



Local artist, [Becky Gouverneur](#) kindly completed and donated ten charcoal portraits of frontline Buckinghamshire Healthcare NHS Trust colleagues.

Quality Account 2020/21



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Introduction

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

In a year where the World Health Organisation declared the rapidly spreading COVID-19 virus outbreak a global pandemic, **Buckinghamshire Healthcare NHS Trust had one main goal: to protect the most vulnerable, keeping its patients and colleagues safe.**

The Quality Account for this extraordinary year reflects the incredible hard work of our people in helping us to achieve this goal. It includes feedback from our stakeholders on how well they think we performed.

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

Your Feedback

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

Statement on Quality from the Chair and Chief Executive

The last year has been a year like no other and has impacted on every aspect of society and the way we live and work. Throughout the pandemic our primary objective has been to keep our patients and our colleagues safe.

Our colleagues have worked tirelessly to ensure that we have continued to provide safe and compassionate care throughout the pandemic to those that needed it most. So many people have lost their lives to COVID-19 in the last year and we were deeply saddened to lose one of our own colleagues to this dreadful virus during the first wave of the pandemic.

Our cancer and urgent care services were maintained throughout. Our community teams have continued to look after the most vulnerable in their own homes. We moved to new ways of working, such as virtual appointments, so that we could continue to provide as many outpatient services as possible in a way that was safe for our patients and our colleagues, preventing the spread of infection. Our School Aged Immunisation Team was the only immunisation team nationally who continued delivering the school aged immunisation programme.

As soon as the pandemic hit in 2020, our Ophthalmology Department started work on new protocols to keep patients and colleagues safe. This meant that in May 2020 we were the first NHS unit to restart planned cataract surgery and, in November, we opened a COVID-safe surgery unit separate from the main hospital site. As a result, we were able to continue with cataract surgery during the second wave of the pandemic.

Whilst we, like all Trusts across the country, had to suspend some non-urgent activity, we have continued to monitor the patients on our waiting list and now that all services have re-started, patients are being assessed and treated based on clinical need.

It has also meant making some difficult decisions such as suspending visiting at times to

ensure the safety of our patients and colleagues, but we have worked hard to support our patients and their loved ones to keep in touch. We provided iPads and tablets to enable ‘virtual visits’ and introduced a ‘Letter to a Loved One’ service to allow friends and family to email letters and photos which were printed out and hand delivered to patients.

Throughout all of this, our most important asset has been our people. Looking after the physical and psychological wellbeing of our colleagues has been key to ensuring that we have been able to continue to provide safe and compassionate care throughout the pandemic.

None of this could have been achieved without the support of our partners and we have worked closely and collaboratively with our colleagues from primary and social care, both within the county and also within the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

It could also not have been achieved without the support and kindness of the public and local community. We have been humbled and overwhelmed by the generosity that has been shown to us, from donations of food to free accommodation so that our colleagues have been able to keep their loved ones and their patients safe. We would like to extend our heartfelt thanks and let you know how much it has been appreciated by everyone here at the Trust.

However, the pandemic has brought to the fore the issue of health inequalities, with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability, or with underlying health conditions being disproportionately impacted by COVID-19. There has also been a significant impact on our children and young people. A priority for us in the coming year is to work with our partners across Buckinghamshire to look at what more we can do to support children of all ages and address these inequalities. One of our key objectives is for the Trust to take a leading role in the local community, not just in terms of delivering healthcare but also in terms of health education, prevention and providing local employment.

As we look to the future, we do so knowing that we face significant challenges for the year ahead. Our colleagues are extremely tired – physically and emotionally – and whilst the

number of COVID-19 cases continues to reduce, the size of the task has not diminished. In line with national guidance, non-urgent elective procedures were suspended at the height of the pandemic and this, combined with a reluctance for people to seek help for fear of contracting the virus or because they were concerned about putting additional strain on NHS resources, has resulted in a significant increase in the number of people waiting for our services. We would like to thank the public for their continued patience as we work tirelessly to tackle our waiting lists which we will do based on clinical need.

The virus will be with us for some time, so we all need to adapt to life and work with a new 'normal'. This means learning from our experiences from the past year, embracing new ways of working and digital technology, and not going back to the way we were as we adjust to operating and recovering in a very different way.

We are extremely proud of the way that our colleagues have responded to a year like no other. Everyone – clinical, non-clinical and our volunteers – has played their part, working together as one team. They are not superheroes but are ordinary people who have been doing extraordinary things to look after the residents of Buckinghamshire.



Hattie Llewelyn-Davies, Trust Chair



Neil Macdonald, Chief Executive

Trust Profile

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties. Our 6,000 colleagues provide care to over half a million patients every year. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients across England and internationally.

Our aim is to provide safe and compassionate care, every time, for our patients. Our highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support colleagues deliver our services from a network of facilities including a range of community settings:

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

Our main hospital sites are:

Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL

Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT

Our main community facilities are:

Amersham Hospital, Whielden Street, Amersham HP7 0JD

Buckingham Hospital, High Street, Buckingham MK18 1NU

Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX

Marlow Community Hub, Victoria Road, Marlow SL8 5SX

Thame Community Hub, East Street, Thame OX9 3JT

Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL

Community Neurorehabilitation Service, Rayners Hedge, Croft Road, Aylesbury, HP21 7RD

Our Trust Headquarters is based at:

Stoke Mandeville Hospital.

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

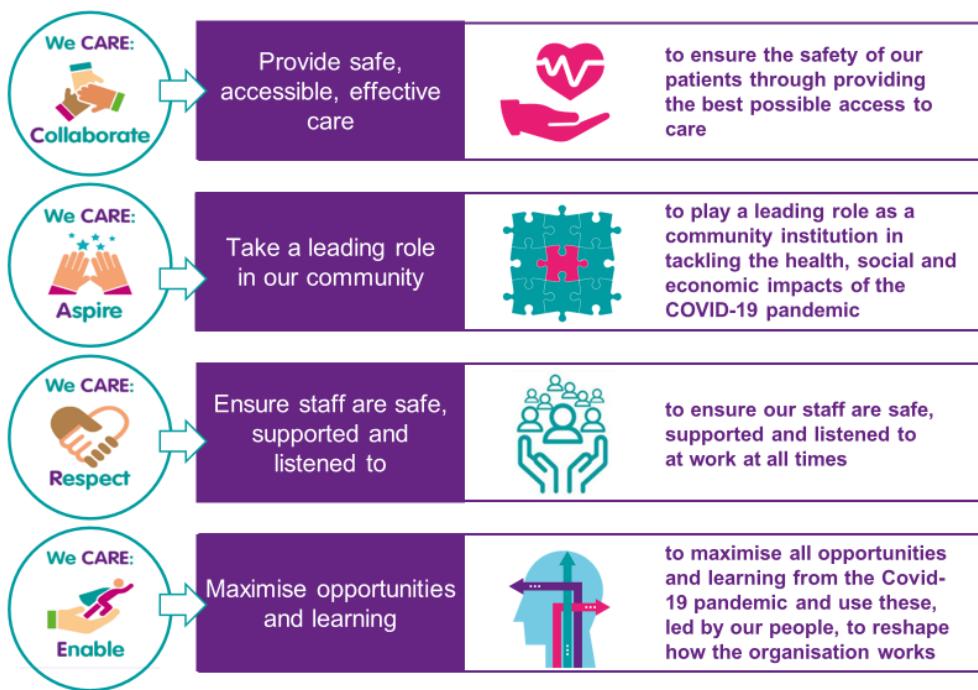
Key Priorities and Response to the Pandemic

Key Priorities and Response to the Pandemic

At the heart of the Trust's response to the pandemic was our drive to protect the vulnerable and keep our patients, service users and colleagues safe.

We wanted to continue providing safe and compassionate care for the residents of Buckinghamshire and minimise the loss of life from COVID-19. This could only be achieved if we also looked after our colleagues as well as our patients – both in terms of their physical safety and their psychological well-being.

We reviewed our priorities to ensure that we were focusing on the most important things to address the challenges brought by the COVID-19 pandemic. As a result, we focused on four key objectives:



Going forward we will focus on:

- Providing outstanding, best value care;

- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported.

To ensure we could continue to look after increasing numbers of COVID-19 patients requiring our care, we had to adapt the way we worked with many of our colleagues taking on new roles and relocating from their usual area of work. Our services transformed with the implementation of enhanced Infection Prevention and Control (IPC) measures and new ways of working were rapidly adopted to meet the needs of our patients. It was important for us to ensure our people had the right Personal Protective Equipment (PPE) at the right time to reduce the level of risk.

Following national guidance, we continued all essential services, such as cancer and urgent care, and where we could safely do so we maintained non-essential services such as the School Immunisation Programme. Whilst we, like all Trusts across the country, had to suspend some non-urgent patient activity, we have continued to monitor the patients on our waiting list and now that all services have re-started, patients are being assessed and treated based on clinical need. This was only possible with the incredible flexibility and dedication of all our teams.

There was a surge of COVID-19 patients needing hospital beds which had a huge impact upon all services but was felt particularly acutely in our critical care units, respiratory wards and in our Accident & Emergency (A&E) department. Our Chief Nurse, Chief Medical Officer and Chief Operating Officer worked closely to support teams as they rapidly adapted to different ways of working in line with national guidance. We worked in partnership with colleagues from the Council, Primary Care, Ambulance Service and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) as well as regional and national colleagues to share best practice to enable us to deliver the best possible care to our patients despite the magnitude of the task.

Our community colleagues continued to look after people in their own homes throughout the pandemic and responded to a significant increase in appointments and the increased number of patients with complex medical conditions.

Our estate colleagues worked diligently to transform parts of our hospitals and community environments to ensure safe social distancing and support new ways of working in line with evolving Infection Prevention and Control Guidance.

High flow oxygen was used in the treatment of COVID-19 cases and like many other organisations we saw an increase in demand. We immediately took steps to increase and improve our medical gas infrastructure, including the rapid development of an oxygen dashboard which has 24 hour oversight by our clinical site teams to ensure that our patients were receiving the oxygen they needed at all times.



July 2020: After 123 days, including time in our Intensive Care Unit on a ventilator, Praveen Sagar, was discharged from Amersham Hospital. Praveen was one of the Trust's younger COVID-19 patients and colleagues clapped for him and wished him well as he was finally able to go home to his family.

Providing Safe, Accessible, Effective Care

Improving Patient Experience during COVID-19

Being in hospital during the pandemic was a challenging time for patients and their loved ones as necessary restrictions to visiting made it harder for people to keep in touch. The Trust worked hard to support patients and carers by introducing several initiatives:

- iPads and tablets were bought and enabled patients to keep in touch with their families via video calls.
- A 'Letter to a Loved One' service was set up to allow friends and family to email letters and photos which were colour printed and hand delivered to patients in our hospitals; over 600 have been delivered to date.
- Over 2,000 comfort packs including toiletries, a comb, ear plugs, and non-slip socks were distributed to patients.
- 15 wayfinding volunteers were recruited to help patients and carers to navigate the changes to the environment.
- Our Patient Advice and Liaison Service was extended to the weekend and our Chaplaincy service offered a phone service to friends, family and carers.



Critical Care and Respiratory Medicine

The last 12 months presented our Critical Care and our Respiratory teams with some of the greatest challenges that most healthcare workers will have faced in their careers. Not only were they coping with an increased number of patients - more than double the usual number at the peak of the pandemic – these patients were more critically ill. Colleagues from other

departments were redeployed to support as we worked tirelessly to save as many lives as possible.

In the first wave, we experienced high demand for beds in our Intensive Care Unit, with patients needing to be kept on ventilators to help them breathe. Our respiratory and medical wards were also greatly expanded to care for COVID-19 patients needing hospital admission for oxygen support and respiratory care. We went from two respiratory wards to multiple COVID-19 wards within the first wave of the pandemic. At our peak, we had 26 patients on mask ventilators in our respiratory specialist wards needing high dependency care who would normally have been cared for in the Intensive Care Unit.

In the second wave, whilst still high, there was a reduction in the number of patients needing ventilators but much higher numbers of very ill people who needed oxygen. These patients were looked after on other wards, with the support of the Critical Care Outreach Team - a group of intensive care nurses who cared for COVID-19 patients outside of critical care as well as providing rehabilitation.

Palliative and End of Life Care

Our teams worked hard to ensure no patient died alone. The Palliative Care Team adapted ways of working in response to a rise in demand – at its peak, monthly reported deaths were 74% higher than during any month in 2019/20. At all times we strived to ensure that patients and families were supported with compassion and dignity.

The team worked in response to changing guidance, working closely with respiratory, medical and GP colleagues to adapt medication, treatment and symptom management as we grew in knowledge about how to manage this virulent virus.

With visiting restrictions in place, family support work moved to telephone and virtual contact. The distance and virtual nature of breaking bad news and supporting distressed families was very difficult.

The team provided additional support to every family after death through the Bereavement Listening Service. This has continued and now forms part of our Bereavement Service offer. Some patients who were shielding declined visits by the Community Palliative Care Team and so were provided with phone or virtual consultation.

The service is incredibly proud of the continued positive feedback received from families, including all these which are captured in the word cloud below:



Think 111 First

We successfully launched Think 111 First on 12 October 2020, in advance of the national launch in December 2020. As well as reducing pressure on busy A&E departments, it is designed to improve the outcomes and experience of our patients, help us to maintain social distancing in our A&E and Urgent Treatment Centre, and ensure that people receive the right care in the right place.

The idea behind Think 111 First is to encourage people who need clinical advice, but who are not in a life-threatening emergency, to contact NHS 111 before attending their local A&E Department. They will then be assessed by the team at NHS 111 and if appropriate, booked into either A&E at Stoke Mandeville Hospital or the Urgent Treatment Centre at Wycombe Hospital for treatment. Alternatively, they may be advised on how to self-care if required or advised to visit their local pharmacy, dentist, optician or own GP for help.

Patient, technical and staffing pathways were developed with multiple stakeholders including South Central Ambulance Service, patients and Fedbucks (a federation of 45 GP practices covering a population of over 485,000 patients across Buckinghamshire). Since October, 692

patients have been directly booked and seen within our A&E Department after contacting NHS 111.

We are now offering 48 appointment slots per day on weekdays for all adults who ring NHS 111 and require an A&E appointment. This service will be moving to 24/7 over the coming months and will include direct bookings into the Paediatric A&E Department and our Same Day Emergency Care service.

The Think 111 First service has had positive feedback from patients including:

“From calling 111 to being discharged I was amazed by my care. Every person I came in contact with was caring, polite and very professional. The cleanliness everywhere was very reassuring. The speed and efficiency was first class.”

Same Day Emergency Care (SDEC)

In addition to launching the Think 111 First service, we launched a Same Day Emergency Care Service in November 2020. Following a GP referral or triage in our A&E reception, this new unit enables patients to be rapidly assessed, diagnosed and treated by a team of doctors, nurses and therapists without the need for a hospital admission or waiting to be seen in the A&E department.

Cancer Services

Cancer Services have been prioritised and remained open throughout the pandemic. This included conducting many first patient consultations over the telephone, maintaining diagnostic services, and temporarily relocating the haematology ward from Stoke Mandeville Hospital to BMI Shelburne during both waves of the pandemic.

The first wave of COVID-19 and the national lockdown in March 2020 led to a dramatic fall in urgent cancer referrals across the country. The Trust, alongside local and national primary

care teams, made concentrated efforts to reassure patients and remind them that Cancer Services were still ‘open for business.’ Following this we saw a gradual increase in referrals.

We continued to meet all 31-day cancer diagnosis targets throughout the year and have achieved compliance against the 2-week referral targets. In addition, we have improved on the 62-day referral to first treatment target of 85% from the previous year.

Outpatient Appointments

Throughout the COVID-19 pandemic we were able to maintain an average of 80% of the outpatient activity that was delivered in 2019/20. This was enabled by a rapid take up of virtual appointments: averaging 41.8% through the year (up from approximately 5% in 2019/20).



Feedback from a patient:

“I was really impressed that even though during the COVID-19 pandemic I was urgently referred ... obviously attending the clinic would not of been possible, but the urologist face timed me at home it was really helpful, very supportive and I am massively impressed by it”.

Adult Community Healthcare Teams (ACHT)

Over the last year, our community teams have been very busy as a result of an increase in referrals in community nursing as we tried to avoid as many hospital admissions as possible. Our community nurses rose to the challenge ensuring safe and compassionate care for patients being looked after in their own homes. Many of these patients were frail and vulnerable and our Community Healthcare Services have been particularly important for those who have not been able to be supported by their friends and family during the pandemic.

Our community teams also provided a vital role in helping patients who had been admitted to hospital to return home as quickly as it was safe to do so. They worked closely with GPs and social care, along with their hospital colleagues, to ensure that appropriate care packages were put in place to enable recovery to continue at home.

In partnership with social care, we ran a two-hour urgent community pilot between 1 October 2020 and 31 March 2021 across three of the seven Rapid Response Intermediate Care (RRIC) teams. This pilot reduced preventable hospital admissions by keeping people in crisis in their home environment and facilitated swift discharges from A&E back to the patient's normal place of residence as soon as it was safe to do so.

The pilot focused on two care areas:

- an enhanced therapy-led two-hour urgent community response for people at home
- an enhanced multidisciplinary rapid community response in care homes

Following a successful pilot, the two-hour urgent community response will be implemented in RRIC in 2021/22 with the aim that by 1 October 2021, 80% of people needing a two-hour crisis response will be seen. The enhanced rapid community response in care homes will be part of the Ageing Well Programme which aims for doctors, nurses and other health and care professionals to work together to provide tailored support to help people live well and independently at home for longer.

Lisley sent a Thank You 'Card along with biscuits and chocolates for the Team.

I would like to thank all the RRIC HCAs who have been supporting my wife and me. You have been exceptionally, providing a first rate service. You have been all really kind and my wife really appreciated all your help.

We would like to thank the RRIC team who assisted and supported us to the end of Roy's life. Thank you for all your help and kindness in looking after my dad and making him comfortable at home.

I am going to start of saying how very grateful I am to have met each of you, and being part of a lovely family. I appreciated the support from each one of you. I will miss you all very much. Hopefully we will be in touch. Lot of love.

RRIC Accolades from our patients

Thank you for everything you have done for me. I can't thank you enough. I am sure I will see you around.

Thanks a lot for your help and advice. We really enjoyed all your company. Kind regards

Dear All,
The kind people who helped me recover after my fall.
Thank you very much.

Outpatient Parenteral Antimicrobial Therapy (OPAT)

As a Trust we provide care to people who need to be in hospital as well as caring for people in their own homes. We have several services which work in both our hospitals and with our community teams in the patient's own home enabling us to provide continuity of care.

One example of this is seen in the services we provide for people requiring medication delivered into their veins (intravenous therapy). This is delivered through a team called OPAT. The team is able to see patients in hospital, liaise with our medical, pharmacy and radiological colleagues as needed, then visit the patient at home with our Community Nursing Service. As a result of this service, 1,909 bed days were saved during 2020/21.

When we explained to one patient how the service worked and that it would allow him to return home, he said:

"you have made me the happiest man alive you are wonderful"

Another commented:

Thank you so much for such an enjoyable first placement. You all were so welcoming and inclusive and allowed me to fit in with you, so easily and comfortably. Your collaboration and individual mentorship has been fantastic Extra special thank you to Lucho, who was an amazing assessor. I have learnt considerable amount of knowledge. Sending my love and wishes to you all.

"I have nothing but praise for your care of my husband. Everything has gone very smoothly - delivery of medication and co-ordination with the community nursing team to ensure that he gets his treatment. All the nurses have been friendly and cheerful and helped to put us both at ease with what has been a stressful time."

Supporting Care Homes

From November 2020 until the end of March 2021, we ran a pilot for Rapid Clinical Response into Care Homes. This team, led by two community matrons with support from a senior nurse, podiatrist, dietitian, speech and language therapist, geriatrician and an administrator, provided support to the care homes within the Aylesbury Primary Care Networks (PCNs) and Mid Chiltern PCN. During the pilot we supported 380 patients and provided education and guidance to the 36 care homes within those four PCNs. Feedback from the care homes was extremely positive.

Maternity Services

Throughout the global pandemic our Obstetric and Midwifery Teams have continued to provide maternity care. During the last year, 4,660 babies have been born in one of the Trust's birth settings or at home. The pandemic meant that we needed to adapt the way we delivered our services to ensure parents and babies remained safe from the spread of the virus while continuing to receive high quality care. One of the difficult decisions we had to make was to restrict partners from attending 20-week scans as we were unable to maintain safe social distancing. We worked hard to ensure this was reinstated safely in April 2021.

Despite the fact that we had to temporarily suspend births at the Wycombe Birth Centre to maintain safety of our birthing people, while ensuring safe staffing across our services, we were still able to offer a choice of place of birth. We saw an increase in the number of home births and births in the midwifery-led unit at Stoke Mandeville compared to the same period last year.

We continued to provide effective care for birthing people with pregnancy complexity, including the use of innovative technologies for remote monitoring of diabetes and high blood pressure and have seen a sustained reduction in the number of babies born prematurely.

We would like to thank the Maternity Voices Partnership who have ensured that the voice of women and birthing people has been heard throughout the year and kept our parents and families updated with any changes and support available. Going forward we will continue to work collaboratively to co-design services and will prioritise reaching out to lesser heard parents to ensure we provide inclusive, personalised maternity care.

You told us some lovely things about your Maternity team.....

Oct-Dec 2020



BUCKINGHAMSHIRE Maternity Voices

Working in partnership to improve maternity services

www.Facebook.com/BucksMVP

www.BucksMaternityVoices.co.uk

Children and Young People

The pandemic has had a profound impact on the health of children and young people, particularly in terms of their mental health. Working with our colleagues from the Child and Adolescent Mental Health Services (CAMHS), hospital services have been adapted in response to the challenges and increase in hospital attendances.

A CAMHS liaison officer is now based at the hospital five days a week to enable more timely assessments and discharges of young people, as well as care planning and risk assessments for those that seek our help on a frequent basis. They are also offering additional training, resources and support to Trust colleagues working with this group of people, especially those who stay with us for a prolonged period.

Multidisciplinary eating disorder meetings, including representatives from CAMHS, paediatricians, nursing colleagues, safeguarding leads and dieticians, have continued virtually through lockdown to review the care of individual young people. A nurse consultant specialising in eating disorders is based in our in-patient children's wards once a week.

Our 0-19 Healthy Child Programme continued providing services to all families throughout the pandemic, with a particular focus on supporting the most vulnerable. To ensure appropriate social distancing and keep our clients safe, our health visitor child drop-ins are now appointment-only clinics, and support groups such as 'Getting to Know Your Baby' are now being delivered virtually.

We are piloting 'Walk the Talk' in south Buckinghamshire which is about helping parents to take a lead and support other local parents and families. In areas where these groups have been run, they are proven to have a profound impact on maternal health, wellbeing and community cohesion. Parents who meet weekly to get active together outdoors with their babies and children, report improved physical and mental health and valuable friendships.

School Aged Immunisation Team

Our School Aged Immunisation Team was the only immunisation team nationally who continued delivering the school aged immunisation programme. This has been praised by NHS England.



The School Aged Immunisation Team preparing to start vaccinating pupils at Dr Challoner's Grammar School.

Long COVID Recovery

In partnership with Oxford University NHS Foundation Trust and Buckinghamshire Clinical Commissioning Group, the Trust has set up a specialist clinic at Stoke Mandeville Hospital to support patients across the county who are suffering with Long COVID. This is part of a national drive to help thousands of patients suffering with the long-term symptoms of COVID-19 and enable them to access specialist help locally.

The clinic at Stoke Mandeville Hospital accepts referrals from GPs across Buckinghamshire and Oxfordshire, as well as following up with patients discharged from hospitals, to investigate any ongoing COVID-19 symptoms which are affecting patients' lives, such as brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms.

The service is run by a multidisciplinary team. Patients are offered a hospital appointment, as appropriate, with a respiratory consultant, psychologist and physiotherapist to offer both

physical and psychological assessments and to refer patients to the right treatment and rehabilitation services.

Ophthalmology Department

As soon as the pandemic hit in 2020, our Ophthalmology Department started work on new protocols to keep patients and colleagues safe. This meant that in May 2020 we were the first NHS unit to restart elective cataract surgery and, in November, we opened a COVID-safe cataract surgery unit separate from the main hospital site. As a result, we were able to continue with cataract surgery during the second wave of the pandemic.

We have completed over 2,700 cataract operations since May 2020 and are supporting other Trusts in the region to ensure patients can be treated as quickly as possible.

Upper Limb Studio

In November 2020, and despite the impact of COVID-19, the Trust opened an upper limb studio within the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital – the first of its kind within the NHS focusing specifically on the rehabilitation of the upper limb with spinal cord injured patients.



November 2020: The new Upper Limb Studio was officially opened at the National Spinal Injuries Centre

The Activity Based Restorative Therapy (ABRT) is an important and growing area of spinal cord injury research. ABRT involves the use of equipment to facilitate repetitive movement to improve a patient's level of independence following spinal cord injury.

The treatment itself is based on activity dependent neural plasticity in which changes in the nervous system are driven by repetitive activation of the neuromuscular system above and below the level of injury. Motor activation and sensory stimulation are done to promote neural restoration. ABRT rehabilitation has a proven impact on the ability of patients to perform functional tasks such as eating, drinking, returning to driving and carrying out aspects of personal care.

Stroke Service

In July 2020, the Trust became the latest NHS specialist stroke centre to adopt the Brainomix e-Stroke Suite imaging platform across its Wycombe and Stoke Mandeville hospital sites. Created in Oxford with expert clinical input from frontline NHS stroke physicians, the award-winning Brainomix e-Stroke Suite uses cutting-edge Artificial Intelligence (AI) & Deep Learning methodology to help stroke physicians make life-saving decisions.

Microbiology Department

The Microbiology Department has gone through some massive changes over the last 12 months with its daily workload increasing by over a third as they started processing COVID-19 samples. At the beginning of March 2020, the microbiology laboratory did not have the capability to perform large scale Polymerase Chain Reaction (PCR) testing.

From this standing start, the microbiology team has put in a remarkable effort to buy the appropriate equipment, check the tests, train colleagues and now provides an outstanding service. The department has processed over 80,000 samples for COVID-19 PCR tests with an average turnaround time of less than six hours, which is one of the fastest turnarounds in the whole of the South-East. The department has pioneered equipment that is now being used routinely by other laboratories.

To complement the Trust's in-house PCR testing service, in December 2020 we implemented rapid testing for COVID-19 for acute services utilising small bench machines called SAMBAs. This service is available to clinicians 24/7 and can provide results within two hours of receipt into the laboratory helping us manage and treat patients more effectively. We have 15 SAMBA machines across the Trust enabling us to review up to 150 patient swabs per day and since December 2020, the team has analysed over 6,800 patient tests.



Three of our SAMBA machines processing patient samples to test for COVID-19

Safeguarding Team

The Corporate Safeguarding Team has continued its function throughout the COVID-19 pandemic. The team has had to adjust to working remotely to give advice in some areas but this has not affected the core function, which is to support all of the Trust's colleagues to undertake their role with appropriate understanding of their safeguarding responsibilities. The safeguarding's team support for the Multi Agency Safeguarding Hub (which involves the police, social care and healthcare professionals working closely together) which prior to COVID-19 took place in the police station, continued with remote support.

There has been an overall increase in safeguarding referrals to the Local Authority which has required the Trust's support in both adults and children's services as demonstrated in the numbers of adult referrals and strategy meetings involving children tabled below. This is in line with the national picture which has seen an increase in safeguarding concerns during the lockdown period.

Month:	Safeguarding Adult Referrals	No of Strategy Meetings (child)
Total 2019	340	632
Total 2020	488	844
Increase	43.5%	33.5%

The increase in safeguarding work is stressful for our colleagues and we have offered extra clinical supervisory support to our teams to help them to manage the increased number of cases.

Safeguarding vulnerable people is a partnership activity and we are working more closely with our health and social care colleagues in Buckinghamshire to ensure more effective working, particularly in areas such as the Mental Capacity Act (MCA), Deprivation of Liberty (DOL's) and Liberty Protection Safeguards (LPS).

Looked after Children

The term Looked after Children (LAC) is used in this report as this reflects the wording used in statutory guidance; however, it is recognised that some children and young people prefer alternative terms such Child Looked After or CLA.

Throughout the pandemic, the Trust took the decision that it was vital to continue providing the LAC service (sometimes virtually) so that the team could continue to look after the physical, mental health and social wellbeing of all children and young people in care. The service supports the delivery of statutory responsibilities and Local Authority Corporate Parenting responsibilities. It is underpinned by a public health approach aimed at tackling health inequalities through promotion of good health and prevention of ill-health.

The LAC team also continued to work in partnership with the Local Authority to improve the timeliness of health assessments in line with statutory guidance.

A more personalised co-ordinated approach is being established building upon the principle that a good health assessment is not an isolated event, but part of the dynamic and continuous cycle of care. Children's homes within the county have been allocated named specialist nurses helping to build positive relationships to support improved health outcomes.

The voice of the child is sought via a digital/paper survey following health assessments. The survey aims to understand whether the services provided are accessible, child centred and whether they made a positive difference. The January 2021 report demonstrated that 100% of the children and young people that completed the survey felt that the Practitioner had listened to them and tried to get to know them and that they felt they had the chance to ask questions.

As young people approach their 18th birthday, they are routinely provided with a leaving care health summary. During 2020/21, 100% of care leavers received this summary.

Learning Disability Services

Specialist nurses continued to support patients with learning disabilities who required our services both in hospitals and in the community. During the last year, the service has continued to work closely with provider agencies and our community teams to ensure safe discharges from hospital. The team provided invaluable support to those with a learning disability for whom the pandemic was potentially isolating and a cause of great anxiety. For example, the team produced a number of easy read resources for anyone who needed to come into hospital during the COVID-19 pandemic, explaining why healthcare workers are wearing PPE and what this looks like.

Increasing the Number of People Supporting Our Patients

Students

The Nursing and Midwifery Council (NMC) announced emergency education standards to enable final year nursing students to opt-in to support the response to the COVID-19 pandemic, via extended clinical placement. Our student nurses were keen to support and a

total of 118 student nurses responded and joined as frontline clinical colleagues in the first wave with a further 57 supporting us in the second wave.

To ensure there was sufficient medical staff to keep all our patients safe, an internal Medic Redeployment Cell temporarily reassigned trainee doctors to the areas of most need during both the first and second waves of the pandemic. The model ensured we had the right doctors, in the right place, at the right time and was held as an exemplar in the Thames Valley Region.

Volunteers

We pride ourselves on our volunteer programme with over 500 active, permanent volunteers supporting teams and patients across the Trust in both acute and community settings. Following the start of the pandemic, our usual volunteering activity was paused as services were changed and some volunteers were in the clinically extremely vulnerable group and so had to shield for their own personal safety.

During the first wave, we received many offers of support from members of the public who unfortunately found themselves furloughed and kindly offered their time and became new volunteers. They helped patients and visitors to navigate their way around Trust sites and delivered gifts received as ‘Acts of Kindness’ from our generous public.

We were delighted to welcome an additional group of St John’s Ambulance volunteers who have been based in our A&E Department at Stoke Mandeville since April 2020. This team of more than 30 volunteers, based out of their ambulance parked on our site, has been supporting our hard-working team in A&E providing additional care to patients and their families. We were also fortunate to be supported by the Armed Forces who worked with our Discharge, Vaccination, ICU and Fit Mask testing teams.

More recently, we have seen 34 volunteers (existing and new) supporting our vaccination programme, and in January and February 2021, 18 colleagues who usually work in administrative roles volunteered to support clinical areas in their free time.

“We could not have done it without them”

COVID-19 Vaccine Centre, Senior Sister

Partnership with Nuffield Health

In January 2021, Nuffield Health, the UK's largest healthcare charity, seconded 28 employees to support our organisation in family liaison, clerical, operational and administrative positions. The Nuffield employees chose to support the NHS after being furloughed as Nuffield Health's UK network of fitness and wellbeing centres and clinical services were temporarily closed due to government restrictions.

Taking A Leading Role in our Community

The pandemic has brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability, or with underlying health conditions being disproportionately impacted by COVID-19. A priority for us in the coming year is to work with our partners across Buckinghamshire to look at what more we can do to address these inequalities.

One of our key objectives is for the Trust to take a leading role in the local community, not just in terms of delivering healthcare but also in terms of health education, prevention and providing local employment. It is evident that not only is there an issue with some parts of our community not accessing health care and prevention services but also that they have a poorer experience when they do so.

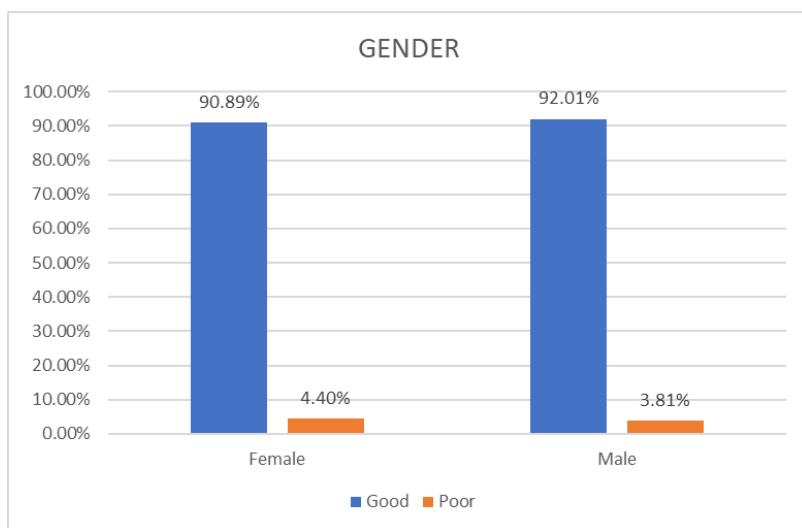
Customer Satisfaction Scores Broken Down by Protected Characteristics

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

This year as a result of the pandemic the mandatory national requirement to collect FFT data was suspended. Many Trusts ceased collecting FFT feedback, but we continued to collect patient feedback via FFT, to ensure patients were able to continue to give their views through this challenging period.

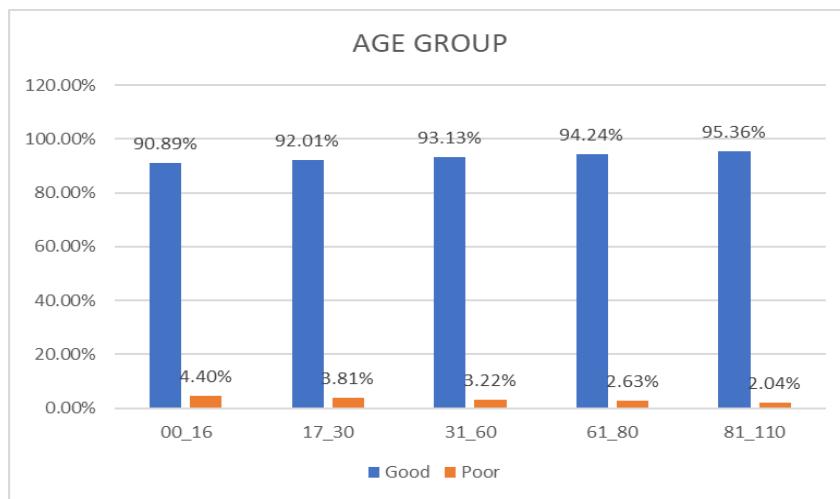
One of the questions asked is 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics. The following charts show the response rates and satisfaction in 2020/21 by gender, age and ethnicity. Please note that they do not include the percentage of people who rated the service as neither good nor poor.

Gender: 50,146 responses:



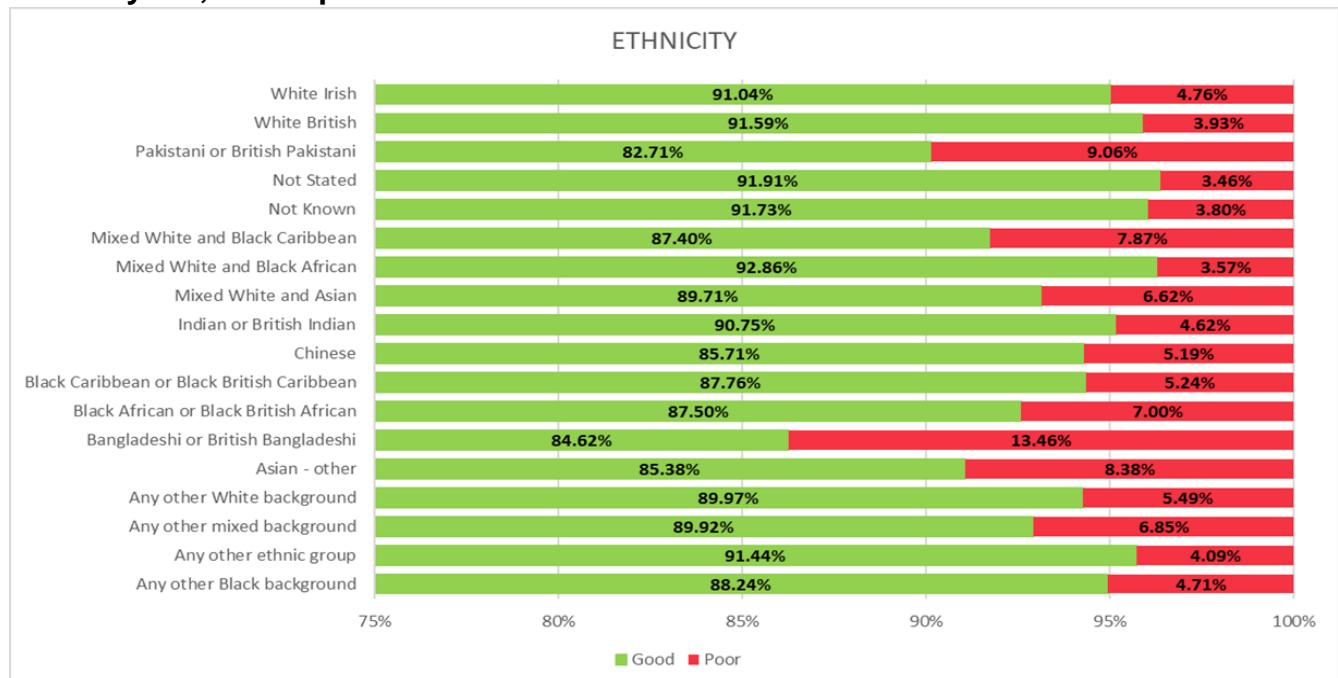
The response rate from male and female patients was broadly similar at just under 27%. Male patients were slightly more satisfied with their experience with 92.01% rating their experience as good or very good compared to 90.89% of the female patients who responded.

Age: 61,036 responses:



The highest response rate was from the group aged 61 to 80 at 36.9% whilst the lowest was from those aged 17 to 30 with only 11.66% responding. Those in the older age groups were most satisfied; however, 4.4% of those aged under 16 rated their experience as poor.

Ethnicity: 44,791 responses



White British & Irish patients and service users had the highest response rates. The lowest response rate at 9.44% is from those recorded as Pakistani or British Pakistani.

Of those patients who gave their ethnicity, the most satisfied were White British with those identifying as Bangladeshi or British Bangladeshi reporting the lowest satisfaction with 13.46% saying that their experience had been poor. This was followed by those who identified as Pakistani or British Pakistani at 9.26%. Further work will be undertaken to try to understand why this is the case and to develop action plans to address any issues identified which has contributed to these scores.

Below are some examples of work that has been undertaken this year to address health inequalities:

Heart of Bucks Programme

We know that certain communities are less likely to access our services, particularly preventative screening programmes, that could identify cancer at an early stage. In November 2020, the Trust launched a new health initiative to improve cancer outcomes in partnership with Heart of Bucks (a community foundation which awards grants and loans to support essential local charities and community groups) and the Buckinghamshire Clinical Commissioning Group.

The target areas for the project are central Aylesbury, High Wycombe and Chesham. This is a great opportunity for local grassroots organisations who really know their communities to demonstrate how important they can be in improving public health for all.

Not for profit groups can apply for a grant of up to £7,500 to help them to develop and deliver innovative and creative solutions to improve cancer outcomes, particularly for groups that traditionally have poorer health outcomes including the homeless, people with learning disabilities, BAME communities and people with long-term mental illness. The first grant applications are currently being reviewed and successful applicants will be informed in the near future.

Maternity Services

It is well documented that, across the UK, there are inequitable outcomes for pregnant women, new mothers and newborns from a BAME background. The Trust is determined to address these inequalities and during the year has undertaken several initiatives.

Antenatal Newborn Screening Programme

To gain a better understanding on specific inequities within antenatal screening services, the Trust's maternity unit was the first in the country to undertake a piece of work to look into the impact of age, ethnicity and language on accessing its services.

Retrospective data from over 6,000 women was gathered from the Trust's electronic patient records systems looking at the period from 1 April 2018 to the 31 March 2019. Patient demographic factors were reviewed and compared against the timeliness of initiation of antenatal care, timeliness of the foetal anomaly scan and consent for infectious diseases screening.

This review showed that age, ethnicity, and language proficiency have an impact on attendance at antenatal screening appointments. Overall, women with ethnicities other than White British, women with a limited understanding of English, and mothers younger than 20 years old had larger proportions of late bookers (women initiating antenatal care after 13 weeks) and later attendance at anomaly scans. Late booking is a known risk factor in pregnancy.

Amongst the 19 women who we have recorded as having declined screening, there was a higher proportion of women with a Mixed White and Black African, Bangladeshi, Chinese or Pakistani background.

We will be working with local community groups, alongside our partners in the Buckinghamshire Integrated Care Partnership (ICP) to see what more we can do to promote the benefits of early access to maternity services, focusing particularly on the groups highlighted by the review.

Continuity of Carer

In line with the NHS Long term Plan, we are implementing the continuity of carer midwifery model where women and birthing people are cared for throughout their pregnancy, birth and postnatal period by a small team of midwives. Continuity of carer is evidenced as improving maternal and neonatal outcomes. The Trust has already implemented continuity of carer for those choosing Aylesbury Birthing Centre as their place of birth and will be rolling this out to five community teams in 2021/22 in localities with the greatest ethnic diversity and social deprivation in central Aylesbury, central Wycombe and Chesham.

Rainbow Badge Training

This training is focused on giving our colleagues an insight into the challenges faced by the LGBTQ+ community. After completing the training, colleagues are awarded a Rainbow Badge which signals that they offer open, non-judgemental and inclusive care for patients and their families who identify as LGBTQ+. 87 colleagues, including the Trust Board, completed the training during 2020/21 bringing the total of Rainbow Badge holders to 242 within the Trust.

Research and Innovation Team

Research has been at the forefront of the COVID-19 pandemic driving national policy and providing much needed evidence for treatments and preventative measures. Colleagues quickly adapted to delivery of the COVID-19 urgent public health studies, supporting critical care activity and vaccine studies. Since March 2020, the Research and Innovation team has supported nine COVID-19 urgent Public Health research studies.

The Trust has sponsored six COVID-19 studies contributing to improved patient outcomes and has continued to support innovation projects through its partnership with Bucks Health and Social Care Ventures and the Oxford Academic Health Science Network. The COVID-19 Oximetry At Home project enabled patients at risk across Buckinghamshire to safely self-monitor at home using pulse oximeters. Through this programme, we have successfully reduced mortality, hospital length of stay and pressure on critical care beds during the pandemic.

We have consistently been in the top 15 recruiting sites nationally, thanks to the support of an excellent research team. Over 1,900 patients and 550 healthcare colleagues have willingly participated in COVID-19 studies playing a vital role in the fight against this disease.



June 2020: Dr Raha West and the Trust's Intensive Care Unit team were instrumental to the success of the national RECOVERY trial's discovery of a drug proven to be of positive benefit to COVID-19 patients. The team recruited more than 150 people, including Katherine Millbank (pictured above with her husband Paul).

Ensuring Colleagues Are Safe, Supported and Listened To

Our most important asset is our people. Looking after the physical and psychological wellbeing of our colleagues has been key to ensuring that we have been able to continue to provide safe and compassionate care throughout the pandemic to those that needed it most, both within our hospitals and in the community. We understand that we need to support our people to enable them to continue to undertake the incredible work which they do on a daily basis. There is strong evidence that a happy workforce supports the provision of good care and a more positive patient experience.

Keeping Our Colleagues Safe

Personal Protective Equipment (PPE)

Difficulties in obtaining a number of different types of PPE at the start of the pandemic are well documented and represented a significant potential risk to the safety of frontline colleagues. However, our Procurement and Supplies Team worked tirelessly alongside a number of other departments to make sure we always maintained a supply of critical PPE to

help protect clinical colleagues who were most exposed to the COVID-19 virus. Not an easy task when the Trust used over 500,000 FFP3 masks alone during the last year.

The Trust was also instrumental in the establishment of regional collaboration that saw organisations within the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System sourcing and storing critical PPE jointly and, in many cases, sharing items via mutual aid. We appointed PPE “buddies” to support our colleagues in ensuring that they wore the correct PPE at all times. As tight-fitting respirators, FFP3 masks rely on having a good seal on the wearer’s face so our education teams worked hard to ensure that colleagues were ‘fit tested’ and supplied with the correct makes of masks to provide adequate protection.

Risk Assessments

One of the ways in which we have ensured the safety of all our colleagues has been to undertake a risk assessment process so that any potential risks are identified and mitigations can be put in place to reduce the risk, including redeployment or working from home. This was initiated during the first wave of the pandemic with the risk assessment template, manager guidance and governance process developed following regional and national guidance from NHS England and Improvement. Risk assessments were first offered to high risk groups, including our BAME colleagues, as the priority and then to all colleagues. The Trust achieved almost 100% compliance by September 2020 and compliance is now monitored on a weekly basis.

The Occupational Health Team is leading the work to ensure that risk assessments are both kept up to date by line managers and used dynamically to ensure the continued safety of our colleagues. All new starters and volunteers are risk assessed before they start. Occupational Health has also supported all our colleagues who were ‘shielding’ under government guidance (263 at its peak) including overseeing any change in guidance and supporting colleagues to return safely to the workplace.

Testing for COVID-19

At the start of the pandemic, we introduced rapid in-house testing services for our colleagues, and members of their household, so that they did not have to self-isolate unnecessarily if they

were free from the COVID-19 virus. Subject to a negative test result, this helped to ensure that our colleagues could safely continue to work, providing care for our patients.

In addition, lateral flow testing was rolled out across the Trust in November 2020 to keep our colleagues and our patients safe. All colleagues who come on to site are encouraged to self-test twice a week. Since the lateral flow testing programme was introduced, 70,690 results had been recorded by end of March 2021 and by mid-April 2021, 9,500 kits had been distributed to colleagues. Thanks to lateral flow testing, we have been able to identify colleagues who had contracted COVID-19 but were not showing any symptoms. 420 colleagues who recorded positive lateral flow tests were then confirmed positive with COVID-19 through PCR testing.

COVID-19 Vaccination Programme

The Stoke Mandeville Hospital Vaccination Hub opened in early January 2021, followed by one at Amersham Hospital in February 2021, to enable us to start our colleague immunisation programme. All colleagues at the Trust, and who work in health and social care in Buckinghamshire, have been offered the opportunity to have the COVID-19 vaccine. All second doses were completed by the 25 April 2021.



Due to positive actions, and a comprehensive communications campaign which included webinars with expert panels (one supported by Professor Andrew Pollard from Oxford) and the support of our BAME staff network, by the beginning of April 2021 over 88% of nursing and midwifery, medical and dental, healthcare scientists and estates and ancillary colleagues had received a first dose of the COVID-19 vaccine.

The lowest uptake remains in colleagues who are Black or from a Mixed Black background. We are using further support initiatives to address this, including initiating one to one conversations with those who haven't had the vaccine to ensure that they have all the information they need to make an informed decision and to answer any questions and concerns they may have. This has reduced the overall gap in BAME uptake to 4% lower than non BAME colleagues.

We received fabulous comments from our vaccination hub feedbacks forms:

"Well organised, very good service. Staff very helpful"

"Excellent service, proud of the NHS"

"Well organised, very efficient, very friendly, staff and volunteers"

"So efficient, friendly and welcoming staff. So well organised thank you to everyone"

"It was brilliantly organised. You guys are doing a fantastic job. Keep it up"

"A superb experience at all stages lovely staff thank you"

"It has been a most efficient service, well organised with lovely staff and vaccinators.

Thank you all"

Supporting Our Colleagues



October 2020: Molly Chibvuri, Interim Matron Intensive Care Unit, Stoke Mandeville Hospital, won the inaugural South East Royal College of Nursing Black History Month 'Making a Difference Award'

Equality, Diversity and Inclusion

As a Trust we have made a commitment to our colleagues and the local community that we serve, that we have an inclusive organisation, with equality of experience and opportunity for everyone who works here and zero tolerance to discrimination. In terms of race equality, the specific goals that we have set ourselves are:

- The ethnic make-up of our Board and senior leaders will be 24% BAME reflecting that of our workforce by 2022.
- There will be no inequality in our recruitment processes for BAME applicants by the end of 2021.

Our Workforce Race Equality Standard action plan sets out how we plan to do this, through new ways of fostering accountability and ownership, continuing to engage allies, putting processes in place to debias existing systems and methods, and strengthening the equality of opportunity and experience for all. Our approach will be evidence-based and co-designed with our BAME colleagues and we will continually evaluate the impact.

We now have seven networks for our colleagues, and these have continued to meet virtually throughout the pandemic:

- BHT EMBRACE (BAME colleagues)
- BHT Ability (Colleagues with long-term health conditions or disability)
- BHT Proud (LGBTQ+ colleagues)
- BHT VIBES (A multi-faith and spiritual network for all colleagues)
- BHT Carers
- KALINGA Filipino Healthcare Professional Organisation Bucks
- BHT One in Four (Supporting colleagues to talk about mental health)

Our staff networks have provided invaluable support to the Trust this year and we have worked closely with them to ensure the health and wellbeing of all our colleagues, particularly in areas such as risk assessments and ensuring colleagues had all the information they needed to make an informed decision about the COVID-19 vaccine.

During the year, a number of engagement activities have taken place to promote inclusion and diversity in the Trust:

- **Inclusion week** – National Inclusion Week 2020 was celebrated in the Trust during September. Each of the staff networks hosted a day where communications were focussed on that network or relevant protected characteristic. A virtual fair with information on all the networks ran online during the week.
- **Black History Month** – throughout October we celebrated Black History Month 2020 with a series of communications and daily virtual events. The Trust held 12 events including discussion groups, cooking classes and coaching events, and these were complimented by national NHS workshops, public events and events hosted by Oxford

Health NHS Foundation Trust. Overwhelmingly positive feedback was received about the programme and workshops by those who attended.

- **Disability History Awareness Month 2020** - activities were co-designed with the BHT Ability Network and included a virtual online fair, a virtual discussion on MS Teams regarding Disability Access, and guest speaker from the local disability charity BuDS.
- **LGBTQ+ History Month February 2021** – the Trust held weekly virtual discussion events during this month, including one event for all networks with discussion around LGBTQ+ issues.

The Trust became a Stonewall Diversity Champion in 2018. Membership gives the Trust access to resources, tools and research to help embed LGBTQ+ inclusion in our workplace, build our staff networks and attract and retain the best talent. We are able to learn from the expertise and experience Stonewall brings through the Diversity Champions Programme.

Wellbeing

We have an established in-house Wellbeing Team, who were able to mobilise quickly in response to the pandemic, with an emphasis on psychological support, both proactively and, where required, reactively. A comprehensive support programme was launched to all colleagues in the autumn of 2020, building on our existing services. We launched this as a Winter CARE pack, which was sent to the homes of our colleagues to ensure access for all.

Calm zones have been introduced at Stoke Mandeville, High Wycombe and Amersham hospitals as well as a special well-being ‘pod’ available for colleagues to use in the garden at Stoke Mandeville. Webinars have been held on sleep and managing children’s anxieties during the pandemic with over 60 attendees for each session.

Through our in-house service (including qualified, experienced counsellors) we have offered over 1000 psychological health interventions and nearly 300 colleagues have attended the proactive ‘Understanding Stress, Building Resilience’ course. We have held over 150 supportive wellbeing conversations with colleagues, for example to support redeployment.

Our mindfulness lead has offered over 100 online Mindfulness group sessions and we have undertaken 146 physiotherapy assessments. We have a weekly 'Wellbeing Wednesday' bulletin to all colleagues, that focusses on key issues of wellbeing - both psychological and physical.

In addition, we introduced Vivup in June 2020, an employee assistance provider whose services are available to colleagues 24 hours a day, 365 days a year. To date over 300 colleagues have rung the helpline and 280 have accessed the web portal. 86 colleagues have accessed counselling support online via Vivup.

Sickness Absence

Sickness absence levels peaked in April/May 2020 and January 2021 due to a combination of staff ill with COVID-19 or self-isolating at home.

To support colleagues, we established a COVID-19 team within Occupational Health in March 2020, which remains in place. We had in total 866 staff confirmed positive via a PCR test up until end of March 2021. Sickness rates in March 2021 (3.7%) are half the rates reported at the peak of April 2020 (8%).

Acts of Kindness

Thanks to generous charitable donations from the public and local businesses, colleagues were able to submit bids to fund items that would make a difference to their experience at work. We were able to meet the requests of 63 teams, benefitting over 1,500 colleagues, with things like white goods and furniture for outdoor spaces. Our colleagues were also extremely grateful for the meals that were delivered by local businesses and the charity, Meals from Marlow with one of its founders, celebrity chef Tom Kerridge, personally delivering some of the meals to our Wycombe and Stoke Mandeville hospitals.



April 2020: Thanks to the generosity of local businesses and the general public, we received almost 15,000 Easter eggs to distribute to our colleagues.

In addition, the Trust worked hard to try to make life as easy as possible for colleagues by launching initiatives such as BHT Assist, a free concierge service for colleagues to help take the hassle out of everyday tasks, suspending parking charges throughout the pandemic (and parking currently remains free for colleagues) as well as providing free breakfast and meals at its community sites and hospitals at the peak of the first and second wave of the pandemic.

Listening to Our Colleagues

Staff Survey

We were delighted that so many colleagues shared their experience of working in the Trust during what has been an unprecedented time for the NHS; nearly 3000 of colleagues (50%) responded in 2020, up from 47% in 2019. The NHS Staff Survey is based around ten key themes and the Trust scored in line with the national average in all areas and achieved above average in four out of the ten: health & wellbeing, safe environment – bullying and harassment; safe environment – violence, and staff engagement.

It was particularly pleasing to see that all the support we have provided throughout the last year is starting to make a real difference to colleagues. Our scores for health and wellbeing have improved with 42% of colleagues saying that the Trust is taking positive action on

health and wellbeing – up from 33% last year – with scores for flexible working increasing from 54% to 58%. 65% of colleagues would recommend the Trust as a good place to work up on 59% last year and 76% of colleagues would recommend the Trust as a place to be treated compared to 70% last year.

The survey also shows us the areas where we need to do better. Whilst our performance is above the national average, our colleagues, particularly our BAME colleagues, are still being subjected to a completely unacceptable level of bullying and harassment from both fellow colleagues and by patients/visitors. This remains a key priority for us.

We know that the annual survey is only one moment in time. To ensure that colleagues have a more regular opportunity to provide feedback, and to enable us to act upon it, we introduced our monthly Trust Pulse Survey in February 2021. The results of our first Pulse Survey have shown similar themes to the annual survey – colleagues value the health and wellbeing support being provided by the Trust but are feeling very tired, they would like more frequent opportunities to interact with their team and more support from their team. Action plans have been developed and are being implemented to address the issues raised by our colleagues.

Freedom to Speak Up Guardian (FTSU)

The Freedom to Speak Up Guardian is a designated role which provides a safe place for colleagues to raise concerns safely, without fear of detriment or blame, helping to improve the safety of our patients and colleagues. It is a mandatory post for all NHS Trusts in England which also reports to the National Guardian Office thereby offering a level of independence.

Despite the pandemic, the service has run at full capacity. There has been a year on year increase in activity since the service commenced in May 2017 and during 2020/21 there has been an overall increase of more than 10%. More than 100 cases of concern have been raised by more than 120 individuals over the year. This steady increase is positive as the service contributes to building a positive speaking up culture across the Trust.

The key themes arising from concerns reported during this past year included issues relating to the COVID-19 pandemic (including redeployment and a lack of communication about changes) and others not related to the pandemic (poor behaviours, poor management and team relationships). One theme that emerged relating to COVID-19 was concern by colleagues about the impact that the pandemic and working in a healthcare setting was having on their children's wellbeing. In response, our Health & Wellbeing Team held a webinar focusing on children's wellbeing which included experts from within the Trust.

One of the national measures for "Speaking Up" is the annual National Freedom to Speak Up Index Report and separately three questions in the NHS National Staff Survey. The Trust's score in the Index Report improved by 2% in 2020 which was above the national average and our best score to date.

The Trust's results from the NHS National Staff Survey remained stable with some improvement and were above average for similar Trusts. Question 18f was a new question in the 2020 survey and our result was significantly better than the average for comparator Trusts.

	Question	2019	2020	Comparator
17b	I would feel safe to raise concerns about unsafe clinical practice	74%	72%	71%
17c	I am confident that the organisation will address my concern	59%	60%	59%
18f	I feel safe to speak up about anything that concerns me in this organisation	Not asked	67%	65%

A successful Speaking Up Event for BAME colleagues was held in July 2020 with more than 80 colleagues joining the event. We had an expert panel including Yvonne Coghill, then Director of the National Workforce Race Equality Standard Team, our Chief People Officer, Chief Nurse and representatives from our BAME staff network.

The Trust participated in the National October Speaking Up Month 2020 campaign; this year we developed a ‘Speak Up Alphabet’ with important and relevant information associated with one letter each day to raise awareness of the importance of colleagues ‘speaking up’. The programme was delivered virtually due to COVID-19, including short video films and virtual drop-in sessions.

The year ended on a positive note with the progression of plans to expand the Freedom to Speak Up Service. To date the Trust has had one full time FTSUG in post. In response to the increase in demand, we have expanded the service, increasing its accessibility, diversity and visibility. Four additional part-time outreach Guardians (one whole time equivalent) have now been recruited. This model is based on learning from other Trusts and good practice.

Guardian of Safe Working Hours

The Trust also has a Guardian of Safe Working Hours who works closely with our junior doctors to ensure compliance with the 2016 junior doctors’ contract. The Guardian is also someone that they can speak to in confidence regarding any concerns that they might have and who can support them to resolve any issues that are raised.

Working in Partnership with Trade Unions

We recognise the importance of, and our joint responsibilities for, creating and maintaining excellent employee relations to ensure we deliver and develop high quality health services, looking after our patients and our colleagues. As part of this, we continue to engage with staff side colleagues, through monthly Joint Management Staff Committee (JMSC) Trust-wide meetings, and bi-monthly Joint Consultative Negotiating Committee (JCNC) meetings specifically for medical colleagues. Both committees have local and regional staff side representation.

The COVID-19 pandemic has brought a number of additional challenges for our colleagues so we have maintained regular dialogue with the Staff Side Chair and Local Negotiating Committee Chair outside of the above formal committees and have appreciated their support and guidance in enabling the Trust to keep its patients and colleagues safe throughout the pandemic.

Maximising Learning and Opportunities for Improvement

The virus will be with us for some time, so we all need to adapt to life and work with a new 'normal'. This means learning from our experiences from the past year, embracing new ways of working and digital technology, and not going back to the way we were as we adjust to operating and recovering in a very different way.

Duty of Candour

The Duty of Candour is integral to providing high quality healthcare through the adoption of the principles of being open, transparent and candid with a patient and/or family and acknowledging that an incident or event has not gone well. It is a statutory, regulatory and legal requirement. Through investigating an incident or event, colleagues are able to look closely at the circumstances and learn how we could do things differently, or reference what happens when a similar event goes well, in order to provide a better service in the future.

The Trust must disclose this information to the patient and/or their family and any other 'relevant person', within 10 working days. Of the 154 reported incidents meeting the criteria for Duty of Candour in 2020/21 the Trust achieved 97.4% compliance. Four cases breached the 10-working day deadline. Two were delayed to 14 days, which ensured the most appropriate clinician spoke to the patients. The two remaining cases were hospital acquired COVID cases and Duty of Candour was delayed whilst confirmation (through swab results) was provided by the Infection Prevention and Control Team.

Learning from Never Events

Never Events are few, rarely attributable to one practitioner and often found to involve a set of circumstances for which each individual aspect – perhaps inconsequential on its own - collectively then creates an environment in which a Never Event can occur. The Healthcare Safety Investigation Branch (HSIB), National Learning Report (January 2021) 'Never Events: analysis of HSIB's national investigations' concluded that '*...for many Never Events, including all those investigated for this report, there are no strong and systemic barriers.*

'There is evidence presented that barriers involving human processes which exist with variable, if any, technical support are weak.'

The HSIB report noted that the effects of COVID-19 on the work system should not be underestimated, including the impact on the internal environment such as:

- Repurposing of environments.
- Design of environments historically (*which*) has not considered infection control and line of sight.
- Limited ventilation from closed/secured window(s).

In the Trust, Serious Incident Investigation reports and action plans are always undertaken for all Never Events, with the important features being a robust investigation, rigorous analysis and an action plan with sustainable recommendations, approved by an Executive Director. During 2020/21 the Trust reported three Never Events as listed below compared to one in 2019/20.

1: Wrong Site Biopsy

Key actions:

- The radiology IT team has developed a solution and created new options on the ICE system (an electronic pathology requesting and reporting system) to allow clinicians to be more specific in their requests regarding biopsies.
- The patient consent procedure has been enhanced.
- The World Health Organisation Surgical Safety Checklist must be completed by radiology staff for biopsy procedures and is embedded throughout the Trust.
- Health Care Assistants have been offered training to support their confidence to challenge if they notice a potential risk to patient safety.

2: Retained Foreign Object in Surgery

Key actions:

- The theatre swab count policy and procedure have been reviewed.

- Measures have been put in place to reduce the impact of staff fatigue during long, surgical procedures.

3: Unintentional Connection of Patient to Air Instead of Oxygen

Key actions:

- All wall portals which enable attachment to air have been either capped off or detached.
- Equipment has been bought for the use of nebulised medication thus removing the need for piped air in many circumstances.

Ockenden Report

The first Ockenden report “Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust” was published on 11 December 2020 detailing immediate actions and learning to be shared and acted on by all maternity services across England.

The seven key recommendations related to enhanced safety, listening to women and their families, staff training and working together, managing complex pregnancy, risk assessment throughout pregnancy, monitoring foetal wellbeing and informed consent.

The Trust has provided the assurance requested by NHS England/Improvement and the Trust assurance assessment was shared at Public Board in January 2021. The maternity unit is proud to have no areas of non-compliance and is working hard to address any areas of partial compliance. This is being reported to the Trust Board, local maternity system in the Integrated Care System and to the national team in line with requirements.

Medical Examiner Service (MES)

Between April 2020 and March 2021, the Trust recorded 1,312 deaths compared to 1,183 in 2019/20. There was a significant rise in the number of deaths during the months of January

(46%) and February 2021 (79%) compared to the previous year as a result of the pandemic. All deaths were reviewed by the Trust's Medical Examiners. The Medical Examiner service and the Learning from Deaths Programme improve mortality governance and promote compassionate care for bereaved families.

There have been changes in after death processes due to the Coronavirus Act 2020 and both the bereavement team and MES have adapted accordingly. Medical Examiner calls to next of kin have been longer and more complex than in previous years, partly due to the restricted visiting and reduced interactions with clinical staff on the wards. This extra time spent talking to a patient's next of kin has provided reassurance and comfort to families/carers at a very distressing time.

All next of kin have been offered a telephone support call, provided by the bereavement support team from Florence Nightingale Hospice. We have had feedback from families that they have really valued our MES as well as the follow-up bereavement support.

ARP® (Arthroplasty) Rapid Recovery Pathway

In response to the increase in demand for hospital care, all of our clinical teams continued in the pursuit of the development of pathways to improve care and decrease the time patients need to stay in hospital. Working with other clinical colleagues, stakeholders and patients, our Orthopaedic team has changed a pathway using an NHS improvement programme delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust. This change of pathway has meant that patients have their surgery under local anaesthetic, enabling the majority to return home within 24 hours.

The development of this innovative Wycombe Arthroplasty Rapid-recovery Pathway (WARP®) has improved the experience for our patients including:

- Being able to get up and move 2-3 hours after surgery.
- Faster recovery.
- No significant pain or side-effects.
- Significant reduction in the amount of time spent in hospital.

- Reduced waiting times because people are not staying overnight.

Results (Sep 2020 – Jan 2021):

- 29 patients treated with WARP® Rapid Recovery Pathway.
- Hip replacements average length of stay: decreased from 4.6 days to 1.71 days.
- Knee replacements average length of stay: decreased from 4.2 days to 0.73 days.
- Same-Day discharge (Day-Case Arthroplasty): 8 of 29 patients.
- Next-Day discharge: 21 of 29 patients.

Patient Feedback:

Frederick

"I was amazed I had no pain and I was able to start walking straight away."

Perry

"I was able to get dressed and sit in a chair straight away, I wouldn't have been able to do that if I'd had a general anaesthetic. I went home later that day. Being a day case is the best thing possible, no one wants to be in hospital if they don't have to be. I went back to normal within a week, walking up and downstairs, walking a mile or two a day. I was really surprised by how quickly I recovered. The team are fantastic, this is an experience I would recommend to anyone."

Linda

"I was absolutely amazed by the whole process. After the operation I was able to walk straight away. The nurses encouraged me to get dressed, the physios were on the ward, I didn't need a frame. I was off walking up and down the ward in and out of bed. It was amazing. My expectations were blown away, the whole thing was fantastic."

Quality Improvement Huddles

During the last year, we have been piloting Quality Improvement huddles. The purpose of the weekly 15-minute huddle (or meeting) is to give all members of a team the opportunity to discuss any quality issues or ideas for improvement. These are captured during the week on a physical or virtual Quality Improvement Board where colleagues can post their issues or ideas. By coming together as a team, it ensures everyone has a voice and is involved in coming up with solutions to continuously improve the quality of the service or care provided to patients.



Quality Improvement huddle in our Pharmacy/Medicines department

18 teams are currently running huddles and to date they have made 339 improvements.

These include:

- The team on St Patrick's ward placed photos onto the outside of equipment boxes. This enables colleagues to quickly identify the equipment required and ensures the equipment is not handled unnecessarily which would mean it would have to be repackaged without being used.
- The St Andrew's ward identified that the hoists were not working all the time as they were not being charged. A checklist was created with colleagues working the night shift to ensure that all hoists had an overnight charge and all daytime colleagues ensured that once they used a hoist it was put back on charge.

We are currently reviewing the learning from these Quality Improvement huddle pilots, particularly regarding the best way to engage our colleagues in the process so that we are

always learning.

Library and Knowledge Services

The COVID-19 virus was new to us all and our Library and Knowledge Services team helped our clinical teams to stay up to date with emerging knowledge about the virus. They created an online COVID-19 Knowledge Resource Centre and conducted 25 in-depth COVID-19 evidence searches to support Trust and team-level decision making.

Not only was their research beneficial for the Trust, but a paper prepared by the Library and Knowledge Services team, summarising best practice on how to plan for organisational recovery from COVID-19, was shared nationally with the Chief Executives of 46 other Trusts and Health Education England.

Digital transformation

Digital transformation is core to everything we do at the Trust, and our five-year IT Strategy sets out the direction of travel and key deliverables to ensure we fully realise the benefits of our investment in digital technologies and services. Our vision for digital technology takes into account national, regional and local priorities to deploy integrated technology and data to improve services so they are:

- Shaped around patient need and convenience.
- Built on a secure, value for money, responsive and accessible infrastructure.
- Proactive and smart providing responsive and timely information on individual care needs.
- Aligned with our ambition to be a learning organisation.

It comprises three main pillars:

- **Technology** – infrastructure, hardware and software.
- **Digital** – culture change, improved patient experience, improved processes, and better tools for our colleagues to deliver better and safer patient care.

- **Information** – creating information and intelligence that drive delivery and improvements in care.

2020/21 was a year of significant digital transformation for the Trust, with £23m of investment focusing on our technology infrastructure. This investment is an essential building block in our overall digital transformation, ensuring we have a firm foundation in place as we focus on the transformation of our clinical applications in 2021/22 and beyond.

Examples of our infrastructure transformation include:

- Supporting mobile and home working, the Trust successfully deployed over 7,000 new PC's running Microsoft Windows 10 and Office 365 to Trust colleagues and clinical areas.
- In partnership with BT, the UK's first collaborative public sector deal was signed, which will deliver a new, modern, voice and data network across the Trust, Buckinghamshire Council and CCG in Buckinghamshire, and will provide a robust, reliable, secure and scalable network ready to meet the future requirements of our digital strategy.
- In partnership with Buckinghamshire Council, a programme of Data Centre modernisation started, with a commitment to move to a "cloud first" model, which will provide for a more resilient, flexible, and secure environment for both our applications and information which the Trust is so dependent on.
- The implementation of a cloud-based telephony solution, which will replace a number of legacy services but is also key in supporting agile working, removing the need to have a traditional desk phone.
- Continued investment in our cyber security capabilities to ensure the Trust's colleagues, applications and systems are protected from the ever-changing cyber security threats faced by all organisations and individuals.

One of the aims of the NHS Long Term Plan was to modernise the delivery of outpatient appointments with a commitment to reducing face to face outpatient appointments by up to a third over the next five years. COVID-19 accelerated this requirement to keep our patients and colleagues safe and limit the spread of infection. As well as keeping our patients safe,

many of our patients have said that it reduces stress and saves time and money for travelling and parking.

The Trust is working closely with health care partners across the region to take the learning from the pandemic to transform its outpatient services for the future, with the aim of giving patients a choice from a range of options - face to face, telephone or video call - depending on their clinical need.

Our Video Appointments project successfully enabled the introduction of video calls with patients during 2020/21, and we will continue to develop this solution further.

In April 2020, CareCentric was launched to provide access to a single, secure, shared care record for Buckinghamshire's patients, enabling healthcare professionals to communicate and collaborate safely and effectively. The CareCentric record includes information from the Trust's acute and community hospitals, GPs, social care and Oxford Mental Health.

Performance Against Key Indicators of Quality of Care

Performance Against Key Indicators of Quality of Care

Infection Control and Prevention

Gram Negative Bacteria Site Infection (GNBSI)

In 2020/21 there was a general reduction in the rate of healthcare associated GNBSI. Cases that involve a vascular access device (VAD) were investigated by the Outpatient Parenteral Antibiotic Therapy (OPAT) Team who identified the following learning:

- Sending paired blood cultures to identify source.
- Monitoring and documentation of Visual Infusion Phlebitis Score (VIPS) not documented each day.

Number of Cases of GNBSI by Organism (post 48 hours of admission)

	2018/19	2019/20	2020/21	TOTAL
E. coli (Total Reported)	42 (252)	48 (245)	32 (216)	122 (713)
Klebsiella (Total Reported)	15 (55)	23 (65)	22 (74)	60 (194)
Pseudomonas (Total Reported)	12 (24)	15 (32)	8 (28)	35 (84)
TOTAL (Total Reported)	69 (331)	86 (342)	62 (318)	217 (991)

Methicillin Resistant and Sensitive Staphylococcus aureus (MRSA and MSSA) bacteraemia

	2018/19	2019/20	2020/21	TOTAL
MRSA Bacteraemia	1	2	1	3

Mandatory reporting of MRSA bacteraemia continues. The limit was set at 0 avoidable cases. One case was reported to Public Health England. Summary of key learning from the case:

- Screen patients for MRSA on admission and weekly.
- Document and monitor intravenous cannula daily, including Visual Infusion Phlebitis Score (VIPS).
- Document administration of MRSA suppression therapy.

The total number detected after 48 hours of admission was 23, an increase of one case compared to last year. Root cause analysis (RCA) was carried out on Trust cases associated with invasive devices. Learning from root cause analysis where MSSA bacteraemia were related to VADs highlighted the importance of:

- Accurate VIPS assessment to ensure problems with devices are identified promptly.
- Refer patients with long term devices to OPAT on admission.
- Pairing of blood cultures to ensure accurate and timely diagnosis and treatment.
- Adherence to dressing protocol, ensure site is visible for daily assessment.
- Education for theatres and long-term wards for the care of central venous access devices (CVAD).

The OPAT team has audited practice, fed back learning locally and at divisional level. Learning from MSSA bacteraemia is included in the monthly IPC Board report.

COVID-19

The Trust monitors COVID-19 infections using the criteria below from NHS England. A total of 27 outbreaks were detected in the Trust in 2020/21. The IPC team worked collaboratively with clinical teams to monitor and investigate outbreaks, learning was shared locally, at divisional level and in senior operational meetings.

COVID-19 cases by NHS England Definitions 2020/21					
	Apr - Jun 2020	Jul – Sep 2020	Oct - Dec 2020	Jan – Mar 2021	Total
Community Onset - <=2 days after admission	189	21	342	563	1,115
Hospital Onset Indeterminate - 3-7 days after admission	26	1	43	86	156
Hospital Onset Probable - 8-14 days after admission	29	3	31	91	154
Hospital Onset Definite - 15 or more days after admission	39	2	57	64	162

Inpatient Falls

This table below reports the number of falls over the past few years within the Trust.

	2018/19	2019/20	2020/21
No harm	710	727	655
Low Harm	465	398	350
Moderate Harm	12	24	19
Severe Harm	1	4	1
Death	1	1	0
Total	1,189	1,154	1,025

Actions being undertaken to reduce the number of falls:

- All falls are investigated to understand the cause of the fall and things that can be put in place to learn and prevent future occurrences.
- Many of the patients who fall are older people, often with confusion and we focus on prevention with this group.

- We continue to focus on improving observation of patients that are at risk of falling, identified by a risk assessment, ensuring there are enough staff to meet the needs of patients.
- This year we updated our Assessments and Falls Policy which was launched as part of a 'Falls Learning Week' within the Trust in September 2020.

Pressure Ulcer and Moisture Associated Skin Damage (MASD)

During 2020/21, the Trust saw an increase in reported pressure ulcers - many of which were present on admission. NHSI guidance for reporting, which was published in June 2018, resulted in an expected rise in figures and this guidance is currently under review again.

There has been a rise in Trust acquired pressure ulcers in 2020/21 compared to the previous year. This rise is being reflected nationally and is attributed to shielding and self-care in the community setting, increased numbers of people dying at home and COVID-19 influencing skin integrity and making skin more vulnerable to breakdown.

The most common sites for pressure ulcers are the sacral area, with heel and foot the next most common. This is consistent with nationally reported figures.

The proportion of pressure ulcers with moderate harm or above is low across the Trust. This year 47 moderate harm incidents have been investigated (30 of these in community) and 16 of these have subsequently been declared as a Serious Incident (SI). For comparison in 2019/20, 43 moderate harm incidents were investigated and 10 were declared an SI. There has been a rise in MASD this year, but this is due to better reporting which commenced from April 2019.

Category 3 Pressure Ulcers

	Apr	May	Jun	Jul	Aug	Set	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	SI
2018/19	4	1	1	1	2	0	3	2	2	2	5	5	28	9
2019/20	2	3	4	6	5	1	6	0	2	5	4	5	43	10
2020/21	3	2	5	6	3	6	5	4	2	4	2	5	47	16

Category 2 Pressure Ulcers

	Apr	May	Jun	Jul	Aug	Set	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2018/19	29	21	16	19	19	18	11	16	27	13	18	13	220
2019/20	19	26	18	21	21	20	14	17	26	34	30	16	262
2020/21	15	28	29	22	20	33	26	29	21	38	33	31	315

Medical Device Related Pressure Ulcers

	Apr	May	Jun	Jul	Aug	Set	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2018/19	3	1	1	3	1	0	1	3	5	0	0	0	18
2019/20	0	1	4	1	3	1	2	0	4	2	2	0	20
2020/21	1	2	2	2	3	1	3	2	3	6	2	3	30

Moisture Associated Skin Damage (MASD)

	Apr	May	Jun	Jul	Aug	Set	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2019/20	2	6	2	3	5	6	4	16	8	12	11	13	68
2020/21	7	12	12	24	8	21	19	12	18	15	18	21	136

Sepsis

Sepsis is a leading cause of deterioration in acutely ill patients. Timely recognition and treatment are key to improving patient outcomes. The Trust's sepsis strategy has been aligned to NICE 51 guidance 'Sepsis Recognition, Diagnosis and Early Management'.

All patients are screened for sepsis (excluding minors) who present to our A&E Department. This is via a sepsis screening tool created in collaboration with the Academic Health Science Network (AHSN) regional sepsis group and adopted by the A&E team. Sepsis performance is measured monthly using Suspicion To Needle Time (STNT). This is the time of sepsis suspicion to the time of antibiotics within one hour. Performance for STNT < 1hr in 2020/2021 has achieved an annual mean target of 80% compliance.

A sepsis nurse has been employed and aligned to our Critical Care Outreach Team as part of the Trust's strategy in care of the deteriorating patient. A nurse consultant for critical care has also been employed to drive and monitor improvements via the Trust's sepsis steering group.

Education has continued via Microsoft Teams to include new starters in A&E, at the doctors' induction, as well as sepsis study days and a mandatory sepsis e-learning package for all nurses and doctors in acute inpatient areas.

Listening to the Patient Voice

Listening to the Patient Voice

Listening to the patient voice is an important part of the Trust's strategy. We believe in the principle of 'no decision without me'. We are committed to both listening to what patients and carers tell us about their experiences of our services, both positive and negative, and working with them to act on feedback.

Listen	Ask	Involve	Co-produce
Complaints PALS Compliments Healthwatch Social media Care Opinion	Local surveys National surveys Friends &Family Test Tops and Pants Perfect Ward PLACE	Focus groups Workshops Listening events	Patient/carer/service user groups Patient representatives on committees & working groups

The benefits of listening to and involving people who use our services include:

- Improved quality of services, projects, programmes and outcomes.
- Innovation and creativity.
- Avoiding conflict.
- Access to new resources, information and expertise.
- Increased patient awareness and understanding.
- Better colleague morale.
- Meeting our statutory obligations.

Complaints

Listening and responding when patients or families are unhappy with our service is central to ensuring continuous improvement in the quality and safety of our care. The Trust invites patients, carers and visitors to contact our PALS (Patient Advice & Liaison Service) for support and advice regarding all services. This approach enables the PALS and complaints

teams to work together to appropriately manage enquiries and concerns that are raised by our service users.

Our complaints ethos is built on the Ombudsman's complaints framework published in March 2021. The key components of the framework are:

- Positively seeking feedback.
- Being thorough and fair.
- Giving fair and accountable decisions.

Regulatory Compliance

In accordance with targets set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the table below shows how compliant we are with the requirement to acknowledge all complaints within three days. The regulations do not stipulate time frames for responses although the Trust adopted an internal target for complaints to be responded to within 25 working days.

Compliance – 2020/21	%	Trust Target	Acknowledged within 3 Working Days	%	Trust/National Target
25 Days (CAT4)	84%	85%	25 Days (CAT4)	99%	100%
40 Days (CAT5)	54%	N/A	40 Days (CAT5)	97%	100%
60 Days (CAT6)	54%	N/A	60 Days (CAT6)	96%	100%

* CAT4 complaints relate to a single issue or multiple issues within a single Division.

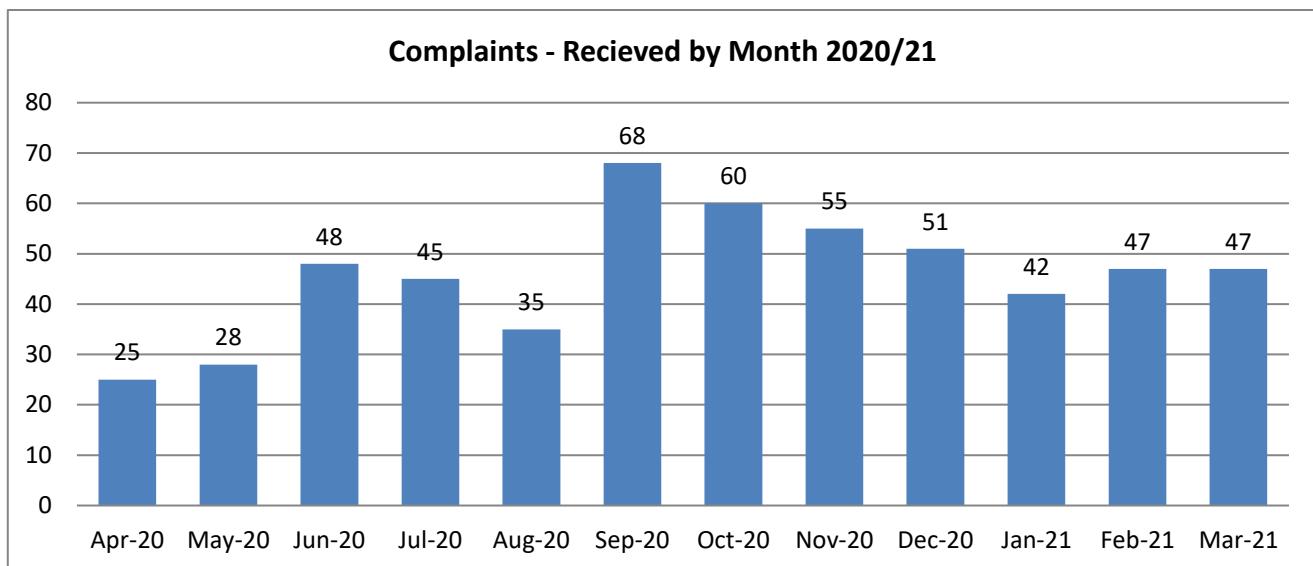
CAT5 complaints relate to a complex issue or issues across multiple Divisions.

CAT6 complaints are exceptionally complex.

In March 2020, in response to advice from NHS England in the context of COVID-19 pressures on the NHS, the Trust moved all existing cases to a 40 day timeframe and all incoming to a 60 day timeframe. Any concerns raised that affected the immediate safety and quality of care were escalated and responded to with appropriate urgency on a 'local resolution' basis. This measure was temporary to help manage the extra demands COVID-19 has had on the organisation and will be withdrawn as part of a review later in the year.

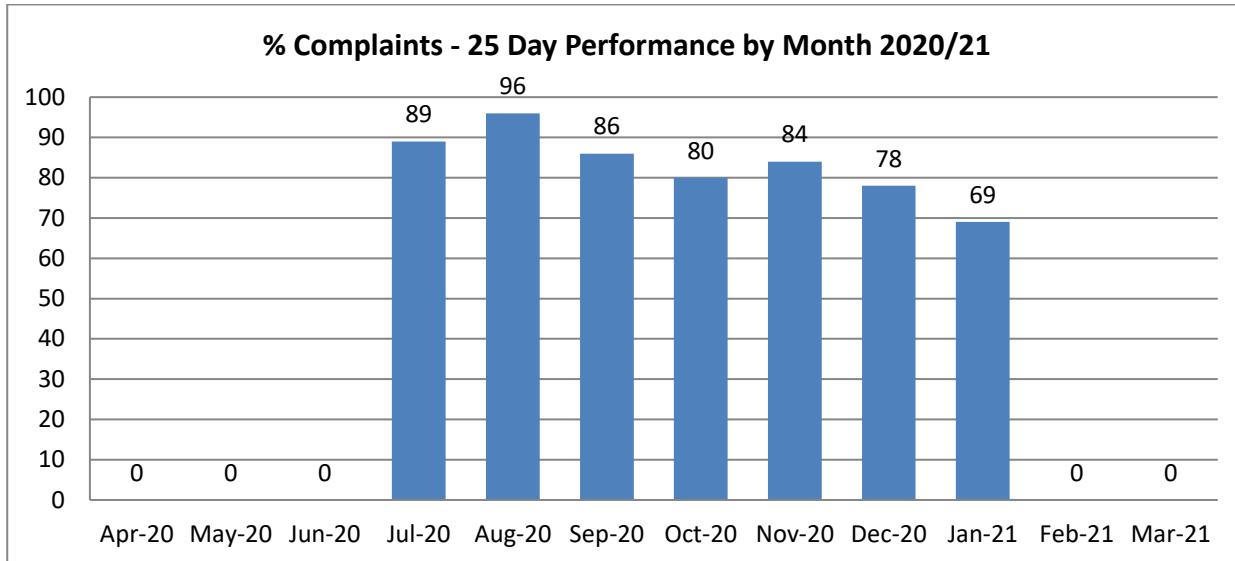
Numbers of Formal Complaints Received

In 2020/21 the Trust received 551 formal complaints compared to 643 formal complaints received in 2019/20, a 14.4% reduction which may be linked to the national lockdowns. The pattern of complaints received appears to follow the ebb and flow of the three England lockdowns with these periods seeing lower rates of complaints and with sharp increase in September. The graph below shows the number of formal complaints received each month.

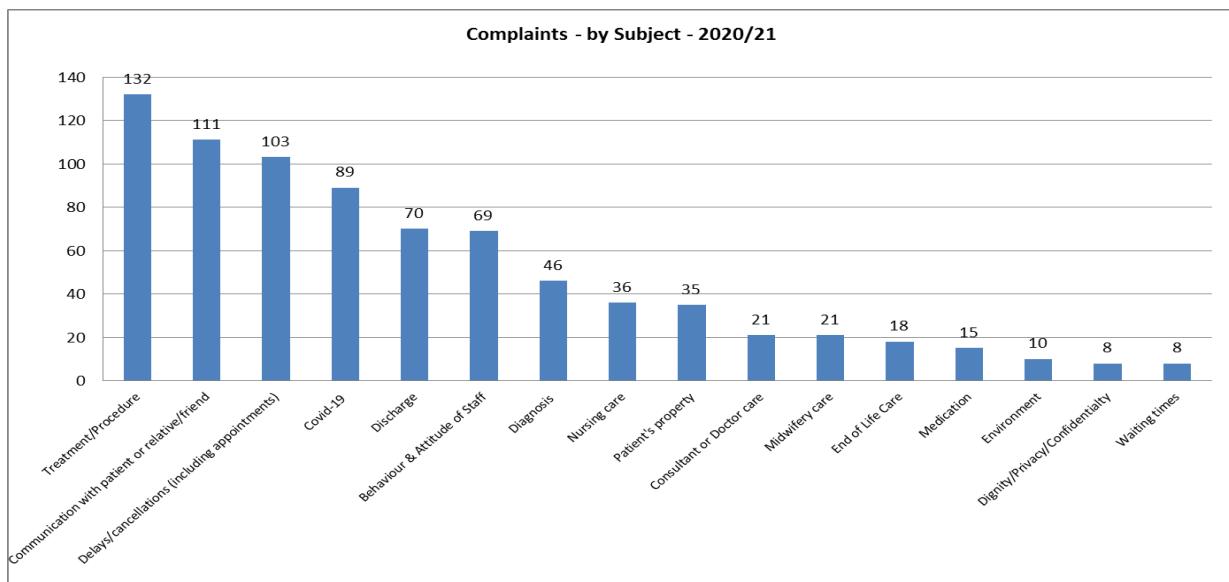


Speed of Response

The Trust has set an internal target of 85% of all Category 4 complaints to be responded to within 25 working days. Category 4 complaints are those that cannot be immediately resolved through the PALS service, do not cross multiple services or other healthcare providers, or require a more complex investigation. The Trust achieved an average of 84% of complaints responded to within the 25-day time frame, at the time of the report date. The graph below shows our performance each month. Please note that, due to the pandemic, compliance with the 25 day target was not monitored during April to June 2020 nor during February and March 2021.



The graph below illustrates that treatment/procedure, communication issues and delay or cancellations were the most cited reasons for complaints.



*Themes with 5 complaints or less were not included

Informal Concerns

In 2020/21 we recorded 4,697 PALS contacts from enquirers seeking advice and information about our services. This was a 4.2% reduction on 2019/20 when there were 4,901 contacts.

Parliamentary and Health Service Ombudsman (PHSO) Investigations

In 2020/21 there was one complaint referred to the PHSO. Due to delays caused by COVID-19, the PHSO is still deciding if it will investigate the case. One other historical complaint remains under investigation by the PHSO.

Complaints Quality Survey

Every complainant receives a Complaints Quality Survey. The survey is based on the 'User-Led Vision for Raising Concerns and Complaints' published by the PHSO in November 2014. The report 'My Expectations for Raising Concerns and Complaints' presented 'I statements', as expressions of what patients and service users might say if their experience was a good one at every stage of the complaints process. All respondents agreed that the service was accessible, timely and that they would complain again if they needed to. The areas for improvement centred around the perception of the Trust's openness within the responses.

Q1. I felt that it was easy to make a complaint	Q2. I felt that my complaint was dealt with within the timeframe agreed in my acknowledgment letter and I was kept informed of any delays	Q3. I thought that the response was easy to understand	Q4. I felt my concerns were addressed in an open and honest way	Q5. I felt my concerns were taken seriously	Q6. I would complain again if I felt I needed to	Q7. Overall rating
94%	87%	95%	76%	92%	96%	7/10

Learning from Complaints

Examples of changes made in response to complaints included:

- Patients being sent home with a catheter are now given a pack containing spare equipment and an advice sheet which has supported their care in the home.
- Dedicated cleaners have been appointed to ensure that additional cleaning is carried out in A&E during the night as required.
- An early pregnancy eLearning module for colleagues has been set up and is being made mandatory. A&E link nurse posts have been created to enable closer liaison with the bereavement midwives. Improved early pregnancy patient packs have also been developed.

- All women are now directly admitted to a labour room for assessment and not seen in the triage area of the labour ward. Guidelines have been updated to ensure that all women suspected of being in labour are admitted directly to a labour (or birth centre) room, which enables their birth partner to be present and provides greater privacy.

Patient and Public Involvement and Engagement

The Trust's patient groups continued to meet virtually throughout the pandemic, helping to shape the Trust's response and ensuring excellent patient experience remained a priority.

Patient Experience Group (PEG)

At the start of the pandemic, many Trusts suspended their patient experience group meetings. At the Trust we moved immediately to meeting with PEG via Zoom, going from quarterly to weekly meetings. The group was instrumental in shaping the support package that was developed for patients.

Following the first wave of the pandemic, PEG representatives sat on all the recovery programme delivery groups, ensuring the patient voice was part of the conversation.

In 2020/21 the PEG group also provided a sounding board to colleagues across the organisation on numerous initiatives and service improvements including:

- The end of life strategy.
- Video appointments.
- The 'home-first' patient discharge pathway.
- Patient and carer experience strategy.

National Spinal Injuries Centre Patient Forum (NSIC)

The purpose of the group is to work with colleagues to oversee implementation of patient recommendations. This year the NSCI patient forum met with colleagues via virtual meetings and informed the NSIC transformation programme, including initiatives on patient flow and outpatient appointments.

The Maternity Voices Partnership (MVP)

The MVP works closely with the maternity team. Activity in 2020/21 included:

- Engagement with over 3,000 service users and followers on social media.
- Weekly meetings with the Trust to stay up to date and provide the service user with a voice during the pandemic.
- Co-production of leaflets and patient communications.
- Produced general antenatal information videos and co-produced antenatal education videos with clinical colleagues.
- Sharing of targeted health information for service users from BAME communities.
- Held online live sessions with health professionals including the infant feeding, pelvic physio and mental health teams.
- Worked with the Buckinghamshire New University to develop a new midwifery curriculum.

Community Hub Stakeholder Group (CHSG)

The Trust's CHSG met bi-monthly during the pandemic and were fundamental in supporting the Trust to communicate changes, which occurred due to COVID-19, to a much wider audience within the local communities they represent.

Communications Advisory Panel (CAP)

CAP met quarterly during 2020/2021, supporting the Trust to improve patient and carer communications. During the year, CAP focussed on:

- The development of a new Trust website.
- Creation of new guidelines to help Trust colleagues produce better patient information leaflets and review almost 60 patient information leaflets.
- Reviewing additional public facing communications including signage and posters.

Public Engagement Programme

In August 2020, working with our partners from the Buckinghamshire Integrated Care Partnership, the Trust launched Phase 1 of a public engagement programme to ask people what they thought about changes we have made, or are considering, in health and social

care. The engagement was designed with support from the Getting Bucks Involved steering group which includes members of patient participation groups, representatives from local charities and Healthwatch as well as members of the public.

Engagement has focused on four themes:

- Digital Services: accessing routine appointments by telephone, video or online.
- Keeping People Safe: delivering services differently to prevent the spread of infections.
- Community services: organisations working together to promote independence and deliver care in people's homes and communities.
- Reducing health inequalities: improving health for vulnerable groups and people living in deprived areas.

Phase 1 was a survey which gathered data from over 2,800 respondents; the majority of whom were white females with an average age of 60. Phase 2 was designed to actively seek representation from a diverse range of Buckinghamshire residents, especially groups who are not often reached by such research, such as people living in areas of deprivation.

The findings from the engagement programme have been shared with the Health & Wellbeing Board and the Buckinghamshire Health & Adult Social Care Select Committee and will be used as the basis for further engagement with Buckinghamshire residents in the summer.

Mandatory Declarations and Assurance

Mandatory Declarations and Assurance

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 2020/21 according to the national requirements.

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

Statements of Assurance

During 2020/21 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted six NHS services. These were:

- Accident and Emergency
- Acute Services
- Cancer Services
- Community Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services

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

Clinical Audit and National Confidential Enquiries

During 2020/21, the Trust participated in 33 (92%) of the 36 National Clinical Audits and National Confidential Enquiries which it was eligible to participate in. The table below shows which audits the Trust participated in and the percentage of eligible/requested cases submitted.

AUDIT	Applicable overall	Data collection (yes/no)	2020/21 status	% eligible/requested cases submitted or reason for non-participation
CANCER				
Bowel Cancer (NBOCAP)	applicable	yes	participating	continuous data collection
National Lung Cancer Audit	applicable	yes	participating	continuous data collection
National Prostate Cancer Audit	applicable	yes	participating	continuous data collection
Oesophago-gastric Cancer (NOGCA)	applicable	yes	participating	data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	participating	continuous data collection
WOMEN AND CHILDREN				
Diabetes (Paediatric) Audit	applicable	yes	participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	participating	continuous data collection
National Maternity and Perinatal Audit (NMPA)	applicable	yes	participating	continuous data collection
National Neonatal Audit Programme (NNAP)	applicable	yes	participating	100%
National Audit of Seizures and Epilepsies in Children and Young People	applicable	yes	participating	continuous data collection

National Asthma and COPD Audit Programme – Children & Young People Asthma	applicable	yes	participating	data submitted on 4 patients before data submission was suspended due to COVID-19
CARDIAC, DIABETES AND VASCULAR				
Myocardial Ischaemia National Audit Project (MINAP)	applicable	yes	participating	continuous data collection
Cardiac Rhythm Management (CRM)	applicable	yes	participating	continuous data collection
National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	participating	continuous data collection
National Cardiac Arrest Audit (NCAA)	applicable	no	not participating	Trust has its own local audit
National Heart Failure Audit	applicable	yes	participating	continuous data collection
National Audit of Cardiac Rehabilitation	applicable	yes	participating	continuous data collection
National Diabetes Audit – Adults	applicable	yes	participating	100%
National Vascular Registry	applicable	yes	participating	data submitted by the regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis (currently not mandatory)	applicable	yes	participating	5 cases
OLDER PEOPLE				
Falls and Fragility Fractures Audit Programme (FFFAP)	applicable	yes	participating	continuous data collection
Sentinel Stroke National Audit Programme (SSNAP)	applicable	yes	participating	continuous data collection
ACUTE				
National Asthma and COPD Audit Programme	applicable	no	not participating	withdrew from audit with Trust agreement
National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	continuous data collection

Case Mix Programme (ICNARC)	applicable	yes	participating	continuous data collection
Perioperative Quality Improvement Programme (PQIP)	applicable	yes	participating	continuous data collection
Elective Surgery (National PROMs Programme)	applicable	yes	participating	100%
Major Trauma Audit (TARN)	applicable	yes	participating	100%
National Joint Registry Audit (NJR)	applicable	yes	participating	continuous data collection
National Ophthalmology Audit	applicable	yes	participating	continuous data collection
BAUS Urology Audits	applicable	yes	participating	continuous data
ACUTE				
Emergency Medicine QiP – Audit of Infection Control	applicable	no	not participating	decision made not to participate as local audit carried out recently
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	participating	continuous data collection
Surgical Site Infection Surveillance Service	applicable	yes	participating	100%
OTHER				
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	applicable	yes	participating	100%
Learning Disabilities Mortality Review Programme (LeDeR)	applicable	yes	participating	100%

31 National Clinical Audit reports were reviewed by the Trust in 2020/2021. The following are examples of actions we have taken as a result to improve the quality of our services:

- **National Audit of Care at the End of Life** – The purpose of this annual audit is to review the quality and outcomes of care experienced by the dying person, and those important to them, during the last admission prior to their death. The Trust's results showed performance at above the national average in six out of seven areas. The

area where the Trust scored below average was ‘communicating with the dying patient’. Following a review of the audit results, the following actions have been implemented: medical and nursing staff training to include a reminder regarding the importance of recording information regarding communication with the dying patient in their clinical notes; working with the Trust’s Patient Experience Lead to review and evaluate what support we offer families at the end of life and; embed into clinical practice the importance of the introduction of advanced care planning earlier in the patient’s illness to aid individualised care in their final days.

- **BSR National Early Inflammatory Arthritis Audit (NEIAA)** – This audit assesses seven key metrics of care, based on NICE Quality Standard 33, as well as how inflammatory arthritis affects people’s day-to-day function, mobility, sleep, wellbeing and ability to work. Following a review of the audit results the following changes have been implemented: re-design of the clinic templates with protected new and follow up early arthritis slots to enable timely follow up and treatment escalation to improve remission rates; moving of all new early arthritis slots to Stoke Mandeville Hospital so all patients can have access to ultrasound assessment; introduction of annual Inflammatory Arthritis GP training days with sessions covering recognising synovitis (with patients attending as models), ultrasound demonstrations and biologic therapies; raising awareness of the referral pathway and proforma for patients amongst local GPs and; introduction of goal setting and the concept of disease remission into education sectors.
- **National Pregnancy in Diabetes Audit** - This audit is part of the National Diabetes Audit programme and seeks to measure the quality of care and outcomes for mothers with pre-gestational diabetes against NICE guidance. The audit results highlighted the need to reduce the rate of macrosomic babies (a baby who is born much larger than average for their gestational age) by encouraging tighter blood glucose control and to reduce admissions of babies of >37 weeks gestation to Neonatal Intensive Care Unit (NICU) by providing increased feeding support. The following changes have been implemented: pre-conception counselling is now offered; a pre-conception leaflet which can be given to women by GPs and district nurses is now available; a dedicated endocrinologist (someone who specialises in diabetes) is now available at both Wycombe and Stoke Mandeville hospitals; standardisation of management across both sites; implementation of the Gestational Diabetes patient health app to help

women monitor their condition and; teaching sessions on diabetes for all midwifery staff.

- **Royal College of Emergency Medicine Venous Thromboembolism (VTE) Risk in Lower Limb Immobilisation (Care in Emergency Departments)**

This was a re-audit to monitor documented care against standards published in July 2018. The study looked at the proportion of eligible patients who were VTE risk-assessed, who received timely thromboprophylaxis and who received an appropriate patient information leaflet. Whilst the audit results showed significant improvements in the proportion of patients with a documented VTE risk assessment, and the proportion of patients provided with written information, overall compliance remained low.

Following completion of the audit, a risk assessment proforma has now been introduced and is being used by all clinicians in A&E.

The reports of 91 completed local clinical audits were reviewed by the Trust during 2020/21 and the following are examples of actions taken by the Trust to improve the quality of healthcare provided.

- **Prescribing of Direct Anticoagulants** - Direct Oral Anticoagulants (DOACs) are a new class of anticoagulant drug which provide therapeutic anticoagulation therapy at a standard dose. The audit results showed the 'Oral Anticoagulant' area of the drug chart is being correctly completed and that clinicians understood when to withhold DOACs due to contraindications. However, improvements needed to be made in adjusting doses due to change in renal function, in the clear documentation of rationale for dosing decision and the importance of prescribing alternatives when DOACs are contraindicated. Following a review of the audit results the following changes have been implemented: education sessions for junior doctors on the medical training rotation and; the creation of a poster which is displayed on the Acute Medical Unit, in A&E and on the Short Stay Ward to act as a visual reminder for clinicians.

- **Assessment for Delirium In Patients With A Fractured Neck of Femur (NoF) –** Delirium is a commonly seen condition (10 to 15% of elderly patients on admission) and is known to significantly impact the duration of a patient's hospital stay. This audit measured compliance against the recommendations set out in NICE Quality Standard QS63 – Delirium in Adults. The audit results showed that whilst all patients had a pre-op Abbreviated Mental Test Score (AMT) completed, not all have a 4A Test. The 4A

Test is a bedside medical scale used to help determine if a person has positive signs for delirium. It takes around two minutes to complete and is designed to be used in general clinical settings, inpatient hospital settings outside of the Intensive Care Unit, or in the community. Following a review of the audit results the following changes have been implemented: introduction of a delirium assessment to help standardise the carrying out of and recording of information regarding assessments. A re-audit to check the training has been embedded.

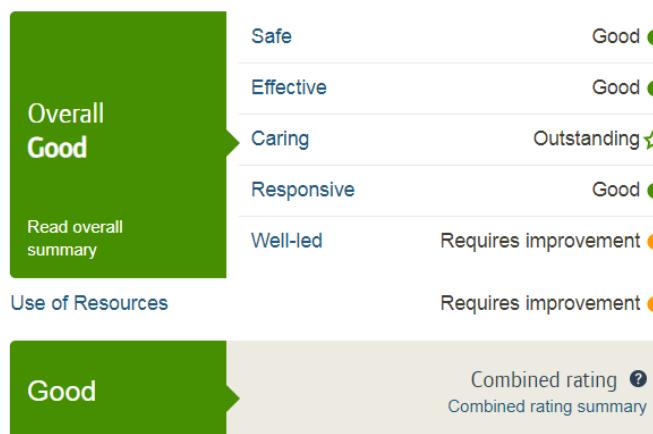
- **Sepsis Screening in Surgical Assessment Unit (SAU)** – The purpose of this audit was to identify whether sepsis screening was taking place in the Trust's SAU in accordance with NICE Guidance 51 - Sepsis: recognition, diagnosis and early management. The audit results showed sustained compliance for sepsis screening of patients triaged and admitted to the SAU. Following completion of the audit the following changes have been implemented: a new screening and actions tool has been introduced in Urgent Care and a nurse triage booklet introduced on the SAU; a GP surgical referral form is being piloted with junior doctors and; further education and training has been carried out.
- **Nil by Mouth (NBM) Medications - Are they being given?** - Even with a pre-operative NBM status, patients should still be given their medications with sips of water up to the induction of anaesthesia, unless the pre-operative use of that medication is advised against by the anaesthetist. This audit was carried out to check whether oral medications were still being dispensed to patient with a NBM status. The audit results showed medications were being omitted in some cases without any clear rationale for doing so. Following completion of the audit the following changes have been implemented: the Trust guidelines on pre-operative fasting have been reviewed and found to be in line with national guidelines; 'Nothing but medicine' posters have been displayed on the wards explaining when medication should still be given and; the results of the audit presented to the Anaesthetic Team, following which it was agreed fasting times would be discussed at the morning World Health Organisation Surgical Safety Checklist Briefing.

Care Quality Commission (CQC)

Buckinghamshire Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) under Section 10 of the Health and Social Care Act 2008 and its current registration status is 'Registered'. The Trust has not participated in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during 2020/21.

Between January and March 2019, the Trust underwent an announced inspection of its services by the CQC against the five key lines of enquiry: Safe, Effective, Caring, Responsive, Well-led, as well as a new assessment of our Use of Resources. A copy of the inspection reports can be found at www.cqc.org.uk/directory/RXQ. As a result of the inspection, the overall rating of the Trust changed from 'Requires Improvement' to 'Good'.

The Trust's current ratings are summarised below:



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

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

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

Location name and address	Buckingham Community Hospital High Street Buckingham Buckinghamshire MK18 1NU
Location ID	RXQ61
Additional conditions that apply at this location	<p>1. The registered provider must act and implement an effective system to ensure there are sufficient numbers of suitably qualified, skilled and experienced nurses, Healthcare Assistants (HCAs) and therapy staff throughout the community health inpatient wards to support the care and treatment of patients in particular regard to the following:</p> <ul style="list-style-type: none"> a. The registered provider must act to ensure that the providers safe staffing levels include enough suitably trained staff for patients, to receive physiotherapy across all seven days of the week. b. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for staff who provide therapy for each community health inpatient ward. c. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for nursing staff including the nurse to patient ratios for each shift in a 24-hour period for each community health inpatient ward. d. Where the actual nurse staffing levels have fallen below safe the Trust must detail what action was taken to ensure the staff to patient ratios were safe.

The table below summarises the actions which the CQC identified which the Trust must do.

'MUST DO'	SERVICE	Update March 2021
The service must ensure medicines, including controlled drugs, are managed safely and in line with regulations to protect patients.	Surgery	Action completed CLOSED with follow up audits to ensure ongoing compliance.
The service must ensure medicines, including controlled drugs, are managed safely and in line with regulations to protect patients.	Trust-wide	Action completed CLOSED with follow up audits to ensure ongoing compliance.
The service must ensure emergency medicines (Glucagon) are stored safely in line with manufacturers' guidance to ensure they are fit for use.	Surgery	Action completed CLOSED with follow up audits to ensure ongoing compliance.
The service must ensure care is provided in a safe way to include all necessary checks such as the five steps (WHO Checklist) safety checks which must be completed in line with practice guidelines.	Surgery	Action completed CLOSED with follow up audits to ensure ongoing compliance.
The service must ensure risk assessments are completed and actions developed to mitigate those risks for patients undergoing surgical procedures (VTE).	Surgery	Action completed CLOSED with follow up audits to ensure ongoing compliance.
The service must ensure equipment used at the service for providing care and treatment is properly maintained and safe for use.	Surgery	CLOSED
The service must ensure vulnerable patients and those who present with acute mental health needs are treated in a suitable, safe, risk assessed environment.	A&E	Near Completion: Build in A&E due to complete in the summer of 2021.
The service must ensure patients' records are fully completed in a timely manner.	A&E	CLOSED following appropriate training and audit of compliance.

The service must ensure safer staffing levels are appropriately assessed against patient need.	Community Inpatients	CLOSED staffing is monitored through new electronic systems rigorously reviewed daily and reported to the Board monthly.
The service must ensure suitable numbers of staff are deployed to match identified safer staffing levels.	Community Inpatients	CLOSED with monthly reporting to CQC.
The service must ensure processes are in place and effective in identifying, and responding to, the impact of safer staffing levels on patients' rehabilitation journeys.	Community Inpatients	CLOSED with monthly reporting to CQC.
The service must ensure waiting times are reduced for paediatrician and therapy services.	Community Health services for Children Young People (CYP) and families	<p>The demand for these services for children has continued to increase both in number and complexity.</p> <p>The Team have worked to reduce waiting times for all the children concerned.</p> <p>Unfortunately, the pandemic caused some delay in the remedial actions that were being undertaken.</p> <p>However, we have now been able to resume all services and are reducing the number of children who are waiting for extended periods.</p> <p>This area of improvement is under constant review.</p>

Data Quality

Buckinghamshire Healthcare NHS Trust submitted records during 2020/21 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:	The percentage of records in the published data relating to Accident and Emergency care which included the patient's:
Valid NHS Number was 99.7% (National Average 99.4%)	Valid NHS Number was 100% (National Average 99.6%)	Valid NHS Number was 99.9% (National Average 97.5%)
General Medical Practice code 100% (National Average 99.9%)	General Medical Practice code 100% (National Average 99.8%)	General Medical Practice code 100% (National Average 99.3%)

The Trust's Information Governance Assessment Report is now completed through the Data Security and Protection (DSP) Toolkit. This is an online self-assessment tool that allows organisations to measure their performance against the National Data. The deadline for submission of the 2020/21 Toolkit has been extended to 30 June 2021 and work towards achieving the required standard is underway.

The Trust will be taking the following actions to improve data quality:

- Producing a new Data Quality Strategy to improve data quality. It will set out the Trust's approach for the collection, monitoring, checking and validation of data. The strategy will promote and reinforce the corporate message that data quality is everyone's responsibility.
- The objective of the strategy is to maximise the accuracy, timeliness and quality of data recorded on the Trust's information systems. Initially, the focus of the strategy will be on clinical data and clinical information systems. Key operational data and statutory reporting will be reviewed and improved.
- A data quality team continuously perform checks for missing NHS numbers, postcodes and GP practices and merge newly created duplicate records. Additionally, an initiative to improve the collection of patients' ethnicities started in 2020/21.

The Department of Health Core Quality Indicators

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

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

Summary Hospital Level Mortality Indicator (SHMI)

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the SHMI for the Trust for the reporting period	2019/20	1.0446	1.0043	0.6752	1.2002
	2020/21	1.0663	1.0019	0.6951	1.1869
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none">• Band 1 = Worse than expected• Band 2 = As expected• Band 3 = Better than expected	2020/21	Band 2	Band 2	Band 2	Band 2

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2019/20	51.2%	36.6%	Data not available	Data not available
	2020/21	50.0%	36.3%	8.1%	59.2%

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

- SHMI data was obtained from NHS Digital's Indicator Portal.

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

- Continuous analysis and benchmarking of mortality data with support from Dr Foster Analytics.
- Utilising the Medical Examiner Service to enable an independent scrutiny of adult inpatient deaths in partnership with families and carers and identifying opportunities for learning.

Patient Reported Outcome Measures (PROMS):

PROMS measures health-related quality of life as reported by patients themselves.

Measurements before and after a clinical intervention are used to understand the overall impact of that intervention and the associated health gain. They also provide us with a way of benchmarking performance standards to compare service provision and to detect variations in the standard of care delivered to patients. The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Score (Best)	Lowest Score (Worst)
	2018/19	22.38	22.21	24.37	19.11

Hip replacement surgery – Oxford Hip score	2019/20	22.09	22.14	24.39	18.51
Knee replacement surgery – Oxford Knee Surgery	2018/19	17.17	16.73	19.76	13.67
	2019/20	17.53	17.10	19.80	13.37

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

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

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

- Reviewing the PROMS data at our monthly arthroplasty meetings.
- Raising awareness amongst patients who have had surgery of the importance of completing the PROMS questionnaire. We are exploring how technology might be used to prompt patients to complete their forms.

Readmission Rates

The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Best Performer	Worst Performer
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 2018 – Sep 2019	14.9%	9.7%	1.0%	17.8%
	Oct 2019 – Sep 2020	13.0%	9.5%	1.4%	18.1%

The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Oct 2018 – Sep 2019	8.1%	8.8%	2.4%	16.7%
	Oct 2019 – Sep 2020	7.8%	9.2%	2.1%	16.7%

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

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

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

- Establishing the correct data set of patients to that as defined by NHSI.
- Ensuring we are coding patients correctly when presenting the data included in the report.
- Rectifying incomplete readmission data for analysis.

Responsiveness to the Personal Needs of Patients

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

The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the NHS Trusts and NHS foundation Trusts by NHS Digital with regard to the Trust's responsiveness to	2017/18	64.3	68.6	85.0	60.5
	2018/19	66.2	67.3	85.0	58.9

the personal needs of its patients during the reporting period.	2019/20	67.0	71.9	84.2	59.5
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Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason:

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

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

- Enabling colleagues at all levels to make improvements in response to patient feedback.
- Using patient experience data to drive improvement.
- Involving patients and carers as partners in improvement.

Friends and Family Test for Staff

Due to the pandemic a decision was taken by NHSE early in 2020 to cease gathering the Friends and Family Test data for staff. This has not yet commenced but will re-start in Q2 of 2021/22.

Venous Thromboembolism

The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2019/20 Quarter 3	96.6%	95.3%	100%	71.6%
	2020/21 Quarter 3	96.5%	Data not available	Data not available	Data not available

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

- Due to the impact of the coronavirus, and the requirement to release capacity across the NHS to support the response, NHS England and NHS Improvement paused the collection and publication of some official statistics. As a result, VTE quarterly data was not reported by any Trust during 2020/21. However, Buckinghamshire Healthcare NHS Trust continued to monitor monthly compliance at a local level.

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

- Producing and distributing an updated guideline in line with NICE guidance.
- Promoting patient information and patient engagement regarding VTE prevention.
- Mandatory e-learning for colleagues.
- Standardising the quarterly ward audits and improving the feedback mechanisms to departments.

Clostridium Difficile Infection Rate

Infection Prevention and Control

2020/21 has been the year that Infection Prevention and Control (IPC) as a service and speciality has come to the forefront of clinical practice.

Over the last year, the Personal Protective Equipment (PPE) Safety Officer Team has supported IPC best practice in clinical areas across all sites and the community to deliver updates and training to ensure the safety of patients and colleagues. This has inspired over 70 colleagues to become PPE Champions to support the Trust going forward by championing practice in their teams. 2020-21 has revived the need for quality in IPC practice, we look forward to delivering a back to basics campaign on the successes of the past year.

Hospital Onset and Community Onset, Healthcare Associated Cases

The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average
The data is taken from Public Health England reports with regard to the rate per 100,000 bed days of Total cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period. Rates are per 100,000 bed days	2017/18	27.8	20.6
	2018/19	26.4	20.2
	2019/20	25.7	21.9

The Trust considers that this rate is as described for the following reasons:

- The yearly objective for the Trust remains at 65 cases. The Trust ended 2019/20 with 57 cases. A root cause analysis is undertaken of all cases and the outcome of that work concluded that:
 - 30 of the 57 cases were unavoidable
 - 27 of the 57 cases were avoidable, These are lapses in care identified that have directly contributed or there is reasonable correlation with the patient acquiring this

episode of C. difficile infection at the Trust. For example, if the antibiotics prescribed to the patient in question were not in line with published Trust guidelines and not appropriate for the clinical syndrome/s, then the case will be deemed avoidable.

- Analysis of the 27 avoidable cases showed that there are three main areas to consider:
 - The judicious use of antibiotics across the Trust.
 - Prompt stool sampling, documentation of stool habit and isolation of patients in line with Trust guidance.
 - Collaborative team working within wards.

Whilst the national benchmarking data for 2020/21 has not yet been published, the total number of cases of C. difficile recorded by the Trust during the year was 36, of which 3 were deemed to be avoidable.

The Trust continues the following actions to improve this rate by:

- Undertaking monthly Antimicrobial Care Bundle (ACB) audits with results being shared for discussion at Divisional and Service Delivery Unit Quality meetings. A monthly narrative assurance has been implemented within the Infection Prevention and Control Committee agenda for Divisions to demonstrate actions and learning identified from ACB audits.
- Embedding the use of the Perfect Ward app which allows colleagues to jointly audit ward practice, including stool monitoring documentation and IPC practice.
- Monthly hand hygiene audit.
- Liaising with the site team to assist with patient isolation.

Gram Negative Blood Stream Infection (GNBSI)

In 2020/21 there was a general reduction in the rate of healthcare associated GNBSI. Cases that involve a Vascular Access Devices (VAD) were investigated by the Outpatient Parenteral Antibiotic Therapy (OPAT) Team who identified the following learning:

- Sending paired blood cultures to identify source.
- Monitoring and documentation of Visual Infusion Phlebitis Score (VIPS) not documented each day.

Number of Cases of GNBSI by Organism post 48 hours of admission

	2017/18	2018/19	2019/20	2020/21	TOTAL
E. coli (Total Reported)	45 (231)	42 (252)	48 (245)	32 (216)	167 (944)
Klebsiella spp. (Total Reported)	17 (56)	15 (55)	23 (65)	22 (74)	77 (250)
Pseudomonas spp. (Total Reported)	16 (27)	12 (24)	15 (32)	8 (28)	51 (111)
TOTAL (Total Reported)	78 (314)	69 (331)	86 (342)	62 (318)	295 (1305)

Methicillin Resistant and Sensitive Staphylococcus aureus (MRSA and MSSA) bacteraemia

	2017/18	2018/19	2019/20	2020/21
MRSA Bacteraemia	2	1	2	1
MSSA Bacteraemia	19	17	22	23

Mandatory reporting of MRSA bacteraemia continues. The limit was set at 0 avoidable cases. 1 case was reported to Public Health England.

Summary of key learning from the case:

- Screen patients for MRSA on admission and weekly thereafter
- Document and monitor intravenous cannula daily, including Visual Infusion Phlebitis Score (VIPS)
- Document administration of MRSA suppression therapy

Total numbers detected after 48 hours of admission were 23, an increase of one case compared to last year. Root cause analysis (RCA) was carried out on Trust cases associated with invasive devices.

Learning from root cause analysis where MSSA bacteraemia were related to venous access devices highlighted the importance of:

- Accurate VIPS assessment to ensure problems with devices are identified promptly.
- Refer patients with long term devices to Outpatient Parenteral Antimicrobial Therapy (OPAT) Team on admission.
- Pairing of blood cultures to ensure accurate and timely diagnosis and treatment,
- Adherence to dressing protocol, ensure site is visible for daily assessment.
- Education for theatres and long-term wards for the care of central venous access devices.

The OPAT team has audited practice, fed back learning locally and at Divisional level. Learning from MSSA bacteraemia is included in the monthly IPC Board report.

Patient Safety Incidents

Prescribed Information	Reporting Period	Trust Score	National Average	Highest Rate	Lowest Rate
Rate of patient safety incidents (per 1000 bed days) when benchmarked against medium acute Trusts	2019/20 Qtr 1 & 2	52.1	49.8	103.8	26.3
	2019/20* Qtr 3 & 4	50.7	50.7	110.2	15.7
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute Trusts	2019/20 Qtr 1 & 2	0.2%	0.3%	1.6%	0%
	2019/20* Qtr 3 & 4	0.2%	0.3%	1.5%	0%

*The National Reporting and Learning System (NRLS) has recently transitioned to annual reporting and therefore the data provided is that which is currently available on the NRLS.

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

- The National Reporting and Learning System is regarded across the NHS as reliable, with the source of data the Trust's electronic risk management system.
- Incident reporting data from the risk management system is used as an intelligence source for understanding risk, identifying patterns of reported concerns, in conjunction with other data.

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

- A new weekly Chief Nurse and Medical Director Safety briefing is sent out to all colleagues providing patient safety messages and pointers, promoting topics including harm prevention for pressure ulcers, VTE and falls, safe medicine management and infection prevention and control incident management.
- In the first wave of COVID-19, a Chief Nurse safety surveillance briefing was held on a weekly basis which integrated intelligence from a number of sources – patient experience, complaints data, incident data, infection prevention and control and safeguarding to drive improvements and responses in the context of a rapidly changing pandemic situation.
- The Trust has closely monitored COVID-19 associated incidents for awareness of themes in order to address issues that arose as effectively and quickly as possible, through adding COVID-19 specific fields to the incident reporting system.
- Opportunities to link incident reporting with national campaigns such as the World Health Organisation (WHO) World Patient Safety Day (September 2020) was constrained by COVID-19 restrictions but the Trust promoted the day with good news stories relating to patient care.
- The Mandatory and Statutory Training Group gave approval for incident report training to be a mandatory module which will facilitate more widespread uptake of incident reporting training.

Learning from Deaths

During 2020/21, 1,312 Trust inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Trust deaths	331	241	279	461	1,312
Number of deaths reviewed by Medical Examiner	331	242	279	461	1,312
Death subject to Case Not Review (Structured Judgemental Review SJR)	33	21	30	34	118
SI Investigations	1	1	0	4	6
Deaths more likely than not to have been due to problem in care	3	0	1	0	4
Overall percentage of deaths more likely than not to have been due to the problem in care	0.9%	0%	0.4%	0%	0.3%

Implementing the Priority Clinical Standards for Seven Day Hospital Service

The Seven Day Hospital Services Programme was paused due to the impact of the pandemic and the requirement to release capacity across the NHS to support the response. Therefore, no audit was undertaken during 2020/21.

Statement from Buckinghamshire Clinical Commissioning Group



Second Floor
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Aylesbury
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16th June 2021

Dear Colleague,

Statement from Clinical Commissioning Group (CCG)

Buckinghamshire CCG, response to Buckinghamshire Healthcare NHS Trust Quality Account 2020/2021

Buckinghamshire Clinical Commissioning Group (CCG) has reviewed the Buckinghamshire Healthcare NHS Trust Quality Account against the quality priorities for 2020/2021. There is evidence that the Trust has relied on both internal and external assurance mechanisms, to provide a comprehensive Quality Account review.

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

context.

We would like to recognise the incredible work the Trust has completed in responding to the Covid-19 pandemic and the collaboration that occurred with local system partners as a result. During the covid response we all adapted to the emerging situation and the candid, open and transparent partnership discussions supported this response.

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

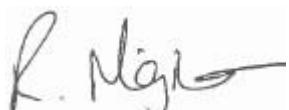
The CCG would like to recognise the positive work that has been conducted in relation to the role of the Medical Examiner and the collaborative working for the LeDeR Learning Disability Mortality review programme with the CCG and other stakeholders within the ICS and how this continued during the Covid-19 response.

The Quality Account highlights a need for continued quality improvement over, avoidable infections, falls prevention and management, management of VTE and management of pressure ulcers and Moisture Associated Skin Damage.

The creativity of approaches during the pandemic in terms of communication with patients and their carers is recognised and collaborative working with other partners to support this work such as the Maternity Voices Partnership (MVP), whilst also recognising the tremendous support and initiatives implemented to support staff through this very difficult time.

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

Yours sincerely,



Robert Majilton

Deputy Chief Officer

Statement from Healthwatch Bucks

Healthwatch Bucks response to Buckinghamshire Healthcare NHS Trust Quality Account

Thank you for sharing your 2020/21 Quality Account with Healthwatch Bucks. The Account highlights the unprecedented - and challenging - year this has been for staff, patients and the wider community. We would like to thank staff at the Trust for their continuing commitment to provide a high quality and safe service to Buckinghamshire residents.

We would also like to congratulate the Trust for their numerous achievements during the pandemic including maintaining cancer and urgent care services throughout and in continuing to deliver the school aged immunisation programme.

The Quality Account highlights that 2020/21 was a year of digital transformation for the Trust including the introduction of video calls with patients. The Trust cites an aim in the Quality Account to learn from the experiences of the past year including the increased use of digital technology. This includes plans to offer patients a range of options for outpatient appointments - face to face, telephone or video call, depending on their clinical need.

As the Trust notes, the pandemic has highlighted the health inequalities that exist in our communities. It is people from these communities who may not be digitally connected, able to communicate by telephone or video, need language support or whose preferred method of consultation may be in person. Our 'Open for Business?' report ([Open for Business? – Healthwatch Bucks](#)) looked at people's experience of remote GP and hospital appointments link and found that those from BAME communities were significantly more likely to say there were unhappy with their remote appointment.

With this in mind, we would welcome a clear commitment and statement from the Trust to offer a range of options to patients not only in relation to appointments, but across other key areas; booking appointments, receiving information and reporting experience.

We recognise the significant efforts that have gone into the new website for the Trust and the patient and public involvement (via the Communications Advisory Panel) in designing the site. The new website is much improved - clear, accessible and easy to

navigate. We hope that the updating and maintaining of information on the site will be prioritised so that it can become a valuable resource for patients and their carers.

The Quality Account references the impact the pandemic has had on waiting lists for the Trust and we appreciate all the work that is going into tackling these. Patients must be reassured that their health and wellbeing remain a priority for the Trust and their expectations should be managed appropriately. We would ask that the Trust are clear in their communications with the public about measures to address waiting times and what patients can realistically expect in relation to delays to treatment and/or appointments.

We are pleased that the Trust carried on collecting Friends and Family Test data from patients during the pandemic; it is an integral part of the patient voice. We also want to positively note the increase both in response rate and satisfaction scores since last year's Quality Account. The data analysis against protected characteristics provides useful insight into patient satisfaction amongst different demographics. We will be keen to see the findings - and any resulting action plans - into the work that is being done to understand why patients identifying as Bangladeshi or British Bangladeshi report lower satisfaction rates than other ethnicities.

As the Trust recovers from the pandemic, we welcome the emphasis on prioritising the health and wellbeing of staff through the in-house Wellbeing Team, including the wrap around support programme that has been introduced. It is obviously concerning to see that bullying and harassment from colleagues and patients/visitors has been an issue for some staff, particularly those from BAME communities and it would be helpful to know what has been put in place to address this.

Finally, we welcome the collaborative relationship we've continued to have with BHT this year in our role as a 'critical friend' and facilitator. We look forward to building on this over the next year.

Zoe McIntosh, Chief Executive, Healthwatch Bucks

Statement from Health and Adult Social Care Select Committee

Buckinghamshire Council's Health and Adult Social Care (HASC) Select Committee holds decision-makers to account for improving outcomes and services for the residents of Buckinghamshire. As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for 2020/21.

We would like to start by acknowledging the many highlights and achievements delivered by the Trust during these most challenging times. We make specific reference to the management of the COVID-19 vaccination programme and the vaccination hubs, which have been widely praised and the continuation of the Schools Immunisation Programme during the pandemic. We also pay tribute to the Palliative Care Team/End of Life Team who reacted quickly to the constantly changing situation and their commitment to ensure no patient died alone. Finally, we would like to place on record the tremendous work of the Microbiological Department in processing over 80,000 samples for COVID-19 PCR tests, with an average turnaround time of less than six hours.

We were particularly interested to read about the launch of new services during 2020/21, including:

- Think 111 First;
- Virtual Outpatients appointments;
- Two-hour urgent community pilot across 3 of the 7 Rapid Response Intermediate Care Teams;
- Specialist clinic at Stoke Mandeville Hospital to support patients with Long COVID;
- Upper Limb Studio within the National Spinal Injuries Centre – acknowledging that it's the first of its kind within the NHS;
- Adoption of the Brainomix e-Stroke Suite imaging platform across Wycombe and Stoke Mandeville Hospital sites helping stroke physicians make life-saving decisions;

- Introduction of the Wycombe Arthroplasty Rapid-recovery Pathway by the Orthopaedic Team enabling the majority of patients to return home within 24 hours;
- Delivery of a new, modern, voice and data network across the Trust, Buckinghamshire Council and the Clinical Commissioning Group – the first collaborative public sector deal;
- Launch of CareCentric providing a single, secure, shared record for Buckinghamshire patients, including information from the Trust's acute and community hospitals, GPs, social care and Oxford Health;

We highlight the following areas of concern and areas for improvement:

- **Readmission rates** – Whilst the readmission rates for 0-15 year olds and patients aged 16 and over have both slightly improved from last time, against the national average figure, this still remains an area of concern. We hope the coding, incomplete data and the establishment of the correct data sets will help to improve the results for next year.
- **Pressure ulcers** – We remain concerned about the continued increase in pressure ulcers across all categories and note the number of cases related to the community (30 moderate harm incidents out of 47 were in the community).
- **Sepsis** – The Quality Account states that sepsis is a leading cause of deterioration in acutely ill patients and the performance measure is Suspicion To Needle Time. In 2020/21, the Trust achieved an annual mean target of 80% compliance – we are unclear how the Trust's performance compares with other Trust's but the recruitment of a sepsis nurse and a nurse consultant to help drive and monitor improvements highlights the Trust's commitment in this area. We would, therefore, like to hear more about this in the next Quality Account.
- **C-Difficile** – Last year, the Quality Account stated that due to a change in reporting algorithm, there was no data available but reported that 27 out of 57 cases were avoidable. This year, the account refers to the same number of avoidable cases and the Trust's performance is only just above the national average. We remain concerned about this and would like more reassurance that the improvement measures are embedded across the Trust and making a difference in driving improvements.
- **Staff Wellbeing** – We were pleased to read about the many initiatives being undertaken by the Trust to help support staff, particularly during the worst of the

pandemic. We remain concerned about staff wellbeing across the health and social care sector and will be reviewing this in conjunction with recruitment and retention plans.

- **Staffing levels** – We note that the Trust has recruited to a number of posts but would like to express concern about whether the additional capacity is sufficient, particularly the CAMHS liaison officer and the nurse consultant specialising in eating disorders (we hope that the Trust will build resilience around both of these roles). Linked to this, we note the conditions imposed by the CQC at Amersham Hospital and Buckingham Community Hospital in relation to staffing levels and look forward to hearing more about this over the coming months.
- **Health inequalities** – As stated in the Quality Account, the pandemic has brought to the fore the issue of health inequalities and we support the Trust in making it a priority with partners across Buckinghamshire. We would like to see strong leadership with clear, deliverable action plans.

General comments and observations

- **Voice of the Child** – The report demonstrated that 100% of children and young people who responded to the survey, following a health assessment, felt that they had been listened to. It would be more meaningful to have the actual number of responses against the number of health assessments completed.
- **Volunteers and Private Sector support** – We acknowledge how well the Trust used volunteers throughout the pandemic and would suggest that work is undertaken to harness the role of the volunteer going forward. Linked to this, we would have liked to understand the impact private providers have had on the Trust's services over the last year and how this will be managed over the coming months to help reduce the backlog.
- **Seven Day Hospital Service** – Whilst appreciating the reasons for pausing this audit, we would like reassurance that it will recommence soon as these metrics provide key information on clinical standards.
- **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System** - We were surprised that the Quality Account did not make more reference to the plans for the ICS and the impact on services locally;

There are a number of specific issues mentioned in the Quality Account which link to the Committee's ongoing work programme, including:

- Public Engagement Exercise;
- IT Strategy – digital innovations and the impact of the pandemic on delivering services digitally (access to all);
- Tackling health inequalities;
- Mental Health (including staff wellbeing);
- Working within communities and developing more care services closer to home.

Conclusion

Through its Quality Account, the Trust has demonstrated how hard all members of staff have worked to protect the most vulnerable and to keep its patients and colleagues safe throughout the global pandemic.

As the Trust continues to implement the various strands of the NHS Long-Term Plan, the HASC Select Committee will continue to review and challenge the impact of proposed changes on the quality of care provided by the Trust to ensure better outcomes for patients.

We continue to welcome and support the Trust's open and transparent way of working with its partners and look forward to more integrated and partnership working over the coming year – both locally and across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

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

Date: June 2021

Appendix 1 – Abbreviations

7DS	Seven Day Services
A&E	Accident and Emergency Department
ACB	Antimicrobial Care Bundle
AHSN	Academic Health Science Network
AMU	Ambulatory Medical Unit
BHT	Buckinghamshire Healthcare NHS Trust
BI	Business Intelligence
BME/ BAME	Black and Minority Ethnic
BOB	Buckinghamshire, Oxfordshire and Berkshire
CAHMS	Child Adolescent Mental health Service
CAP	Communications Advisory Panel
CARE values	Collaborate, Aspire, Respect and Enable
CCGs	Clinical Commissioning Groups
C.diff	Clostridium Difficile
CHSG	Community Hub Stakeholders Group
CQC	Care Quality Commission
CT	Computerised Tomography
CVAD	Central Venous Access Design
DOLs	Deprivation of Liberty
DSP	Data Security Protection
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
FFT	Friends and Family Test
FTSUG	Freedom to Speak Up Guardian
GDM	Gestational Diabetes App

GNBSI	Gram Negative Blood Stream Infections
GPs	General Practitioners
HCA	Healthcare Assistant
HSCIC	Health and Social Care Information Centre
ICP	Buckinghamshire Integrated Care Partnership
ICS	Integrated Care System
JCNC	Joint Consultative Negotiating Committee
JMSC	Joint Management Staff Committee
LAC	Looked after Children
LeDer	Learning Disabilities Mortality Review
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) and others
LPS	Liberty Protection Safeguards
MASD	Moisture Associated Skin Damage
MCA	Mental Capacity Act
ME	Medical Examiner
MRSA	Methicillin-resistant staphylococcus aureus
NBM	Nil by mouth
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
NOF	Fractured Neck of Femur
NRLS	The National Reporting and Learning System
NSIC	National Spinal Injuries Centre
PALS	Patient Advice & Liaison Service

PCN	Primary Care Networks
PCR	Polymerase Chain reaction
PEG	Patient Experience Group
PHE	Public Health England
PHSO	Parliamentary and Health Service Ombudsman
PROMS	Patient Reported Outcomes measures
PSED	Public Sector Equality Duty
Q1	Quarter 1, first quarter of the financial year (April-June)
Q2	Quarter 2, second quarter of the financial year (July-September)
Q3	Quarter 3, third quarter of the financial year (October-December)
Q4	Quarter 4, fourth quarter of the financial year (January-March)
RCA	Route Cause Analysis
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
SAU	Surgical Assessment Unit
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incident
SJR	Structured Judgement Review
SMH	Stoke Mandeville Hospital
SOP	Standard Operating Procedures
SSNAP	Sentinel Stroke National Audit Programme
STNT	Suspicion to Needle Time
UK	United Kingdom
VPS	Visual Infusion Phlebitis
VTE	Venous Thromboembolism

WDES	Workforce Disability Equality Standard
WH	Wycombe Hospital
WHO	World Patient Safety Day
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard