

Quality Account

1st April 2016 to 31st March 2017



Safe & compassionate care,

every time



Contents

Introduction	4
Guide to structure of report	4
Trust profile	5
Achievements of 2016-17	6
Surgery and critical care	7
Integrated elderly and community care	10
Integrated medicine	15
Women, children and sexual health services	17
Specialist services	19
Research and Innovation	23
Patient stories	25
<hr/>	
Part 1	
Statement on Quality from the Chair and Chief Executive	27
<hr/>	
Part 2	
Quality Account 2016-17	30
Information required by regulation	31
The BHT Way	31
Priorities for improvements in 2017-18	33
Prescribed information sections 1-10	36
Additional information according to NHS Quality Account Amendment Regulation 2012	44
Prescribed information core indicators 12-25	44
Appendix 1 – NHS services provided	54
<hr/>	
Part 3	
Quality Account 2016-17	56
Report on Quality Performance for 2016-17	56
Quality priorities	57
What we aimed to do and what we have done	58
Quality improvement plan 2016-17	63
Case studies from our staff	64
Further aspects on quality improvement – duty of candour	66
Learning from never events	67
NHS staff survey – aspects relating to equal opportunities and staff experiencing harassment or bullying	68
Patient engagement and participation in improving quality in 2016-17	70
Who Have We Involved in the Quality Account	73
Statement from Clinical Commissioning Group	74
Statement from Healthwatch Buckinghamshire	77
Statement from Health and Adult Social Care Committee	78
Statement by directors	79
Appendix 2 – Auditors limited assurance report	80
Appendix 3 – Glossary	83

Introduction

The Quality Account is an annual account to the public about the quality of our services that we provide and deliver and our plans for improvement. The requirement to produce a Quality Account is outlined in the NHS Act 2009 and the terms set out in the collective Quality Accounts Regulations.

The Quality Account incorporates all the requirements of the Quality Account Regulations and 2016/17 reporting requirements as set out by NHS England. The Quality Account specifically aims to improve public accountability for the quality of care that is contained within the Trust's overall annual report. The purpose of the Quality Account is to help improve public accountability for the quality of care provided by NHS Trusts.

Our quality improvements are reported in 3 categories:

Prevent people from dying prematurely and reduce mortality whilst maximising best possible outcomes,

Keep people safe and protect them from avoidable harm,

Engage people in their care and ensure a great experience. 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 2016/17 and outlines the quality priorities and objectives which have been set for 2017/18.

Part 1 contains the statement on quality from the chief executive.

Part 2 includes information prescribed by regulations and data from national sources. We have also outlined our quality priorities for 2017/18, explicitly showing how we intend to achieve and measure performance.

Part 3 provides a review of our quality performance along with information which NHS England asked Trusts to include such as the most recent CQC inspection findings. The report provides more detailed information explaining how we performed in 2016/17 against the priorities and objectives we set ourselves for Reducing Mortality, Reducing Harm and Great Patient experience.

Part 3 also contains details of who we involved and any statements from the Buckinghamshire Health and Adult Social Care Select Committee, Clinical Commissioners and Buckinghamshire Healthwatch.

Your feedback

If you have any comments or suggestions on this Quality Account, we would welcome your feedback. Please contact: Carolyn Morrice, Chief Nurse, through our Patient Experience Team's advice and liaison service pals@buckshealthcare.nhs.uk



Carolyn Morrice, chief nurse

Trust profile

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties, providing 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.

Our aim is to provide safe and compassionate care, every time to 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 and patients' own homes
- Five community hubs in Amersham, Buckingham, Marlow, Chalfonts & Gerrards Cross and Thame
- Two acute hospitals located in the two most densely populated areas of Buckinghamshire - Wycombe and Stoke Mandeville, Aylesbury.

Over 6,000 members of staff provide care to hospitals, hubs and approximately half a million people, including the dispersed population of Buckinghamshire and the surrounding areas of Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire). We are recognised nationally for our urology and skin cancer services and are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology.

Where we are based

We provide services from two acute and five community hospitals in Buckinghamshire, and care in people's own homes and from over 20 other settings such as health and leisure centres and GP practices. Our community health services include adult community healthcare teams (district nursing, occupational therapy and physiotherapy), services for children and families, intermediate care, health visitors, community dental services and palliative care.

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.

Our Trust headquarters are at Stoke Mandeville Hospital.

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



Top Hospitals CHKS Awards Buckinghamshire Healthcare NHS Trust named top 40 hospital

Buckinghamshire Healthcare NHS Trust has been ranked as one of the UK's top hospitals by health intelligence specialists CHKS. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

Collecting the award on behalf of the Trust were chief executive Neil Dardis and chief nurse Carolyn Morrice. Carolyn Morrice said: "I am delighted that our Trust has received this accolade. This is a great reflection of the hard work staff from across the Trust have put in to ensure we deliver on our promise and provide patients with safe and compassionate care every time." Andy Lockwood, managing director, Capita Healthcare Decisions, said: "These awards recognise outstanding performance in those areas which we believe are critical to delivering good patient care. We are delighted that Buckinghamshire Healthcare NHS Trust is one of our Top Hospitals 2017."

Surgery and critical care achievements

Outstanding contribution award

Sally Scott, Matron ICU

Sally Scott, Matron at the ICU at Stoke Mandeville Hospital received the Outstanding Contribution Award for always going above and beyond in her role as matron and leader of our large ITU team.

Sally always goes above and beyond in her role as our matron and leader of a large ITU team of 80+ staff. Sally is passionate about her job, she is resourceful, approachable and a problem solver.

She ensures that her team members receive the support they need in both professional and personal aspects. She is compassionate in her approach to leadership and management. All of this while maintaining her approachability and sense of humour.

Sally ensures that communication is well maintained throughout the unit. Sally ensures that appropriate standards are met, and helps to raise awareness where improvements need to be made.



Opened new one stop age-related macular degeneration (AMD) clinic at Amersham Hospital

The new one-stop clinic solution set up at Amersham Hospital allows patients to come into a dedicated AMD clinic. In just one visit they can have their eyesight checked, drops put in to dilate their pupils, have a scan and picture taken before seeing the consultant who makes a decision about whether or not they need treatment. If they need an injection they go and have it there and then. As a result patients get everything done in one visit.

Before the clinic opened patients had to make separate trips to Stoke Mandeville for assessments and for treatment. As a result the service was really struggling to try and get people seen at the right time –if the key time period is missed a patient's eyesight can deteriorate and the treatment doesn't work as well.

Over the last two and a half years, the team has worked hard to find a sustainable solution to accommodate the increasing number of patients requiring this sight-saving treatment.

Some patients require injections every month so by having assessments separate to their injection appointments it meant 24 hospital visits a year. Now with the new clinic we've cut that down by half.

Another important element for the service was to have it separate from everything else that goes on in the very busy ophthalmology clinics at Stoke Mandeville. Separating the service out to a new location has allowed the team to make it much more efficient.

There are currently around 1500 active patients being seen for age-related macular degeneration (AMD) in our ophthalmology department and the service is getting 10 new referrals every week.



Trauma and orthopaedic away day

The away day took place on 17 November 2016 at the Clare Charity Centre in Saunderton at the request of Ramesh Chennagiri, SDU lead for trauma and orthopaedics. Representatives from every kind of role within the SDU attended: administrative, clinical, nursing, therapists, trainees, bookers and support workers.

The objectives behind the day were two-fold:

To improve morale and team spirit: discovering effective ways of communicating as a team.

To look at service improvement: what things could be done better? What projects could be set in motion to update the service and provide improvements for all staff and for patient experience?



Outcomes and next steps

Specific projects and service development initiatives have been set up as a result of the away day.

The teams involved in these projects will be invited to report back on the progress of their work – the good and the challenges – at academic half days.

Excellent national bowel cancer outcomes for general surgery again

There were 5 audit indicators:

Data Quality – we scored green with 110% case ascertainment, data completeness of 98% pre-treatment TNM and of 96% performance status, and 92%

7 audit items for risk adjustment – all better than Thames Valley Network and nationally.

Management of patients – similar to Thames Valley network and national figures

Outcomes of patients having major resection – we have lower 90-day mortality, lower 90-day unplanned readmission and lower 2 year mortality compared with Thames Valley network.

Rectal cancer patients – we have similar 18 month stoma rates to TV network, with less CRM positive and less missing data compared with Thames Valley network and nationally.



55%

of people diagnosed with bowel cancer are male



45%

of people diagnosed with bowel cancer are female

Improving pressure ulcers and falls across the surgical division

In the year April 2015- March 2016 there were 69 Grade 2 hospital acquired pressure ulcers across the surgical division. Our aim was to reduce this number by at least 25% in 16/17 – so reduce this number to under 50 cases.

In the year April 2016- March 2017 we reported 31 hospital acquired Grade 2 pressure ulcers, well under the target we had set ourselves.

Eight of those cases recorded were on the Trauma and Orthopaedic wards (12b, 1 and 2). The last case was in October 2016. An action plan has been implemented to address the specific areas above.



There were only 2 plaster cast related falls incidents this year (down from 7 in the previous year).

Leading a positive safety culture

Excellence reporting: Learn from the best of BHT

Last year a pilot scheme was set up in the Trust to trial an excellence reporting system which has now being rolled out trustwide so all staff can learn from the best of BHT.

What is excellence reporting?

We all know why it's important to report serious incidents - to make sure we analyse what went wrong, learn from the incident and take steps to minimise the chances of it happening again.

The idea of excellence reporting is that as well as reporting near misses and harm via a Datix form we should also be reporting and learning from excellent care.

Anyone and everyone can report excellence. Anyone and everyone can be an example of excellence.

Why did we decide to introduce this idea?

There's plenty of evidence that success breeds success. Examples of excellence that have a positive impact on the quality of our patient care is something that the Trust is keen to promote.

is excellence reported?

There is a link to excellence reporting on Intranet home page under. This opens a form page with four simple questions about the excellence witnessed.

What happens to the excellence reports?

Once the report has been processed, the reporter receives an email thanking them for completing the excellence form, and the recipient receives an email detailing what excellence was observed and congratulating them on their success. All reports are gathered in and reviewed by the BHT excellence reporting working group so they can be shared as great examples to learn from.



Integrated elderly & community care achievements

Adult Speech & Language Therapy

Specialist Services

- Integrated service across Primary and Secondary Care
- Highly individualised client-centred packages of care
- Specialist Clinics; Videofluoroscopy and Joint Voice Clinic, Laryngectomy Valve replacement clinic.

User Involvement

- User satisfaction audits completed with voice patients, stroke patients and the Parkinson's group.

Innovation

Support from Scannappeal to purchase state of the art Joint Voice Clinic equipment

Established FEES service (FEES is Fibre-optic Endoscopic Evaluation of swallowing) as an instrumental assessment tool for swallowing

Develop an integrated Palliative Comfort Feeding Guideline

These projects have led to the change in diagnosis for voice patients including the identification of early cancers and access to instrumental swallowing assessment on the wards which has reduced the period 'nil by mouth' and the need for longer periods on naso-gastric feeding

Quality and Efficiency

- Establishment of a new SLT Stroke Team to accommodate Stroke unit expansion
- Implementation of new joint Voice Clinic equipment which is diagnosing early cancers.
- Introducing a Community Dysphagia SLT post to work initially with care homes to improve equity of service to this sector and reduce hospital admissions.

Skilled Workforce

- Trained a therapist in paediatric dysphagia competencies to provide a more robust acute paediatric service.
- Trained voice therapists in Laryngeal Manipulation therapy.

Physiotherapy

Innovation / service improvements

Introduction of specific detailed text messaging for all outpatient physiotherapy appointments, which has led to better utilisation of appointments and reduction in DNA rates.

Revision of documentation paperwork for hydrotherapy musculoskeletal service across sites, streamlining the process, improving quality of documentation and ensuring patient initiated goals used.

User Involvement

- Friends and family test – outpatient physiotherapy service 2016: 92% extremely likely to refer to our service and 8% likely to refer to our service.

Quality and efficiency

Introduction of wound competency training and programme for hand therapists, enabling much improved patient experience and staff satisfaction.

Virtual fracture clinic (VFC)– physiotherapists are working a VFC coordinators working alongside orthopaedic consultants – running daily virtual patient clinics, providing telephone patient advice and informing patients of the next stage in their pathway – whether that is attending plaster room, being referred to physiotherapy, self management or attending for further review. Achieving the target of approximately 40% patients not requiring onward referral to an out patient fracture clinic.



Occupational therapy

Specialist services

- Acute and community becoming more integrated working 7 days a week across primary and secondary care with constructive conversations regarding further streamlining including social care.
- Completely individualised client-centred packages of care looking at their needs – physically, cognitively and socially.

Innovation

Gained OTs for new one stop community assessment clinics at Marlow and Thame preventing arrival at A&E and linking with other community services to remain at home.

Job planning to support maximisation of capacity and potential costs.

User involvement

- User satisfaction audits completed with hand patients, stroke patients in early supported stroke discharge team.
- Leaflet devised about OT anywhere for patient awareness and feedback.

Quality and efficiency

- Maintaining A rated occupational therapy stroke service and establishment of an expanded OT stroke team to accommodate stroke unit expansion including an OT clinical specialist to raise the OT profile and support and maximise the skills of the OT workforce giving the patient evidence based intervention.
- Communicating from acute to community to reduce duplication and using support workers across OT to undertake assessments and complete interventions releasing qualified workforce to focus on complex specialist needs.

Skilled workforce

Skilled OTs in medicine, trauma and orthopaedics, early supported discharge teams for orthopaedics and stroke, spinal, hand therapy, burns and plastics, stroke acute, community and rehabilitation, Parkinson's disease, community hospital, community intermediate care and rapid response, one stop clinics, front door A&E and observation wards, pain management, head injuries, falls, paediatrics, wheelchair service and in patient palliative care.

All with comprehensive understanding of the impact of illness and injury on the person's life, every daily activities and understanding that home is the place where they function best!



Nutrition and dietetic service

Specialist services

- Integrated service across primary, secondary care (+NSIC) for children and adults.
- Public health nutrition input to support early years providers and older people.
- Specialist clinics: introduced additional gastrointestinal clinic at Amersham, expanded paediatric diabetes and cystic fibrosis service across the Trust.

Innovation

Collaboration with external provider to set up a new structured education service for type 2 diabetics, using technology to educate and motivate.

New Trust mouthcare guidelines and standard operating procedure for mealtimes developed.

Piloting new cardiac rehab weight management programme.

User involvement

- User satisfaction audits completed with paediatric allergy and cancer care patients (patient experience mean score 8.9/10)
- Engagement with patient experience group to develop Trust food and drink strategy

Quality, safety and efficiency

- Established new advanced dietetic role to provide expertise to expanded stroke unit
- Introduce carbohydrate counting and dose adjustment within 1 week of diagnosis for paediatric diabetics (reduced Hba1c by 15%)
- Developed milk free groups for children with cow's milk protein intolerance, located in children's centres across Bucks (resulted in substantial reduction in waiting times).
- Work in collaboration with Oxford health to increase provision of tier 3 weight management service across Bucks community locations (35% patients lost 5-10kg).
- Ensure safe nasogastric tube placement – competency based training and audit
- Care homes: piloted and introduced direct referral and additional training for staff.

Skilled workforce

Introduced paediatric dietetic training role to provide skilled workforce and retain staff

Formalised in-house training programme for band 5 rotational posts (across acute, community and NSIC)



Podiatry service

Specialist services

- Restructured acute appointment system to improve response times for active foot conditions. Aiming to achieve NICE targets and preventing arrival at A&E.
- Nail surgery peer review to maintain standards.
- Monthly meeting as part of the multidisciplinary podiatry and rheumatoid arthritis podiatry to have common assessment tools and treatment outcomes.
- Improved referral form for Care UK use to targeted patient care and to reduce duplication.

Innovation

In patient 'putting feet first team' for early detection of foot ulceration / pressure sore.

Missed appointment system to target high risk patient 'did not attend' to prevent deterioration.

User involvement

Expectations/outcomes audit of rheumatology footwear (83% stated improved mobility).

Monthly structured diabetes education.

Nail surgery satisfaction survey 2016 (79% had no regrowth and 50% rated procedure as fully satisfactory).

Quality, safety and efficiency

- Manchester Oxford foot questionnaire implemented in MSK clinics to monitor treatment outcomes.
- Participation in the national Diabetes Foot Audit to benchmark BHT podiatry service against national outcomes for non-elective amputation rates.
- Podiatry diabetes pathway developed in partnership with CCGs. Implemented June 2016 to raise GP/PN awareness and to encourage timely referrals.
- All patient letters and advice documents have been reviewed and upgraded.

Skilled workforce

To prevent barriers to patient care, podiatry service is fully integrated between our specialisms of rheumatology, musculoskeletal, nail surgery and diabetes: staff can rotate between each.

BHT podiatry only provide treatment for patients assessed to be 'at risk' of developing limb threatening conditions. Low risk patient are given options of care.

Injection therapy clinic implemented for pain management of podiatric conditions.

All clinical staff are trained to perform nail operations via local anaesthetic.



Bringing care closer to home

Every year, we care for over 600,000 people outside of hospital. We're working with other parts of the NHS, Buckinghamshire County Council and local organisations to make health and care services safe, sustainable and able to meet the future needs of our local population.

We want to do more to improve the care people receive and how they receive it. We've consistently heard from patients, GPs and community groups that people want their care delivered out of hospital and in local communities, and we have exciting plans to make this a reality.

Through prevention and early-intervention we want to:

- help our patients take greater control over their care and treatment
- ensure we meet long-term needs to help patients stay independent
- make it easier to access the right services by working more closely with GPs and other providers to join-up the care and support, reducing duplication and making better use of new technologies.

Over the next year we'll be investing over £1m to expand our community services, with an emphasis on older people and those with long-term conditions – providing more care out of hospital and making it easier for patients to get the right support when they need it.

To best understand what will work for our communities, we want to test out some ideas before we finalise our plans or make permanent changes during a six month pilot phase which will include:

- Community hubs at Marlow and Thame hospitals providing a new community assessment and treatment service (frailty assessment service), more outpatient clinics and more diagnostic testing
- Joined-up care with GPs, nurses, social care and the voluntary sector working together to support patients and carers
- Short-term care and rehabilitation packages to support more people in their own homes



Integrated medicine achievements

Developed emergency and urgent care services for the local population which maximise the chances of survival and good recovery

- Implemented rapid assessment and treatment best practice to ensure all patients are reviewed in an appropriate clinical setting by a senior decision maker within 30 minutes of arrival – December 2016
- Implemented 7 day per week ambulatory care services until 10pm – October 2016
- Reduced handover delays for ambulances improving access to emergency care for patients best performer in Thames Valley – January 2017
- Provided specialty review and access to consultant led intervention services 7 days per week. – September 2016.
- Implemented 3 consultant physicians working at the weekends and standalone gastro, cardiology and stroke consultant weekend working to improve outcome for patients – January 2017
- Roll out of SAFER work – January 2017

Improved access to services and expanding market share

- Expanded cardiology services including launch of heart failure service and cardiac rehab services
- Replaced cath lab and developed access to a second cath lab to improve market share by being identified as the provider of choice for all residents in Buckinghamshire – August 2017
- Developed diabetes pathway transferring care closer to home where possible – commenced June 2016
- Expanded our Hyper Acute Stroke Service to care for patients from a wider geographical area including East Berkshire – January 2017
- Rated an 'A' grade stroke service by Sentinel Stroke National Audit Programme (SSNAP) for 7 consecutive quarters
- Expanded endoscopy services through roll out of national bowel screening programme – January 2017

Staff developments

- Nurse endoscopists trained and passed examinations to work as independent practitioners
- Successfully trained acute care practitioners to work in emergency care and development programme implemented for 4 trainees
- Cardiac nurse angiographer presented at European Cardiology Conference
- Staff engagement score maintained in staff survey and Division scored highest in all areas in cultural index

Cardiology research and innovation

News and achievements

Care 4 Today heart failure platform: 350 patients, 175 control, 175 active

The Cardiology team are working once again with Janssen Healthcare Innovation, on an exciting mobile information technology platform to support patients in their home to manage their own condition. Working in collaboration with Chiltern CCG and Janssen Healthcare Innovation, Buckinghamshire Healthcare Trust is helping to develop a shared care record to monitor and improve the treatment pathway of those patients affected by heart failure.

The Care 4 Today platform has been developed to allow patients to input certain clinical metrics and answer symptom questionnaires to aid the MDT in up titrating and optimising therapy and management.

The primary objective is to reduce re-admission and improve the patient experience. This project will also enhance the volume of research carried out in primary care and continue to develop the strong relationship between Janssen and BHT.



Developing advanced nurse practitioners - The nurse angiographer role

Ghazala Yasin joined the cardiac catheter lab team at Wycombe hospital in 2005 and was promoted to become the lead cath lab nurse in 2009.



Presenter Ghazala Yasin

Whilst studying for the Master's Degree, she wrote a dissertation on nurse specialist roles and how these could be expanded to practical procedures, which are normally the preserve of medical staff, with an emphasis on nurse led coronary angiography. She mapped out the competencies required for the procedure to be delivered safely and explored protocol development to satisfy Trust and NHS governance requirements. This involved presentations to the new procedure committee and to the nursing and midwifery board. She then pioneered an audit tool to assess the efficacy, quality and efficiency of nurse angiography.

Under the supervision of Lead cardiologists Dr Clifford and Dr Firoozan, she began a training programme similar to that of cardiology registrars. The audit confirmed the safety and quality of nurses performing angiograms, when directly compared to doctors at the same level of training. She became an independent operator after 250 cases under direct Cardiologist supervision followed by 50 cases with the Cardiologist in the viewing room.

Ghazala now aims to disseminate the established protocols, competencies and audit so that the role can be rolled out to other organisations. She has been invited to lecture on the subject at National meetings. This role has further expanded now with relevant training for specified cardiac nurses to become Reveal LINQ™ non-physician implanters.

To improve the patient experience, by improving the ease of access and reducing waiting list time.

To provide all the relevant governance and evidence associated with setting up a new service to ensure the safety of staff and patients in Buckinghamshire Healthcare NHS Trust.

An implantable loop recorder (ILR), also known as a Reveal LINQ™ device is a patient activated and automatically activated monitoring system that records subcutaneous electrocardiograms (ECGs) and is indicated in the following cases:

- Patients with clinical syndromes or situations at increased risk of cardiac arrhythmias.
- Patients who experience transient symptoms such as syncope that may suggest a cardiac arrhythmia historically, ILR procedures have been carried out by cardiology consultants; however the reduction in size of ILRs with release of the Reveal LINQ™ device has made implantation a less technically challenging procedure. Potential advantages: It is anticipated that the development of the nurse angiographer role will redistribute staff resources.

Women, children and sexual health services

Introduction

In September 2015 a separate division evolved for the Division of Women & Children. It consisted of three SDUs which evolved to four, with acute paediatrics splitting from community paediatrics and children and young people. The four SDUs are: Paediatrics, Obstetrics & Gynaecology, Children & Young People, Sexual Health.

Paediatrics 2016/17

The Paediatrics multi-disciplinary team's vision and strategy for improving Children's Services within the acute setting are:

- Patient Experience.
- Urgent and Primary Care - the provision of a Children's Service for the optimal delivery of urgent care - including review of traditional medical and nursing roles and streamlining pathways of care.
- Ward Based Care – including ensuring the SDU meets the Royal Colleges of Paediatric & Child Health (RCPCH) standards by 2020, develop further the collaborative working of AHP's, aim to bring 16–17 year olds into paediatric in-patient/outpatient care.
- IT solutions – work with the Trust to ensure paperless systems and IT systems which improve the experience for patients and their families. This is an issue across the Division.
- Outpatients – increased efficiencies which improve the experience and reduce waiting times for patients and their families – underpinned by accurate data.
- Community/Outreach Nursing team – develop pathways which reduce the need for acute admissions/ outpatient attendances, development of nurse led clinics and build relationships with primary care to, wherever possible, care for children closer to home.
- Surgical pathway working group and HDU pathways including molecular testing for septic patients.

The Trust agreed to an investment of £500,000 to improve the environment in PDU which has been completed and is now re-opened. As well as this, the pathways to support PDU and Ward 3 were looked at and the following priorities agreed:

- Community nursing teams to support the Wheezy Child pathway and Children with Constipation. This is being managed as a Quality Improvement Project.
- NNU community team – plan to increase the number of babies discharged on NG tube feeds to further reduce the length of stay on the NNU.
- Cystic Fibrosis Care
- Diabetes care
- Access to senior decision makers
- NNU CQUIN for term admission babies
- QIP in line with SLA regarding temperature control for babies after
- Improve the governance multi disciplinary team role.

Sexual Health - successes in 2016/17:

Awarded tender for BHNHST	Child protection supervision embedded in service
Safeguarding	Recruited to SDU Lead for Sexual Health
CSE training	Excellent user feedback.

Children & young people

We have secured and are mobilising the 0-19 Integrated Public Health contract which includes Family Nurse Partnership (FNP), health visitors and school nurses. FNP is a high performing team when measured against other FNP sites around the UK and can demonstrate the client voice is heard in a variety of ways.

Health visitors are currently achieving the CQUIN target for follow-ups for 2½ year olds. We have also secured the Integrated Therapies tender and are exploring ways for the whole of C&YP to work on an integrated pathway to improve the pathways for all women and families; this will include a partnership with maternity.

Obstetrics & gynaecology

Midwifery staffing is in a better position than this time last year with a vacancy rate of approximately 3%. Four out of five of the post registration students have chosen to stay within the Trust on qualification compared to none in the previous year. We are exploring innovative ways of ensuring our establishment remains robust including increased use of nurses on the postnatal ward and involvement in the Trust care certificate from March 2017 to ensure the training for our maternity care assistants is robust. The Obstetric consultant body have just appointed three new consultants all with an obstetric focus.



This allows us to continue to provide a good service to the women of Buckinghamshire which will meet their needs.

Summary 2016/17

Action plan produced from Royal college of obstetricians and gynaecologists report from January 2016 embedded in practice with focus on CTG interpretation, neonatal resuscitation and governance processes

Latest adjusted perinatal mortality rate from MBRRACE report 2014 shows a rate of 4.88/1000 which is in the band of 0-10% below the rate at similar Trusts nationally

New multi-disciplinary patient experience training developed for 2016/17. In order to continue to be a responsive service, mandatory governance sessions include a presentation from a complainant from last year

Achieved first three quarters of CQUIN for 2016/17 relating to improving information for non-English speaking mothers

Go live with Viewpoint

Gynaecology RTT compliant November/December/January for open pathways



Specialist services achievements

Specialist Services is a diverse division including National Spinal Injuries Centre, Cancer and Haematology, Pathology, Pharmacy and Radiology (incorporating the breast screening service). Three of the service delivery units (SDUs) are demand-led through activity from primary and secondary referrals, these services are run from multiple sites across the county.

Specialist services quality improvement priorities echo those of the Trust:



National spinal injuries centre

The centre has 118 beds in total – 47 providing acute rehabilitation and surgical management and 62 providing active rehabilitation for adults. The other 9 beds provide a dedicated service for young people.

Tissue viability

- No hospital acquired, unavoidable grade 3 or 4 pressure ulcers for 673 days
- No grade 1 or 2 for 89 days (to the end of April 2017)
- SSKIN care bundle in use in all NSIC wards from 1 February 2017

Nursing staff

- Increase in recruitment - 17% increase in registered nurses in post in NSIC in 2016 c.f. 2015
- Improved retention – 21% decrease in registered nurse turnover in NSIC adult wards in 2016 c.f. 2015
- Links with Portuguese nursing universities strengthened



Pharmacy

Staffing	Leadership	Process
<p>Improved morale</p> <p>Internal promotions/career</p> <p>Band 6 passing assessments</p> <p>Staff restructures</p> <p>Prescribing pharmacists passed x 5</p> <p>Technicians passing enhanced roles x 4</p> <p>Staff awards x 4</p> <p>Recruited to key roles: eg ITU, medicine lead pharmacists</p> <p>Haematology pharmacist prescribing clinic established</p> <p>Retention of staff improved</p> <p>Clinical trials team established</p>	<p>Medicines management team and role development</p> <p>Manager of the day enhanced</p> <p>Improved support networks</p> <p>Extending clinical services</p> <p>Stronger pharmacy team</p> <p>Shift in culture to positive</p> <p>Stronger technician/ pharmacist relationship</p> <p>Integration of QA into pharmacy</p> <p>Improved weekends service now on site until 5pm</p> <p>Achieved HETV accreditation</p> <p>100% pass on diplomas</p> <p>Improved joint leadership of medicines management processes with nursing teams</p> <p>Introduction of Biosimilar prescribing pharmacist post</p>	<p>Feedback from SI reports implemented</p> <p>E-discharge implemented</p> <p>High standards of clinical pharmacists maintained</p> <p>Summary care records implemented</p> <p>Spinal pharmacy service improved and extended</p> <p>Induction planning improved</p> <p>Improved stock take</p> <p>More ACPTs/AIMS/PIPCT</p> <p>Implementation of 15 steps medicines optimisation audit process</p> <p>Won pre-reg pharmacist regional clinical audit prize</p>

Cancer and Radiology

Cancer care conference

The conference was organised by the Macmillan Cancer Care Facilitators – whose role is to build confidence and skills in cancer care for generalist nurses and allied healthcare professionals.

The aim of this conference was to broaden interdisciplinary knowledge and awareness of Allied Healthcare Professional and nursing roles in cancer care. 77 attended this multidisciplinary conference which provided delegates with a great opportunity to build multidisciplinary networks/links.



Radiology – the arrival of the new 256 slice CT scanner

Cardiac CT avoids the need for invasive coronary angiography and is recommended by NICE



But the imaging it produces was worth the wait. It has enabled a full cardiac CT service to be developed which is now seeing 12 patients a week



The arrival of the long awaited 256 slice CT scanner at Stoke Mandeville Hospital provided some nail biting moments!

Visitors from Portugals Ordem dos Enfermeiros

The Trust was delighted to welcome three visitors from Ordem dos Enfermeiros – Portugal's equivalent to the nursing and midwifery council in the UK – who were on a fact finding tour to understand more about the career opportunities open to Portuguese nurses coming to work at the Trust.

The Trust is hoping to recruit more Portuguese nurse to work in its hospitals and is in the process of building a direct relationship with the Ordem to help avoid the reliance on expensive agency costs.

Ana Ritz Cavaco, president of the Ordem, said: "We need to make sure our nurses understand what they will be doing in the job, and the facilities available to support them living here."

Ana was joined by Joao Paulo Carvalho, president of the northern section of Ordem and Leonel Fernandes, secretary of the northern section of Ordem.



Research and innovation

2016/2017 has been a successful year for the Trust in research and innovation and our drive to move the research and innovation agenda for the Trust forward continues.

The Trust is part of the Thames Valley and South Midlands Clinical Research Network (TV&SM CRN), who provide funding to the trust to facilitate NIHR portfolio activity and work in partnership with the Trust in delivering portfolio registered research.

We have appointed two new Associate Medical Directors for Research and Innovation, Dr David McKean and Mr Mandeep Bindra. These roles are important to increase the research and innovation profile within the trust and building external relationships with academia and industry to increase our programme of activity.

In 2016/17 we have also focused on growing innovation and its development within our organisation. The trust along with the local university, CCG's and county council has been successful in their capital bid from the Thames Valley Local Growth Fund for a Buckinghamshire Life Sciences Innovation Centre. This will provide space for innovators at the Stoke Mandeville site to work with our staff and patients. The bid also provides space at the Wycombe campus of Bucks New University. We see this as a route to bring innovative healthcare to our local population and encourage innovation within our trust and local community. The Oxford Academic Health Science Network has supported the partnership and continues to work with us on the innovation agenda.

We are appointing an Innovation Manager in 2017/18 to help foster an innovation culture within the trust and facilitate innovation with external partners within our organisation.

We have revised the Trust research and innovation strategy with a five year vision, this will enable growth and support within the Trust for our staff and potential collaborators (pictured on right).

In 2015/16 league tables that were published by the National Institute of Health Research, our Trust was the 24th of over 400 trusts in the number of patients that participated in research.

In the Thames Valley & South Midlands Research Awards we proudly saw two of our research teams win in their categories. The awards are a new initiative by the National Institute for Health Research (NIHR) Clinical Research Network Thames Valley and South Midlands. They recognise those who have made a significant contribution to make sure that health research is delivered in Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes. Our cardiology research team won 'All round high performing team'. Our ophthalmology research team won 'Best green shoots development award (pictured on left).



(From left to right Trust cardiology team: Rose Kennedy, Dr Piers Clifford, Jo Chaplin and Nicola Bowers)



(From left to right Trust ophthalmology team: Mr Markus Groppe, Mr Hiten Sheth, Mandy Collins, Mr Richard Smith, Judith Abrams and Mr Mandeep Bindra)

We currently have 23 specialties that are research active and in 2016/17 5,734 of our patients participated in research. We have specialty specific research teams who support patients on their research journey. Through their relationships with patients the numbers of patients decide to participate in research studies. In March 2017 we had 169 studies open over a variety of specialties; the majority of our studies are NIHR portfolio studies as you will see in table 1. Table 2 shows the breakdown of studies over the 23 studies that are research active within the Trust.

Breakdown of study by type

Study type	Number of active studies
Academic/student	3
Commercial non-portfolio	2
Commercial portfolio	23
Non-commercial non-portfolio	15
Non-commercial portfolio	124

Breakdown of studies by specialty

Specialty	Number of studies open	Specialty	Number of studies open
A&E	2	Oncology & Haematology	48
All patient areas	4	Ophthalmology	8
Cardiology	30	Orthopaedics	2
Community	1	Paediatrics	5
Critical care	2	Pharmacy	1
Dermatology	3	Plastics & Burns	3
Diabetes	5	Radiology	1
Gastro	7	Respiratory	3
Intensive Care	1	Rheumatology	8
Neurology (excluding Stroke)	4	Spinal	11
Obstetrics & Gynaecology	9	Stroke	9

Our growth in research would not be possible without the support of our patients who we are eternally grateful for their willingness to be involved in research. Hearing how research has been a positive experience for them in their wellbeing and health reinforces the importance of doing research within our Trust.

Patient stories – research and innovation

Pete's story ...

Can you tell me a bit about yourself?

I'm Aylesbury born and bred, married to Sheena and have two children. I worked for BT as an underground engineer but now I'm desk based. I'm a marathon runner and was about to compete in my 30th marathon when it happened.



How did you find out about the trial?

Pete: "Dr Burn told me about it on the ward."

Why did you decide to take part?

I do it because I'm fit and healthy and suddenly had a stroke. If it can happen to me it can happen to anyone. If we can have a drug out there that can stop it happening again to me or anyone else that would be brilliant. If we didn't try things we'd never get the new things to help anybody and what if it's hereditary, you could be helping your own children.

What are the benefits of taking part to you?

It gives you two years of being assessed and looked after really. I can only describe it as having a crutch. I've been looked after and monitored while I'm feeling like a rabbit in the headlights. I think if I hadn't been seeing Adrienne (stroke research nurse) they wouldn't have diagnosed my heart condition. I see that as real pay back for taking part in the study.

What would you say to anyone thinking about taking part in research?

Definitely do it. I see no negative. If it helps somebody else after me all well and good. You're closely monitored so you feel you're well looked after.

Jan's Story ...

Can you tell me a bit about yourself?

I live in Hemel Hempstead & was its first lady bus driver but I'm retired now. I've got a white German shepherd dog called Ice, he's my diabetic dog. He supports my diabetes at night & wakes me up when I'm having a hypo (low blood sugar).



How did you find out about the trial?

I read it on the wall, on a poster and then Mr Smith told me about it. He said I'd be a good candidate.

Why did you decide to take part?

I thought I can do that so why not. Got to help out if I can. I've had a ball, two years have gone by so quickly and I've told Mr Smith and Judith that if there's any more studies to do I'll be there.

What are the benefits of taking part to you?

I've had my eyes so well looked after by the staff at Stoke Mandeville. It's been second to none and I've had extra research appointments where I've been seen really quickly. I have to have laser treatment on little bleeds behind the eye and they can do that straight away here as part of my appointment but if I went to Hemel I'd have to have a second appointment and come to stoke for the treatment anyway.

What would you say to anyone thinking about taking part in research?

Do it, don't think about it. If you don't benefit others will. The treatment and staff in this hospital have been brilliant. It's not scary, it's been good fun and I've been so well looked after by Judith and all the staff here. Fantastic!

John's Story...

Why is clinical research important to you?

Because they check you regularly, every two weeks which is a bonus and if it helps somebody else then that's a good thing. There's so much coming out all the time, people shouldn't think the worst, be positive.

How did you find out about the trial?

The doctor told me about it. I was invited to take part at one of my clinic appointments.

What are the benefits of taking part to you?

More checks are carried out; I'm kept an eye on. The research nurses call me every two weeks to check how I am and see if there are any problems. Extra blood samples are taken every month by the research nurses. They're very good with the darts. I'll be followed up for 5 years so if anything does show its face it'll be found earlier. It's self-preservation. It gives you peace of mind. There's nothing to be afraid of, I like it



Statement on quality from the Chair and Chief Executive

Our vision is to become one of the safest healthcare systems in the country. We are proud of the progress we have made this year against our three strategic priorities – quality, people and money. This wouldn't have been possible without the commitment of our staff. We recognise our partners, who have supported us to develop services, redesign care and nurture innovation. We are committed to the communities that we serve and our patients will be at the centre of our plans as we strive towards becoming outstanding.

Our strategy is being delivered the BHT way:

- empowering our patients - encouraging people to be partners in decision-making about their own treatment and care
- engaging and involving our communities and partners – joining-up social care, primary and secondary care as well as physical and mental health services to give our patients and service users better outcomes and a better experience
- enabling our staff and leaders - building morale, developing culture and enabling teams to make improvements in the way they provide services.

Progress against our three strategic priorities

Quality: We have been unwavering in our work to improve our patient care and experience. With a focus on seeking out harm and learning from best practice, we have demonstrated further year-on-year positive shifts in outcomes including sepsis screening, hospital mortality and avoidable pressure ulcers. We have also sustained our patient experience rating, with over 95% of people recommending the Trust as a place for care or treatment. An unannounced inspection by the Care Quality Commission last September also noted significant improvements with 21 out of 35 inspection areas rated as 'good' (up from 7 at our previous inspection). Our overall rating remained at 'requires improvement', which is why we are striving for outstanding.

People: High staff engagement leads to better outcomes for patients, which is why we want to be a great place to work. We are proud to have seen a rapid improvement in our engagement scores for the second year running; 92% of staff believed their role made a difference to patients and service users over the past year and we saw a further improvement in the number of staff recommending us as a place to work or receive treatment. Leadership is the key and to that end we have continued to invest in our people with over 130 clinical and non-clinical managers going through our development programme and over 200 participating in our BHT way quarterly leadership sessions and annual conference. This investment is helping to shape strategy and develop our future leaders. To broaden our approach we have also introduced Feedback Friday where the executive team and divisional leaders shadow and learn from different teams and departments each month.

Money: We have been open about our underlying financial position and realistic about how we will get to a sustainable financial position within three years. We have reduced this historic deficit by a third, ending the year with a £1.8m deficit compared to £10.9m in 15/16. Our approach has ensured the money has not been tackled in isolation, with clinical teams leading our quality and financial improvements, saving £17.4m through a range of schemes. This included substantively recruiting staff to reduce agency costs by 30%, improving our purchasing of goods and services, reducing travel costs by introducing a new tongue-tie clinic, and improving the way we work in our operating theatres which led to fewer patient cancellations and saved over £1m.

Our achievements

We are proud of the improvements we have made, but to face the challenges of the future and meet our own aspirations and expectations we must develop, redesign and innovate. As an integrated acute and community provider, we are in a unique position to do this.

We are developing services ...

Our award-winning stroke service has expanded at Wycombe Hospital to provide access for an additional 400 patients from East Berkshire. The service retained its 'A' rating by the Royal College of Physicians for the seventh consecutive time placing it in the top 12% in the country. In addition, we are expanding cardiac services with a £1.1m investment in a second cardiac catheter laboratory to help 700 more patients to come to straight to Wycombe for procedures such as angiograms and pacemaker fittings.

Last summer we opened a new state-of-the-art clinic at Amersham Hospital to treat age-related macular degeneration, an eye condition mainly affecting older people. This dedicated one-stop clinic has significantly reduced the number of hospital visits each patient needs to make.

We were delighted to secure five-year contracts to provide the Buckinghamshire healthy child programme and children and young people's integrated therapies. Our aim is to join-up services provided to patients and their families in order to give every child in Buckinghamshire the best start in life.

We are redesigning care ...

We have invested an additional £1m in out-of-hospital care. Following public engagement during 2016 we have begun developing community hubs, expanding the range of outpatient, diagnostic and one-stop services we offer. We are piloting community hubs in Thame and Marlow hospitals, working with GPs, social care and the voluntary sector to bridge the gap between home and hospital to over 3000 people and reduce hospital admissions by seeing 350 people through a new community assessment and treatment service. We have strengthened our links with GPs and mental health services in Buckinghamshire by forming a collaborative with Bucks GP Federation and Oxford Health to focus on improving - in the first instance - urgent care, frail older people, diabetes and mental health. Also due to launch in 2017 is a new and integrated musculoskeletal (MSK) service, having been co-designed by clinicians and patients during the past year and which we are leading, supported by other MSK providers in Buckinghamshire.

We are nurturing innovation ...

We were delighted to secure £1.3m for a new Life Sciences Innovation Centre in partnership with Bucks New University, the county council and Oxford Academic Health Science Network. The centre, which will have bases at Stoke Mandeville Hospital and Bucks New University campus in Wycombe, is due to open later in 2017 and will support the development of innovative products with a strong emphasis on supporting people to better manage their health and wellbeing.

Linked to this, we have progressed plans to develop a laboratory in the National Spinal Injuries Centre that will enable our patients to benefit from and participate in testing new innovations and technology to help arm strength and mobility.

Looking ahead

We are proud of how much has been realised in 2016/17. All the more so when considered against a backdrop of what has been one of the most challenging years for the NHS, with increasing demand on all parts of the service. Whilst we have continued to demonstrate improvements we know there is a way to go if we are to realise our ambition of becoming one of the safest healthcare systems in the country.

Our strategy and priorities will remain the same, yet in the coming year we will also focus on five impact areas to ensure we maintain our rate of improvement to become outstanding:

1. patient-led transformation – investing in our systems, working with partners and delivering the changes our patients have asked for
2. organisational development – removing bureaucracy, streamlining our ways of working, and empowering our staff to make decisions
3. investment in leadership - continue to grow and develop our talent, strengthening support to line managers
4. improvement and innovation – developing a single methodology, accelerating ideas and spreading good practice for the benefit of our staff and patients
5. shaping the environment – leading and supporting change within the county and through the development and delivery of our local sustainability and transformation plans.

Our gratitude and thanks go to all the staff and volunteers who have worked so hard to support our patients and service users over the past year. They are what makes BHT a great place to work and we are proud of everything they have achieved. Our thanks also go to our partners, key stakeholders and local communities for your continued support and encouragement.



Hattie Llewelyn- Davies, Chairman



Neil Dardis, Chief Executive



Part 2
Quality Account 2016-17

Information required by regulation

Priorities for improvement and statements of assurance from the Board

2.1 Priorities for Improvement

This section of the Quality Account describes areas for improvement in the quality of relevant health services that the Trust intends to provide or sub-contract in 2017/18. The description of the quality priorities include how progress to achieve the priorities identified in paragraph 2.1.1 will be monitored and measured by the provider; and how progress to achieve the priorities identified in paragraph 2.1.1 will be reported by the provider.

The BHT way

Our priorities for improvement are tied to our mission and vision and are underpinned by our CARE values. These have been embedded in The BHT Way that sets out our ambition for the Trust and demonstrates how we will work to achieve our vision by three key strategic priorities: quality, people and money.

Buckinghamshire Healthcare 
NHS Trust

the BHT way

our ambition

Mission	Vision	Values
<p>Safe & compassionate care, every time</p>	<p>We want to be one of the safest healthcare systems in the country.</p>	<p> Collaborate  Aspire  Respect  Enable</p>
<p>We have three strategic priorities:</p>		
<p style="text-align: center; font-weight: bold; font-size: 1.2em;">Quality</p> <p>We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals:</p>	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">People</p> <p>We will be a great place to work where our people have the right skills and values to deliver excellence in care:</p>	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">Money</p> <p>We will be financially sustainable, will make the best use of our buildings and be at the forefront of innovation and technology:</p>
<p> MY CARE PLAN</p> <p>Patients empowered to manage their own health and care</p>	<p>Inspirational leaders developing strong teams </p>	<p> Improved productivity to ensure spending stays within the income we receive</p>
<p>Joined up working between hospital, community, GP, social care and voluntary sector </p>	<p>Attracting and retaining high calibre and engaged people </p>	<p>IT-enabled 'paperless' organisation </p>
<p> Patient outcomes and experience amongst the best in the country</p>	<p>Teams enabled to innovate and develop their services </p>	<p> Specialist services at the forefront of research and innovation</p>
<p>Recognised nationally as a high performing organisation </p>	<p>Pioneering new ways of working across sites, services and organisations </p>	<p>Health and care hubs supporting more people in their communities </p>
<p>Working in partnership</p>		

We developed our CARE Values in 2016 with all of our staff, and engaged with staff regardless of what they do or where they work in the Trust, to refresh and reframe our thinking around transformation and excellence in service delivery. We will deliver the BHT way: empowering patients, engaging our communities and partners, and empowering staff. To develop the capacity and capability of our leaders we have developed a bespoke leadership programme, which over 120 leaders have participated in; embedded a coaching approach for Bands 6 and 7 staff and invited over 500 of our leaders to engage on a quarterly basis with the Chief Executive and directors in the "BHT Way" sessions which help shape our strategy and direction.

These sessions have brought the concept of 'living our values' to life and it is spreading rapidly and widely throughout the Trust. The values are important to driving quality improvement because they enable staff, managers, senior executive and directors to engage with one another in a spirit of common purpose, aspirational thinking about what might be achieved, respect for one another and the necessary enablement to improve. There is also compelling evidence that NHS Trust workforces that engage achieve higher quality care and achieve better results across all measures of performance.



CARE:



Collaborate



Aspire



Respect



Enable

2.1.1 Priorities for improvement in 2017/18

In February 2017, our stakeholders, Buckinghamshire Clinical Commissioning Groups, Health and Adult Social Care Select Committee, Healthwatch Buckinghamshire were consulted in order to obtain feedback on the draft quality priorities for 2017/18. The quality priorities are also developed with our frontline staff in engagement exercises. Our quality priorities are embedded in our strategic priorities under the heading of Quality, People and Money. The Trust’s Quality Strategy informs the corporate quality priorities. These strategic priorities are mutually compatible and complementary.

Non-Executive Directors have been actively involved in quality priorities including monitoring at the quality Committee and through involvement at interactive workshops and improvement events. The quality priorities for 2017/18 were approved by Trust Board in March 2017.

Progress to achieve these priorities will be measured as described in each of the 3 priority areas below. Quality priorities will be monitored quarterly and reported to Trust Board in the Quality Report.

We have retained the 3 main priorities for improvement that were discussed and refined in the Quality Account 2016/17



What is our plan to improve these priorities?

Our plan during the next 5 years to make real improvement in these priority areas by doing everything right in those areas of health care activity that we know will make a positive difference to patient outcome and the patient experience.

Prevent people from dying prematurely and reduce mortality whilst maximising best possible outcomes

Priority 1- Sustained HSMR below 90

The Trust will continue to monitor the Hospital Standardised Mortality Ratio (HSMR) against national benchmarks and aim to improve its current position. This index was developed by Dr Foster Intelligence (DFI) and is different to the hospital mortality indicator provided by the NHS Digital which is the Summary Hospital-level Mortality Indicator (SHMI). There are material differences between the HSMR and SHMI. The HSMR has a standardised ratio of 100 whereas the SHMI has a baseline of 1. HSMR includes only deaths occurring in hospital whereas SHMI include deaths occurring in hospital and within 30 days of discharge. The HSMR also includes adjustments for palliative care.

We will measure the mortality index by both ratios and report accordingly. The SHMI is a required as per the regulation and is reported for 2016/17 later in the Quality Account Part 2.

The Trust aims to maintain HSMR performance better than (i.e. Demonstrating a lower rate than) the national average.

Other improvement work to be undertaken to improve mortality:

- Improving escalation of the deteriorating patient using electronic physiological monitoring systems
- Improving door to needle time for patient presenting with severe sepsis within 1 hour standard
- Maintain performance on 36 hour standard to theatre for emergency fracture neck of femur patients
- Fragility pathway improved through risk assessments on admission
- Perinatal Mortality



Keep people safe and protect them from avoidable harm

Priority 2 – Reducing avoidable harm in falls, pressure ulcers and infection

The Trust will continue to aspire towards reducing avoidable harm year on year. To measure progress against this goal, we have looked carefully at where there is likelihood of harm and have formulated specific steps to combat this and eradicate the underlying causes.

To measure progress, we will monitor the number of incidences where harm has occurred whilst monitoring progress of the action taken to reduce the likelihood of harm where there is strong evidence of a risk in the care of patients.

There are many areas where we will continue to be proactive in reducing risk of harm, the main ones being to:

- a. Reduce the risk of avoidable grade 2 pressure ulcers with a target reduction of no more than 5 per annum.
- b. Reduce the risk of avoidable falls with harm, target reduction of 100 per month.
- c. Reduce the risk falls deemed to be moderate or severe harm, target reduction of 15 per annum
- d. Meet infection control targets in MRSA and avoidable C difficile.
- e. Reduce the risk of infection caused by Gram negative bacteria
- f. Invigorate a culture of improvement through Excellence reporting on all aspects of quality and safety

Engage people in their care and ensure a great patient experience

Priority 3 – Demonstrable improvements in Patient Experience

The Trust's ambition is to deliver good care, linked to positive outcomes for patients that are associated with good carer and patient experience. The Patient Experience Strategy has a three year approach to improvement, with the early years focussing on high priority areas for improvement as well improving the overall foundations for a better patient experience.

For 2017/18 we will concentrate on the 4 key areas that patients have told us they would like to see improved: *Urgent care, Outpatients, Discharge and Children and Young People*

Many of the key improvements cannot be delivered through process change alone and will require sustained leadership from our clinical divisions, Executive team and across the system.

Truly embracing and responding to patient experience means putting the patient and their experience at the heart of quality improvement efforts. We therefore have 3 clear goals:

- Listen and feedback to understand
- Measure and share to learn
- Act promptly to improve

To measure progress, we will continue to improve response rates in our Friends and Family survey, improve the approval rating, and increase the response time to patients who complain about the service they received.

Information required by regulation

1. 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 2015/16 according to the national requirements.
2. 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.

Prescribed information sections 1 to 10

1. During 2016-17 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted seven NHS services. These are listed at Appendix 1.
 - 1.1 The Buckinghamshire Healthcare NHS Trust has reviewed all the data available to them on the quality of care in seven of these NHS services.
 - 1.2 The income generated by the NHS services reviewed in 2016-17 represents 100 per cent of the total income generated from the provision of NHS services by the Buckinghamshire Healthcare NHS Trust for 2016-17
2. During April 2016- March 2017, 38 national clinical audits and 4 national confidential enquiries covered NHS services that Buckinghamshire Healthcare NHS Trust provides
 - 2.1 During that period Buckinghamshire Healthcare NHS Trust participated in 95% (35/37) national clinical audits and 100% (4/4) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in
 - 2.2 The national clinical audits and national confidential enquiries that Buckinghamshire Healthcare NHS Trust was eligible to participate in during 2016-17 are as follows:
 - **National clinical audits – see table 1**



Table 1 - National clinical audits

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
CANCER				
Bowel Cancer (NBOCAP)	Applicable	Yes	Participating	100%
National Lung Cancer Audit	Applicable	Yes	Participating	211 cases in 2015
National Prostate Cancer Audit	Applicable	Yes	Participating	28% (01/04/2014 to 30/07/2014)
Oesphago-gastric Cancer (NAOGC)	Applicable	Yes	Participating	Data submitted through the Oxford Regional Network
Radical Prostatectomy Audit	Applicable	Yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
WOMEN AND CHILDREN'S				
Asthma (paediatric and adult) care in emergency departments	Applicable	Yes	Participating	100%
Diabetes (Paediatric) NPDA	Applicable	Yes	Participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Applicable	Yes	Participating	100%
Paediatric Pneumonia	Applicable	Yes	Participating	Data entry on-going
Neonatal Intensive and Special Care (NNAP)	Applicable	Yes	Participating	100%
Diabetes (Paediatric) NPDA	Applicable	Yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
HEART, DIABETES AND VASCULAR				
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Applicable	Yes	Participating	100%
Cardiac Rhythm Management (CRM)	Applicable	Yes	Participating	100%
Coronary angioplasty/ National Audit of Percutaneous Coronary Interventions (PCI)	Applicable	Yes	Participating	100%
National Cardiac Arrest Audit (NCAA)	Applicable	No	Not participating	Data is collected and reviewed via a monthly local audit
National Heart Failure Audit	Applicable	Yes	Participating	89% April 14 to March 15
Inflammatory Bowel Disease (IBD) Programme	Applicable	No	Participating	The registration process has just been completed, but no data submitted
National Diabetes Audit – Adults	Applicable	Yes	Participating	100%
National Vascular Registry	Applicable	Yes	Participating	Data submitted by the Regional Vascular Service at Oxford
Percutaneous Nephro-lithotomy (PCNL)	Applicable	Yes	Participating	100%
Rheumatoid and Early Inflammatory Arthritis	Applicable	Yes	Participating	On-going until 2017

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
OLDER PEOPLE				
Falls and Fragility Fractures Audit Programme (FFFAP)	Applicable	Yes	Participating	100%
National Audit of Dementia	Applicable	Yes	Participating	100%
Sentinel Stroke National Audit Programme (SSNAP)	Applicable	Yes	Participating	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Applicable	Yes	Participating	On-going

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
BLOOD AND TRANSPLANT				
National Comparative Audit of blood Transfusion – Audit of Patient Blood Management in Scheduled Surgery	Applicable	Yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
ACUTE				
National Emergency Laparotomy Audit (NELA)	Applicable	Yes	Participating	50% - 69% Dec '14 to Nov '15
Adult Asthma	Applicable	Yes	Participating	12
Case Mix Programme (ICNARC)	Applicable	Yes	Participating	100%
Elective Surgery (National PROMs Programme)	Applicable	Yes	Participating	100%
Major Trauma Audit (TARN)	Applicable	Yes	Participating	58% - 71% (data still being entered)
National Joint Registry Audit (NJR)	Applicable	Yes	Participating	100%
National Ophthalmology Audit	Applicable	No	Not Participating	Awaiting approval and installation of required software
Nephrectomy Audit	Applicable	Yes	Participating	100%
Severe Sepsis and Septic Shock – care in Emergency Departments	Applicable	Yes	Participating	100%
Stress Urinary Incontinence Audit	Applicable	Yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/17 status	%eligible/requested cases submitted or reason for non-participation
OTHER				
Learning Disability Mortality Review Programme (LeDeR Programme)	Applicable	Yes	Participating	No patients identified

2.3 The national clinical audits and national confidential enquiries that Buckinghamshire Healthcare NHS Trust participated in during 2016-17 are as follows:

- **National confidential enquiries- see table 2**

National Confidential Enquiry into patient outcome and death	BHT applicability	BHT participation	Participation rate
Chronic Neuro disability	Applicable	Yes	Participating
Young People's Mental Health	Applicable	Participated	83% (5 out of 6 cases)
Non Invasive Ventilation	Applicable	Participated	100% (5 out of 5 cases)
Cancer in Children, Teens and Young Adults	Applicable	Participated	Study on-going

2.4 The national clinical audits and national confidential enquiries that Buckinghamshire Healthcare NHS Trust participated in, and for which data collection was completed during 2016-17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

2.5 The reports of 26 national clinical audits were reviewed by the provider in 2016/17 and Buckinghamshire Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

2.6 The Buckinghamshire Healthcare NHS Trust intend to take the necessary actions, where improvement is required:

- Following the National Diabetes Foot Care audit the Podiatry team have worked with the clinical commissioners to introduce a new Diabetic Podiatry pathway, which integrates with GP computer systems and will ensure rapid referral to podiatry services by GPs for diabetic patients. They have also introduced a 'Putting Feet First' inpatient service, which involves screening the feet of every diabetic inpatient within 48 hours of admission and then triaging to the correct treatment plan. Both initiatives will improve the quality of care of diabetic patients.
- The results of the National Audit of Patient Blood Management in Scheduled Surgery have been used to inform a review of the Trust's Transfusion Policy and a section on transfusion triggers linked to NICE guidance has been added. The results of the audit are also being used to rewrite the list of operations for which blood is issued. A reduction in the number of procedures will mean reduced costs and better stock control for the Blood Bank.
- The Trust is working to reduce the incidence of inpatient falls and a new Falls Serious Events Group has been set up to reviews all serious falls and share lessons learnt. This group is chaired by the Trust's Chief Nurse and reports to the Quality Committee. A multi-factorial falls risk assessment tool has been introduced, together with post fall assessments, to help identify vulnerable patients and prevent avoidable falls.

2.7 The reports of 139 local clinical audits were reviewed by the provider in April 2016 to March 2017

2.8 A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7:

- Regular VTE assessment and treatment audits are carried out by the Trust's VTE Link Nurses, the introduction of monthly VTE Walkabouts by the lead VTE Clinician, the Medical Director and the Deputy Chief Nurse have helped to raise staff awareness of the importance of VTE assessment and treatment.

- Staff in the Spinal Injuries Unit audited the use of ASIA grades by referring Trauma Centres. The audit identified the need for education and training in the use of ASIA grades and NSIC staff have since organised and run a number of training courses for Trauma Centre staff. An Outreach screening tool has also been designed which Trauma Centre staff are being encouraged to use in order to improve accuracy and documentation.
 - An audit of the care of central venous devices by the Trust IV nurses has resulted in the introduced of new documentation for VIP scoring which is more appropriate to the types of devices used by the Trust.
3. The number of patients receiving NHS services provided or sub-contracted by Buckinghamshire Healthcare NHS Trust in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee was 4800
 4. A proportion of Buckinghamshire Healthcare NHS Trust in 2016-17 income 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 2016-17 and for the following 12 month period are available on request from Patient Experience Team advice and liaison service on email: Pals@buckshealthcare.nhs.uk

5. 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 is registered with the CQC with no conditions attached to registration.
6. Note that 6 and 6.1 were deleted by the 2011 Regulations
7. Buckinghamshire Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period

The Trust underwent an unannounced and focused inspection from the CQC across two days in September 2016. The inspection was of specific services - medical care, surgery and end of life care - at Stoke Mandeville and Wycombe hospitals and the inpatient ward at Buckingham Community Hospital.

The inspection team visited and observed services at work, and spoke to staff and patients.

The CQC rates services across five areas – safe, caring, effective, responsive and well-led.

Each of the four services inspected retained their overall 'requires improvement' rating, though many individual elements were rated as good. In particular all services were rated as 'good' for caring. Out of a total of 35 service domain ratings, the Trust received 21 good, 14 requires improvement and 0 inadequate ratings. In 2015 seven services were rated as good.

The overall results for 2017 are as follows:

	No. of areas	Good	Requires improvement	Inadequate
Stoke Mandeville Hospital	15	(was 2) 9	(was 12) 6	(was 1) 0
Wycombe Hospital	15	(was 5) 9	(was 9) 6	(was 1) 0
Buckingham Hospital	5	(was 0) 3	(was 5) 2	(was 0) 0

**NB figures given in brackets show 2015 ratings

As this was not a full Trust inspection, the overall rating of 'Requires improvement' has not changed from the comprehensive inspection in 2015. The chart below depicts the Trust's overall rating.

Ratings	
Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust efficient?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Significant improvements in the majority of areas inspected in September 2016 were highlighted, including:

- The Excellence Reporting initiative – reporting and learning from excellent care to ensure that 'success breeds success' - has been highlighted as an area of outstanding practice.
- Safeguarding knowledge of staff is good and people understand the actions required to protect the safety of patients in vulnerable situations.
- Multidisciplinary working is embedded across all wards: "Staff worked effectively within their team and with other teams to provide co-ordinated care to patients, which focused on their needs."
- Services are responsive to the needs of local people: "working in partnership with local commissioners to plan and deliver services to meet the needs of local people." The development of our stroke unit at Wycombe Hospital being a good example of this.
- Our use of the National Early Warning Score to identify when a patient's condition is deteriorating.
- Our values and vision for the Trust are understood by staff. We have "an open and transparent culture" and that "the leadership of the Trust and within the division were visible and supportive."

The report also identified areas for further development. This included improvements in the management of medicines, environmental improvements, consistency in record keeping, governance processes, learning from incidents, and training.

The CQC noted areas of concern, for which it issued compliance notices regarding Regulation 12 –Safe care and treatment and Regulation 18- Safe staffing. A compliance action plan has been submitted to the commission by the required deadline and the Trust has already achieved several improvements in respect of Medicines management. The Trust's Quality improvement plan can be accessed via the trust website on <http://www.buckshealthcare.nhs.uk/About/about.htm>

A copy of the CQC inspection report can be accessed here: <http://www.cqc.org.uk/provider/RXQ>

8. Buckinghamshire Healthcare NHS Trust submitted records during 2016-17 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 admitted patient care which included the patient's:	The percentage of records in the published data relating to out-patient care which included the patient's:	percentage of records in the published data relating to accident and emergency care which included the patient's:
Valid NHS number was 99.93% (national average 99.3%)	Valid NHS number was 99.96% (national average 99.5%)	Valid NHS number was 99.08% (national average 96.8%)
General Medical Practice Code was 100% (national average 99.9%)	General Medical Practice Code was 100% (national average 99.8%)	General Medical Practice Code was 99.8% (national average 99.0%)

9. Buckinghamshire Healthcare NHS Trust score for 2016-17 for Information Quality and Records Management assessed using the Information Governance Toolkit was 88% and rated 'green'.

10. Removed from reporting requirements for 2017/18

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

Data Quality Issue	Proposed action
Outpatient appointments not updated to new lead consultant when a consultant leaves the Trust.	Process needed within departments to update records; for review with Patient Access team to determine responsibility within individual areas.
Consultant transfers, ward staff not accurately transfer the care of the patient to a new consultant (including – wrong treatment function, discharge and readmitted instead of transfer	Training issue. Create DQ information sheet, Publicise. Create a standard message to be sent to key problem areas.
RTT status of inpatients wrong on inpatient discharge	Training issue. Create DQ information sheet, Publicise. Create a standard message to be sent to key problem areas.
Private Outpatient appointments recorded as NHS	Training issue. Create DQ information sheet, Publicise. Create a standard message to be sent to key problem areas.
Inpatient encounter selected for an OP appointment	Training issue. Create DQ information sheet, Publicise. Create a standard message to be sent to key problem areas.

Additional information according to NHS Quality Account Amendment Regulations 2012

1. The information, format and presentation of the information in the following part of the Quality Account are as prescribed in the National Health Service (Quality Accounts) Amendment Regulations 2012. This amendment requires NHS trusts to include in their Quality Account information that is available from NHS Digital. Where the necessary data is made available to the Trust by N, a comparison of the numbers, percentages, values, scores or rates of the trust (as applicable) is made with the national average for the same and with those NHS trusts with the highest and lowest of the same for the reporting period.
2. The following sections of the schedule are omitted as they are not applicable to Buckinghamshire Healthcare NHS Trust:
 - a. Sections 17 and 22 apply to Mental Health trusts and foundation trusts
 - b. Sections 14, 15 and 16 apply to Ambulance Service trusts and foundation trusts

Prescribed information Core Indicators sections 12 to 25

12. The data made available to the National Health Service trust or NHS foundation trust by the NHS Digital with regard to:

- a) value and banding of the summary hospital-level mortality indicator ("SHMI")¹ for the trust for the reporting period

Latest period	Band	BHT value	National average	National Lowest	National Highest
Jul 15 – Jun 16	2	0.915	1.003	1.171	0.694
Oct 15 - Sep 16	2	0.930	1.003	1.164	0.690

Band 1 = higher than expected | **Band 2** = as expected | **Band 3** = lower than expected

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

- The Trust is better than the national average for the latest available periods shown above although is still banded as 2 as expected. Please note the following:-

The SHMI makes no adjustment for palliative care

- b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period

Percentage of deaths with either palliative care specialty or diagnosis coding

Latest period	BHT Value	England	National Highest	National Lowest
Jul 15 – Jun 16	41.0%	29.2%	54.8%	0.6%
Oct 15 - Sep 16	42.7%	29.7%	56.3%	0.4%

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

- a. The SHMI makes no adjustment for palliative care
- b. The Florence Nightingale Hospice is part of the Trust providing specialist palliative care and thus accounts for the higher than average percentage of deaths (Oct 15-Sep 16) which was 659 of the 1 1542 observed deaths having either the palliative care speciality or diagnosis coding
- c. We consider that although the Trust SHMI is reported as above the national average, the indications show a positive trend reflecting the high priority afforded to quality and safety

The Buckinghamshire Healthcare NHS Trust has taken the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by:

- d. Focusing on and improving sepsis care specifically related to screening and 'door to needle times'
- e. Learning from Mortality reviews through multi-professional forums
- f. Focusing on and improving the care of deteriorating patients
- g. Reducing avoidable cardiac arrests by >20% across the trust
- h. Achieving over 95% compliance with WHO checklists

18. The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's patient reported outcome measures scores for:-

(i) groin hernia surgery,

Presented in a table format, the scores for at least the last two reporting periods as follows:

Procedure	Groin Hernia		Measure		EQ-5D Index			
	Name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened
April 2014 - 2015	ENGLAND	20,346	0.793	0.877	0.084	10,324 (50.7%)	6,531 (32.1%)	3,491 (17.2%)
	BUCKINGHAMSHIRE	162	0.747	0.885	0.138	101 (62.3%)	43 (26.5%)	18 (11.1%)
April 2015 - March 2016	ENGLAND	18,354	0.790	0.878	0.088	9,334 (50.9%)	5,831 (31.8%)	3,189 (17.4%)
	BUCKINGHAMSHIRE	128	0.746	0.830	0.084	74 (57.8%)	30 (23.4%)	24 (18.8%)
April 2016 - September 2016	ENGLAND	5,923	0.791	0.880	0.089	3,064 (51.7%)	1,859 (31.4%)	1,000 (6.9%)
	BUCKINGHAMSHIRE	19	0.793	0.934	0.142	9 (47.4%)	8 (42.1%)	2 (10.5%)

(ii) varicose vein surgery,

Procedure	Varicose Vein		Measure		EQ-5D Index			
	Name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened
April 2014 - 2015	ENGLAND	5,661	0.747	0.841	0.094	2,946 (52.0%)	1,779 (31.4%)	936 (16.5%)
	BUCKINGHAMSHIRE	38	0.714	.0876	0.162	26 (68.4%)	7 (18.4%)	5 (13.2%)
April 2015 - March 2016	ENGLAND	4,728	0.742	0.837	0.095	2,487 (52.6%)	1,443 (30.5%)	798 (16.9%)
	BUCKINGHAMSHIRE	40	0.762	0.882	0.120	24 (60.0%)	12 (30.0%)	4 (15.7%)
April 2016 - September 2016	ENGLAND	1,369	0.742	0.842	0.099	705 (51.5%)	449 (32.8%)	215 (15.7%)
	BUCKINGHAMSHIRE	8	0.823	0.865	0.042	4 (50.0%)	2 (25.0%)	2 (25.0%)

(iii) hip replacement surgery, and

Procedure	Hip Replcement Primary		Measure		EQ-5D Index			
	Name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened
April 2014 - 2015	ENGLAND	38,284	0.361	0.797	0.436	34,283 (89.5%)	2,099 (5.5%)	1,902 (5.0%)
	BUCKINGHAMSHIRE	152	0.370	0.766	0.396	127 (83.6%)	12 (7.9%)	13 (8.6%)
April 2015 - March 2016	ENGLAND	35,955	0.362	0.800	0.438	32,214 (89.6%)	1,949 (5.4%)	1,792 (5.0%)
	BUCKINGHAMSHIRE	77	0.377	0.817	0.440	74 (96.1%)	2 (2.6%)	1 (1.3%)
April 2016 - September 2016	ENGLAND	5,733	0.362	0.811	0.449	5,216 (90.4%)	283 (4.9%)	274 (4.7%)
	BUCKINGHAMSHIRE	6	0.426	0.685	0.260	4 (66.7%)	1 (16.7%)	1 (16.7%)

(iii) hip replacement surgery, and

Procedure	Knee Replacement Primary		Measure		EQ-5D Index			
	Name	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened
April 2014 - 2015	ENGLAND	41,028	0.425	0.739	0.315	33,214 (81.0%)	4,023 (9.8%)	3,791 (9.2%)
	BUCKINGHAMSHIRE	157	0.431	0.737	0.305	126 (80.3%)	20 (12.7%)	11 (7.0%)
April 2015 - March 2016	ENGLAND	39,531	0.423	0.743	0.320	32,257 (81.6%)	3,689 (9.3%)	3,585 (9.1%)
	BUCKINGHAMSHIRE	98	0.422	0.714	0.291	80 (81.6%)	5 (5.1%)	13 (13.3%)
April 2016 - September 2016	ENGLAND	6,214	0.418	0.755	0.337	5,119 (82.4%)	615 (9.9%)	480 (7.7%)
	BUCKINGHAMSHIRE	5	0.535	0.687	0.152	5 (100%)	0 (0.0%)	0 (0.0%)

The Buckinghamshire Healthcare NHS Trust considers that the outcome scores are as described for the following reasons:

Data for April 2014 to March 2015 is finalised data published on 11 August 2016

- During this period there were 1,546 eligible hospital procedures of which 879 pre-operative questionnaires were completed giving a participation rate of 56.9%
- Of all the patients who responded to the pre-op survey, 71.4% (628/879) returned their post-operative questionnaires

Data provided by NHS Digital for April 2015 to March 2016 published on 9 February 2017 is provisional data

- During this period the overall Trust participation rate for all procedures was 40.0% (582/1,455) for pre-operative questionnaires completed
- The percentage of post-operative questionnaires returned was 69.8% and was the same as the national average
- Data for April 2016 to September 2016 published on 9 February 2017 is provisional data
- Due to the timescales for gathering and processing the data on a national basis the numbers seen in the latest period above are still low compared to the previous cohorts. This is the case for all Trusts not just BHT

The Buckinghamshire Healthcare NHS Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

- Intensive education and training with the pre-op team and Day Surgery about the importance of the robust capturing and collection of PROMS forms.
- PROMS champions identified who are the main points of contact and who now manage the programme at Stoke Mandeville Hospital and Wycombe Hospital.
- Patient information leaflets are easily available to patients and posters visibly displayed in and around the Pre-assessment department

19. The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients aged—

- 0 to 15; and
- 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.

NHS Digital has not provided the data on this indicator for the reporting period. This indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review. An update was expected in August 2016 but its release was cancelled so the figures given in last year's report are still the most up to date available

Year	BHT (%)	5 Band comparison against national average	Improvement branding	England (%)	Trust with highest (%)	Trust with lowest (%)
2011/12	11.12	A5	C	10.26	14.94	3.75
2010/11	11.27	A1	A	10.45	14.11	5.87
(i) Patients aged 16 or over						
2011/12	9.37	B1	A	11.26	13.50	8.96
2010/11	11.58	W	A	11.17	13.00	7.68

Notes:

Note 1: National Comparison, based on 95% and 99.8% confidence intervals of the rate

B1 = Significantly better than the national average at the 99.8% level;

B5 = Significantly better than the national average at the 95% level but not at the 99.8% level;

W = National average lies within expected variation (95% confidence interval);

A5 = Significantly poorer than the national average at the 95% level but not at the 99.8% level;

A1 = Significantly poorer than the national average at the 99.8% level.

Note 2: Improvement banding, based on confidence interval of the change

A = Significant improvement (at 95% confidence)

B = Moderate improvement (at 90% confidence)

C = Some improvement (not significant),

D = Some deterioration (not significant)

E = Moderate deterioration (at 90% confidence)

F = Significant deterioration (at 95% confidence)

20. The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.

The most recent data on the indicator for responsiveness to inpatients' personal needs is the NHS Outcomes Framework Indicator 4.2 and was released in August 2016.

Year	Buckinghamshire Healthcare NHS Trust Value	England Average (Score)	Trust with highest (Score)	Trust with lowest (score)
2016/17 ⁽¹⁾	66.8	69.6	86.2 ⁽²⁾	58.9 ⁽³⁾
2014/15	63.3	68.9	86.1	59.1
2013/14	65.1	68.7	84.2	54.4
2012-13	64.8	68.1	84.4	57.4

1) Hospital stay inpatients surveyed 1 June – 31 August 2016

(2) The Royal Marsden NHS Foundation Trust

(3) Croydon Health Services NHS Trust

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

- In 2014-15, the inpatient survey showed the Trust to be 142nd out of the 148 hospital trusts and foundation trusts in England. In 2015-16, the inpatient survey showed the Trust to be 113th lowest out of the 148 hospital trusts and foundation trusts in England, an improvement of 29 places.
- Our ranking this year was higher than the previous four years and higher than the Trust 10 year average score of 65.2

A more recent survey published on **08 June 2016** looked at the experience of 83,116 people who were admitted to an NHS hospital in July 2015. Between August 2015 and January 2016 a questionnaire was sent to 1250 recent inpatients at each trust. Responses were received from 605 patients at Buckinghamshire Healthcare NHS Trust.

Patient survey (2015/16)	Score (out of 10)	Compared with other trusts
Emergency A & E department	8.6	About the same
Waiting lists and planned admissions	8.8	About the same
Waiting to get to a bed on a ward	8.0	About the same
The hospital and ward	8.1	About the same
Doctors	8.5	About the same
Nurses	8.5	About the same
Care and treatment	7.8	About the same
Operations and procedures	8.4	About the same
Leaving hospital	7.0	About the same
Overall views of care and services	5.4	About the same
Overall experience	7.9	About the same

In light of the 2015 survey result, the patient survey response in 2016 can be seen positively as evidence of improvement particularly insofar that even though all areas were rated 'about the same' in comparison with other trusts, a majority showed marginal improvements.

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

- We have committed to an ambitious range of improvements outlined in our patient experience strategy over the coming three years to improve patient and carer experiences of using our services.
- Most of these improvements will be delivered within current resources however we are committed to reviewing this situation on the basis of new proposals from our service leaders for investments that improve our performance beyond the goals set in the strategy.
- As we develop our understanding of the patient and carer experience across the Trust, this learning will inform detailed implementation plans in each business year.
- Giving 100% commitment to the Trust five-year quality improvement strategy
- Implementing the Trust mission of safe and compassionate care, every time
- Developing within people values which will promote an ethos of collaboration, aspiration, respect and enabling
- Promoting a culture of learning from experience to share best practice and to learn from examples where clinical and nursing practice has been transformed both within the Trust and from external exemplars
- Improving processes to meet the 18 week waiting time target
- Better managing patients on waiting lists to reduce very long waits for treatment

21. 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**.

2016 NHS Staff Survey Organisation Weighted Key Finding

Year	BHT (%)	5 Band comparison against national average	Benchmarking group combined Acute and Community Trusts (39)		
			Average	Min	Max
2016	3.70	Significant increase	3.71	3.32	4.20
2015	3.63	Significant increase	3.71	3.22	4.22
2014	3.39		3.65	3.18	4.17

Key Finding 1. Staff recommendation of the organisation as a place to work or receive treatment

Notes

Staff are asked whether or not they thought care of patients and service users was the organisation's top priority, whether or not they would recommend their organisation to others as a place to work, and whether they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment. Possible scores range from 1 to 5, with 1 representing that staff would be unlikely to recommend the organisation as a place to work or receive treatment, and 5 representing that staff would be likely to recommend the organisation as a place to work or receive treatment.

Calculation:

The mean of scores for each question (strongly disagree = 1; strongly agree = 5), including all those who answered at least two of the three questions.

Un-weighted data in response to Questions 21 d “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”

2016 National NHS Staff Survey	Strongly disagree (%)	Disagree (%)	Neither agree nor disagree (%)	Agree (%)	Strongly agree (%)	Base (number of respondents)
Buckinghamshire Healthcare NHS Trust 2016	3	6	24	51	15	2954
Combined Acute and Community Trusts 2016	3	6	22	48	20	74693
Buckinghamshire Healthcare NHS Trust 2015	3	7	27	47	15	2,818
Buckinghamshire Healthcare NHS Trust 2014	4	12	30	45	8	369

The Trust’s improved results are encouraging and are a product of a sustained focus on delivering improvements in the staff experience in a handful of key areas both at an organisation level and at a local divisional and SDU level. What they show is

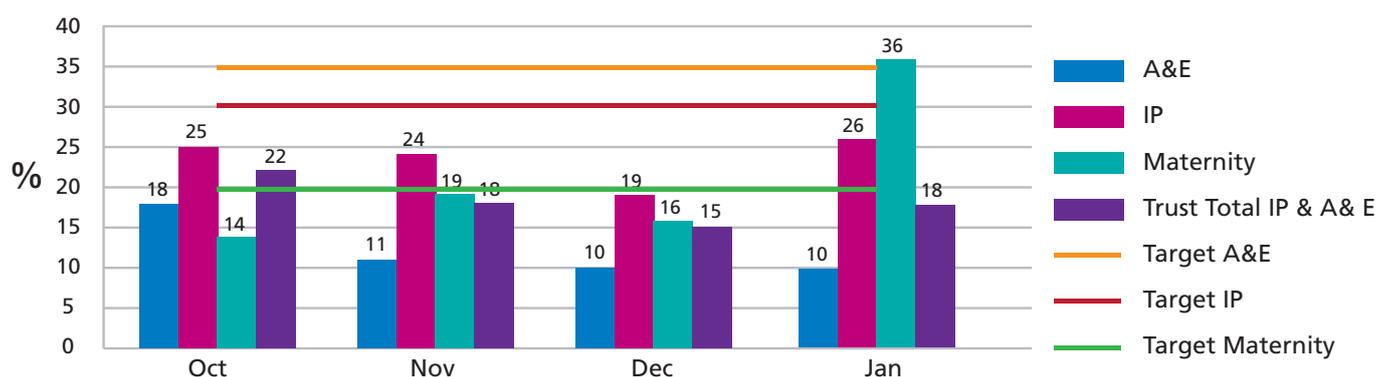
- Improvements over the last two years with 66% of the 2954 respondents to this question either agreeing or strongly agreeing compared with 68% for the 37 similar acute and community trusts; 24% neither agreed not disagreed and 9% disagreed or strongly disagreed.
- That the Trust is now ranked as average among the combined acute and community trusts
- A significant improvement in these results since 2014 from 53% to 66%.

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

- Promoting quality improvement through all levels via the regular team brief, weekly staff bulletins, staff intranet
- Increasing the emphasis on promoting staff engagement, embedding our values and behaviours – both of which are known to drive performance across all domains
- A sustained commitment to developing managers and leaders, equipping them with the skills to lead, coach, engage and motivate staff
- Promoting the areas of raising concerns and the improving the fairness and effectiveness of procedures for reporting errors, near misses and incidents

21.1 The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for **inpatients and patients discharged from Accident and Emergency** (Types 1 and 2)

Response Rate Against 2016 Target



- A program of weekly reporting of FFT performance has been developed to assist all services track improvement.
- Weekly updates are provided to the executive team. The Trust is currently trialling an SMS text messaging service in A&E for FFT

NHS Organisation(s)	February 2017	March 2017	National Average	Other Trusts – Highest	Other Trusts – Lowest
Accident and Emergency	9.6%	tbc	12.7%	45.5%	0.7%
In-patients	23%	tbc	24.3%	100%	4.0%
Total	16.3%	tbc	18.5%	72.75%	2.35%

23. 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.

Data	2015/16	2016/17(1)
Buckinghamshire Healthcare NHS Trust		
Admissions (N)	65597	48185
Risk assessed for VTE (n)	60703	45962
Percentage achieved	92.5%	95.4%
Target	95.0%	95.0%
England achieved	95.7%	95.6%
Trust Highest	95.4%	97.2%
Trust Lowest	89.8%	95.0%

Note (1) 2016-17 Quarters 1-3 only

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

- Recording of VTE assessment has improved as compared to previous recording
- Transcribing of forms on to the PAS system needs improving due to ward clerk pressures

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

- Inclusion of VTE training for junior doctor at their induction.
- Following the last medical induction for Junior doctors in August 2016, we engaged the junior doctors to complete a ward VTE audit across the Trust.
- This has been a very useful learning exercise for the junior doctors and the VTE committee and has been incentivised by the award of a certificate of completion for each doctor.
- Completion of a full root cause analysis template for all hospital acquired VTEs is mandatory.
- Our current process of requesting involved clinical teams to complete the RCA investigation has emphasised the importance of VTE risk assessment and CG92 compliance and the risk of failure to comply.

- The inpatient drug chart changes are being piloted to improve prescribing and recording of VTE management
- Continued training and supervision for ward administrators by the Trust VTE prevention nurse improving electronic capture of assessments
- Use of VTE link nurses in clinical areas to audit VTE risk assessment/appropriate thromboprophylaxis /TEDS

The following actions are intended:

- Target areas that are under-performing on VTE risk assessment for remedial quality improvement intervention
- Revision of the inpatient drug chart following feedback from staff to improve the VTE process

Further action being considered includes:

- Making the VTE assessment proforma generic, readily available and accessible for doctors
- Inter-disciplinary representation at the regular VTE meetings, raising the profile of VTE risk assessment and potential additional support for the Trust Specialist nurse for VTE prevention

24 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.

Data	April 2015 to March 2016		April 2016 to March 2017	
	C. difficile infection reports	C. difficile infection rate per 100,000 bed days	C. difficile infection reports	C. difficile infection rate per 100,000 bed days
Buckinghamshire Healthcare NHS Trust	38	15.1	44	17.06
All Trusts	5,213	15.1	Tbc	Tbc
Highest	121(1)	62.2(3)	Tbc	Tbc
Lowest	0	0(5)	Tbc	tbc

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

- A small outbreak at one of their community sites where there was potential cross infection in 2 cases.
- 5 lapses in care have been identified that contributed to CDI infection

The Buckinghamshire Healthcare NHS Trust has developed a CDI reduction plan to improve this rate. The areas of focus are:

- Antimicrobial stewardship wards rounds & focus on reducing antibiotic duration of treatment courses.
- Develop a stool sampling guide for wards.
- Introduce UVC cleaning as an additional layer to our cleaning processes.
- Review disinfection solutions

25. The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Data	Rate of patient safety incidents per 1000 bed days	% of patient safety incidents reported that resulted in severe harm or death
Trust 2016/17 ⁽¹⁾ 1/4/16 – 30/9/16 data available	33.71	0.2
National Average Acute (non-specialist) cluster	40.02	0.4
Lowest Rate (2016)	21.15 ⁽²⁾	0(4)
Highest Rate (2016)	71.81 ⁽³⁾	1.7(5)
Trust 2015/16 1/4/15 – 30/9/15	38.25	0.3
Trust 2014/15 1/4/14 – 30/9/14	29.79	0.42

- (1) Latest data is April –September 2016
a. Total incidents were 4244 during this period
b. 3 incidents reported resulted in severe harm
c. 4 incidents reported resulted in death
(2) Luton and Dunstable University Hospital NHS Foundation Trust
(3) Northern Devon Healthcare NHS Trust
(4) Tameside Hospital NHS Foundation Trust
(5) United Lincolnshire Hospitals NHS Trust

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

- The Trust is committed to reducing harm and pro-actively encourages staff to report incidents and near misses to enable incidents of any severity to be used for learning and quality improvement
- This is evident in the much improved number of incidents uploaded in this time period.

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

- Analysing and learning from its mistakes encouraging an open and transparent reporting culture
- Promoting feedback from investigations to staff reporting incidents in a timely manner as part of the performance management framework, and to ensure timely application of Duty of Candour
- Setting up a tracking system to ensure weekly monitoring of completion of investigations
- Strengthening the relationship between Divisional Clinical Governance Leads and the corporate governance leadership within the Patient Safety Team for more collaborative working through regular formal meetings with clear purpose
- The procurement of an up TO DATE Risk Management system to enable more efficient reporting of incidents
- Aspiring to achieve a continual reduction in the proportion of incidents that result in death and severe harm in comparison to the proportion of incidents that are near misses or result in no or minor harm

Part 2 Appendix 1

Table 3 - NHS Services provided

Service Categories	Applicable
Accident and Emergency (A+E)	✓
Acute Services (A)	✓
Ambulance Services (AM)	X
Cancer Services (CR)	✓
Continuing Healthcare Services (CHC)	X
Pharmacy-delivered Community Services (Ph)	X
Community Services (CS)	✓
Diagnostic, Screening and/or Pathology Services (D)	✓
End of Life Care Services (ELC)	✓
Mental Health and Learning Disability Services (MH)	X
Mental Health and Learning Disability Secure Services (MHSS)	X
NHS 111 Services (111)	X
Patient Transport Services (PT)	✓
Radiotherapy Services (R)	X
Surgical Services in a Community Setting (S)	✓
Urgent Care/Walk-in Centre Services/Minor Injuries Unit (U)	X

Part 3
Quality Account 2016-17

Report on quality performance for 2016/17

Introduction

In Part 3 of the Quality Account, we describe the Trust's quality performance in relation to services provided Buckinghamshire Healthcare NHS Trust. These services fall into three broad categories which are acute in-hospital, community out-of hospital and specialist which is centred mainly within the world renowned National Spinal Injuries Unit at Stoke Mandeville Hospital.

BHT has embedded continuous quality improvement into the organisational culture by putting in place a structure that enables quality to be effectively measured and monitored. This framework also enables quality improvement initiatives to be effectively implemented in response to external drivers such a local commissioner initiatives, care quality commission inspection recommendations and developments in national priorities.

The trust engages with its commissioners to improve and advance quality via contracting and the inclusion of CQUINs and quality requirements in the trust's contract. Performance against these quality requirements is monitored by the trust and commissioners monthly at CQRM.

The trust has a number of quality improvement strategies and initiatives in place to drive quality improvement across the hospital. This culture is underpinned by a robust quality governance framework. Quality has been integrated into the trust's performance management framework. This enables the trust board to triangulate key quality performance data alongside other performance metrics such as financial performance. Furthermore our performance management framework ensures that all divisions are held to account for the quality of the services they provide. This level of scrutiny is supported by local ward level quality dashboard reporting which enables effective monitoring of ward and departmental level quality, so that ward sisters and heads of department are accountable for the quality of care provided in their areas.

The report below describes how the Trust managed its quality performance during 2016-17.

Quality performance against our priorities set out in 2016/17

In 2016/17 the Trust sustained a vigorous quality improvement campaign centred around the three main priorities:

Reduce mortality and maximise best possible outcomes

Keep people safe and protect them from avoidable harm

Engage people in their care and ensure a great patient experience

Quality priorities

Table below summarises the quality priorities and objectives we set ourselves for 2016/17.

Key:

Red Quality priority not met

Amber Quality priority mostly/partially met

Green Quality priority met

Priority	Aspect	Key objective	Measure type	16/17 Performance
Reduce mortality and maximise best possible outcomes	HSMR	Reduce mortality as reported by Hospital Standard Mortality ratio (HSMR) by 5 each year	Outcome	Achieved
	Deteriorating Patient	95% patients recognised are escalated appropriately	Process	Achieved
	Mortality reviews	95% of patients will have a mortality review completed within 3 months of death	Outcome	Achieved
	Falls prevention	Reducing harm from patient falls	Process	Achieved
	Pressure ulcers	Reduce avoidable Grade 3 and 4 pressure ulcers by 25%	Outcome	Achieved
Keep people safe and protect them from avoidable harm	Medication errors	Improve medication error reporting and reduce harm from errors	Outcome	Partially achieved
	Safe staffing	Annual establishment review following acuity and dependency survey	Outcome	Achieved
	Safeguarding	95% compliance with Safeguarding vulnerable adults training	Outcome	Mostly achieved
Engage people in their care and ensure a great patient experience	Friends and Family Test	Improve FFT response rate and scores	Process	Partly achieved
	End of life care	Improve access to end-of-life care service and training	Process and outcome	Mostly achieved

Although some of the above were discussed within the Quality Account regulation applicable sections in Part 2, the comments in the table below explain in more detail what we did during 2016/17 to make progress on these priorities and the implications for quality improvement going forward into 2017/18.

Table 5 - What we aimed to do and what we have done

Reducing Mortality	
Aspect	Key objective
<p>Our aim was to reduce the Hospital Standardised Mortality Ratio (HSMR) by two points in 2016/17</p> <p>We have achieved a reduction in HSMR from 102 to 92.</p> <p>Notes on HSMR and SHMI. There is a difference between the HSMR and SHMI (reported in Part 2, Table section 12) as explained below.</p> <p>The Hospital Standardised Mortality Ratio (HSMR) is developed and published by Dr Foster Intelligence (DFI). Some of the main differences between the SHMI and the HSMR are:</p> <ul style="list-style-type: none"> • The HSMR is reported as a standardised ratio with a baseline of 100, while the SHMI has a baseline of 1. • The SHMI includes deaths occurring in hospital and deaths occurring outside of hospital within 30 days of discharge, whereas the HSMR only includes deaths occurring in hospital. • The SHMI includes deaths from all Clinical Classification System (CCS) groups, while the HSMR includes deaths from 56 CCS groups which account for around 80 per cent of in hospital deaths (the CCS groups used by SHMI and HSMR were defined by the Agency for Healthcare Research and Quality and further details are available on their website at http://www.hcup-us.ahrq.gov/toolssoftware/icd_10/ccs_icd_10.jsp • The variables used in the statistical model to calculate the expected number of deaths differ between the SHMI and the HSMR, for example, the HSMR includes an adjustment for palliative care whereas the SHMI does not. • The final model selection method varies between the SHMI and HSMR. 	<p>Mortality reviews The Mortality review process has been successfully embedded with the clinical teams with over 95% of deaths reviewed monthly within the trust. A clinical review of all unexpected deaths occurs, highlighting areas of sub-optimal care which may have contributed to the event. The aim is to share valuable learning across the Service Delivery Units.</p> <p>As a result of the new national initiatives, this will be reviewed in the near future. The trust has in place a current process whereby all deaths are reviewed using a two stage approach. To be consistent with the new processes, a number of changes will be required.</p> <p>95% of all unexpected deaths have a mortality review done within 3 months of death</p> <p>Crude Mortality We monitor our crude mortality on a month by month basis through the year. We expect seasonal variation in the winter months and use analysis from mortality reviews to assess any gaps.</p> <p>Perinatal Mortality We have reviewed our perinatal mortality and benchmarked against the MMBRACE Report published in 2014. It reflects a high still birth rate but overall a low perinatal rate.</p> <p>The 2015 report will show a higher NND rate but we will still be below the national perinatal rate</p> <p>Our initiatives taken this year to improve are: AN improvement plan from RCOG recommendations Improving analysis of CTG tests Bid for funding from DOH aimed to increase neonatal training</p> <p>We have implemented all 4 elements of the Stillbirth care bundle including Carbon Monoxide Monitoring Reduced fetal movement info Effective fetal monitoring in labour</p> <p>Electronic discharge summaries The Trust has implemented electronic discharge summaries, sent to GPs for patients attending the Emergency Department and on discharge from hospital. This enables a better transfer of care between the Trust hospitals and patients GPs primary care.</p> <p>Deteriorating Patient NEWS scoring has improved and is sustained at >90% following the launch of a 90 Day improvement programme.</p> <p>Escalation of the deteriorating patient is variable and we recognise that this can be further improved.</p> <p>We have noted a 29% reduction in cardiac arrests from 2015/16, this has been achieved through the 90 day programme, cardiac arrest reviews and shared learning. Focus on TEP and DNACPR discussions, highlighting need for better documentation.</p> <p>Sepsis We delivered the national Sepsis CQUIN with 90% of patients screened in the ED. In patient screening has improved and continues to be supported by Critical care Outreach Team (CCOT) –the implementation of the in-patient tool should have provided a boost.</p> <p>The NICE Guidelines implementation has been supported by use of a regional template, agreed by the Academic health Sciences network (AHSN). This has been used to develop the BHT array of tools rolled out in Nov/Dec 2016. They cover the three areas of :</p> <ol style="list-style-type: none"> i) Urgent care admissions >16yr ii) In patients >16yr iii) Maternity >16yr <p>We introduced a revised sepsis study day programme to capture NICE §guidelines/ reduce duplication and increase interaction and engagement. Ambulance services have been invited. Implementation of revised operational policy</p>

Reducing Harm

Aspect

Key objective

Falls are a leading cause of hospital-acquired injury, and frequently prolong or complicate hospital stays. Falls are the most common patient safety incident reported in hospitals. We report our in-patient falls as a whole number and observe any special cause variation using SPC measurements.

Reviews of observational studies in acute hospitals show that fall rates can vary per 1,000 bed days. The rate of falls per 1,000 bed days is a useful measure because it measures the relative risk of harm from falling consistently in response to fluctuations in clinical activity. The falls rate is calculated as the number of falls divided by the number of bed days multiplied by 1,000. We use rate to benchmark our performance with the regional AHSN.

What we aimed for:

- to reduce falls by 10%

Reduction in all falls by 25%

We report all falls using our Risk Management incident reporting system. Falls are graded in accordance with National Patient safety grading system. We grade falls in categories from 'no fall' to severe harm and death as per categories below

Fall category	Descriptor
No Fall	The patient did not experience a fall
No harm	Fall occurred but with no harm to the patient
Low harm	The patient required first aid, minor treatment, extra observation or medication
Moderate harm	Likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital
Severe harm	Permanent harm, such as brain damage or disability, was likely to result from the fall
Death	Where death was the direct result of the fall

Falls

A campaign has been on-going throughout the Trust to reduce the number of falls. This has been driven by Falls Collaborative Steering Group. Analysis of falls over a 5-month period between February and June 2015 across 12 acute wards found the majority of falls took place (81%) were unobserved.

The falls collaborative also deduced from tests of change and evidence from elsewhere that fewer falls occurred in areas where there was greater patient contact time or more visitors present.

The 'Stay in the Bay' programme introduced new equipment enabling staff to remain closer to patients and new ways of working to increase direct contact time. These have been rolled out across the trust during 2016. Risk assessment documentation was introduced in high risk areas to aid early identification and appropriate support.

Comparing the number of falls between 2015/16 up to 2016/17 per occupied bed-days indicates a **23.5% reduction**.

The rate of falls has reduced steadily from 5.8 in 2014/15 to 4.7 in 2016/17

The Trust has reported 3 falls with severe harm this year which reflects a 57% reduction

	2014/15	2015/16	2016/17
Number of falls	1607	1614	1229
Bed-days	275,251	278,098	259,742
Rate per 1000 bed-days	5.8	5.4	4.7

Reducing Harm

Aspect	Key objective												
<p>Pressure ulcers</p> <p>To reduce avoidable Category 3 & 4 pressure ulcers by 25%</p>	<p>Pressure ulcers</p> <p>The Tissue Viability team assesses the circumstances of all pressure ulcers reported in hospital and in the community. All Category 3 and 4 pressure ulcers acquired in the Trust are deemed to be either avoidable or unavoidable.</p> <p>Numbers assessed during 2014/15 up to 2016/17 were as follows:</p> <table border="1" data-bbox="517 533 1433 757"> <thead> <tr> <th>Avoidable Cat 3&4 pressure ulcers</th> <th>2014/15</th> <th>2015/16</th> <th>2016/17</th> </tr> </thead> <tbody> <tr> <td>Number (annual total)</td> <td>15</td> <td>11</td> <td>4</td> </tr> <tr> <td>Number of months with zero recorded</td> <td>2</td> <td>5</td> <td>8</td> </tr> </tbody> </table> <p>The team have achieved these results through:</p> <ul style="list-style-type: none"> Improving the robust use of the SSKIN bundle in community and specialist areas Expanded training in pressure ulcer prevention and management Improve access to pressure relieving equipment and effective barrier products Working with commissioners and community services to assist in the management of pressure ulcers in the community to aid the reduction of patients being admitted with pressure ulcers. <p>This has been achieved through a committed and dedicated campaign to identify and remedy the root causes using a bespoke root-cause analysis tool to enable the identification of gaps or shortcomings in clinical practice.</p> <p>Debrief meetings have been very successful whenever a patient develops a pressure ulcer in hospital. A debrief is launched within 72 hours to identify causes, instigate remedial measures to mitigate future risks and to share learning from the incident across the Trust.</p> <p>We achieved our aim of reducing Grade 3 and 4 avoidable pressure ulcers by a further 63% against a target of 10%</p>	Avoidable Cat 3&4 pressure ulcers	2014/15	2015/16	2016/17	Number (annual total)	15	11	4	Number of months with zero recorded	2	5	8
Avoidable Cat 3&4 pressure ulcers	2014/15	2015/16	2016/17										
Number (annual total)	15	11	4										
Number of months with zero recorded	2	5	8										
<p>Venous thromboembolism (VTE)</p> <p>The Trust is committed as explained in Part 2 Section 23 to making VTE risk assessment on at least 95% of admitted patients</p>	<p>Venous thromboembolism (VTE)</p> <p>This target was not achieved in 2015/16. The Trust has initiated several targeted actions to support documentation, recording and capturing of information. Drug charts have been piloted and tested to ensure prescribing and management of VTE is timely. This has resulted in an improved result for 2016/17 with the Trust recording 95.4% compliance against this target.</p>												
<p>Safe Staffing Levels</p> <p>It is very well known that staffing levels in health care and on in-patient wards in particular is a significant factor in delivering good quality care whilst reducing risk factors affecting mortality and causes of harm to patients.</p> <p>The Trust intends to sustain staffing levels on all wards by ensuring that more than 90% of funded posts are filled by registered nurses and Healthcare Assistants (HCAs) on every shift to ensure compliance with safe staffing and maintain safety for patients</p>	<p>Annual establishment reviews</p> <ul style="list-style-type: none"> Throughout 2016/17 the Trust met the 90% target every month collectively for registered nurses and health care assistants. We have been actively recruiting in nurses and midwives in 2016/17, locally and from abroad. Our commitment to ensure our wards are staffed with no less than one qualified nurse to eight patients has been active. Many of our wards exceed this number. We have undertaken our annual acuity and dependency survey across the organisation, investing where required to maintain safe staffing levels. We were part of a national pilot to design and test an electronic workforce resource system that derives care hours per patient day using real time acuity and dependency scoring. The Netcare pilot was designed by our staff and was successfully piloted across 21 inpatient areas at Stoke Mandeville hospital. Staff find the system intuitive and simple to navigate, using the intelligence to flex their staffing across divisions to support under filled areas. Staffing levels are displayed at the entrance to every ward and are updated on every shift. These boards also inform visitors and patients who is in charge of the ward that day. A monthly report on safe staffing is published on the Trust website and has a link to NHS Choices 												

Reducing Harm

Aspect

Key objective

We aim to safeguard vulnerable adults and children in our care and improve the services for people in Buckinghamshire who require safeguarding

The Trust committed by March 2017 for 95% of staff to have achieved the required level of child safeguarding training

The Trust has delivered throughout 2016/17 safeguarding training to all Trust employees at an appropriate level according to their role as per the following matrix. Compliance with this training is monitored through the NHS Learning Management System (NLMS).

Safeguarding Adults – Training

Safeguarding Adults	Relevant Staff	Frequency	Level	Method	Where	Statutory
Level 1 (Minimum level all staff)	All Staff - All roles working in healthcare organisation. All clinical / non-clinical staff.	Refresher training annually.		Online via NLMS Face to Face	Booked through online training	
Level 2 (minimum level for all professionally qualified healthcare staff)	All staff that have regular contact with patients / families / carers or public)	Refresher training 3-4 hours every 3 years	Must have completed level 1	Online via NLMS Face to Face	Booked through online training	
Level 3	All staff who regularly contribute in the investigation of adults at risk of harm or abuse.	Refresher training minimum of 6 hours every 3 years	Must have completed level 1 & 2	Face to Face	Booked through Bucks Safeguarding Adults Board	
Level 4	Named Safeguarding Professionals.		Must have completed levels 1, 2 & 3	Face to Face	Booked through Bucks Safeguarding Adults Board	
Level 5	Specialists Roles - Designated Professional Staff Groups.		Must have completed all levels	Face to Face	Booked through Bucks Safeguarding Adults Board	

Safeguarding Children and Young People

The Trust has an up-to-date and robust policy ensuring the safeguarding of children and young people. All staff working in a health care setting must know what to do if there is a safeguarding (child protection) concern. The RCPCH (2014) framework identifies five levels of competence, and gives examples of groups that fall within each The levels are as follows:

- **Level 1:** All staff including non-clinical managers and staff working in health care settings
- **Level 2:** Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers
- **Level 3:** Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns
- **Level 4:** Named professionals
- **Level 5:** Designated professionals

Despite the provision of sufficient training the Trust has not achieved the target of 95% with challenges in enabling and in some cases motivating staff to undertake this important mandatory training. The figures below are year-end results for 2016/17

Safeguarding training compliance 2016/17 Descriptor

Safeguarding Children Level 1	79%
Safeguarding Children Level 2	65.85%
Safeguarding Children Level 3	83.37%
Safeguarding Adults Awareness	76.44%
MCA	87.48%
DoLS	81.48%
Prevent	91.69%

The implementation of the Safeguarding training strategy will be monitored robustly through the Quality committee to ensure compliance with Level 2 and level 3 training. High risk areas e.g. maternity, paediatrics, ED are fully compliant.

Great patient experience

Aspect	Key objective																																								
<p>Family and Friends Test</p> <p>We have aspired to achieve a greater than 95% positive response from our patients FFT survey. This target was achieved in a majority of reported areas.</p> <p>Our A&E department recorded a 78.5% approval rating and an 11.6% negative recommendation. This is a significant deterioration on last year's performance and the A&E team are developing specific actions to address the issue in the 2017/18 reporting period.</p>	<p>Family and Friends Test</p> <p>The Trust data for recommendations from staff and patients family and friends in 2016/17 is as follows</p> <table border="1" data-bbox="515 412 1449 909"> <thead> <tr> <th>Metric</th> <th>2015/16 (% positive recomm)</th> <th>2015/16 (% negative recomm)</th> <th>2016/17 (% positive recomm)</th> <th>2016/17 (% negative recomm)</th> </tr> </thead> <tbody> <tr> <td>Staff</td> <td>73.9%(1)</td> <td>7.1%</td> <td>77%</td> <td>7%</td> </tr> <tr> <td>In-patients</td> <td>96.4%</td> <td>1.6%</td> <td>95%</td> <td>2.2%</td> </tr> <tr> <td>Day-case patients</td> <td>98.8%</td> <td>0.3%</td> <td>97.4%</td> <td>0.4%</td> </tr> <tr> <td>A&E, walk-in centre, minor injuries unit</td> <td>91.8%</td> <td>3.6%</td> <td>78.5%</td> <td>11.6%</td> </tr> <tr> <td>Maternity patients</td> <td>97.8%</td> <td>0.5%</td> <td>98.1%</td> <td>0.5%</td> </tr> <tr> <td>Community care patients</td> <td>97.6%</td> <td>0.5%</td> <td>96.3%</td> <td>1.6%</td> </tr> <tr> <td>Out-patients</td> <td>94.7%</td> <td>2.7%</td> <td>94.3%</td> <td>2.2%</td> </tr> </tbody> </table> <p>The Trust is committed the provision of safe care with a great patient experience. The Trust will be proactive in seeking feedback from patients, improving services wherever it can in response to their feedback and closely monitoring the impact of future changes.</p>	Metric	2015/16 (% positive recomm)	2015/16 (% negative recomm)	2016/17 (% positive recomm)	2016/17 (% negative recomm)	Staff	73.9%(1)	7.1%	77%	7%	In-patients	96.4%	1.6%	95%	2.2%	Day-case patients	98.8%	0.3%	97.4%	0.4%	A&E, walk-in centre, minor injuries unit	91.8%	3.6%	78.5%	11.6%	Maternity patients	97.8%	0.5%	98.1%	0.5%	Community care patients	97.6%	0.5%	96.3%	1.6%	Out-patients	94.7%	2.7%	94.3%	2.2%
Metric	2015/16 (% positive recomm)	2015/16 (% negative recomm)	2016/17 (% positive recomm)	2016/17 (% negative recomm)																																					
Staff	73.9%(1)	7.1%	77%	7%																																					
In-patients	96.4%	1.6%	95%	2.2%																																					
Day-case patients	98.8%	0.3%	97.4%	0.4%																																					
A&E, walk-in centre, minor injuries unit	91.8%	3.6%	78.5%	11.6%																																					
Maternity patients	97.8%	0.5%	98.1%	0.5%																																					
Community care patients	97.6%	0.5%	96.3%	1.6%																																					
Out-patients	94.7%	2.7%	94.3%	2.2%																																					
<p>End of Life Care</p> <p>Over the last year we have concentrated building on our earlier successes and embedding the tools developed to improve EOL care across the whole Trust.</p> <p>We have also focused on developing a broader understanding and responsibility for end of life care across the Trust ensuring that it is 'Everyone's business.'</p> <p>The recent CQC review recorded the Trust EOL care as 'Requires improvement'. However there was recognition of the substantial improvements made since the last review as many of the improvements that occurred over the previous year had made a positive impact and built a strong foundation for our future work</p>	<p>End of Life care</p> <p>Over the preceding 12 months we have undertaken the following:</p> <p>We have improved communications with the public and staff. In particular we have focused on leaflets, web content and guidelines for staff and patients on care planning, 'what happens close to death' and 'care after death in the community'.</p> <p>We have focused on symptom assessment and management for people nearing the end of life. Revised guidelines based on the most current NICE guidelines are accessible to our staff and will form part of our education programme in 2017/19.</p> <p>Education and training continues to be a focus for driving improvement and increasing staff engagement. We have provided Degree level modules on EOL care, regular case study presentations to Academic Half Days, and training on foundational level EOL care tools at quarterly Nurse and doctor induction sessions. We have also delivered a number of sessions for GP trainees (at each year of training), for Allied Health Professionals, and Consultant and specialty doctor training sessions every month within different services or Divisions.</p> <p>We have a focused on improving staff confidence in having 'important conversations' with patients and families as part of providing person centered care at the end of life. Our audit of 'Do Not Attempt CPR' orders has shown an increased number of forms fully completed (up 10% on last year's results to 98%), better quality discussions with patients and their families (up 20% to 83%) and decisions being made with patients and their families in a more timely manner.</p> <p>Our Treatment Escalation Plans (TEP) audit has shown many examples of good practice and regular case notes reviews suggesting discussions with patients about what they want to happen should their health deteriorate are more common. TEP forms were found in 80% of cases – up from 45% in the previous year.</p> <p>Our innovative, patient designed, portable EOL care plans are in use on average 74% of the time but our target is that 95% of patients at the end of life will have a personalised care plan. We have focused our improvement work on community patients and have invested in new EOL care facilitator roles to increase available professional support for staff.</p> <p>As outlined in national best practice guidance and as required by the CQC we are developing a Trust wide EOL care register to help us track where patients at the end of life are with our services. This is to ensure that they and their families get continuity of care but also so that we know when and if they are achieving their preferred place of care towards the end of their life.</p> <p>To ensure we remain focused on the experience of our patients, their carers and families, we launched a Trust wide bereavement survey (in September 2016). Our initial findings are that the overwhelming majority of our families are getting compassionate support during their bereavement. Their feedback has also resulted in carrying improvement works in our Trust Bereavement Administration office to make it a more comfortable and practice space for relatives and for the staff supporting them.</p>																																								



The Quality Improvement plan (QIP) for 2016/17

The QIP for 2016/17 had 46 actions for completion within a 1 year period. As at 21 April 2017, the Trust has recorded a preliminary closure position of 76%. We are predicting a full closure position of 80% by end May 2017. Compliance on the must do CQC actions has been mostly achieved. Currently we have 1 action outstanding out of the 5. This action is cited as 'Safeguarding training L2 and 3 at 95%'. As at April 2017, this action remains unmet, and will thus be transferred to the QIP for 2016/17. The Quality Committee are actively monitoring implementation of the training strategy to improve compliance with training.

We have achieved some significant improvements in the way in which we deliver care for our patients, through the QIP framework.

- We have improved our screening of patients with sepsis and recorded a door to needle time of 80%, meaning earlier recognition of our sickest patients and early, appropriate treatment to improve outcomes.
- We have continued to record a reduction in mortality, with HSMR at 92. Mortality reviews are consistently being carried out to foster a culture of learning from expected deaths, and improving our processes.
- We have reduced Grade 3 and 4 avoidable pressure ulcers by 63% from 11 reported in 2015/16 to only 4 reported in 2016/17.
- We have also reduced Grade 2 pressure ulcers from a baseline of 596 reported in 2015/16 to 287 avoidable pressure ulcers reported in 2016/17.
- We have improved documentation of risk assessments, using the Quality Round process to audit, remedy and remind staff of the importance of timely completion.
- The culture and understanding of safety in the organisation is improving, we have significant multi-professional engagement at Academic half days, where lessons are learnt and shared across divisions.
- Nutritional care for our patients has improved, with all wards following a structured meal time process to help patients with their meals.

Case Studies from our staff on how we have improved services in 2016/17

Making 'Safe Staffing simpler' through Netcare

We are very proud to have been selected as the pilot site by the Department of Health to design, test and implement a tool that supports workforce resource planning on a daily basis. Integral to this tool is the adaptation of the acuity and dependency models bespoke to wards to match case mix variation. Staff were involved from the outset in designing the tool and testing it. This tool was 'developed by us for us' and has thus encouraged collective use and ideas for innovation. The tool derives an acuity based CHPPD for every area, and provides visibility on staffing gaps and deployment opportunities across the organisation.

Penny Jackson, Matron for Spinal services said 'this system had made visibility of staffing much simpler and easier to understand at a glance the planning requirements'



Pressure Ulcers Case Study

We have worked very hard with our community teams in recognising pressure damage, and acting in a timely manner to alleviate further pressure, thereby preventing damage to skin. Our staffs are using photography to share information about pressure damage and receive a management plan from the specialist team, preventing delays in treatment. We have piloted our SSKIN bundles in the community and on specialist areas. When harm does occur, we take this very seriously and debrief the incident within 72 hours. The teams are open and honest about lapses in care, and are keen to find solutions.

The Tissue Viability Team team have supported staff to reduce the most serious pressure ulcers by 63% and have been working on a new project to further reduce Grade 2 pressure ulcers.

We are proud that it has been 8 months without a Grade 3 or 4 hospital acquired pressure ulcer reported in the Trust at the time this report was written.

Carers' Passport Case Study

The Carers' Passport supports carers to sustain their role while the person they care for is in hospital, and enables carers to access the wards at all times. The passport helps ward staff to identify and interact with carers.

"Carers' can choose to come at times which are meaningful to them, such as bedtime, or while having meals. The goal is not for the carer to do the essential care but for them to be involved and welcomed, and recognised as a valued and vital part of the life of the person they care for."

Jo Birrell, Nurse Consultant for Older People

After a successful trial on wards in carers of patients with dementia, the Carers' Passport is being rolled-out across all adult wards.

John's Campaign

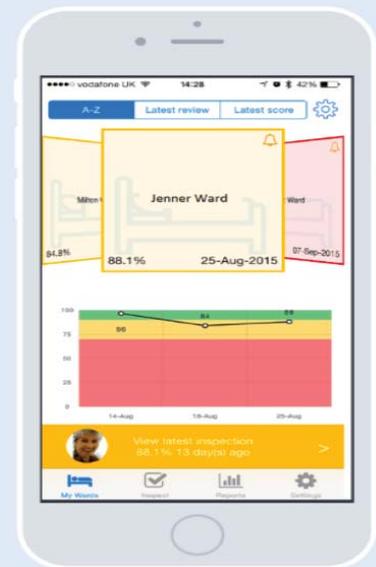
Quality Rounds and Perfect Ward Case Study

‘An exciting new project is underway at Bucks- we are aiming to develop the perfect ward’.

Last September we launched a comprehensive Quality Round programme within BHT which currently covers 65 clinical areas but will eventually cover all our clinical services in one way or another. We have quality standards aligned to four domains developed by lead nurses and matrons. Our Matrons and Lead Nurses visit all areas at least once a month to review those standards in practice. We want to celebrate and encourage sharing of good practice.

Where necessary, Matrons/Lead Nurses work with local service leaders on immediate remedial action and improvement plans for longer term challenges. We are aiming to develop a culture of “Support/Challenge” peer discussion of each other’s results in regular ward & locality leaders meetings with Chief nurse.

To gather the data we are testing The Perfect Ward app. It is a data collection solution designed with accessibility and portability in mind. It is also reasonably cheap at £1 per clinical area per day. There are no limits on licenses and in theory anyone can take part in a quality round once registered to use the app.



Further aspects on Quality Improvement – Duty of Candour

An example of Duty of Candour was for a patient who was admitted to ITU -the Intensive Therapy Unit and therefore quite unwell.

In May 2016 there was a lapse in care which led to a moderate harm incident. The doctors took responsibility to contact the family with an expression of regret, and this was fully documented in the patient's notes.

All the family's queries were answered immediately, and the family member was happy with the content of the discussion, which led to a much improved patient/carer experience. This example demonstrates that in BHT the Duty of Candour is not the responsibility of only nurses or therapists or doctors.

We ensure that the most appropriate person makes contact with the family, and we can then regain the trust of the family to improve the experience for both the patient and the carer.

The Trust is committed to high quality healthcare and to observe the requirement to be open, transparent and candour when things go wrong. The Duty of Candour requires that where a safety incident results in moderate or severe harm, or death, that the trust disclose this to the patient and/or their family and any other 'relevant person', within 10 working days with an expression of regret

NHS organisations have a duty to provide patients and their families with information and support when a reportable incident of this grade has, or may have occurred and provide updates at agreed points until the incident has been fully investigated with actions to support improvements.

Duty of Candour training is now a statutory e-learning module for all staff and the trust will continue to focus on ensuring all staffs are aware of their responsibility to complete the module.

In a positive change from the CQC inspection findings of 2015, when the Trust had not implemented formal training nor given the staff the necessary information, the CQC inspection of the Trust in 2016 found that staff were familiar with the principles of being open and transparent and were aware of the need to report when things go wrong. The CQC noted that many staff could give examples of the Duty of Candour being applied.

The application of Duty of Candour is always approached with sensitivity with staff mindful that for some patients or families we will need to rebuild their trust in our ability to care for them or their loved one. We do this by being open and honest, and willing to listen and learn where we need to improve.

Another example of where Duty of Candour was done well for a patient.

A patient who had a cognitive impairment where our standards of care were falling short which led to an avoidable pressure ulcer graded as a severe harm for this patient.

Pressure ulcer incidents are common occurrences in hospitals but at BHT we have strict policies and huge commitment to ensure we do all we can to minimise these.

The Ward sister met with the patient's wife, and shared the Serious Incident report of the investigation, findings and improvement actions. The patient's wife in discussion with the Ward Sister asked more about other aspects of her husband's care and shared some other insights which would have further improved his experience as a patient.

The Ward Sister then took ownership of the highlighted issues and made a commitment to share those concerns with the team to collectively agree and how the team could improve those aspects of patient experience also.

Learning from Never Events

Never Events

Never Events are few in number, rarely attributable to one practitioner, and often found to involve a set of circumstances for which each individual aspect – perhaps inconsequential on its own, but collectively creates the environment in which a Never Event can occur. Serious Incident Investigation reports and action plans are always undertaken for all Never Events and important features are a robust investigation, rigorous analysis and an action plan with sustainable recommendations.

Definition of Never Event

NHS England provides technical guidance on what constitutes a Never Event. They 'are a subset of serious incidents.' There are very specific criteria for inclusions and exclusions. The Never Events List was updated for 2015/16, with the list and supporting documentation accessible on the NHS England website. NHS England Revised Never Events Policy and Framework 2015 – definition extract from p.7 & 8

National Safety Standards for Invasive Procedures Patient Safety

NHS England recognised that nationally Never Events continue to occur even in trusts with mature, proactive and innovative patient safety cultures and therefore a National Safety Standards for Invasive Procedures Patient Safety Alert was issued to develop resources within trusts which would help to diminish factors which could lead to Never Events occurring. The trust set up a Task and Finish group to respond to the initial required actions.

A report was submitted to the trust Quality and Safety Committee on July 20th 2017 regarding the trust's next required actions. An update report was presented to the Divisional Operation Committee with an action for the senior leadership in each Clinical Division to take forward this work within their Division for completion by July 2018, ensuring relevance to the clinical work of the Division.

During 2016/17 Buckinghamshire Healthcare NHS Trust had 4 Never Events.

3 occurred in in Quarter 1 and 1 occurred in Quarter 2. There were zero Never Events in Quarter 3 and 4 2016/17. In all cases Duty of Candour was applied in a timely manner to meet statutory requirements.

The trust acknowledged there was important learning to be undertaken including:

- Clinical Divisions share learning and monitor compliance against action plans
- Healthcare Governance Team provides robust review and support in relation to investigations.
- Healthcare Governance Team discussed the challenges of ensuring that the WHO (World Health Organisation) checklist is completed robustly with the Simulation Training Team to explore alternative approaches to expanding workshops on Never Events which have historically, predominantly focused on anaesthetics.
- An External Review was commissioned and undertaken in September 2016 to consider the leadership, practice and culture within theatres and identify recommendations.
- The Education and Training Department will ensure that learning in relation to Never Events is covered in the Academic Half Days and offer Human Factors Training through the Patient Safety Academy (March 2016, July 2016, September 2016).
- Early findings of the internal thematic analysis suggest no obvious recurring themes but commonly the WHO Checklist has been used with varying degrees of success and therefore the trust will explore best practice dissemination from departments and teams where there is good uptake in use of the WHO checklist.

NHS Staff Survey – Aspects relating to equal opportunities and staff experiencing harassment or bullying

NHS England asked all trusts to report in their Quality Account on the most recent NHS staff survey results for **KF21** and **KF26** to the questions asking staff if they had experienced harassment, bullying or abuse from staff in the last 12 months, and to report on equal opportunities and career progression. The following is the results for Buckinghamshire Healthcare NHS Trust and compares closely with the national average for all acute Trusts.

Between October and December 2016 the trust participated in the NHS National Staff Survey, together with all NHS Trust's in England.

5743 staff received a paper survey and 2997 surveys were returned having been completed realising a 53% response rate. This compared favourably with other combined acute and community trusts where the response rate was 42%.

The annual national staff survey reviews a number of key areas of NHS activity, we had a very positive outcome this year, with 12 statistically significant improvements across a number of areas out of the 32 areas measured. The key findings are themed under 9 areas including equality and diversity. In relation to these two key findings we have made some good progress since 2015.

Key Finding 21: NHS Staff Survey percentage indicator for staff believing Trust provides equal opportunities and career progression or promotion

The trust is ranked above better than average for this key finding with a score of 89%. The national average is 87%.

4 out of the 5 clinical divisions scored above 87% for this finding.

When comparing White and BME staff's responses to this key finding, improvements have been made in particular with regard to BME staff.

In 2015 70% agreed with the statement, but in 2016 this figure had improved to 81%. The figure for White staff was similar between both years at 92% in 2016 compared with 91% in 2015.

Key Finding 26: The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

The trust is ranked below better than average for this key finding with a score of 20% compared with 25% in 2015. The national average is 23%. As well as being a statistically significant improvement (one of 12), this key finding also ranked as one of our top 5 ranked scores when compared with other similar trusts.

3 out of the 5 clinical divisions scored 20% or lower for this key finding. In this key finding we're looking for the lower the score the better.

When comparing White and BME staff's responses to this key finding, improvements have been made in particular with regard to White staff members 25% said in 2015 they'd experienced harassment, bullying or abuse, compared with 20% in 2016. For BME staff the figures were unchanged between both years at 24%.

Triangulation with Staff survey and patient survey data

The staff survey demonstrates staff experience is improving across the board. Indicators that relate specifically to the impact of staff on patient care show that;

'Staff satisfaction with the quality of work and care they are able to deliver' – was a statistically significant improvement in 2016 and we are now ranked average with other combined trusts.

'Staff agreeing that their role makes a difference to patients/service users' – we are better than average.

We take staff care seriously and have dedicated in house resources that provide, fast track counselling and physio services, in line with the Health and Wellbeing CQUIN. We also offer a resilience programme, mediation, mental health training and psycho-educational courses. This has put us in the top 20% of Trusts in relation to 'does your organisation take positive action on staff wellbeing'. Also the % of staff 'feeling unwell due to work related stress' shows us as better than average, this has been improving over the last 4 years.

In regards to behaviour and attitude of staff there is PALS and complaints data to support a small increase in the number of people contacting the services to talk about concerns relating to behaviour and attitude of our staff.

Undoubtedly the things that impact negatively on staffs are staff working extra hours – we are worse than average for this but it is improving. Also, for staff attending work in the last 3 months despite feeling unwell, we score worse than average, but when we drill down, the pressure is coming from the employees themselves, which potentially indicates staff are so highly motivated and loyal they attend work when feeling unwell, this could correlate with complaints of attitude/behaviour and will be an area of focus for wellbeing services this year.

Nurse attrition continues to challenge us and we have focused on retention this year. We have run focus groups, which has resulted in new initiatives including Education and Learning department publishing a training brochure and running 'itchy feet' events so we can have proactive discussions to help retain staff through personal development programmes. Exit interviews are prioritised and offered with a 'neutral' person to both understand the issues and explore opportunities to stay in BHT. Recruitment have made the internal move process easier and quicker and we are looking to increase the number of rotational posts. Recognising that poor management is a high factor in attrition rates we have a leadership programme in place and line management development is an integral part of our divisional people plan. One third of our workforce is over 50 and in response to the focus groups we have started an innovative piece of work developing 'working longer options' to demonstrate we recognise the value of our experienced nurses and we want to retain them.

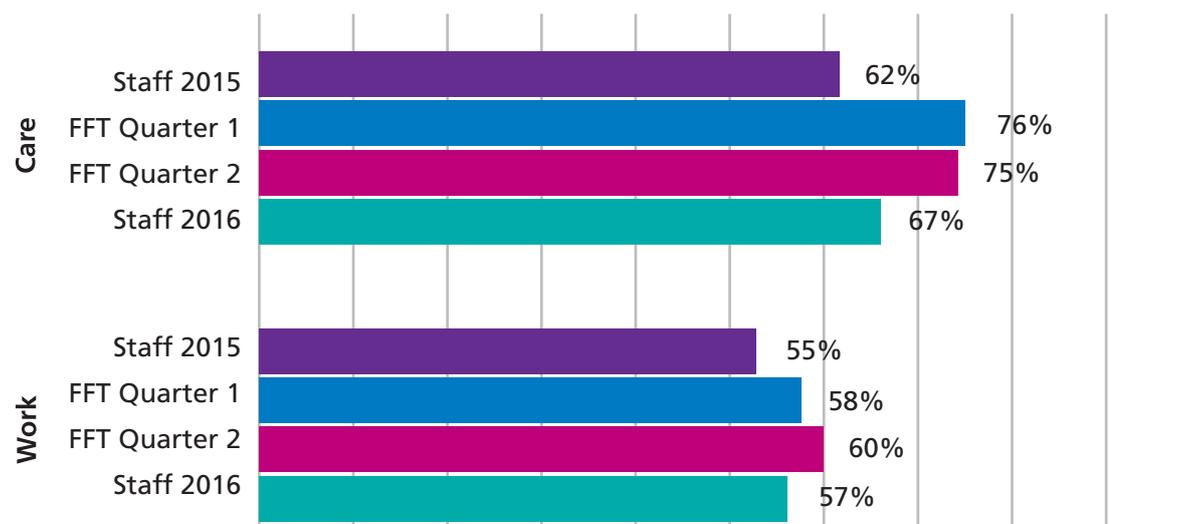
Extra Information

In terms of staff advocacy and recommendation of the trust as a place to work and receive treatment, this is improving also trend also – as the results for SFFT 2016/17 show.

	Q4	Q2	Q1
Recommend for care and treatment	77%	75%	76%
Recommend as a place to work	68%	60%	58%
No. people who responded	1015/2982 35%	459/1310 35%	752/1885 40%

Friends and Family Test

Quarterly FFT vs National Staff Results



We are now average in KF1 – staff recommendation of the organisation as a place to work and receive treatment and there were 2 KF's that were statistically significant improvements for 2 years in a row – KF1 and KF31 – which shows that focus we are giving to our organisational priorities is making a difference.

Patient Engagement and Participation in Improving Quality in 2016/17

Our aim is to deliver patient centered change which further strengthens our quality of care and we remain committed in keeping the patient perspective at the heart of what we do.

We have continued to regularly engage or involve our patients and carers on a variety of different subjects and in different ways. The following provides a range of examples which we hope demonstrate meaningful engagement and involvement as part of our improvement process. Of these, our more major pieces of work are linked to our larger transformational projects as explained below:

- Community Hubs and moving care closer to home.
- Musculoskeletal services.
- Hearing the voice of younger people.

Community Hubs and moving care closer to home

As a significant programme of transformation, we undertook early countywide engagement sessions throughout April and May of last year, called 'Your community, your care'. With just under 200 people attending 6 sessions and just fewer than 300 people making contact there was a positive level of interest. We also invited an extensive list of stakeholders and partners to send representation to the sessions including GPs.

At these sessions we asked local people across the communities what they thought a community hub might look like, which services they felt they didn't need to come to a hospital site for and their priorities. Reports for each of these sessions were fed back to and verified by participants and along with the final overview paper for our Trust Board, are available on our website.

Themes from feedback from participants have fed into the decision making processes shaped by what we heard. The result is genuine patient centered change in the community hubs at Marlow and Thame Hospitals from April 2017, bringing community health services together. Some examples of what will be delivered and what we heard include, local access to prevention services, primary care services and hospital services such as outpatient appointments, the introduction of new services e.g. wound care or diagnostic testing as well as a voluntary sector presence.

Musculoskeletal services

We invited more than 300 recent service users, patients and their carers to attend an engagement event early this year. With 20 people attending all of whom had recent experience of the service either as a patient or a carer, we sought feedback on a range of possible improvement ideas created jointly, working in collaboration with clinicians, our CCG colleagues and our partner providers. These ideas were in response to previous feedback from patients and a need to create a more integrated service and seamless experience. Our aim was to seek feedback from service users on some suggested solutions to increase speed of access for patients, improve information, see a senior clinical professional earlier in the process and have appropriate treatment or advice options earlier.

Largely, the ideas were well thought of with strong support from participants for better integration of services and a faster more direct route to seeing a senior clinician early on in the process. The idea of a care navigator and a single point of access were also well supported as was the concept, if achievable later, of moving to a self-referral system.

The introduction of a green card system was well supported by those who have need of intermittent treatment i.e. those with a chronic condition and who need fast access to treatment when suffering an acute flare up. E.g. inflammatory joint conditions.

There were some concerns about information giving and patients suggested more thinking about web and portal based access for information and website development would be helpful. One person feedback following our event.....:-

"I would like to thank you for the service you provide and that you are keen to keep patients in loop with changes. I hope the discussion was useful. If there are more events like this I would be open to come. I highly value the NHS and the people that make it run, even under increasing pressure."

Hearing the voice of younger people

There has been a strong focus this year on strengthening how we hear the voice of the younger person directly (ie not the parent). Progress in this area has resulted in learning from direct engagement with more than 270 young people, providing feedback on our school nursing service. This was a really positive response.

We wanted to learn about how aware young people in primary schools are about the school nursing role and what support they can provide, how they can be contacted, how easy are they to contact and we wanted to identify any gaps in knowledge and understanding about this.

Our learning is that this sample of young people valued the school nurse as someone safe they could speak to and knew they could help with "staying safe". Those that had contacted their school nurse found them to be helpful (92% of response to this question). The majority of the sample knew that there was a school nurse but only half of the sample knew how to contact them. These findings have influenced actions to prioritise work streams already mobilised to help address this and the service lead is planning to repeat this exercise next year. Undertaking this type of engagement will have helped to raise awareness within this sample of CYP.

Work was undertaken with young people who have seen our community physiotherapists and occupational therapists but only achieved a total of 27 responses. The low level of response needs to be taken into account when interpreting results. However, results are positive and show that our Physiotherapy and OT services, like our school nurses are highly valued by this patient group with just over 80% knowing who their therapist is and around 90% confirming their input as helpful.

As part of an increased focus on how we hear the young person's voice we have also designed a mobile and clinic token system which will be implemented across our community children's and young people services. Our paediatric services in our acute and community setting have examples of implementing "15 steps" part of a national tool. Work and focus continues.

In addition to these larger pieces of work, a range of ongoing engagement and involvement activity has continued, often initiated by our innovative and committed staff or teams who want to make their services even better, basing improvements on patient feedback.

One of our lead Gastroenterology consultants took action based on feedback following a visit to our patient experience group (PEG) which resulted in the creation of two very helpful short information films. The consultant was keen to ask for views on how we could improve pre-operative advice for gastroscopies and endoscopies with a view to reducing anxiety about these procedures for patients. These have been very well received and welcomed by patients.

The films are accessible by patients at home and demonstrate the environment and what the procedure would involve. The films will also be helpful for people who find visual information more helpful, reinforcement of information in clinic and those with a learning disability. This is an excellent example of meaningful involvement where patient feedback has resulted in patients being involved as change agents in the development process, based on their personal experiences. This is about patients communicating to patients, offering reassurance based on their lived experiences.

Other examples include finding out the views of patients and visitors as well as staff about social and café facilities in the spinal centre, recruiting and training patients who want to undertake patient led assessments of our care environment (PLACE) which is part of a national programme, involving patients in a service evaluation for support to lymphoma patients, taking part in the patient leaders programme and raising awareness of our interpretation and translation services with more than 200 people as part of a pilot project.

Finally, this year working in collaboration with Bucks CCGs, our primary care partners, we have initiated an annual programme of GP engagement sessions.

Our Trust group of patient representatives called PEG continues to add real value as shown above and provides invaluable review of all our new patient information leaflets. They help to shape those policies and strategies brought to them by our leads and clinicians. It continues an important two way dialogue with various patient groups.

We continue to meet and work with Healthwatch Buckinghamshire and the Health and Adult Social Care Select Committee with regular meetings between the Chief Executives and Chair.



Who we have involved in the Quality Account

1. We 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. We wrote to the local Clinical Commissioning Groups, Healthwatch Buckinghamshire, Health and Adult Social Care Select 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 below.

Statement from Clinical Commissioning Groups

NHS Aylesbury Vale CCG and NHS Chiltern CCG response to Buckinghamshire Healthcare NHS Trust Quality Account 2016/2017

The Trust continues to make significant progress in improving the quality and safety of patient care, and improving clinical outcomes for patients. The CCGs wish to highlight the following achievements:

Quality Priority 1 – Reducing Mortality

The CCGs are pleased to note that the Trust has achieved a further reduction in Hospital Standard Mortality Ratio (HSMR) from 102 to 92. Commissioners are assured that the mortality review process has been successfully embedded within the clinical teams, and a mortality review has been undertaken for over 95% of all unexpected deaths in 2016/17.

In relation to Perinatal Mortality, whilst the CCGs note the high still birth rate when benchmarked against the MMBRACE Report (2014), we are pleased to note a low perinatal rate. The Trust has undertaken key work to address this including implementation of all 4 elements of the Stillbirth Care Bundle, and implementing recommendations from a local review by the Royal College of Obstetricians and Gynaecologists (RCOG).

The Trust has been working hard to improve the management of the deteriorating patient and there is further work to be done to improve clinical escalation. Implementation of the Trust's 90 day Improvement Programme has resulted in a significant reduction in cardiac arrests (inpatients) since 2015/16. The sepsis CQUIN was delivered with 90% of patients screened in the Emergency Department (ED), and the implementation of the inpatient tool has improved screening for inpatients.

Quality Priority 2 – Reducing Harm

The CCGs are pleased to note that the Trust has achieved a reduction in all falls in inpatient settings by 23.5%, and has achieved a 57% reduction in falls with severe harm (3 falls). The Trust continues to roll out the local initiative 'Stay in the Bay' across the Trust.

The Trust has been successful in reducing avoidable grade 3 and 4 pressure ulcers across both acute and community services, and has achieved a reduction of 63% against an original target of 10%. The number of avoidable pressure ulcers has reduced from 11 in 2015/16 to 4 in 2016/17, through the implementation of the SSKIN bundle and improved training in prevention.

The CCGs are pleased to note the Trust has achieved 95.4% (against a target of 95%) compliance in undertaking a VTE assessment on all patients admitted, and we expect the Trust to achieve further improvement with the planned actions to address transcribing onto the Trust's Patient Administration System (PAS).

The Trust continues to work to achieve Safer Staffing, by ensuring that at least 90% of funded posts are filled with registered nurses and healthcare assistants. The CCGs are pleased to note the Trust's participation in the national pilot to design and test an electronic workforce resource system based on care hours per patient day using real time acuity and dependency scoring.

Despite sufficient training offered the Trust was not compliant in safeguarding training, achieving 76% against a target of 95%. The CCGs note that the Trust has developed a Safeguarding Strategy, will monitor implementation and expect to see the Trust achieve improved performance in this area in 2017.

The Friends and Family Test (FFT) has seen an improvement in the majority of areas of greater than 95%; however the Emergency Department (ED) saw a reduction in their approval rating to 78.5%. The CCG will continue to monitor FFT performance in this area and will expect to see an improvement in responses and approval ratings.

The Trust is committed to reducing harm from errors related to medication prescription, administration and omitted doses. The Reducing Harm from Medicine Errors Group has led work on high risk medicines and safer management, which has resulted in zero medication errors resulting in severe harm or death.

The Trust has reported 4 Never Events in 2016/17, and has identified important learning from these which included: use of the World Health Organisation (WHO) checklist, leadership, practice and culture within the Theatres Department.

Quality Priority 3 – Great Patient Experience

The Trust has worked hard to improve End of Life (EoL) care, and whilst the recent CQC inspection recorded that the Trust EoL care still 'Required Improvement', the CQC recognised the substantial improvements that have been made. These include a stronger focus on symptom assessment, training and education, improving staff confidence to have 'important conversations', and Treatment and Escalation Plans (TEPs) in place. There is still room for improvement to ensure 95% of patients have an EoL care plan in place, and the CCGs will continue to monitor progress in this area.

The Trust has recently launched its Patient Experience Strategy and the CCGs look forward to seeing this implemented and embedded across the Trust.

Quality Improvement

The CCGs are pleased to note the success of the CQUIN for John's Campaign in developing a Carer's Passport (which supports carers to sustain their role while a person in their care is in hospital), which is now being rolled out and embedded across the Trust.

The CCGs were disappointed to see that the Trust was over its trajectory for cases of C.difficile for 2016-17, and note the actions taken to address all lapses in care.

The Trust has worked hard to improve Duty of Candour when things go wrong, and the CCGs are pleased to note that training is now a statutory e-learning module for all staff.

The Trust has launched community hubs at Marlow and Thame Hospitals, following engagement sessions with the public, to bring community health systems closer together and support care closer to home. The CCGs look forward to seeing this model of care evaluated to demonstrate improved patient experience and clinical outcomes, within a cost effective model.

The unannounced Care Quality Commission's (CQC) visit in September 2016 rated the Trust as 'Requires Improvement', but rated the Trust as 'Good' for caring. The CCGs note the work undertaken to address the areas identified for improvement as detailed in the Quality Improvement Plan (QIP).

Quality Strategy

The delivery of the Trust's Quality Strategy has been underpinned by the QIP which has been developed in response to the findings and recommendations of the CQC visit in September 2016, together with the strategic Quality priorities for the Trust. The QIP had 46 actions for completion within a 1 year period and as at May 2017 the Trust has reported a closure position of 75%, which is a considerable achievement. Key deliverables (not already mentioned in this statement) include:

- Improved screening of patients with sepsis and recorded a door to needle time of 80%, meaning earlier recognition of the sickest patients and early, appropriate treatment to improve outcomes.
- Reduction in Grade 2 pressure ulcers from a baseline of 596 reported in 2015/16 to 287 reported in 2016/17.
- Improved documentation of risk assessments, using the Quality Round process to audit, remedy and remind staff of the importance of timely completion.
- Focus on improving the culture and understanding of safety in the organisation supported by significant multi-professional engagement at Academic half days.
- Improvement in nutritional care for patients with all wards following a structured meal time process to help patients with their meals.

Conclusion

The Trust continues to demonstrate its commitment to improving leadership and delivering excellence through the CARE values it has developed.

Whilst recognising the significant progress the Trust has made in embedding and delivering high quality patient care, there are areas where the CCGs will continue to support the Trust in delivering and sustaining improvements:

- Implementation of the Trust's Patient Experience Strategy
- Implementation of the 2017/18 QIP
- Implementation of the Safeguarding Strategy
- Implementation of community transformation

We are grateful to the Trust for continuing to work in an open and collaborative way with Commissioners and wider stakeholders. The Trust continues to demonstrate its aspiration to be one of the safest healthcare systems in the country, and we look forward to continuing to work together as partners as we move towards an Accountable Care System.

Lou Patten

Accountable Officer

NHS Aylesbury Vale Clinical Commissioning Group NHS Chiltern Commissioning Group
Chiltern District Council
King George V Road
Amersham HP6 5AW

Statement from Healthwatch Buckinghamshire

Statement on the Annual Quality Account 2016/17 from Healthwatch Buckinghamshire

Healthwatch Bucks is an independent organisation set up by the government to ensure that decision-makers and health and social care services put the experiences of people at the heart of their work.

Achievements in Quality 2016/17

We note the following:

- Success on National Bowel Cancer Outcomes compared to the rest of Thames Valley. How does the Trust compare nationally?
- Over 50% reduction in hospital acquired pressure ulcers
- Varied successes in integrated medicine
- Improvements in midwifery staffing and retention

Part 2 - Priorities for Improvement:

We note the patient-led focus on four key areas. However, we would contest that an improved **response rate** to the Friends and Family Test, is a useful measure of progress. We also believe that a reduction in complaints would be a strong indication of improved patient experience.

We welcome the introduction of the Falls Serious Events Group.

We note the outcomes of and responses to the unannounced Care Quality Commission inspection in September 2016.

We note the data quality issues, relating to consultant transfers, and the identified training need.

We note the continued ranking improvement related to the national inpatient survey.

We welcome the improved results from the NHS Staff Survey regarding "recommending the Trust" and "the standard of care provided"

Part 3 - Report on quality performance

We are pleased to note the achieved performance regarding "deteriorating patients" and the improvement to National Early Warning Screens (NEWS) scoring, also the work on sepsis screening.

We note the reduction in falls driven by the Falls Collaborative Steering Group.

We note with concern the failure to reach the target set for safeguarding training, despite the training being mandatory. We're also concerned that the figures presented are not directly comparable with those in the 2015/16 Quality Account. This makes it impossible to measure the uplift. We would be particularly interested to know if safeguarding training has been completed by 95% of A&E Doctors and Emergency Nurse Practitioners, as identified in the 2015/16 Quality Account.

We note the fall in the Friends and Family Test approval ratings for six of the seven reported areas and question the emphasis, again, on improving response rates.

We note the improvements to End of Life (EOL) Care, as recognised by the Care Quality Commission, but also that the use of EOL care plans is well below the target.

We note the improvements around the Duty of Candour.

We note the reduction in the proportion of White staff reporting that they had experienced harassment, bullying or abuse from other staff members. However, we are concerned that this is not mirrored by a reduction in the proportion of Black and Minority Ethnic (BME) staff reporting the same.

Thalia Jervis
Chief Executive

Phil Thiselton
Head of Research & Intelligence

Statement from Health and Adult Social Care Select Committee

Buckinghamshire County 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. The Committee scrutinises issues in relation to NHS services, including how services are commissioned and the overall performance of the services.

As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on this early draft of the Trust's Quality Account for 2016/17. Given the recent local election, the membership of the HASC has changed and the Committee has not yet formally met so this statement has been prepared without the input from the whole Committee this year.

We provided the Trust with feedback on accuracy and style in a separate communication and understand these issues have been addressed in the final version.

We feel that the development of the Trust's CARE values in 2016 underpins the very clear direction that the Trust intends to go in its drive to be the safest healthcare system in the country.

We were encouraged to see the Trust's services have maintained the "Good" rating by the CQC regarding "caring" for patients. We recognise the challenging times that face the Trust in its journey to bring the other services out of "Requires improvement" and we look forward to reviewing and challenging its delivery plans around these services.

Achievements in Quality 2016/17

We note the particular successes in:

- Research and innovation and particularly the successful outcome of the capital bid from the Thames valley Local Growth Fund for a Buckinghamshire Life Sciences Innovation Centre;
- Reducing mortality rates;
- Listening to and involving children and young people in the Trust's care.

As our role is to ensure Buckinghamshire residents receive a high quality services and a good patient experience, we welcome the Trust's aim to deliver patient centred change and keeping the patient perspective at the heart of what they do. We note the development of the Patient Experience Strategy to improve patient and carer experiences of using the Trust's services and look forward to receiving this in due course.

Whilst recognising the huge progress the Trust has made over the past year within the quality agenda, the HASC Select Committee will be reviewing and scrutinising the following areas:

- Musculoskeletal services;
- Community hubs;
- The progress towards integration of health and social care;
- Diabetes pathway;
- The implementation plans from the STP.

We welcome the Trust's open and transparent way of working with its partners as evidenced in a recent Hospital Discharge Inquiry which was undertaken by the HASC but with considerable input from health and social care professionals. We hope this approach will continue.

Statement by Directors

Statement of directors' responsibilities in respect of the Quality Account 2016/17

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account for 2016/17, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the appropriate Overview and Scrutiny Committee (OSC-i) have provided their view of the trust's quality account
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

June 2017

June 2017



Chair



Chief Executive

Appendix 2- Auditors Limited Assurance Report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF BUCKINGHAMSHIRE HEALTHCARE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Buckinghamshire Healthcare NHS Trust's Quality Account for the year ended 31 March 2017 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- **Percentage of patients risk-assessed for venous thromboembolism (VTE);**
- **Rate of clostridium difficile infections;**

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS Choices website in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from the Commissioners dated June 2017 ;
- feedback from Local Healthwatch dated June 2017 ;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 31 May 2017;
- the latest national staff survey dated 7 March 2017;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 28/04/2017;
- the annual governance statement dated 31 May 2017 ;
- the Care Quality Commission's quality and risk profiles dated 20 June 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Buckinghamshire Healthcare NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Buckinghamshire Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and

can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non- mandated indicators which have been determined locally by Buckinghamshire Healthcare NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Ernst & Young LLP 400 Capability Green Luton
Bedfordshire LU1 3LU

23 June 2017

Appendix 3 – Glossary

A&E	Accident and Emergency department	MQEM	Macmillan Quality Environment Mark
ACPT	Accredited Checking Pharmacy Technician	MRSA	Methicillin Resistant Staphylococcus Aureus
BMA	British Medical Association	MSK	Musculoskeletal Services
BCCR	Buckinghamshire Care Co-Ordination Record	NAOGC	National Oesophago-Gastro audit
BHT	Buckinghamshire Healthcare NHS Trust	Nat Av.	National Average
BTS	British Thoracic Society	NBOCAP	National Bowel Cancer Audit Programme
CARE values	Collaborate, Aspire, Respect and Enable	NCAA	National Cardiac Arrest Audit
CCGs	Clinical Commissioning Groups	NCEPOD	National Confidential Enquiry into patient outcomes and deaths
C.diff	Clostridium Difficile	NDA	National Diabetes Core Audit
CCS	Clinical Classification System	NDFA	National Diabetes Foot Care Audit
CEM	College of Emergency Medicine	NELA	National Emergency Laparotomy Audit
CHKS	Comparative Health Knowledge System	NEWS	National Early warning signs
COPD	Chronic Obstructive Pulmonary Disease	NG	Nasogastric feeding tube
CQC	Care Quality Commission	NHS	National Health Service
CRM	Cardiac rhythm management	NICE	National Institute of Clinical Excellence
CURB	Pneumonia severity score calculator	NIHR	National institute for Health Research
CQUIN	Commissioning for Quality and Innovation	NIV	Non-invasive ventilation
CRM	Circumferential resection margin involvement is a well- known predictor for poor prognosis in rectal cancer	NJR	National Joint Registry
CSE	Child sexual exploitation	NLCA	National Lung Cancer audit
CTG	Cardiotocography is a technical means of recording the foetal heartbeat and uterine contractions during pregnancy	NLMS	National Learning and Management System
CT	Computerised Tomography scan uses X-rays and a computer to create detailed images of the inside of the body	NNAP	Neonatal Intensive and Special Care audit
CYP	Children and Young People	NNU	Neonatal Unit
DAHNO	Data for National Head and Neck Cancer Audit	NPDA	National Paediatric diabetes audit
DFI	Dr Foster Intelligence	NRLS	National reporting and Learning System
DNA	Did not attend	NSIC	National Spinal Injury Centre
ED	Emergency Department	PAS	Patient Administration System
EoLC	End of Life care	PCs	Personal computers
ERP	Enhanced Recovery Programme	PEST	Psoriasis epidemiology screening tools
ESD	Early Supported Discharge	PDU	Paediatric decisions unit
FEES	Fibre-optic Endoscopic Evaluation of swallowing	PFI	Private Finance initiative
FFFAP	Falls and Fragility Fractures audit	PLACE	Patient Led Assessment of the Care Environment
FFT	Friends and Family Test	PROM	Patient related outcomes measures
FNP	Family Nurse Partnership	QIP	Quality Improvement plan
GI	Gastro-intestinal	RCOG	Royal College of Obstetrics and Gynaecologists
GPs	General Practitioners	RCPCH	Royal College of Paediatrics and Child Health
HbA1C	HbA1c is a term commonly used in relation to diabetes	RN	Registered Nurse
HcAs	Healthcare assistants	RPS	Royal Pharmaceutical Society
HDU	High Dependency unit	RTT	Referral to Treatment time
HSCIC	Health and Social Care Information Centre	SDU	Service Delivery Unit
HSMR	Hospital Standardised Mortality Ratio	SHMI	Summary Hospital-level Mortality Indicator
IBD	Inflammatory Bowel Disease	SLT	Speech and Language Therapy
ICNARC CMP	Adult Critical Care Case Mix Programme	SSKIN	SSKIN is a 5 step model for pressure ulcer prevention (Surface, Skin inspection, Keep moving, Incontinence, Nutrition)
ICU/ITU	Intensive Care Unit	SSNAP	Sentinel Stroke National Audit Programme
IT	Information technology	TARN	Trauma Audit & Research Network
IV	Intravenous	TEP	Treatment Escalation Plan
JAG	Joint Advisory Group accreditation	TMC	Trust Management Committee
LOS	Length of stay	TNM	The most common staging system for detecting cancer, looking for Tumours/Nodes/Metastases
MBRRACE-UK	Maternal, Newborn and Infant Clinical Outcome Review Programme	T&O	Trauma and Orthopaedics
MINAP	Acute coronary syndrome or myocardial infarction audit	VIP	Visual Infusion Phlebitis Score
MDT	Multi-disciplinary team	VTE	Venous Thrombo-embolism
		WHO	World Health Organisation

