' figure but not compared to 2016/17. The Committee will be monitoring the Trust's progress in implementing its outlined actions.

- **Staff Survey** – We note that the Trust has identified that engagement with the survey can be enhanced and that BME staff report discrimination at 10% compared to white staff 5%. There is clearly more to do with both BME staff and LGBTQ staff.

There were a number of specific issues mentioned in the quality accounts which link specifically to the Committee's ongoing work programme, including:

- **Freedom to Speak Up Guardians** – We note with interest the continued development of FTSUG's and support the Trust in ensuring the wellbeing of staff at all times. The accounts mention a theme of concerns being raised about violence and aggression from patients to staff. We would like to see the learning from the advanced conflict resolution training for emergency staff rolled out more widely across the organisation as a priority.
- **Staffing levels** – We recognise that the Trust has listed conditions which were imposed by the CQC following the recent inspection which largely deal with staffing and staffing levels. The Committee will be reviewing and evaluating the Trust's plans for developing its services and how it will address workforce challenges.
- **Digitalisation of Outpatient services** – We note the Trust's modernisation plans for future digital opportunities in the delivery of outpatient appointments, but we would like to ensure the vulnerable and hard to reach groups are not disadvantaged by this. The Committee will be looking for evidence that all groups have been part of robust engagement around any planned changes to services.
- **Reconfiguration of Ophthalmology services across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System** – We note the reference to this service reconfiguration across the BOB ICS footprint and the Committee will be reviewing this to ensure there is a robust evidence base to substantiate any proposed changes in service delivery.

Conclusion

Through its quality accounts, the Trust continues to demonstrate its commitment to improving services and outcomes for patients. We acknowledge the Trust's progress and achievements in many areas, but we would like to see more metrics and reference to key performance indicators in the quality accounts to substantiate these achievements.

We must express disappointment that this year's Quality Account makes no detailed reference to the Covid-19 pandemic, as it has had a major impact on preparedness and service delivery across all sectors for a significant proportion of 2019/20 and will continue to shape provision for the foreseeable future. However, the Committee acknowledges the ongoing workforce challenges during the pandemic and will be reviewing the Trust's plans, for a second wave as well as recovery plans, over the coming months.

We continue to welcome the Trust's open and transparent way of working with its partners and look forward to more integrated and partnership working over the coming year.

Submitted by Buckinghamshire Council's Health and Adult Social Care Select Committee

Date: September 2020

Statement by Directors

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

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

The Trust External Auditors have confirmed that “due to the covid-19 pandemic the Department of Health and Social Care suspended the requirement for the Trusts Quality Accounts to be certified”.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to March 2020.
 - papers relating to quality reported to the board over the period April 2019 to April 2020 to March 2020.
 - feedback from commissioners dated 21/09/2020.
 - feedback from local Healthwatch organisations dated 28/08/20.
 - Health and Adult Social Care Select Committee received 24/09/2020.
 - the trust’s complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2020.
 - the [latest] national patient survey July 2020.
 - the national staff survey published 18/2/20.
 - CQC inspection report dated 18/06/2019
- the quality report presents a balanced picture of the NHS trust’s performance over the period covered

- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board



Date: 27 November 2020

Hattie Llewelyn-Davies, Chair



Date: 27 November 2020

Neil Macdonald, Chief Executive

Auditors Limited Assurance Report

Statement from NHSI regarding Quality Account requirements 2019/20:

“NHS providers are no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20”

<https://improvement.nhs.uk/resources/quality-accounts-requirements/> (May 2020)

Appendix 1 – Abbreviations

7DS	Seven Day Services
A&E	Accident and Emergency Department
ACB	Antimicrobial Care Bundle
ACSA	Anaesthesia Clinical Services Accreditation
AHSN	Academic Health Science Network
AMD	Age Related Macular Degeneration
AMR	Antimicrobial Resistance
AMU	Ambulatory Medical Unit
BHT	Buckinghamshire Healthcare NHS Trust
BI	Business Intelligence
BME/ BAME	Black and Minority Ethnic
BOB	Buckinghamshire, Oxfordshire and Berkshire
CAP	Communications Advisory Panel
CAP	Community Acquired Pneumonia
CARE values	Collaborate, Aspire, Respect and Enable
CCGs	Clinical Commissioning Groups
C.diff	Clostridium Difficile
CEO	Chief Executive Officer
CQC	Care Quality Commission
CT	Computerised Tomography
CVC	Central Venous Catheter
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DNT	Door to Needle Time

DOLs	Deprivation of Liberty
DSP	Data Security Protection
ECG	Electrocardiogram
ECLO	Eye Clinic Liaison Officer
ED	Emergency Department
EDI / ED&I	Equality, Diversity and Inclusion
ESR	Electronic Staff Record
FFT	Friends and Family Test
FSO	Glaucoma Failsafe Officer
FTSUG	Freedom to Speak Up Guardian
GNBSI	Gram Negative Blood Stream Infections
GPs	General Practitioners
HASC	Health and Adult Social Care
HCA	Healthcare Assistant
HSCIC	Health and Social Care Information Centre
HSJ	Health Service Journal
HUGG	Help Us Grow Group
ICP	Buckinghamshire Integrated Care Partnership
ICS	Integrated Care System
LAC	Looked after Children
LeDer	Learning Disabilities Mortality Review
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) and others
LPS	Liberty Protection Safeguards
LTP	Long Term Plan

MASD	Moisture Associated Skin Damage
MCA	Mental Capacity Act
MDT	Multi-disciplinary team
ME	Medical Examiner
MEC	Minor eye conditions
MEO	Medical Examiner Officer
MRC	Medicines Resource Centre
MRI	Magnetic resonance imaging,
NBM	Nil by mouth
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NIV	Non-invasive ventilator
NNU	Neonatal Unit
NOF	Fractured Neck of Femur
NSIC	National Spinal Injuries Centre
OMFS	Oral Maxillofacial Surgery
PALS	Patient Advice & Liaison Service
PCN	Primary Care Networks
PEG	Patient Experience Group
PHE	Public Health England
PHSO	Parliamentary and Health Service Ombudsman
PLACE	Patient Led Assessment of the Care Environment

PO	Purchase Order
PROMS	Patient Reported Outcomes measures
PSED	Public Sector Equality Duty
Q1	Quarter 1, first quarter of the financial year (April-June)
Q2	Quarter 2, second quarter of the financial year (July-September)
Q3	Quarter 3, third quarter of the financial year (October-December)
Q4	Quarter 4, fourth quarter of the financial year (January-March)
QI	Quality Improvement
QSIR	Quality Service Improvement and Redesign
RCA	Route Cause Analysis
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
SACT	Systemic anti-cancer treatment
SAU	Surgical Assessment Unit
SCAS	South Central Ambulance Service
SCPHN	Specialist Community Public Health Nurses
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incident
SJR	Structured Judgement Review
SMH	Stoke Mandeville Hospital
SOP	Standard Operating Procedures
SSNAP	Sentinel Stroke National Audit Programme
STNT	Suspicion to Needle Time

STP	Sustainability and transformation partnership
T&O	Trauma & Orthopaedics
UK	United Kingdom
VTE	Venous Thromboembolism
WDES	Workforce Disability Equality Standard
WH	Wycombe Hospital
WRES	Workforce Race Equality Standard
YTD	Year to date