

OUTSTANDING CARE

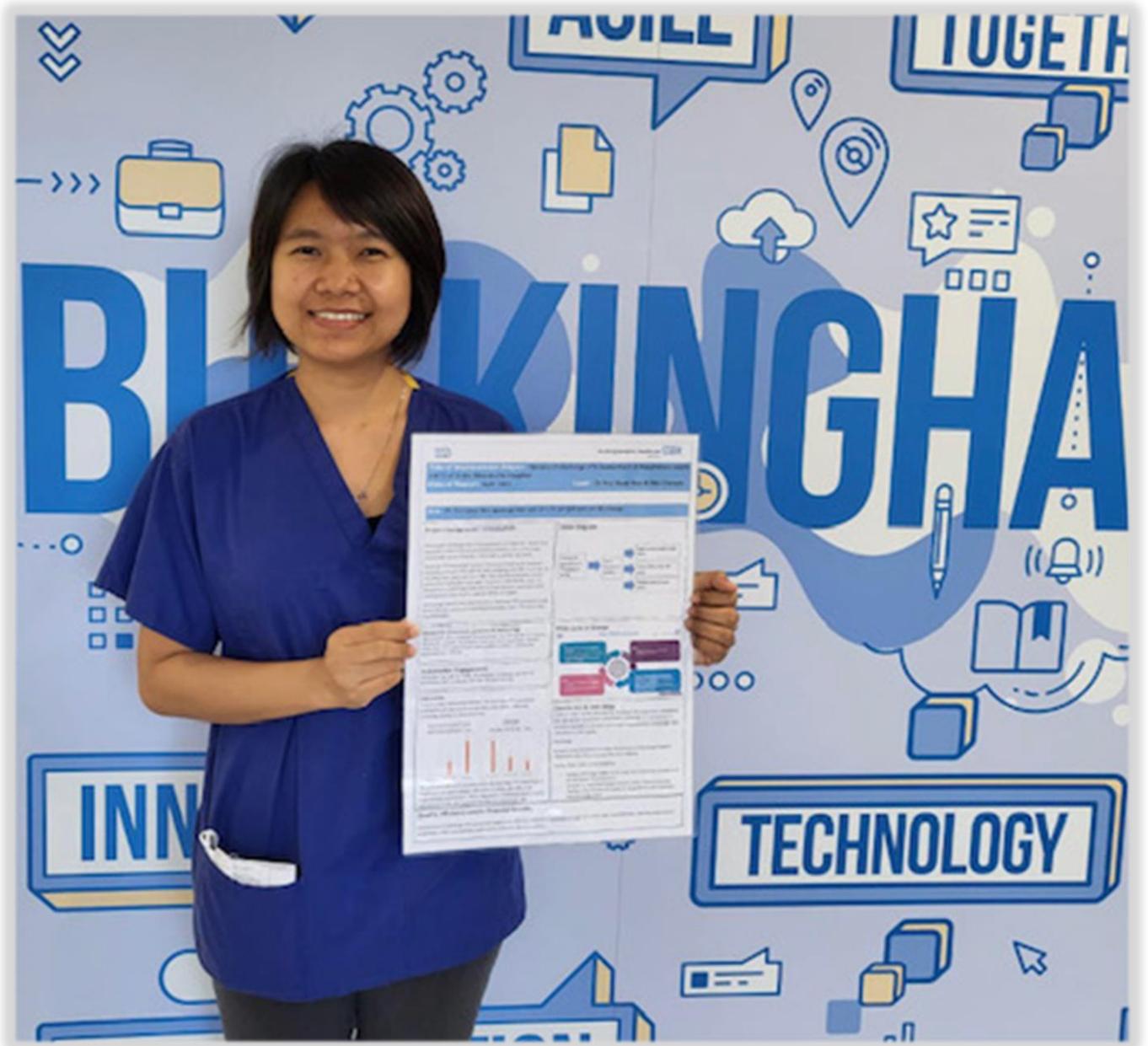
HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Buckinghamshire Healthcare
NHS Trust

Quality Account 2021/22



Contents

Part 1: Quality Summary 2021/22

Introduction	5
Your Feedback	5
Statement on quality from the Chief Executive	6
Trust Profile	8

Part 2: Review of Our Achievements

Our approach to Quality Improvement	10
Quality Improvement achievements against priorities during 2021/22	

A. Providing outstanding, best value care

Overview of patient safety incidents	13
Duty of candour	13
Dissemination of learning from incidents	19
Care of the deteriorating patient	19
Sepsis	20
Pressure ulcers	21
Falls	23
Emergency Department	24
Referral to treatment	26
Cancer	28
Maternity services	28
National neonatal audit programme	30

B. Taking a leading role in our community

COVID-19 vaccination programme	30
Upper Limb Studio at the National Spinal Injuries Centre.....	31
Patient experience	32
Patient initiated follow-up	35
Community Diagnostic Centre	36
Age-related macular degeneration clinic	36
Corneal cross-linking treatment at Stoke Mandeville Hospital	36
Aquatic therapy facilities at Amersham Hospital.....	37

Health visiting service	38
Children and young people	38
End of life care	39
Hospital navigator scheme	39
Environmentally friendly research and innovation centre.....	40

C. Ensuring our workforce is listened to, safe and supported

Staff wellbeing	41
Keeping our colleagues safe	44
Listening to our colleagues	45
Daily safety huddle	46
Wards' huddle	47

Mandatory Declarations and Assurance

Clinical audit and NCEPOD	50
Care Quality Commission	56
Summary Hospital-level Mortality Indicator	59
Research and innovation	60
Patient reported outcome measures	60
Readmission rates	61
Trust responsiveness to the personal needs of patients	62
Friends and Family Test	63
Venous thromboembolism	65
MRSA bloodstream infection	67
C difficile infection	68
Patient safety alert compliance	70
Learning from deaths	72
Seven-day hospital service.....	74

Part 3: Quality Priorities 2022/23

Priority 1: Patient safety	76
Priority 2: Better patient experience and outcomes	76
Priority 3: Improving the experience and wellbeing of our colleagues	77

Annex – Stakeholder feedback

Part 1: Quality Summary

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 an assessment of our performance last year and our priorities for the coming year. This document includes indicators to measure our performance against the priorities we have set for 2022/23.

Over the last two years, during the COVID-19 virus global pandemic, the Trust's main goal has been **to protect the most vulnerable, keeping its patients and colleagues safe.** This year's Quality Account reflects the continued hard work and resilience of our people in helping us to achieve this goal.

The publication of this document is one of the ways in which we can share how we measure the quality of care we are providing to our patients. It includes feedback from our stakeholders on how well they think we have performed.

The Quality Account has been reviewed by the Quality and Clinical Governance Sub-Board Committee and the Trust Board.

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 Chief Executive

In last year's Quality Account, I described 2020/21 as a year like no other. Little could I have imagined that 2021/22 would, in many ways, be even more challenging.

During the first year of the pandemic, our primary objective was to keep our patients and our colleagues safe, ensuring that we could continue to provide care to those that needed it most. This remained paramount throughout last year as COVID-19 continued to be prevalent in the community.

The emotional and physical toll the pandemic has taken on our colleagues should not be underestimated. During 2021/22 staff absence remained high as the virulent Omicron variant meant that many colleagues either had the virus or were self-isolating to protect the vulnerable and control the spread.

In line with national guidance, non-urgent elective procedures were suspended at the height of the pandemic. All services were re-started during 2021/22 and we have been trying our best to see the many patients now waiting.

Thanks to the dedication of our colleagues, we have significantly reduced the longest waits. At the heart of this has been working more closely with patients to create individual plans for their care. Pre-operative assessments have been combined with outpatient appointments to create a one-stop shop approach, reducing the time and number of visits before operations. Where possible, operations were moved from inpatient stays to day cases meaning that patients did not have to stay overnight in hospital and more operations could be carried out. Working in partnership with other local NHS trusts and private hospitals we have been able to offer more choice of locations for treatment and increase capacity for operations.

We have continued to look after the most vulnerable in the community and, together with our partners in health and social care, we are supporting families in Buckinghamshire to provide the right healthcare support in the right setting at the right time. Another year of the pandemic has had a profound impact on our children and young people that will continue to be felt across all our services for many years to come.

Meeting the changing needs of the population, especially those living in deprived areas, will require significant transformation of how we and our partners provide care. There is high demand for care and people have increasingly complex needs. In Buckinghamshire alone we are expecting significant population growth.

One of the key pillars of our new vision is to provide outstanding care. To achieve this will involve developing new ways of working, creating new partnerships as well as requiring investment in new facilities, equipment, technologies and innovation. The priorities we set were focused on the following three themes:

- Providing outstanding, best value care;
- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported

You can read more about the progress we have made against these in this year's Quality Account.

We would like to thank the public for their continued patience as we work tirelessly to see people as quickly as possible, which we will do based on clinical need. We have been overwhelmed by the continued generosity shown to us by local businesses and members of the public.

Last, but by no means, least, I would like to thank my colleagues, our partners and our volunteers. I am extremely proud of the way they have continued to respond to the most difficult of situations.

Signature:  Date: 29 June 2022

Neil Macdonald
Chief Executive
Buckinghamshire Healthcare NHS Trust

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
- Brookside Clinic, Station Way, Aylesbury, HP20 2SR

Our Trust Headquarters is based at:

Stoke Mandeville Hospital.

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

Part 2: Review of Our Achievements

The priorities we set in 2021/22 were focused on the following three themes:

- Provide outstanding, best value care;
- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported.

The aim of the Quality Account is to review performance against our priorities and to outline focus areas for 2022/23. This section of the document will outline the Trust's achievements against our priorities last year and demonstrate the improvements we have delivered.

Our Approach to Quality Improvement

The Trust has a three-year Quality Improvement (QI) strategy to embed quality improvement across the organisation. Our improvement methodology is underpinned by the national 'Model for Improvement' and Quality, Service Improvement and Redesign (QSIR). We also use other methodologies including Lean and Appreciative Inquiry and we have a targeted programme to build QI capabilities across the Trust at all levels.

Taking a structured approach to improvement facilitates our ability to support change at both an individual, team and organisational level. Using robust methodology not only provides a deeper understanding of what the problem is, but also helps to understand the problem from multiple perspectives.

A central team (QI & Transformation) is in place to lead the implementation of the QI strategy and support colleagues to deliver a safe, quality patient care and efficient healthcare service.

A QI approach has been taken to improve the top three safety issues and put in place an improvement plan for falls, pressure ulcers and medicines management. As a result, there has been a reduction in falls, with moderate harm falls having reduced from 20 (2020/21) to 16 (2021/22) and Serious Incidents declared from 13 in 2020/21 to two in 2021/22. There has been a reduction in the number of category 2 pressure ulcer (PU) cases reported and PU cases declared as Serious Incidents with two in 2021/22 compared to 13 in 2020/21.

The QI & Transformation team is currently working with the nursing team and others on a programme of reducing variation in practice across the wards, including optimising board rounds and implementing electronic whiteboards to improve patient flow.

During 2021 bespoke virtual QI training was developed and by March 2022, 1,038 colleagues had watched our 'Introduction to Quality Improvement' video. A total of 384 colleagues were trained on QI theory and methodology.

Two cohorts of QSIR programmes were delivered with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Faculty.

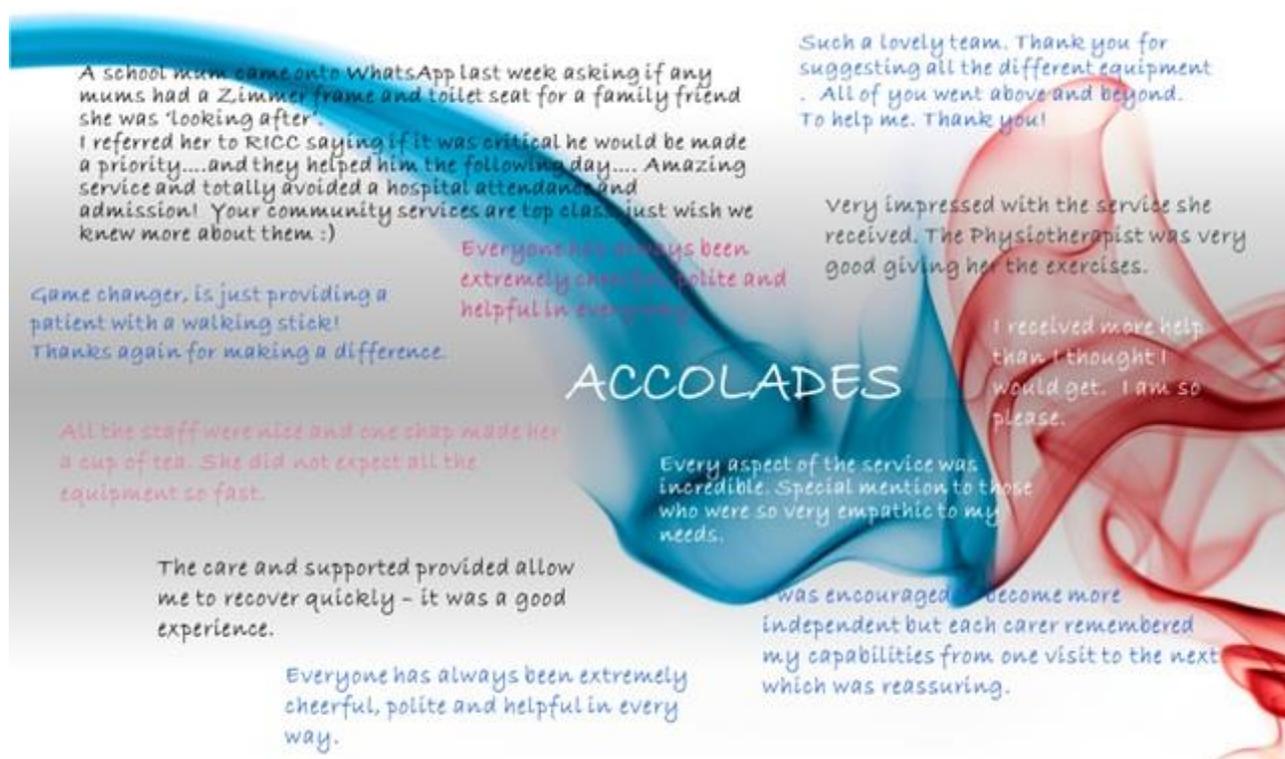
During 2021/22, 60 'Projects on a Page' were completed showcasing QI projects, Appreciative Inquiry reflections and improvement work following audit. Close collaboration

with the Clinical Effectiveness Team has been developed and the teams deliver joint monthly drop-in sessions for doctors in training. 'Projects on a Page' were showcased along with engagement activities for colleagues during World Quality Week, with the theme of sustainability.

By March 2022 there were 121 registered users on LifeQI (a platform to support and share improvement projects) and 62 registered improvement projects. Work is ongoing with the Patient Experience Team to increase service user involvement in QI work.

Examples of QI stories can be viewed in the following video;

<https://youtu.be/FzfwZpKqnnA>



Our community rapid response and intermediate care team has received some excellent patient feedback.



“
 We're so proud of our QI work which improved patient safety by reducing pressure ulcers on our ward by 70%. Such a rewarding result!
”

NHS
 Buckinghamshire Healthcare NHS Trust

KELLY, HEALTHCARE ASSISTANT

WORLD QUALITY WEEK 2021
 COI RICA
 Quality Improvement
 QI@BHT

@BHTQI #WQW21 **REDUCING PRESSURE ULCERS**



“
 Using 'Plan-do-study-act' with feedback and engagement from colleagues, we've made sustained change managing post-partum haemorrhage.
”

NHS
 Buckinghamshire Healthcare NHS Trust

JAYNE, LEAD MIDWIFE AND MARIA, CONSULTANT

WORLD QUALITY WEEK 2021
 COI RICA
 Quality Improvement
 QI@BHT

@BHTQI #WQW21 **MEASURING MATERNAL BLEEDING**



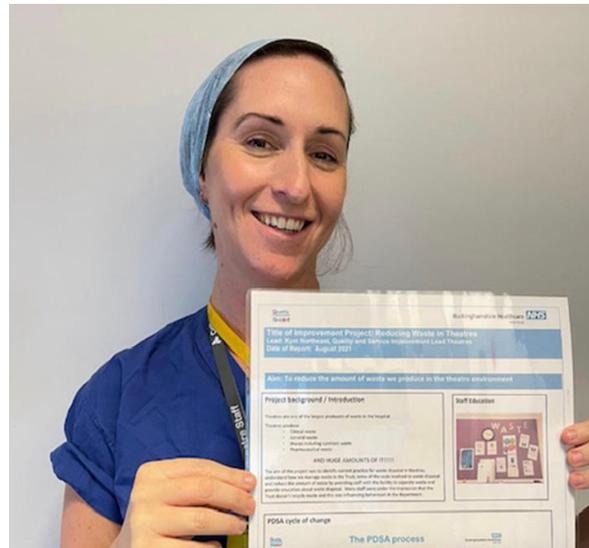

“
 Using qFIT homebased testing for bowel cancer is more comfortable for patients, reliable and more cost effective. Definitely a win-win.
”

NHS
 Buckinghamshire Healthcare NHS Trust

ARNOLD, CONSULTANT SURGEON

WORLD QUALITY WEEK 2021
 COI RICA
 Quality Improvement
 QI@BHT

@BHTQI #WQW21 **HOMEBASED CANCER TESTING**



Provide outstanding, best value care

Overview of patient safety incidents and safety alerts

This section sets out the Trust's work and progress during 2021/22 in relation to reporting, management and learning from safety alerts, and patient safety incidents including Serious Incidents (SIs) which includes Never Events, detailing trends across types of incidents, categories and severity of harm.

Our starting point is how well we meet our obligations to patients and/or families for Duty of Candour (DoC) compliance in terms of deadlines but also assurance on the fundamentals of conversations with patients and/or families in order to ensure consistency and quality.

Patient safety reporting data for 2021/22 – both patient safety incidents and the much smaller number of incidents which meet the criteria of Serious Incidents – are provided. Not all Serious Incidents result in severe harm or death, but they may be significant in that they have implications for learning within the local healthcare system, as they have the potential to lead to severe harm or death.

A strong reporting culture is encouraged across the organisation to support continuous improvement through learning and improvement activity, thus enhancing patient safety and patient experience. Incident reports are uploaded to the National Reporting and Learning System (NRLS).

The NRLS is one vehicle by which national patient safety alerts are identified, enabling collective understanding across the healthcare community about risks in the systems such as medication, a product in use, or a clinical intervention which may then need to be responded to as a national patient safety alert.

An overview of data on the Trust's performance for reporting patient safety incidents and sharing them with the NRLS is provided.

High quality investigations are conducted, and reports written, mindful of the principles of a just culture which support consistent, constructive and fair evaluation of the actions taken by colleagues involved in a patient safety incident. Collaborative work Trust-wide has given the just culture ethos visibility, and has set the tone and approach within incident and serious incident reporting to ensure that weaknesses in care and identified risks are considered through a system lens rather than being considered the result of solely one individual's actions.

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. Where an incident is identified as of moderate or greater harm, the Trust must disclose this information to the patient and/or their family within 10 working days. As such incidents are uploaded to NRLS. The Care Quality Commission can access the detail through their access to NRLS.

172 of the 192 reported incidents meeting the criteria for Duty of Candour in 2021/22 achieved the 10-working day deadline for compliance. The delay in the remaining 20 cases was mostly due to staff absence.

Incident reporting

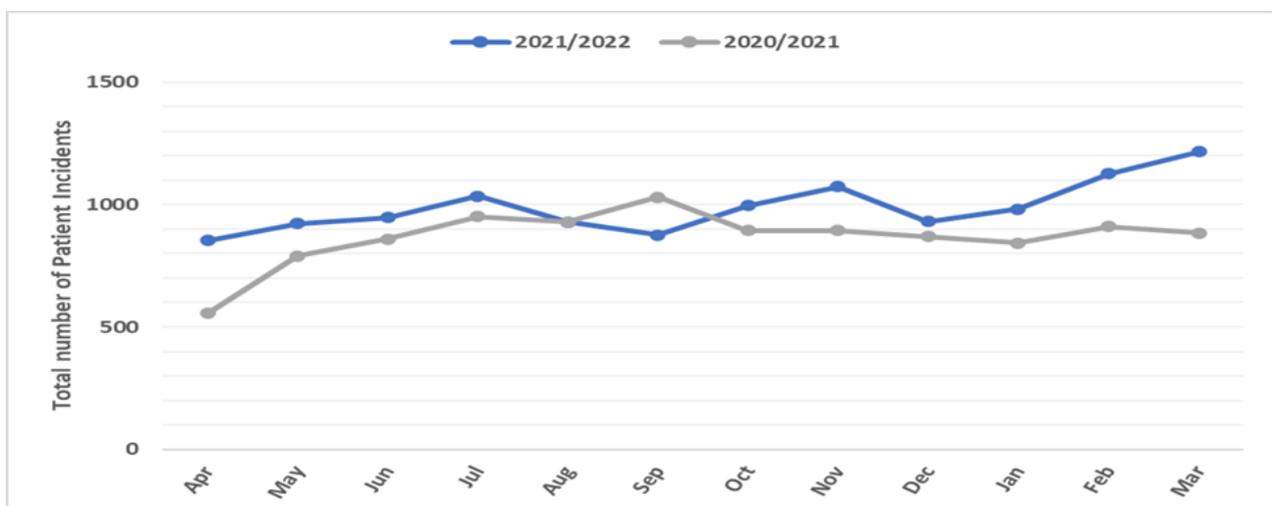
During 2021/22, as in previous years, the Trust's electronic incident report system (DATIX) had limited functionality.

In April 2022, the DATIX system was upgraded. In addition to reporting incidents, complaints and claims, the new systems will also enable us to more effectively track audit and risk management.

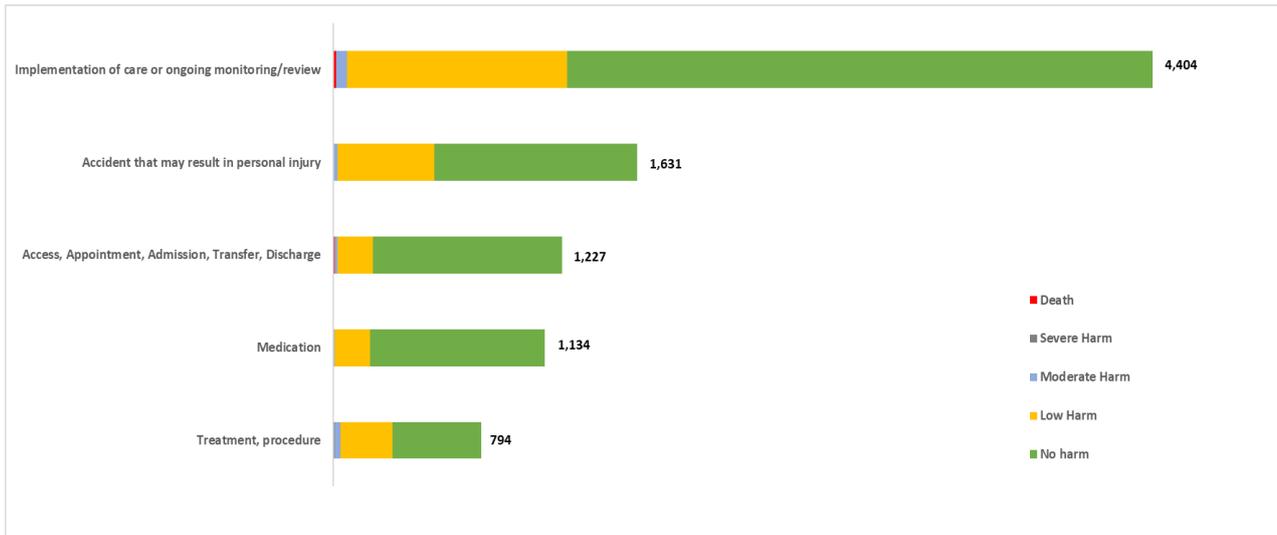
Trends in reporting patient safety incidents

A total of 11,899 incidents were reported on DATIX during 2021/22. This is a slight increase in comparison to previous year total of 10,414 incidents, attributable to levels of activity returning to pre-pandemic levels. High reporting of incidents is an indicator of a mature patient safety culture and incident reporting is valued within the Trust as a way of identifying risks and learning.

Monthly patient safety reporting 2021/22 compared to 2020/21



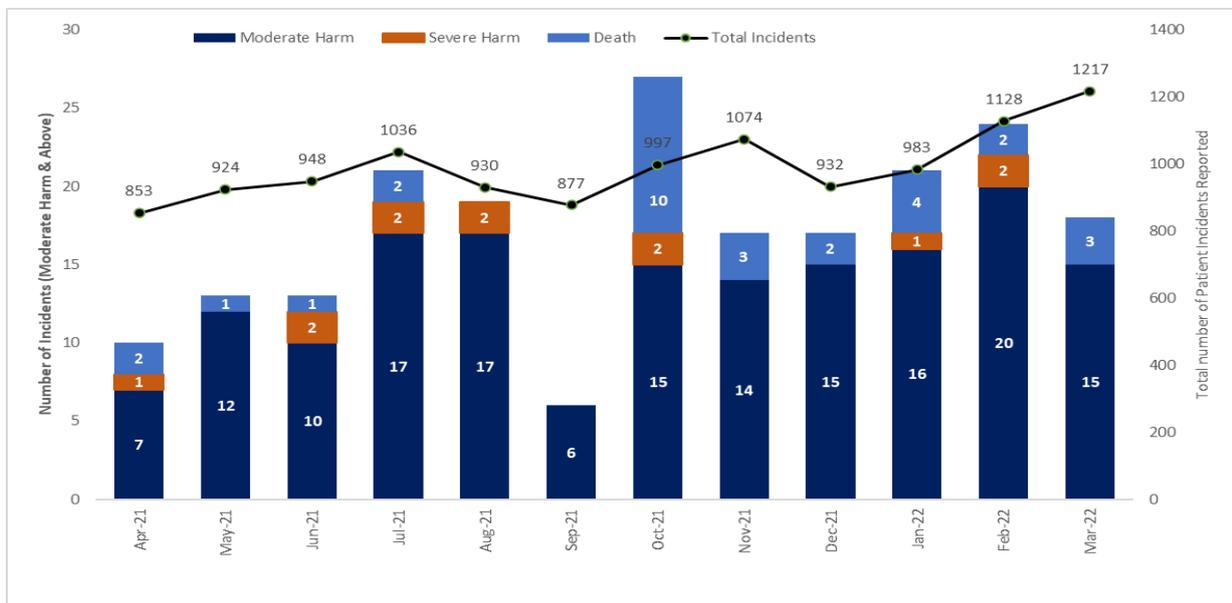
Top five themes in patient safety related incidents in 2021/22



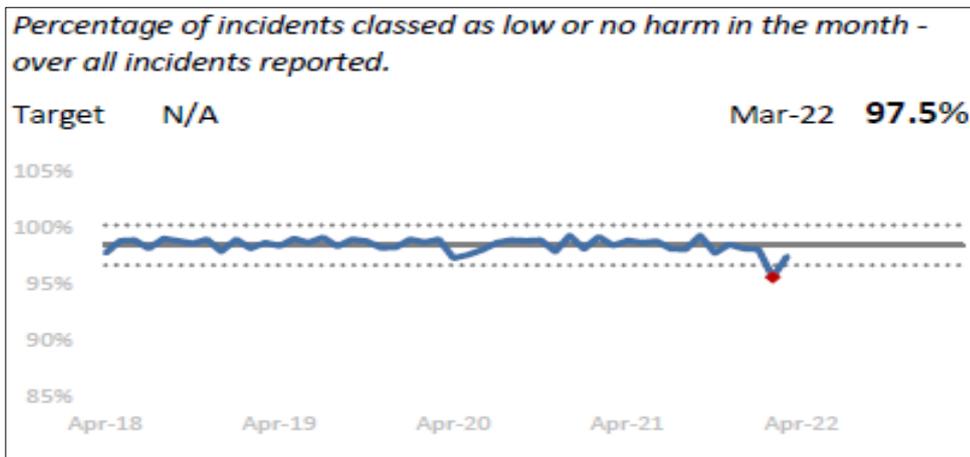
Incident reporting by severity

The chart below illustrates the number of patient safety incidents reported by level of harm/severity, shown against the trend in overall incident reporting. Out of 11,899 incidents reported on DATIX in 2021/22, 98% were either low harm or no harm incidents. All incidents are reviewed and investigated within the divisions and those of moderate and greater harm considered for closer scrutiny as potential Serious Incidents.

Monthly patient safety incidents 2021/22 by severity



Incidents that are low/no harm



The Statistical Process Control (SPC) chart above is based on four year's data. The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before.

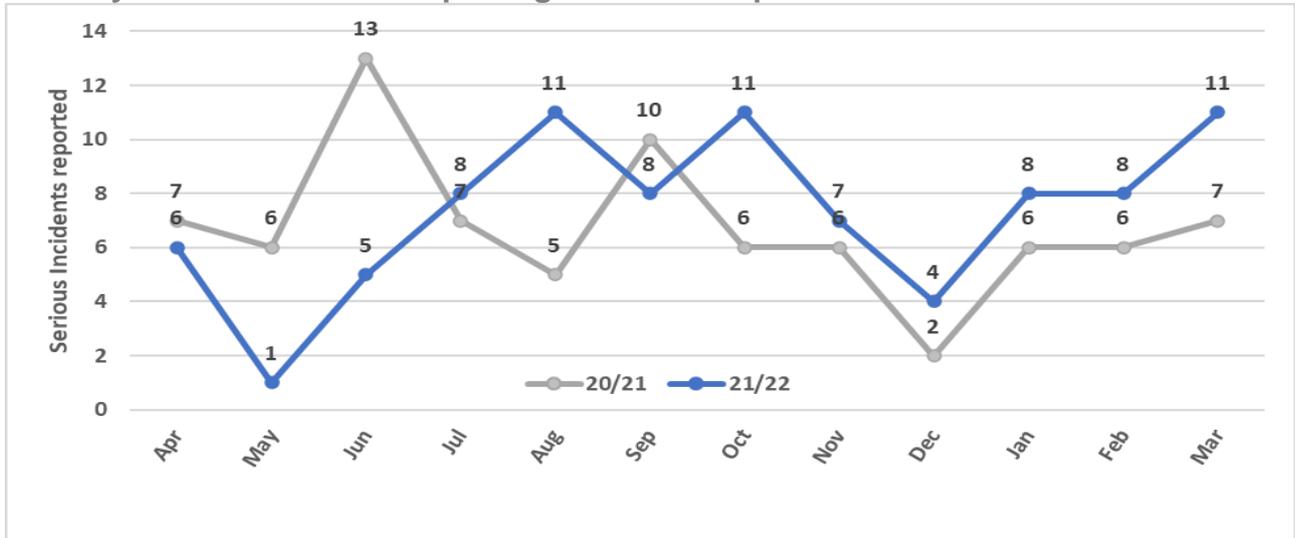
Serious Incidents

During 2021/22, the Trust confirmed 88 incidents met the NHS England Serious Incident criteria and were logged on the national database – the Strategic Executive Information System – compared to 81 in 2020/21.

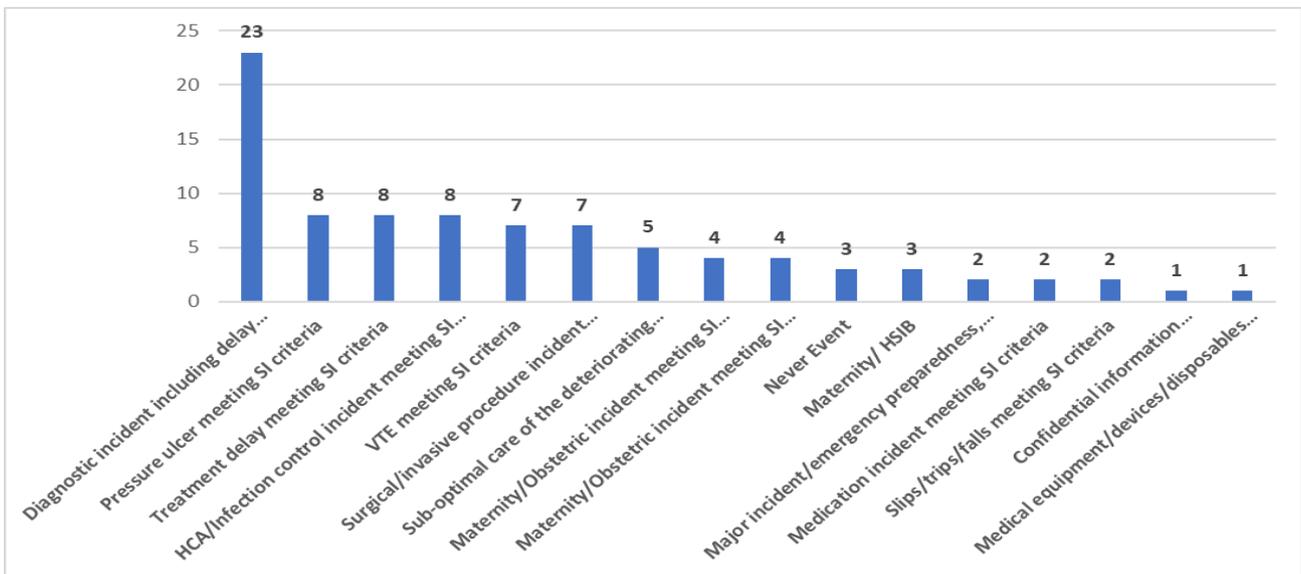
This highlights an expected slightly upward trend as the Trust moved into the recovery position of the pandemic and was able to increase appointments and procedures, and resume provision of a wider range of services. The Trust is committed to reducing incidents of greater harm and significance. At the same time, it is committed to maintaining high reporting of near misses and no harm and low harm incidents as these provide early warning signals for areas we need to focus for improvement before greater harm occurs.

At the start of 2022/23, The Trust introduced a revised approach to the management and review of Serious Incidents, with oversight at a weekly Executive-led Serious Incident Executive and Divisional Management Panel.

Monthly serious incidents reporting 2021/22 compared to 2020/21



The table below highlights the categories of serious incidents by volume, reported in 2021/22.



Diagnostic incidents are the highest volume category – a category which covers any type of diagnosis, but also includes delays in diagnosis – some of which will be attributable to backlogs due to the pandemic.

Learning from Never Events

There are few Never Events. These are 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.

During 2021/22 the Trust reported three Never Events as listed below, compared to three in 2020/21 and a target of zero. Robust Serious Incident investigation reports and action plans are always undertaken for all Never Events, approved by an Executive Director.

The three Never Events were each reported as Serious Incidents in October 2021 – with two of the incidents occurring in October and one in August (the issue had not been immediately recognised as meeting Never Event criteria, until the investigation was underway). Listed below are the three Never Events reported and key actions taken:

1: Unintentional connection of patient to air instead of oxygen

Key actions:

Temporary cap for all air inlets replaced with permanent cap, except in paediatrics, in collaboration with estates team.

All wards have received portable nebulisers negating the need for piped air. Estates maintained the record of machine asset numbers where devices have been deployed.

2: Retained foreign object post procedure

Key actions:

Reduce disruption or distraction during swab counts. Swab counting procedure reviewed in theatres and monitor implementation of ‘Time Out’ for scrub team.

Every theatre has a Trust standardised dry wipe swab count board and positioned to be visible to Scrub practitioner and ‘Circulating Team’.

Swab and Instrument Count policy reviewed, and implementation monitored.

3: Wrong implant/prosthesis (ophthalmic lens)

Key actions:

World Health Organisation (WHO) Cataract Surgical Safety Checklist reviewed, and compliance monitored through an audit programme

Dissemination of learning from incidents and Serious Incidents

There are a range of forums – formal and informal - through which learning from incidents is shared, including Academic Half Days, Chief Nurse learning forum and bite size training sessions. A 'Big 4 Safety Messages' poster is issued fortnightly which highlights identified safety issues, identified through audits or incidents.

Each week the Chief Nurse and Chief Medical Officer share key safety messages from subject matter experts (often linked with national health awareness days and always with patient experience a focus) in the Trust- wide daily newsletter and on the Trust's intranet. Topics in 2021/22 have included World Aids Day, Venous Thromboembolism (VTE), safe support of patients with Parkinson's Disease, Stop the Pressure (pressure ulcer prevention) and the importance of nutrition and hydration to patient safety.

WHO World Patient Safety Day

World Health Organisation (WHO) World Patient Safety Day was celebrated on 17 September 2021 with a week of events which focused on the WHO designated theme of safe maternal and new-born care with a call to 'Act now for safe and respectful childbirth.'

The week was used as an opportunity to highlight patient safety activity and initiatives such as safety huddles.



Care of the Deteriorating Patient

The Trust has made many improvements over the previous year in care of the deteriorating patient. Deteriorating patients are those patients who may become acutely unwell during their hospital stay. Early intervention and timely management are key to best outcomes.

The Trust has introduced a 24/7 Critical Care Outreach Team (CCOT) which comprises of nurses and practitioners with acute and critical care experience to care for acutely unwell patients across our hospitals. The service is activated via the National Early Warning Score (NEWS) – an illness severity score advocated for use in all acute trusts. These practitioners have an extended skill set to deliver care at the bedside with a view to avert further deterioration or, where not possible, facilitate timely admission to our Intensive Care Unit. In April 2022, this service was extended to our Wycombe Hospital site.

In February 2021, we launched an Emergency Department Deteriorating Patient Group. This has led to a NEWS escalation pathway for deteriorating patients as well as the introduction of electronic observations (Eobs) providing surveillance of patients' observations across the organisation. This system called Careflow Vitals is used by clinicians to access real-time data in terms of monitoring vital signs. The Critical Care Outreach Team also accesses this system to provide a response to deteriorating patients.

Training and education are key to improving care and empowering ward teams in caring for deteriorating patients. The CCOT now have an Outreach Practice Development Nurse who has led training in the care of acutely unwell patients across ward areas. The CCOT also has a dedicated physiotherapist who provides focused rehabilitation for long term intensive care patients until they are discharged from hospital. Improvements to this patient pathway have been commended by the regional Oxford Intensive Care Society

Further service improvement has led to the opening of an enhanced maternal care facility within obstetrics. This is a two-bedded facility for mothers who require further support and intervention either pre- or post-labour, supported by the CCOT. This is the first facility of its kind in the region and ensures that mothers can remain with their babies.

Sepsis

Sepsis can be a primary cause of deterioration. As sepsis is a time-critical treatment, all adult patients arriving at the Emergency Department are screened for the condition – sepsis suspicion intravenous antibiotics (IVAB) are recommended within one hour of diagnosis. The Trust's Eobs system also has an electronic sepsis screen. When patients reach a score of five on NEWS, a sepsis screen is triggered. If high risk sepsis is identified this triggers an electronic time clock over one hour for delivery of appropriate treatment which includes administration of IVAB.

The time of sepsis suspicion to time of antibiotics is audited quarterly and the Trust achieved its set target of 90% compliance.

As an organisation we learn and adapt to improve care for our patients. One such example is "Remember Ben", a case presentation of a Serious Investigation which has led to Trust-wide change and is used as part of our educational strategy for sepsis. A presentation and video were created with the kind permission of Ben's mum.

Pressure Ulcers

The most common sites for pressure ulcers (PU) to occur are the sacral area (buttocks) and heels. This is consistent with nationally reported figures.

During 2021/22, the Trust reported 56 category 3 and 4 PU – an increase compared to the 46 cases reported in 2020/21.

31 of these were in the community and 25 in hospitals. Six of these were declared as a Serious Incident compared to 16 in 2020/21.

There has been a reduction in the number of category 2 PU with 315 cases in 2021/22 and 325 in 2020/21. A PU reduction QI project was carried across the Trust which includes a driver diagram and implementation plan.

Category 3 and 4 PU 2021/22

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	Serious incidents
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
2021/22	6	4	4	8	8	2	3	7	6	3	3	2	56	6

Category 2 PU 2021/22

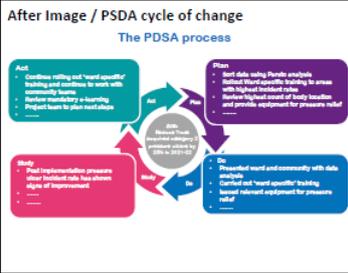
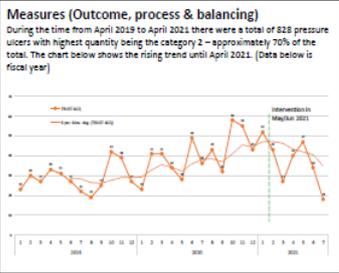
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2018/19	29	21	16	19	19	18	11	16	27	13	18	13	220
2019/20	19	26	18	21	21	20	14	17	26	34	30	16	262
2020/21	15	28	29	22	20	33	26	29	21	38	33	31	325
2021/22	33	25	14	15	26	23	21	23	37	36	27	35	315

Title: Pressure Ulcer Reduction
Date: December 2021 **Lead: Julie Sturges**

Aim: To reduce the incidents of category 2 pressure ulcers

Project background / Introduction
 Throughout the trust there has been Pressure Ulcer prevention projects that have been completed, but this information is not widely shared and not widely adopted. There are posters and training that have been issued, however engagement appears limited in terms of adopting the techniques to prevent pressure ulcers from developing. Additionally, when an in-hospital pressure ulcer is identified, the team report the issue, then hand over to the TVN team to advise. There is only a small Tissue viability team for all of Bucks. QI theory has not really been used much, however there is activity in some wards, for instance Chertbridge has completed work on pressure ulcers with great success.
 As of October 2020 pressure ulcer incidents had peaked at an average of circa 30/month – see chart below for further details.
 The is Project on a page is part of an ongoing Quality Improvement Project which is aiming to significantly reduce the instances within the Trust.

- Driver Diagram (Change Ideas)**
1. Meet with the 10 highest incident wards & 7 community teams with individual reports to understand demographics - Complete
 2. Team & TVN to formulate individual improvement plans for wards and community: Create individualised/local improvement plan specific to ward - Complete
 3. Create overarching community improvement plan - Complete
 4. Audit of Waterloo & Trial of alternative risk assessment tool of "Purpose T" - Complete
 5. Formulate paper to propose change to "Purpose T" take to Quality & patient Safety Committee
 6. New categorization posters distributed to all areas - Complete
 7. Face to face training from TVN Assistant Practitioner - Ongoing
 8. Monthly summary by TVN to all areas on their Data reports - Ongoing
 9. Update patient information leaflet on prevention of pressure ulcers – Awaiting CAP review (Dec)
 10. Update mandatory pressure ulcer e-learning module – not started
 11. Trial to introduce skinning paperwork – not started
 12. Promote skin checks on admission to team or ward & on transfer between areas - Complete
 13. Formulate new monthly report to focus on themes and learning for quality and patient safety committee - Complete
 14. Two incidents to be discussed at monthly Pressure ulcer meeting to disseminate learning – not started



Stakeholder Engagement
 The TVN team worked with QI on establishing a plan of action (detailed in the Driver diagram above) and then they worked with the wards (and community teams) that had the highest incident rates of pressure ulcers to engage staff at all levels.

Outcome / Benefit

Outcomes	Benefits
• Fewer incidents of pressure ulcers	• Better patient outcome
• Improved and bespoke training	• Reduced need for invasive surgery
• Reduced length of stay	• Better staff awareness
• Better sharing of information	• Reduced cost of inappropriate care

Conclusion & next steps
 Traditionally the pressure ulcer reduction effort was a blanket approach, whereas using the QI approach, this has resulted in a targeted, phased plan. As can be seen from the data analysis of the project, the team identified the areas with the highest incidents and worked with those teams initially. Moving forward the team will continue to work with those same teams but include further teams to ensure that the improvement effort continues throughout the rest of the trust. Additionally, there are several change ideas that will be initiated in 2022, which will continue to bolster the pressure ulcer reduction plan.

Title of Improvement Project: Falls Reduction 2021 Update
Date of Report: Dec-21 **Lead: Angela Brooke**

Aim: To reduce inpatient Falls

Project background / Introduction
 This is an update report from the Trust-side Falls Working group, this quarter the group has focused on:

- developing BHT bespoke Falls mandatory training, advertising and monitoring compliance
- investigate the best Falls alarm product and incorporate ordering details and best practice into Falls Policy
- Produce and share film about the 5 key areas for improvement based on the FallSafe Audit

Falls Film - 3 Objectives – <https://youtu.be/5Lx24tC7mWQ>
 Falls Film - BP explainer – <https://youtu.be/78-NDG45554>

- Invite Division Clinical Governance Leads to Trust-wide Falls meeting for root cause analysis of DATIX/learning from SIs.
- Develop local Falls improvement plans.



Assignment Count

Obj 13	Completion %
434 Corporate	92.73%
434 Integrated Elderly Care	61.56%
434 Integrated Medicine	53.77%
434 Specialist Services	54.68%
434 Surgery & Critical Care	61.69%

Outcome
 During the last quarter new documentation was produced staff training was completed, in the last 14 months there has been only 1 serious incident related to an inpatient fall, prior to this in the space of 6 months 13 SIs were declared relating to falls.
 The number of falls was trending down but during November there was an increase in low/no harm falls in one Division and in particular one ward. A specific, targeted and supported action plan has been developed.

Conclusion & next steps

Next Steps:

- Embed completion of Falls practice audit
- Encourage progress with local improvement plans bespoke to clinical areas embedding support from Clinical Governance Leads.
- Develop Trust-wide patient Falls Leaflet
- Develop more detailed reporting in new DATIX

Quality, Efficiency and/or Financial Benefits The cost of falls to health & social care is estimated at £2.3 billion (NICE 2015), increasing hospital stay by an average of 4 days, affecting outcomes and reducing quality of life particularly in older people (77% occur in patients over 65).

Falls

Inpatient falls are one of indicators of the quality and experience of patient care. Despite progress identifying causal factors, falls remain nationally a significant healthcare problem, with an average of 250,000 in-patient falls per year (NHS Improvement, 2017) and a rate of 6.6 per 1,000 occupied bed days (OBD) in an acute setting (Royal College of Physicians).

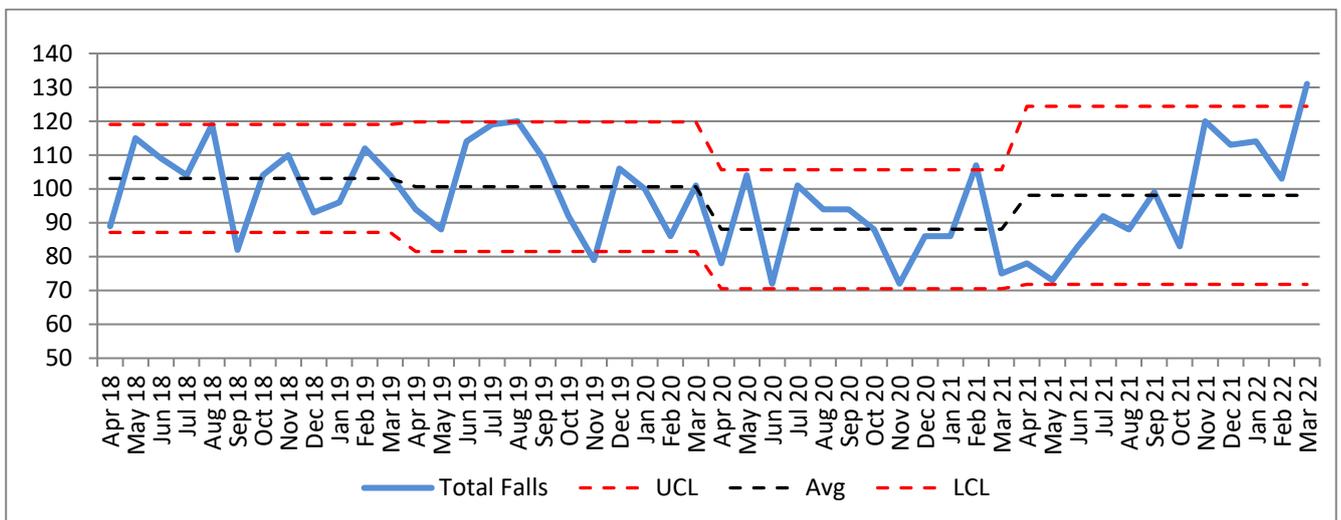
The Trust's inpatient average falls rate of 5.0 per 1,000 OBD in 2021/22 remains below the national average.

A new Trust falls documentation was produced in 2021/22, supported by additional training for colleagues. In 2021/22 there were two Serious Incidents related to an inpatient fall which is lower in comparison to 2020/21 when there were 13 Serious Incidents reported relating to falls.

Patient falls declared as Serious Incidents (SIs) 2021/22:

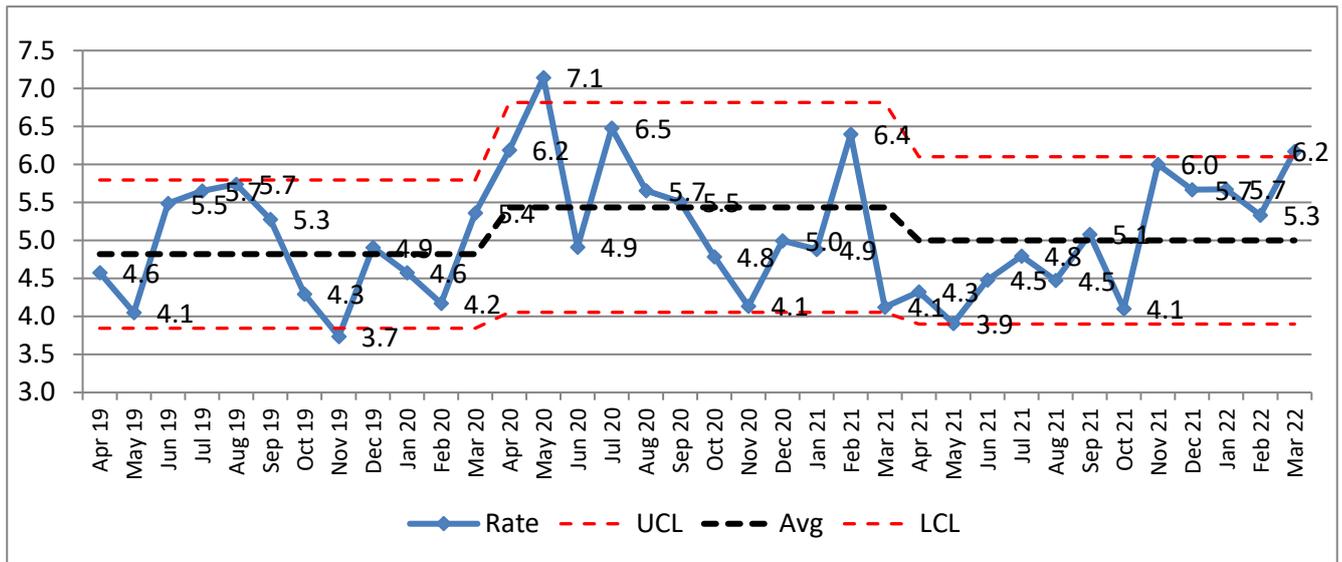
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	1	1	1	0	3	0	0	0	0	2	1	0	9
2018/19	2	1	0	1	0	0	0	3	1	1	2	1	12
2019/20	2	0	2	2	2	1	1	0	2	0	0	2	14
2020/21	3	2	5	0	1	2	0	0	0	0	0	0	13
2021/22	0	1	0	0	0	0	0	0	0	0	1	0	2

Inpatient falls 2021/22



Time series graph above shows performance over time with three reference lines; average (Avg), Upper Control Limit (UCL) and Lower Control Limit (LCL). The two limit lines (red dotted lines) around the central average (grey dotted line) show the range of expected variation in reported results based on what has been observed before.

Inpatient falls per 1,000 occupied bed days 2021/22



Emergency Department

Our Emergency Department (ED) has been under intense pressure. There has been an increase in attendances with 146,022 in 2021/22 compared to 105,786 in 2020/21 although numbers are still below pre-pandemic levels with 159,066 attendances in 2019/20. Waiting times have deteriorated with 75.2% of people being seen within the 4-hour target compared to 83.4% in 2020/21.

Many people are now attending ED that have previously delayed attendance, either through fear of catching COVID-19 or not wanting to burden the NHS. As a result, many of them are more acutely unwell and their length of stay is longer than the average pre-pandemic. In addition, at any one time we have circa 80 patients who are well enough to go home but cannot be discharged without an additional package of care being in place. We are working closely with other health and social care providers in the county to address this issue.

Urgent and Emergency Care

We have been working hard to improve the patient experience for people who come to our Emergency Department as we know that current waiting times are not acceptable. The aim is to help our patients to be seen in the right place, by the right people first time.

At the beginning of 2022, we changed the way we assess people when they arrive at our Emergency Department to ensure that they are seen as quickly as possible by the right service, bringing together our GP service, Minor Illness, Minor Injuries, a new Urgent Treatment Centre and the Emergency Department in one place at Stoke Mandeville Hospital. We have also introduced new models of care with an additional 10 advance care practitioners and 13 physician associates appointed.

We are actively encouraging patients who are not in a life-threatening situation to contact NHS 111 (either by phone or on-line) so that their clinical needs can be assessed and they can be directed to the right place whether that is their own GP, local pharmacy, the Urgent Treatment Centre or the Emergency Department. We have increased the number of appointment slots available in our Emergency Department so that people can arrive at their allotted time and reduce waiting times.

We have been working closely with our ambulance provider, South Central Ambulance Service, to help direct patients to the right place or to help them in their own home setting.

Urgent Community Response

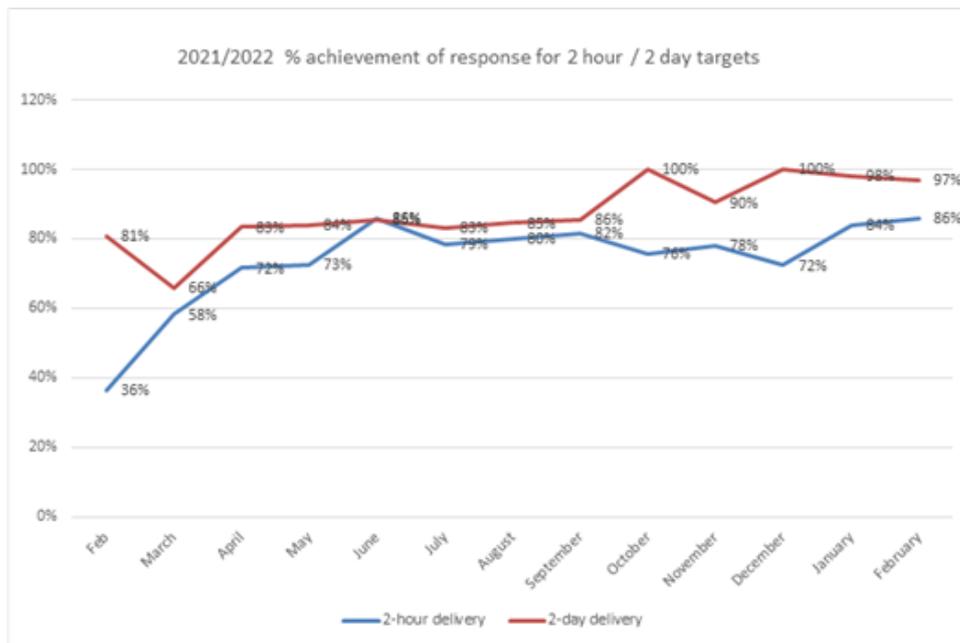
Urgent Community Response (UCR) is part of the Ageing Well Programme which aims to provide fast support to people in their usual place of residence (either their own home or a care home) as an alternative to being taken to or admitted to hospital. In Buckinghamshire, UCR is delivered by the Trust's Rapid Response and Intermediate Care service (RRIC) along with the district nursing and respiratory services. RRIC also works closely with other health and social care partners to deliver person-centred care to improve patient outcomes and help older people to maintain an independent life for as long as possible.

The Buckinghamshire, Oxfordshire and Berkshire West ICS was one of the first seven areas in the England to introduce UCR as part of the Ageing Well Programme. Referrers include Emergency Departments, NHS 111, South Central Ambulance Service (SCAS), GPs, health and social care professionals and care homes.

RRIC is made up of physiotherapists, occupational therapists, health care assistant practitioners and assistants. During 2021/22, we recruited nurses and paramedics to improve response times and the breadth of care the team can provide.

A two-hour response is typically required when a person is at risk of admission (or re-admission) to hospital due to a 'crisis'. Where a person is not in a 'crisis' situation, but needs to be seen as soon as possible, we aim to see them within two days to prevent further deterioration and keep them safe at home.

By the end of the year, the Trust exceeded its targets of seeing 80% of 'crisis' cases within two hours and 80% of non-crisis patients within two days.



During 2021/22, 5,388 patients were referred for an urgent community response – 3,037 of these were for a two-hour response.

During 2022/23 we aim to increase the number of referrals, particularly from SCAS, NHS 111, Emergency Departments and GPs, to reduce the number of people taken to or admitted to hospital. One of the ways we hope to achieve this is by closer collaborative working with SCAS. In February 2022, we started a pilot to award honorary contracts for SCAS specialist practitioners to join the Trust’s RRIC team. Following the success this pilot, we are planning to increase the number of SCAS specialist practitioners working as part of the team.

Children’s Emergency Department

Work is well underway to create a Children’s Emergency Department and improve maternity and gynaecology facilities at Stoke Mandeville Hospital, which will open late Autumn 2022.

In 2020 the Trust won a bid for £15m of capital funding which will enable us to offer upgraded, expanded facilities and a new overnight observation ward. Not only will the new building provide a dedicated area for children, it will also free up much-needed capacity for adult patients in the existing emergency department, as well as reduce overcrowding and improve infection control. The plans also include new facilities to improve access to our maternity and gynaecology outpatient services in a modern, purpose-built environment.

Referral to Treatment (RTT)

During 2021/22 the average performance for RTT for admitted pathways (i.e. those who required a stay in hospital) was 64.7% of patients waiting 18 weeks or less. Thanks to the efforts of our teams, the Trust has made good progress for the admitted pathway and is

now operating close to the pre-pandemic performance of 67.7% and an improvement on last year's performance of 61.7%.

However, unsurprisingly, performance for non-admitted pathways (i.e. those who were treated as outpatients and did not require an overnight stay in hospital) has deteriorated since last year with 67.9% of patients seen within 18 weeks compared to 75.6% in 2020/21 and 85.6% in 2019/20, Unlike some trusts, Buckinghamshire Healthcare NHS Trust kept open its waiting list during the pandemic. We are also seeing large volumes of people who chose to delay their treatment at the height of the pandemic, either through fear or not wanting to put extra pressure on the NHS, now ready to be treated.

Our focus remains on recovering patient waiting times. Through the hard work of colleagues and new innovative approaches, the Trust has significantly reduced the longest waits for its patients. Working more closely with patients to create individual plans for their care has been at the heart of this. Pre-operative assessments were combined with outpatient appointments to create a one-stop shop approach for patients reducing the time and number of visits before operations. Operations were moved from inpatient stays to day cases meaning that patients did not have to stay overnight in hospital and more operations were able to be carried out. We also worked in partnership with other NHS trusts and private hospitals to offer more choice of locations for treatment and increase capacity for operations.

By March 2022 there were two patients waiting over 104 weeks for their treatment compared to seven in March 2021. Long waiting patients and those with the highest risk of clinical harm continue to be prioritised and booked accordingly. This prioritisation order is set out below:

Code	Description
P1	Patients whose lives are at risk if not treated urgently
P2	Patients who have severe or life-threatening conditions needing an operation in a matter of weeks
P3	Patients who need to be operated on within 3 months as their condition may become severe if they have to wait any longer
P4	Patients whose condition is more stable

Governance processes have been set up to monitor the number of patients waiting, length of wait and associated P category to manage risk from longer than desired waits.

At the end of February 2022 there were 36,240 patients with open pathways and waiting for assessment and/or treatment, with 4,429 waiting over 52 weeks. This is compared to September 2022 when there were 37,590 patients with open pathways and 5,160 waiting over 52 weeks.

Cancer

Cancer services have continued to be a priority and have remained open throughout the pandemic.

During 2021/22 there was an increase in patients referred into the Trust on a cancer pathway rising to 456 per week compared to 350 per week in 2020/21.

91.3% of these patients were seen for the first time within two weeks, against a target of 93%.

85% of cancer patients are expected to receive their first treatment within 62 days, and this was challenging in 2021/22 with 47% meeting the target. There has also been an increase in patients waiting over 104 days, rising to 50 over the winter period but decreasing to 18 in February 2022. We aim to diagnose and be able to inform the patients of next steps within 28 days, and 70.5% of patients met this timeline with a target of 75%.

Whilst it is disappointing that the Trust did not meet some of its targets during this year, this in part was because we continued to prioritise patients by clinical need. This means that patients who had already breached the target time-limit were not deprioritised in favour of patients who were about to breach. Governance processes are in place to ensure patients on our waiting lists are regularly reviewed by clinicians and we have continued to use telephone consultations.

Recovery is a priority, reducing the waiting time for treatment and decreasing the number of patients waiting. This will be achieved by increasing diagnostic capacity and theatre treatments.

Maternity Services

Throughout the last year, our obstetrics and midwifery teams have continued to provide maternity care throughout the antenatal, labour and postnatal period. During the year, 4,786 babies have been born either at home, the Aylesbury birth centre or the consultant-led labour ward at Stoke Mandeville Hospital.

During 2021/22, we were able to resume face-to-face appointments and reinstate the attendance of partners at scans and antenatal appointments. We were also able to welcome two birth partners during labour, which we know was really important to families.

Several quality service improvements have been made including:

- Achievement of stage 1 of our baby friendly initiative accreditation journey.
- Implementation of an enhanced maternal care pathway. This collaborative project between obstetrics, anaesthetics and midwifery enables more mothers with complex pregnancies and their babies to remain together after birth.
- Setting up a maternal mental health services pathway in collaboration with our partners in Bucks perinatal mental health team and Oxford Health to support those that needing expert psychological support during or after pregnancy.

Notification of high outlier status for National Neonatal Audit Programme (NNAP)

As part of its annual reporting process, the NNAP conducts unit level outlier analysis on six audit measures for 2020 data. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

In January 2022, the Trust received notification from the Royal College of Paediatrics and Child Health confirming that Stoke Mandeville Hospital had been identified as achieving outstanding for the audit measure 'follow up at two years of age'.

Taking a leading role in our community

COVID-19 vaccination programme

The Trust continued to support the COVID-19 vaccination offer for the general public and by the end of March 2022 had delivered approximately 50,000 vaccinations to the local community of Buckinghamshire.

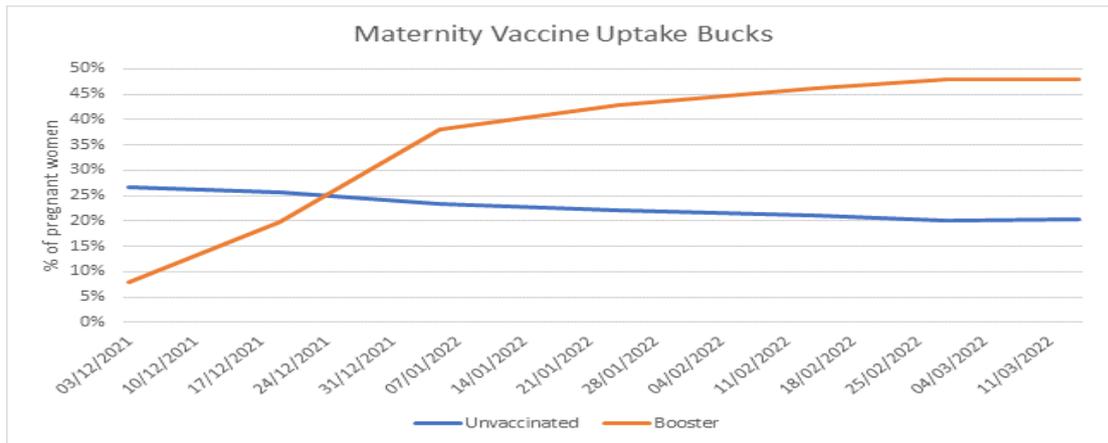
As part of the Trust's commitment to tackle health inequalities in Buckinghamshire there have been several vaccination sessions and informative webinars offered to vulnerable and hard-to-reach groups.

These included myth-busting webinars for those who were pregnant or planning to start a family, specialist high risk allergy clinics and specialist vaccination sessions for the LGBTQ+ community and those with learning disabilities or autism. These sessions for people in Buckinghamshire with learning disabilities or autism were fully booked and feedback was very positive,

"Thank you for the amazing job you did with our kids today. Neither of them batted an eyelid because of the lovely way you had set things up for them. In a world where we fight so hard for accommodations for our kids, it was a joy to see them so easily and skilfully accommodated today."

The Trust's aseptic pharmacist led the setting up, training and implementation of national policies in local vaccination centres across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

The Trust's Standard Operating Procedure for vaccinating pregnant women was shared and adopted across the BOB ICS. In November 2021, the Trust's vaccination team identified that pregnant women were less likely to have the COVID-19 vaccine. To make this as easy as possible for them, as well as being able to provide all the relevant information for pregnant women to make an informed decision, a vaccinator was available within the maternity unit. This proved to be a successful model which was subsequently adopted at a BOB ICS level and resulted in the introduction of maternity vaccine champions across the ICS.



Upper Limb Studio at the National Spinal Injuries Centre (NSIC)

The Upper Limb Studio has been highly commended in the Acute Sector Innovation of the Year category at the 2021 Health Service Journal (HSJ) Awards, recognising their diligence and commitment to the healthcare industry across the past 12 months.

Commenting on the commendation, HSJ Editor Alastair McLellan said, "We believe the Upper Limb Studio really holds the value of the HSJ Awards – in terms of sharing best practice, improving patient outcomes, and demonstrating innovation – at the centre of what they do."

The inspiring initiative, which started at the beginning of 2021, provides one-to-one and group therapy for spinal cord injured patients. This is carried out by Occupational Therapists who are specifically trained in the principles of Activity Based Restorative Therapy, which is an important and growing area of spinal cord injury research. Therapists will work with a patient using a range of carefully selected rehabilitation technology in a designated purpose-built environment to facilitate repetitive movement in order to achieve functional activities with a particular goal in mind such as feeding, drinking, return to driving, carrying out aspects of personal care, and return to work. Using technology to support their upper limbs during therapy helps patients gain greater confidence and independence following a spinal cord injury.



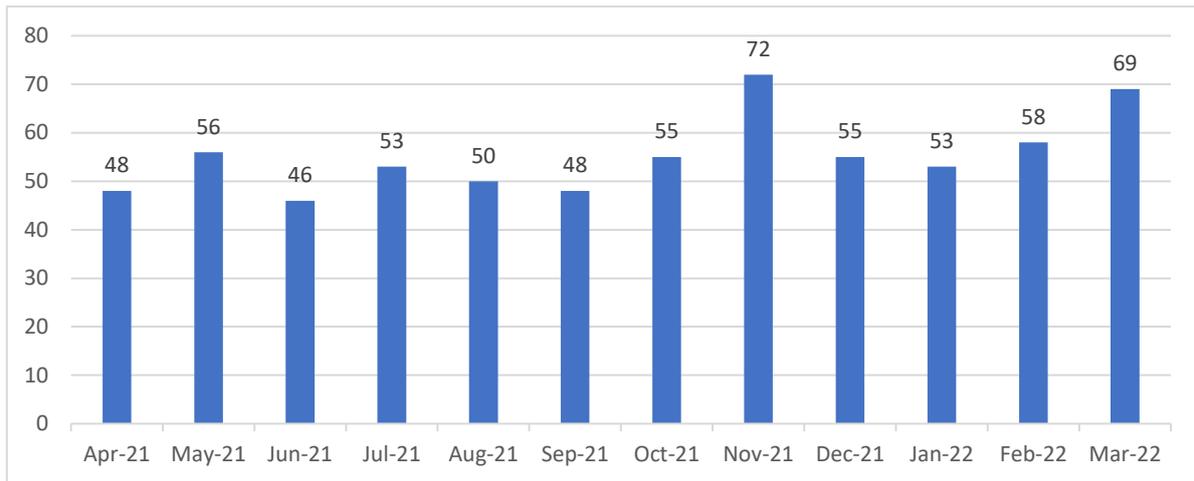
Patient Experience

Complaints

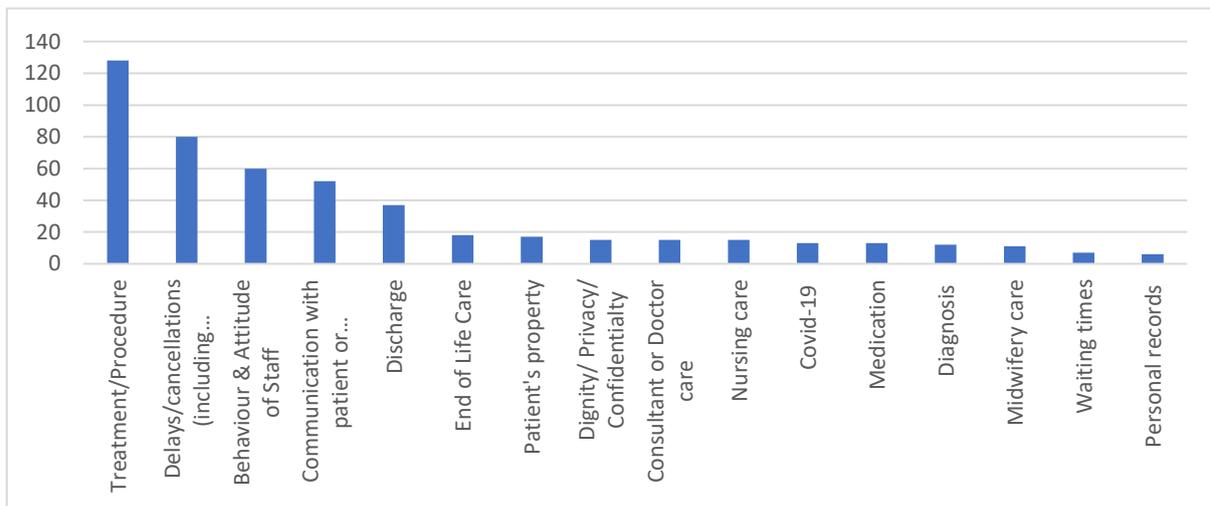
In 2021/22, the Trust received 663 formal complaints compared to 556 in 2020/21 – a 19% increase. Restrictions to visiting, changes to the hospital estate, and the move to remote appointments as a result of the pandemic, all impacted on patients' experience of the Trust's services. The Emergency Department (ED) received the highest number of complaints, reflecting the operational pressure within the department. Experience of treatment and procedures was the subject of the most complaints, followed by delays and cancellations.

We worked in partnership with the Trust Patient Experience Group and patient partners to develop new ways to support patients. This included implementing virtual visits, the Letter to Loved one service, volunteers in ED and wayfinding volunteers.

Monthly complaints received 2021/22 (total: 663)



Complaints themes 2021/22

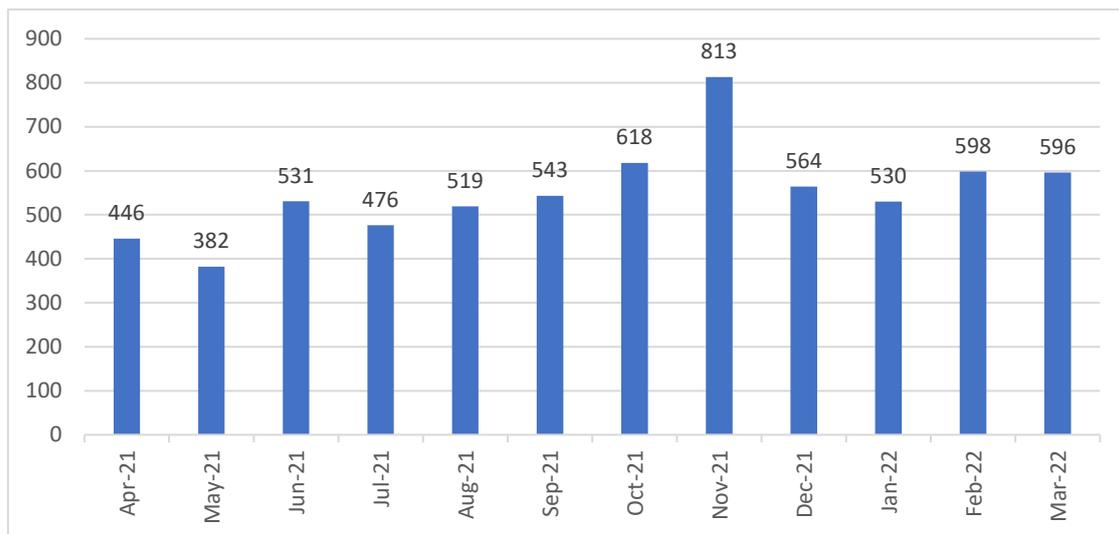


*complaints lower than 5 were not included

Patients Advice and Liaison Service (PALS)

In 2021/22 we recorded 6,616 PALS contacts with people seeking advice and information about our services – an increase of 40% compared to 2020/21 when 4,697 contacts were recorded. Delays and cancellations were the highest category after general information enquiries. These included appointment issues, surgery being delayed or cancelled and waiting times.

Monthly PALS contacts 2021/22 (total: 6,616)



Chaplaincy

The Spiritual & Pastoral Care team continued to offer support to patients, visitors and colleagues. A hospital stay can be emotionally and spiritually unsettling, making it harder for patients to cope with an illness or injury. Spiritual care involves exploring what matters most to patients and can include reflecting together on relationships, activities and beliefs; it has been available to everyone, whether a religious belief is held or not.

The chaplains supported patients receiving end of life care, at times using iPads when family members were not able to visit in person. The team conducted various religious and non-religious services, as well as emergency weddings. The team also provided spiritual support for colleagues, offering a safe environment and a friendly ear to those who were going through a tough time. We were grateful to welcome back volunteers during 2021/22 with 15 new volunteers recruited in September 2021.

**Celebrated emergency weddings for End of Life patients.
(Picture from an emergency wedding at Wycombe Hospital site on 24/04/2022)**



Patient Initiated Follow-up (PIFU)

Traditionally, regular follow-up appointments are arranged within a specific time frame, e.g. every 6 or 12 months. Some patients find these regular visits useful and reassuring but for others it can be frustrating or stressful coming to hospital if they do not feel they need to.

The Trust introduced Patient Initiated Follow-up for suitable patients. In practice this means the patient can arrange a follow-up with the clinical team looking after their care, when they feel they need it or if their systems get worse, within a given timeframe.

PIFU has benefits for both the patient and the Trust. It gives our patients more control over follow appointments, giving them access to support and guidance when they need it most, and for many people it means that they do not need to come to hospital as often. For the Trust, it means that there are fewer patients coming to hospital when they do not need to, freeing up appointments for those that do. It is also beneficial for the environment, reducing our carbon footprint by lowering the number of patients travelling to our hospitals unnecessarily.

By March 2023, the aim is that 5% of our patients will be able to initiate their own follow-up appointments.

Community Diagnostic Centre (CDC)

The Trust has opened a new diagnostics centre at Amersham Hospital. The centre will enable the Trust to offer more appointments for tests such as X-rays, ultrasound and blood tests, reducing waiting times and making it easier for the local community to access these services closer to home. In the future it is also planned that the CDC will offer tests and examinations for patients referred for investigation of heart and respiratory problems. Earlier, faster and more accurate diagnoses of health conditions will benefit our patients and help us improve the health of our local community.

Age-related Macular Degeneration (AMD)

The Trust's Age-related Macular Degeneration (AMD) Clinic celebrated its five-year anniversary with patients, local Macular Society representatives and leaders from across ophthalmology, optometry and the health service at Amersham Hospital in October 2021.

Over the last 5 years the team has conducted over 50,000 consultations with patients and delivered over 41,000 sight-saving injections.

Age-related macular degeneration (AMD) is a common condition for people from their 50s and 60s, and it is the biggest cause of certified sight-loss in adults in the UK. The exact cause is unknown but likely due to many factors such as a family history of AMD, smoking, being overweight and high blood pressure. This can happen gradually over several years with 'dry' AMD, or quickly over days, weeks or even overnight in the case of neovascular or 'wet' AMD. Patients with wet AMD require long-term regular consultations and treatment with injections in the eye at very precise intervals.

By setting up and delivering a service where these patients receive their treatment on time and in the most efficient and safe manner, the AMD clinic has ensured that patients in Buckinghamshire with wet AMD have the best chance of keeping their eyesight, maintaining independence and leading full lives.

The team was also able to adapt quickly to ensure that patients could continue to be treated safely throughout the pandemic at a time when many other teams were having to suspend services. They have also involved patients in research which has given them access to the latest treatments.

Corneal Cross-Linking Treatment

In June 2021, the Trust performed the first NHS corneal cross-linking treatment (CXL) in Buckinghamshire and Oxfordshire at Stoke Mandeville Hospital.

CXL is a treatment for an eye condition called keratoconus, which primarily affects young adults and which, if left untreated, can lead to visual loss and can necessitate more invasive corneal transplant surgery. CXL stops the condition progressing and stabilises the patient's vision.

Previously, our patients requiring CXL had to travel to London to access the closest NHS Provider. We are delighted that we can now offer this procedure here in Buckinghamshire, combining great care with easier access for people locally.

Corneal cross-linking treatment procedure



Improved aquatic therapy facilities at Amersham Hospital

In February 2022, the Trust was delighted to be able to welcome patients to the much-improved hydrotherapy pool at Amersham Hospital. During the COVID-19 pandemic many hydrotherapy facilities in the UK had to close and many have not been able to reopen.

The improved pool opens at a time when hydrotherapy is being promoted nationally for being incredibly important in supporting a variety of patient groups: for example, for post-surgical recovery, for pain management, for patients with rheumatism, for the rehabilitation of neurological patients and to enable certain patients to avoid the need for surgery procedures altogether. As such, hydrotherapy (or aquatic therapy) is considered a key element in the range of strategies that will help to reduce waiting lists in the wake of the pandemic.

With the improved facilities the team will be able to work with small groups of patients, instead of being limited to holding one on one sessions as the previous pool was so small. The bigger pool also enables the physiotherapists to offer an increased variety of aquatic therapy techniques. As well as increasing the size of the pool, improvements have been made to provide ease of access with improved safety measures including level access and non-slip surfaces. A new ceiling track hoist with chair and stretcher allows ease of access to all areas of the pool area and minimises the amount of manual handling required by staff. In addition, the original high ceiling over the pool has been lowered which allows better air temperature regulation and improves energy efficiency.

As a result of the upgraded facilities the hydrotherapy team at Amersham is looking forward to being trained in Ai Chi – an aquatic therapy technique with evidenced improvements in balance, pain, flexibility, mood, memory and function.

The improved aquatic therapy facilities at Amersham Hospital



Health Visiting Service

In February 2022, the Trust's Health Visiting Service Baby Friendly Initiative (BFI) accreditation was reassessed and successful. The assessors said that this reassessment was one of the best they have completed since the pandemic began.

We received great feedback from the assessors and from the mothers that were interviewed and received one of the highest scores ever from mothers, reporting that colleagues are always kind and considerate (98%).

Children and Young People

The Trust, together with its partners in health and social care, is working to support families in Buckinghamshire to provide the right healthcare support in the right setting at the right time.

Another year of the pandemic has had a profound impact on our children and young people that will continue to be felt across all our services for many years to come.

50-75% of our school nurse caseload now is to provide support for children who are struggling to cope emotionally. The service has been restructured so that it can provide a greater focus on early intervention and providing families with online resources and support. Ongoing assessment helps the team to identify emerging or increasing problems before crisis point is reached, providing swift escalation if required.

Our Children and Young People's Therapies Team has also felt the lasting impact of the pandemic. For example, the number of children requiring assessment for an education, health and care plan for speech and language and occupational therapy support rose by 35% from April 2020 to February 2022. To cope with the increased demand, the team launched a new microsite providing easier access to online resources in May 2020 and introduced a rolling programme of online occupational and speech and language therapy

webinars. Extending the support materials, information and advice available online has enabled the teams to continue to support families, schools and nurseries throughout the pandemic.

The pandemic has also impacted on our children's inpatient services. Since September 2020, Buckinghamshire, Oxford and Berkshire West (BOB) has seen a 294% increase in demand for CAMHS Tier 4 services, 50% of those are for young people with eating disorders.

This has resulted in high attendances and admissions to our children's inpatient ward. During 2021/22, we have appointed two CAMHS liaison workers, based on our inpatient ward, to support our colleagues and the young people they are caring for. The number of emergency admissions for children and young people has continued to rise since lockdown ended returning to pre-pandemic levels for example, from January-March 2022 our children's ward was at 90.9% occupancy compared with 79.9% for the same period in 2021 and 65% in 2020.

End of Life (EOL) Care

Our end of life care, rated outstanding in 2019, continues to improve. Figures from an audit in September 2021 show that 87% of EOL patients had a personalised care plan in place – a rise of 8% from 2020. This rise is due to the continued emphasis across the Trust on patient-centred care and the aspiration for all patients on our EOL pathway to receive a good death in line with their wishes and those of their loved ones.

We continue to gather and act on the feedback we receive from patients and families to improve the service experience for all our patients. We collaborate closely with all partners providing EOL across primary care teams, secondary acute and community services including Allied Health Professionals and with social service and third-party care providers. We liaise closely in terms of pharmacy medication provision, observations on patient deterioration and in sharing and facilitating patient and family wishes. We have also expanded our training and education to increase the number of staff with advanced skills in palliative and end of life care.

Hospital Navigator Scheme

The hospital navigator scheme, commissioned by Thames Valley Police, was setup in September 2021 in five participating trusts in the area including in our Emergency Department (ED) at Stoke Mandeville Hospital. The scheme aims to direct young people and adolescents to support and advice that can help steer them away from further injury resulting from self-harm, assault, maltreatment or intoxication.

The scheme is in support of the national violence reduction programme which promotes a public health-based approach to reducing violence among disadvantaged young people. Volunteers work alongside staff in ED who refer patients to the navigator scheme who have come into the department as a result of a violent incident or due to self-harm. In the

period September 2021 to January 2022 the Trust has vetted and trained four volunteers who have supported 23 people, directing them to the most appropriate help and support.

Environmentally friendly research and innovation centre

The Trust has partnered up with the Bucks Local Enterprise Partnership (LEP) to build a new research and innovation centre on the Stoke Mandeville Hospital Site.

The new three-story modular eco-build opened its doors in June 2021 offering modern agile working space to start-up small and medium sized businesses from across the region, as well as housing the Trust's own state-of-the-art Research and Innovation Department.

The centre will add value to the local economy by drawing in some of the brightest and best minds from across Buckinghamshire and beyond to work and collaborate with each other as well as with the Trust's Research and Innovation Department. This in turn will benefit our patients by giving our clinicians direct access to the latest digital health developments, medical technologies and artificial intelligence.

Thanks to our partnership with Bucks LEP, the centre will not only benefit the economy but is good for the environment too. It has been built with 99% recyclable materials, harvests rainwater, is energy efficiency and even features a living wall.

Research and innovation centre



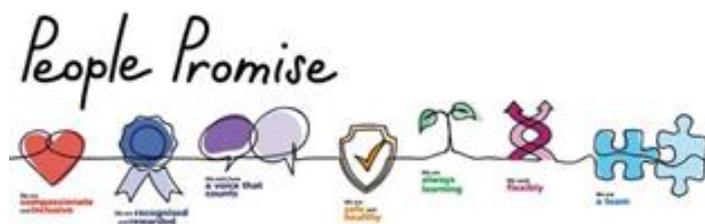
Ensuring our workforce is listened to, safe and supported

The COVID-19 pandemic has placed a significant burden on the NHS workforce. The emotional and physical toll the pandemic has taken on our colleagues should not be underestimated. The last two years have impacted us all in one way or another whether that is personally, professionally or both. During 2021/22 staff absence remained high. Whilst it peaked in January 2022, it remained high to the end of the financial year due to the virulent Omicron variant with colleagues either suffering from the virus or self-isolating

to protect the vulnerable and control the spread of COVID-19. This put additional pressure on our colleagues who were already dealing with an increased workload as they worked tirelessly to provide outstanding care to patients and reduce waiting times.

It is well-documented that when an excellent experience for colleagues is achieved, they become inspired to be the best people they can be at work which in turn delivers the best patient care. We have continued to support our people with the practical aspects of coming to work including suspending parking charges for colleagues, introducing agile working, offering BHT Assist (a free concierge service to help take the hassle out of everyday tasks) and an additional one-off well-being payment in March to help with the rising cost of living.

We know that we need to focus on each area of the NHS People Promise to deliver on our strategic priority of making the Trust a truly great place to work.



As part of this journey, based on the NHS People Promise and feedback from Trust employees, Thrive@BHT was launched in April 2021. It is our roadmap for how Trust colleagues can support each other and care for themselves to create a great place to work by:

- More and continued support for the physical and psychological health of colleagues
- Making sure we get the basics right, including more and improved rest areas and supporting colleagues to achieve a better work/life balance; and
- Creating a place where everyone feels they are treated fairly, with respect and kindness and are valued for the work they do.

This will be further embedded during 22/23 as we have been selected as 1 of 23 exemplar sites for the NHSE/I People Promise Retention Programme.

Supporting colleagues to look after their physical, psychological, and emotional wellbeing has remained a key priority in the Trust. We have been able to build upon the strong foundation of our in-house Occupational Health (OH) and Wellbeing Services, building capacity through a dedicated OH COVID-19 support team and adding to the Wellbeing teams counselling resource, to allow us to provide more outreach work and drop in facilities, for example on site in ICU.

Staff wellbeing

This year the Wellbeing team focus has been on providing a proactive outreach service to ensure all colleagues are aware of the support available and how to access it. This is reinforced through a weekly "Wellbeing Wednesday" newsletter which is sent to all colleagues. We continued with our dedicated professional in-house team of counsellors and wellbeing experts and during 2021/22 supported c1,000 requests for psychological

support and c150 colleagues have attended the proactive 'Understanding Stress, Building Resilience' course. We have delivered mindful sessions to over 200 colleagues and have Mindfulness Ambassadors, who make up part of our group of almost 100 wellbeing champions across the organisation. As part of the Peak one programme, we have provided 112 managers with 'Wellbeing for you and your teams' training.

REACT mental health training has been rolled with the aim of equipping managers, supervisors and those with caring responsibilities to confidently hold support and compassionate mental health and wellbeing conversations. A total of 445 people has been trained with more courses planned for 2022/23.

Recognising the profound impact that the pandemic has had on some of our colleagues we have expanded our Trauma Risk Management (TRiM) programme. TRiM originated in the UK Armed Forces and the model is based on 'watchful waiting' - keeping a watchful eye on individuals who have been exposed to a traumatic event, whether that person has been directly involved or involved from afar. The Trust now has 13 practitioners in place and 25 in training.

We have developed a new offering of half day rest and reflect sessions through social prescribing partnerships with Lindengate, a nature-based health and wellbeing charity based in Wendover, and HorseHeard, a charity which promotes and develops emotional health, wellbeing and resilience through innovative experiential learning programme with horses. During 2021/22 over 400 people have attended sessions at Lindengate or HorseHeard.

We have also provided physical wellbeing support, including a menopause café and wellbeing webinars on several topics, including support for financial wellbeing. We have a dedicated 'Wellbeing Wednesday' weekly bulletin to all colleagues.

Thanks to the Trust's estates team and volunteers relaxing outdoor spaces have been created for colleagues and patients including a courtyard garden at Amersham Hospital.

It is evident from the results that the positive action we are taking to support the health and wellbeing of our colleagues has been recognised and is appreciated. Questions relating to 'my organisation take positive action on health and wellbeing have increased from 39% in 2019 to 42% in 2020 and 68% in the latest survey – 12% ahead of comparable trusts.

Thanks to the Trust's estates team and volunteers relaxing outdoor spaces have been created for colleagues and patients including a courtyard garden at Amersham Hospital.



Courtyard garden at Amersham Hospital

In order to improve the environment for colleagues and patients within the Intensive care Unit (ICU) at Stoke Mandeville Hospital, the ceilings were replaced depicting sunshine and lights.

Brighter ceiling light system in ICU



Wingbee bus

In March 2022, the Trust was delighted to welcome the Wingbee mobile well-being lounge to its Wycombe and Stoke Mandeville Hospitals, giving colleagues the opportunity to take a break in a space away from their usual, and often high-pressured, working environments. The brainchild of two UK airline captains and a clinical psychologist, the Wingbee bus is provided by Project Wingman Foundation Ltd, a well-being charity that supports frontline healthcare staff.



Keeping Our Colleagues Safe

Keeping our colleagues safe will always be a key priority. In addition to ensuring that our colleagues have always had access to appropriate PPE, we have continued with the following measures:

Risk assessments

The COVID-19 risk assessment process is key tool in ensuring the safety of all our colleagues. This was put in place at the beginning of the COVID-19 pandemic to identify and mitigate colleagues' individual risks. Compliance is monitored monthly. New starters and volunteers are risk assessed before they take up their roles.

The Occupational Health team supports all colleagues who were 'shielding' under government guidance, or who have scored @high' in their COVID-19 risk assessment, including overseeing any change in guidance and supporting colleagues to return safely to the workplace as we move towards 'living with COVID-19'.

Lateral flow testing

All colleagues who come on to site are required to self-test twice a week. This has been key in identifying colleagues who had contracted COVID-19 but were not showing any symptoms helping us to prevent the spread of COVID-19 keeping colleagues and our patients safe.

Management of COVID-19 Infections and Isolation

We established a dedicated COVID-19 team with Occupational Health, who managed all staff tested positive and any isolating staff on a daily basis, with support and guidance to the individual, their families and managers, including keeping colleagues informed and supported through a regular COVID-19 round-up bulletin regarding government guidance.

Staff vaccination

All colleagues have been offered the opportunity to have the COVID-19 vaccine and we continue with an 'evergreen offer' i.e. first, second and booster doses. This is in addition to the seasonal flu vaccine, which is offered to all colleagues. By February 2022, 97% of our colleagues had had their first dose of the COVID-19 vaccine, with 80% having had their second and booster doses.

The high uptake is testament to the excellent provision of the service comprising in-house clinical colleagues and new colleagues recruited in many cases from other industries and volunteers. This was supported by a targeted and comprehensive communications campaign which included webinars with expert panellists, a confidential helpline, the support of our staff networks as well as dedicated support from Occupational Health and Wellbeing team.

Listening to our colleagues

We were extremely pleased given just how busy our colleagues are that over 3,400 colleagues responded to the 2021 national staff survey. At 56% this response rate was well above the average for trusts in our sector which was 46%.

In 2021 the themes in the national survey were changed to align with the NHS People Promise so we cannot run a year-on-year comparison, but we are pleased that as a Trust we scored at or above the national average in 8 out of 9 of this year's themes. We are particularly proud of the fact that 'we are compassionate and inclusive' was the People Promise with the highest ranking and scoring. Significant improvements were seen in colleagues saying they have effective team meetings and that they felt secure to raise concerns about unsafe clinical practice. Questions about our workforce race equality standard showed measurable improvements from last year and whilst our scores are better than average, we know that we still have a considerable amount of work to do in this area.

It is evident from the results that the positive action we are taking to support the health and wellbeing of our colleagues has been recognised and is appreciated. Questions relating to 'my organisation take positive action on health and wellbeing have increased from 39% in 2019 to 42% in 2020 and 68% in the latest survey – 12% ahead of comparable trusts.

Building a Positive Speaking-up culture

The Freedom to Speak Up Guardian (FTSUG) 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. The FTSUG is a mandatory post for all NHS Trusts in England which also reports to the National Guardian Office thereby offering a level of independence.

Our 'Speaking Up' service has been expanded based on implementing an outreach model and introducing a small number of part-time FTSUG. This has enabled the Trust to increase the accessibility, diversity and visibility of the service, educating colleagues about

the importance of speaking up to the safety of patients and colleagues, achieving an incredible 3,600 outreach contacts in only 10 months.

To support the 'Speaking Up' service, a new 'Speaking Up Champion' role was launched in January 2022. Champions are volunteers, signposting colleagues who wish to raise concerns and promoting a positive Speaking Up culture in their own ward or department. We have already recruited 30 champions, with 19 already fully trained and supporting our outreach programme.

We are proud that our 2021 national staff survey results show that we have again significantly improved our score for colleagues feeling confident to raise clinical concerns – a 10% improvement over the past four years with results significantly better than comparable trusts.

Every year the Trust actively participates in October Speaking Up month. This year the annual and local campaign focused on the launch of mandatory 'Speaking Up' training for all NHS staff. To support this, the team delivered a varied programme of over 30 activities across the Trust.

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 FTSUG is also someone that they can speak to in confidence regarding any concerns that they have, and they work closely with the Guardian of Safe Working Hours to resolve any issues that are raised.

Trust wide daily safety huddle

Some colleagues reported feeling isolated and unsupported whilst working through the pandemic where operational pressure and staffing shortfalls at its peak due to COVID-19.

The senior nursing and midwifery leadership team identified that there was a need for a daily two-way communication between the Chief Nurse, senior nursing leadership team, heads of nursing and matrons to ensure that all colleagues felt supported, particularly during the Omicron surge, which resulted in high staff absence. As a result, daily safety huddles were established which provide support to senior colleagues, enables the sharing of ideas across the wider forum and facilitates decision-making regarding patient safety and staffing redeployment and patient flow support

The big 4 safety messages poster was introduced in January 2022 based on the quality issues identified, audits results and matrons' quality walkabout. The poster is published every two weeks with QR codes being added to allow all colleagues to report issues and suggest areas for improvement.



Ward Huddles

As a key part of the QI Strategy, the rollout of Quality Improvement Huddles in the wards has continued across the Trust. The ward huddles provide staff with a voice and enable those closest to everyday problems to make changes and improvements to their service improving quality of care, staff wellbeing, efficiency and safety.

In March 2022 there were 42 active QI Huddles within the organisation which have collectively achieved 954 improvements during 2021/22.

Ward huddles attended by different healthcare professionals



Evaluation Results: Staff Feedback



'Good way to get points across; I feel more listened to and part of the team.'

Isobel, HCA



Keeps the ward more organised and working more as a team.'

Mary, Staff Nurse



'Good way for everyone to have a voice, whichever band. Brings out things that not everyone would have thought of....brings improvements in necessary and unexpected areas.'

Jemima, HCA

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 2021/22 according to national requirements.

The data used in this section of the report have 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.

The processes for producing Quality Accounts in 2021/22 remain the same as previous years, with the exceptions that for NHS providers, there is no national requirement to obtain external auditor assurance. Approval of the Quality Account from within the Trust's own governance procedures is sufficient.

Statements of Assurance

During 2021/22 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted six NHS services. These were:

- Emergency Department (also known as Accident & 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 2021/22, 37 national clinical audits covered relevant health services provided by the Trust.

During that period, the Trust participated in 95% (35/37) national clinical audits in which it was eligible to participate and 100% (3/3) of National Confidential Enquiries into Patient Outcomes and Deaths (NCEPOD) studies in which it was eligible to participate.

The national clinical audits that the Trust was eligible to participate in during 2021/22 are detailed in the table below. The table shows which audits the Trust participated in and the percentage of eligible/requested cases submitted.

AUDIT	Applicable overall	Data collection (yes/no)	2021/22 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
GR-gastric Cancer (NOGCA)	applicable	yes	participating	Data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	participating	Continuous data collection
WOMEN AND CHILDREN				
Diabetes (Paediatric) Audit (NPDA)	applicable	yes	participating	100%
Maternal, New-born 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	no	Registered but not submitting data	No data submitted due to COVID and staffing pressures
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 audit process
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
Rheumatoid and Early Inflammatory Arthritis (NEIAA)	applicable	yes	participating	Continuous data collection
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
National Audit of Care at the End of Life	applicable	yes	participating	100%
National Audit of Dementia (spotlight audit)	applicable	yes	participating	100%
ACUTE				
National Asthma and COPD Audit Programme	applicable	no	participating	Continuous data collection
National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	Continuous data collection
Case Mix Programme (ICNARC)	applicable	yes	participating	Continuous data
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

BAUS Urology Audits (complex operations data)	applicable	yes	participating	100%
Emergency Medicine QiP – Consultant Sign Off	applicable	no	participating	Currently collecting data
Emergency Medicine QiP – Pain in Children	applicable	no	participating	Currently collecting data
Emergency Medicine QiP – Infection Control	applicable	no	participating	Currently collecting data
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	participating	Continuous data collection
Society of Acute Medicine Benchmarking Audit (SAMBA)	Applicable	yes	participating	100%
OTHER				
Learning Disabilities Mortality Review Programme (LeDeR)	applicable	yes	participating	100%

National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Transition from Child to Adult Health Services Study	applicable	participated	In progress 3/10 questionnaires submitted to date
Epilepsy study	applicable	participated	4/4 questionnaires submitted
Study of Crohn's Disease	applicable	participated	In progress 0/8 questionnaires submitted to date

National Audits

The reports of 39 national clinical audits were reviewed by the Trust. During 2021/22 and the following are examples of actions taken by the Trust to improve the quality of healthcare provided:

- **National Diabetes Inpatient Audit (NaDIA)** – This is an annual snapshot audit of diabetes inpatient care in England and Wales and is open to participation from hospitals with medical and surgical wards. NaDIA allows hospitals to benchmark hospital diabetes care and to prioritise improvements in service provision that will make a real difference to patients' experiences and outcomes. Following participation in this audit, the Trust has introduced a number of changes to improve patient care including appointing a consultant lead for inpatient diabetes care, prioritising diabetic patients with foot problems for admission to ward 6, providing ongoing staff training days and education sessions for the junior doctors, all wards to stock a range of insulin types in vials and the introduction of hypo boxes on every ward which include abbreviated guidance. The NaDIA is currently suspended, so it has not been possible to measure the impact of these changes.
- **Fragility Fracture Post-Operative Mobilisation National Audit** – This was carried out to better understand current practice regarding postoperative weight bearing for lower extremity fragility fractures in older patients. It looked specifically at the reviewing and documenting of weight bearing status. It is important for this group of patients to mobilise as soon as possible after surgery to help prevent post-op complications such as venous thromboembolism (VTE) or pressure sores. Early mobilisation also helps with rehabilitation and return to independence. British Orthopaedic Association Standards for Trauma (BOAST) state 'all surgery in the frail patient should be performed to allow full weight-bearing for activities required for daily living'. Often mobilisation is delayed because of confusion regarding a patient's weight bearing status. This audit looked at how well this information is documented in patients' notes, communicated between staff and recorded at discharge. Following completion of the audit, posters were displayed in the theatre offices to remind surgeons of the importance of documenting weight bearing status post op. Reminders were also included in the weekly Trauma Handover meetings. Following completion of these initiatives, documentation of weight bearing status on discharge increased from 32% to 59%.
- **UK Parkinson's Audit** – This audit measures the quality of care provided to people living with Parkinson's against a range of evidence-based guidance. The audit takes a multi-professional approach, involving Elderly Care and Neurology consultants, Parkinson's nurses, occupational therapists, physiotherapists and speech and language therapists who care for people with Parkinson's. Following participation in the audit, several assessment tools have been introduced for use at clinical appointments. These include an Activities of Daily Living (ADL) assessment tool, Non-motor symptoms checklist, cognitive assessment tool and a Mood/Anxiety/Depression assessment tool. These will help ensure evidence-based practice is followed when reviewing and assessing patients.

The reports of 82 completed local clinical audits were reviewed by the Trust during 2021/22 and the following are examples of actions taken to improve the quality of healthcare provided.

- **Intensive Care Unit (ICU) Record Keeping** – Recording of a thorough social history can better guide the treatment escalation plans for patients admitted to ICU. Results of a record keeping audit showed that when measured against a set of agreed standardised questions the quality of documentation for social history and frailty was poor. Following completion of the audit, a social history and frailty proforma was designed and trialled. A re-audit was carried out and a significant increase in the quality of documentation was found, with improvements in all domains. The new proforma is now part of the ICU admissions pack and helps guide patient escalation plans. Consideration is being given to extending the use of this proforma to other specialties including Trauma & Orthopaedics.
- **Nasogastric Tube (NG) Insertion Documentation Audit** - An audit of the documentation of nasogastric tube insertions in ICU patients against a set of standardised questions found that the quality of documentation was poor with important information missing from the clinical notes. Following completion of the audit, the NG tube Local Safety Standard for Invasive Procedures (LocSSIPP) was introduced in the department. A re-audit was carried out which showed an overall improvement in the quality of documentation for NG insertions in all but one domain. Without the use of the NG tube, LocSSIPP documentation was variable and poor and, in some cases, missing. The LocSSIPP documentation is now used to record all NG tube insertions in ICU.
- **Gastroenterology** – Results of a re-audit showed overall improvement in compliance with the British Society of Gastroenterology and the Association of Coloproctology of Great Britain and Ireland post-polypectomy and post-colorectal cancer resection surveillance guidelines. Data from the most recent audit show excellent compliance, particularly for patients with colorectal cancer and large non-pedunculated colorectal polyps. There was evidence of clear documentation found in endoscopy reports and clinic/patient letters of the need for surveillance with an appropriate timeframe recorded. There was also evidence of clearly stated justification if surveillance and/or timeframe was not requested.
- **Emergency Department (ED)** – An audit was carried out of patients presenting in ED with an unexplained collapse. Care was audited against NICE Guidelines: Transient Loss of Consciousness in over 16s (CG109) and Falls in Older People (CG161). The results showed that, whilst appropriate referrals were made, many patients did not have a formal diagnosis made. Following completion of the audit, a Collapse ?Cause Checklist was introduced in ED to aid clinicians when assessing patients and to ensure a formal diagnosis can be made and appropriate follow-up established to reduce harm. When a re-audit was carried out, documentation had improved in all parameters and more appropriate diagnoses and follow-ups were being made. The number of differential diagnoses also increased showing awareness is improving amongst clinicians.
- **Palliative Care** – The Purple Rose End of Life Care Plan (PREOLCP) was first introduced in the Trust in 2018. It consists of a six-page document which should be completed contemporaneously and filed in the patient's notes once the decision to

commence end of life care has been made. Since its introduction, annual audits have been carried out to review its use and level of completion and to identify any areas for development. Over the last two years regular education sessions for clinical colleagues have been run by the EoL Team to highlight the importance of using and fully completing the care plan. As a result, an increase in compliance has been seen from 52% in 2019, to 71% in 2020 and 87% in 2021. This year's audit identified the need for improvements in completion of the Daily Symptoms Control Assessments and this will be the focus of education sessions going forwards.

- **Plastic Surgery** – In line with NICE guidance all patients should have their venous thromboembolism (VTE) risk assessed, not just on admission but also prior to discharge from hospital. When the discharge notes of plastic surgery patients were reviewed it was noted that less than 30% had their VTE assessment repeated and documented prior to discharge, that where VTE prophylaxis was prescribed there was often no documented VTE assessment and there was no documented evidence that patients discharged with VTE prophylaxis had been given verbal or written information explaining VTE risks. Following completion of this audit, a programme of training was delivered, and prompts added to both the prescription chart and the discharge letter template to remind colleagues of the need for a VTE assessment on discharge.

Care Quality Commission

Buckinghamshire Healthcare NHS Trust is currently registered with the Care Quality Commission (CQC) under Section 10 of the Health and Social Care Act 2008. 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 2021/22.

During February 2022, the Trust underwent an unannounced inspection against the five key lines of enquiry: Safe, Effective, Caring, Responsive and Well-led within two core services:

Medical care: which includes the broad range of specialties including those services that involve assessment, diagnosis and treatment of adults by medical interventions rather than surgery. Medical care also includes endoscopy services, including:

- acute assessment units (also known as medical assessment units)
- general wards
- specialty wards, including gerontology (also known as care of the elderly) wards.

Surgery: which includes planned (elective) surgery, day case surgery and emergency surgery, pre-assessment areas, theatres and anaesthetic rooms and recovery areas. The surgery core service also includes interventional radiology but not some specialist surgery, including caesarean section, which comes under the maternity core service.

A further, announced **Well-Led** inspection was undertaken at the end of February into March 2022. This Trust-wide assessment takes into account findings across well-led at

service level but is primarily undertaken at a Trust-wide level and includes an assessment of:

- the leadership and governance at Trust Board and Executive team-level;
- the overall organisational vision and strategy;
- organisation-wide governance, management, improvement; and
- organisational culture and levels of engagement.

The Trust expects to receive a draft report from the CQC early in 2022/23. Once finalised the report will be published on the CQC website and will be reported in detail by the Trust within the 2022/23 Quality Account including any areas for improvement identified within the report.

Following the last CQC inspection in 2019, the CQC placed a condition on our registration under Section 26 of the Health and Social Care Act 2008, specifically requiring the Trust to 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. The Trust has taken action to address this and during 2021 successfully applied to have the condition removed.

Further details of CQC inspections and the Trust's current ratings, summarised below, are available at www.cqc.org.uk/directory/RXQ.



Data Quality

The Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data relating to <i>admitted patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>out-patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>Accident and Emergency care</i> which included the patient's:
Valid NHS Number was 99.7% (National Average 99.7%)	Valid NHS Number was 100% (National Average 99.8%)	Valid NHS Number was 99.9% (National Average 98.0%)
General Medical Practice code 100% (National Average 99.7%)	General Medical Practice code 100% (National Average 99.6%)	General Medical Practice code 99.8% (National Average 99.1%)

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 2021/22 Toolkit has been extended to 30 June 2022 and work towards achieving the required standard is underway.

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

- Implementation and monitoring of the new Data Quality Strategy to improve data quality. The strategy sets 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 also be reviewed and improved.
- A data quality team continuously performs checks for missing NHS numbers, postcodes and GP practices and merges newly created duplicate records. Additionally, the Trust has started an initiative to improve the collection of patients' ethnicities.

The Department of Health Core Quality Indicators

The core quality indicators that are relevant to the Trust are detailed below. They relate to:

- Summary Hospital level Mortality Indicator
- Research and Innovation
- Patient Reported Outcome Measures
- Readmission rate into hospital within 28 days of discharge.

- The Trust’s responsiveness to the personal needs of its patients.
- NHS Friends and Family Test
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism
- Infection Prevention and Control
- The number of patient safety incidents reported and the level of harm

Summary Hospital Level Mortality Indicator (SHMI)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	2020/21	1.0663	1.0019	0.6951	1.1869
	2021/22	0.9937	0.9996	0.7161	1.1949
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none"> • Band 1 = Higher than expected • Band 2 = As expected' • Band 3 = Lower than expected 	2021/22	2	2		
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2020/21	50.0%	36.3%	8.1%	59.2%
	2021/22	60%	39%	11%	64%

The Trust considers that this data are 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.

An external audit of mortality coding concluded:

- The Trust has robust coding policies and procedures as well as a high level of compliance in terms of the timeliness of coding.
- There was evidence of liaison between clinicians and coders where there were specific queries concerning diagnoses.
- There was an effective forum (the Mortality Reduction Group) in place to review coding issues and is chaired by a senior clinician.

Research & Innovation

The Trust has been a research active hospital stretching back to its early days before there was a Research Department, through the work of Professor Sir Ludwig Guttmann and the world renowned National Spinal Injuries Centre. Since it was established in 2003, the Trust's Research and Innovation Department has continued to grow its portfolio of studies across all specialties such as Cancer Care, Cardiology, Plastics and Burns, Respiratory Medicine and Ophthalmology.

Fast forward 18 years, the department hit a major milestone by registering their 1000th research study on 21 July 2021. From a handful of researchers and support colleagues, the Research and Innovation Department has grown over the years to a dedicated team of around 35 core staff as well as support research staff across services such as Pharmacy, Pathology and Radiology.

A total of 1042 studies have been registered and during 2021/22, 3377 participants took places across 24 specialities. One of the research studies resulted in the development of the Upper Limb Lab in the National Spinal Injuries Centre, which was highly commended in the Acute Sector Innovation of the Year category at the 2021 Health Service Journal (HSJ) Awards.

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	Best Performer	Worst Performer
Hip replacement surgery- Oxford Hip Score	2018/19	22.4	22.2	24.4	19.1
	2019/20	22.1	22.1	24.4	18.5
	2020/21	N/A			
Knee replacement surgery -Oxford Knee Score	2018/19	17.2	16.7	19.8	13.7
	2019/20	17.5	17.1	19.8	13.4
	2020/21	16.7	16.8	19.7	11.5

The 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 its 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
Percentage of patients aged 0 to 15 readmitted within 30 days of admission	2019/20	16.2	12.5	6.3	18.6
	2020/21	15.0	11.9	6.6	19.2
Percentage of patients aged 16+ readmitted within 30 days of admission	2019/20	14.3	14.7	6.4	20.4
	2020/21	14.8	15.9	7.8	21.7

The 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 as defined by NHSI/E.

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.

Prescribed Information	Reporting Period	BHT 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 regards to the Trust's responsiveness to the personal needs of its patients during the reporting period.	2016/17	68	68.1	85.23	60.2
	2017/18	64.3	68.6	85	60.5
	2018/19	66.2	67.3	85	58.9
	2019/20	67	71.9	84.2	59.5
	2020/21	73.4	74.5	85.4	67.3

The national inpatient survey shows that the feedback we received in relation to our responsiveness to the personal needs of our patients has improved. We saw an improvement in experience related to the following:

99% said they were treated with dignity and respect (2019/20, 98%)

As in previous years doctors and nurses were highly regarded with 99% of patients having trust and confidence in nurses and 98% in doctors

The Trust saw a significant rise in patients rating the food as good or quite good up from 51% to 63%

There were improvements in some areas of discharge for example more patients reported staff discussing their needs for health and social care after discharge, while other areas, such as being given enough notice of discharge, saw a decline.

Key areas where improvement is required include waiting times for admission, patients feeling involved in decisions about their care and treatment, and aspects of the discharge process.

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

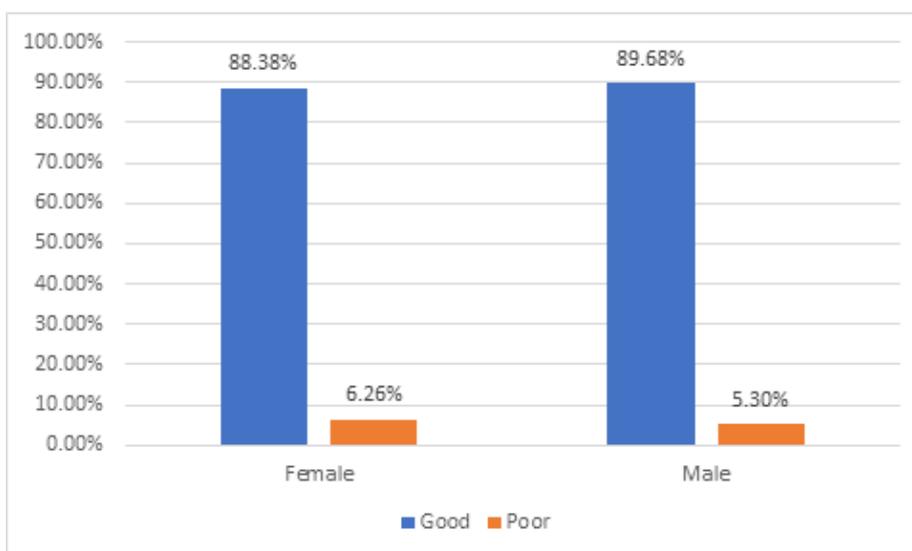
Enabling colleagues at all levels to make improvements in response to patient feedback.
Using patient experience data to drive improvement.
Involving patients and carers as partners in improvement.
The Trust has replicated the patient survey questions in the monthly matrons' quality walkabout and audit questions to enable monthly monitoring of local and Trust wide performance.

Friends and Family Test

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.

Restrictions on visiting during the pandemic has affected patient satisfaction. The Trust has reviewed and eased visiting since the March 2022 in line with the national guidance on living with COVID-19 to support the improvement of patient experience.

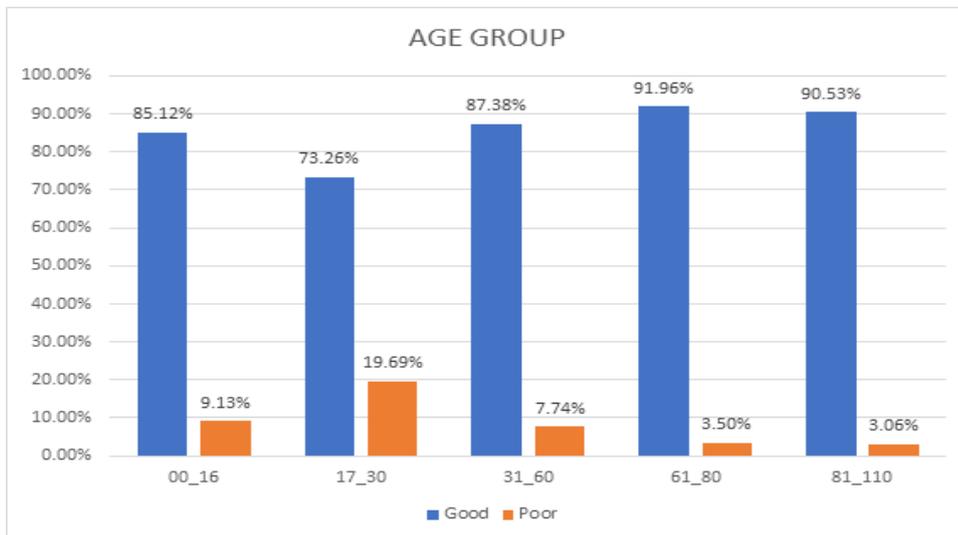
One of the questions asked in FFT is 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics. The following charts show the response rates, which have increased significantly compared to 2020/21, and satisfaction in 2021/22 by gender, age and ethnicity. Please note that they do not include the percentage of people who rated their experience as neither good nor poor.



Gender – 87,168 Responses:

The response rate was broadly similar for male and female patients with both genders responding to around 21.8%. Male patients accounted for 46% of all responses received and were slightly more satisfied with the service they received with 89.68% responding positively. Female patients using the Trust’s Maternity services responded to 11.3% of survey requests and overall returned more responses for other services.

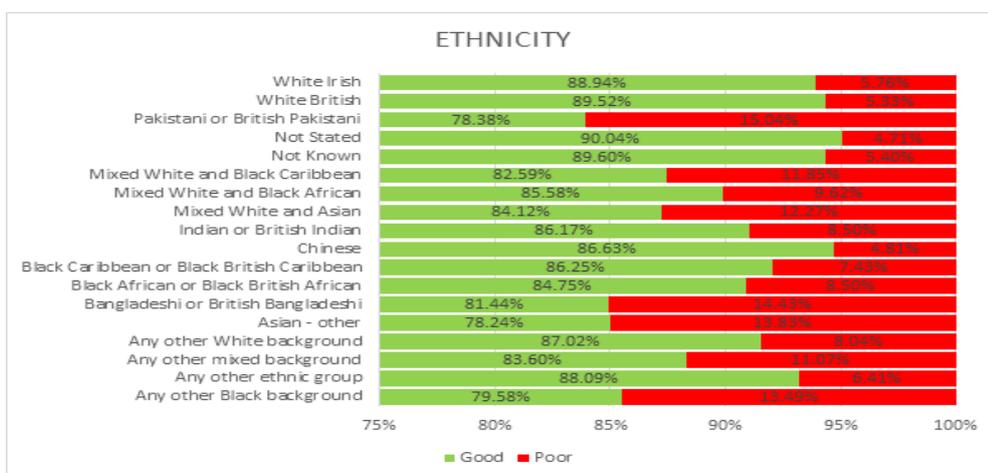
Age Group – 87,182 Responses



Following the trend of previous years, the age group with the highest response rate continues to be those aged 61 to 80, with 31.5% responding and the lowest response rate of 9.7% is from patients aged 17 to 30. Those aged 30 and under, including parents responding for paediatric patients responded to 11.9%, whilst those aged over 30 responded to 24.9% overall.

Patients aged over 60 were most satisfied with the service they received whilst 19.7% of patients aged 17 to 30 reported a poor experience.

Ethnicity – 87,182 Responses



Of those patients who gave their ethnicity, the most satisfied were White British, with again Pakistani or British Pakistani patients reporting the lowest satisfaction with 15% saying that

their experience had been poor or very poor followed by Bangladeshi or British Bangladeshi at 14.4%. We are currently working with Healthwatch Bucks to undertake in-depth research to understand they this is the case so that we can develop action plans to address any issues highlighted.

White British patients and service users had the highest response rate at 24.1%, the lowest response rate at 7.7% is from those recorded as Pakistani or British Pakistani.

Venous Thromboembolism (VTE)

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.	2020/21 Quarter 3	96.5%	Data not available	Data not available	Data not available
	2021/22 Quarter 3	96.2%	Data not available	Data not available	Data not available

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

- Due to the impact of the COVID-19 pandemics, and the requirement to release capacity across the NHS to support the response, NHS England paused the collection and publication of some official statistics. As a result, VTE quarterly data was not reported by any trust during 2020-22. This pause means we are unable to provide national average, highest score and lowest score.
- The Trust continued to monitor monthly compliance at a local level and has been consistently compliant.

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

- Benchmarking the Trusts VTE in the national GIRFT/Thrombosis UK survey.
- A QI project has been completed in one area to reduce the number of unintentional omitted thromboprophylaxis doses, this will now be rolled out across the Trust.
- Focus for the next 12 months:
- Real-time monitoring of VTE compliance

- Audit
- Patient information
- Mechanical thromboprophylaxis
- Education programme
- Hospital acquired thromboembolism screening
- Roll out of missed Doses QI project
- Review current structure of team and build resilience to improve VTE prevention across the Trust.
- Apply for Exemplar Centre status once criteria is fully met

Infection Prevention and Control

The Trust continue to recognise the need for us to control healthcare associated infections (HCAIs) and reiterate our commitment to keeping patients, family members and staff safe in this regard. The Infection Prevention Control (IPC) team has continued to strive for the highest standards in collaboration with our colleagues, patients and service users, visitors, external partners and contractors.

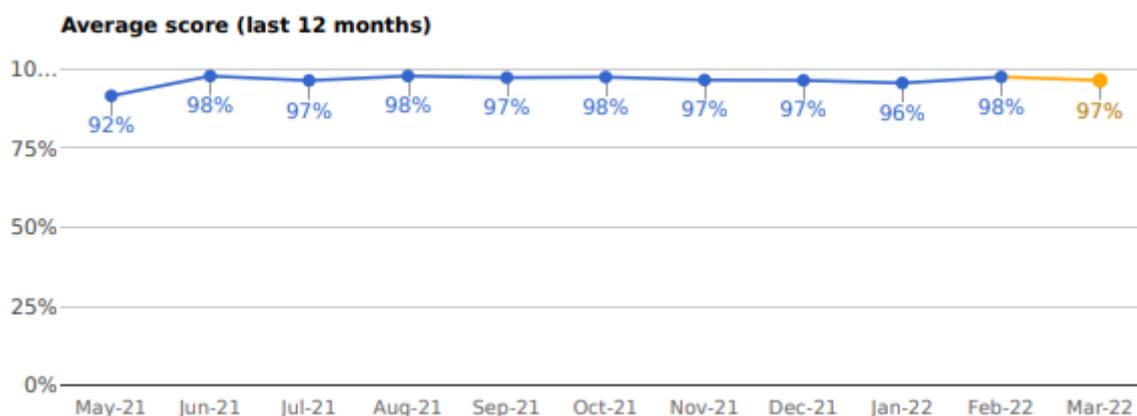
Once again, the COVID-19 pandemic has dominated the past year. However, the emergence and surge of the Omicron COVID-19 variant in December 2021 has led to significant challenges in managing ongoing transmission in our healthcare settings. Working in such a rapidly developing situation while maintaining our focus on IPC practice has required a comprehensive and collaborative effort in limiting the spread of infection among people who receive our care and visit Trust's hospital premises.

The IPC team managed periods of increased incidents and outbreaks of infections as they arose and monitored the impact of the outbreak on patients and staff and the implications for the organisation's operational delivery.

Specialist IPC advice plays a critical role in our ability to return to 'Living with COVID-19' across the organisation while also ensuring we stay prepared for any increase in cases and standard infection control precautions (SICP) are delivered to the highest possible level.

IPC audits were undertaken to ensure that policies, procedures, and best practices were applied, including hand hygiene and the correct wearing of personal protective equipment (PPE). Monthly audit is conducted through Tendable App (electronic audit) by frontline staff and validated by the IPC team. The hand hygiene and PPE audit demonstrated an average compliance of 97% in the last 12 months.

Hand hygiene and PPE audit monthly percentage compliance 2021/22



During 2021/22, the Trust continued to perform mandatory surveillance.

Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia

The Trust's bloodstream national target is set at zero; however, we have reported two cases of MRSA bloodstream infection. In one, the source was considered a line infection whilst the other was a collection contaminant. The care and management of peripheral line has been a focus of safety messages and monitored closely through a monthly audit by clinical staff.

Meticillin-susceptible *Staphylococcus aureus* (MSSA) bacteraemia

A total of 22 MSSA bacteraemia cases were apportioned to the Trust for 2021/2022. The Trust does not have a formal target for reducing MSSA bacteraemia cases. The bloodstream infection cases have been associated with the following sources of infection:

- skin and soft tissue infections
- peripherally inserted central catheter (PICC) line infection
- peripheral cannula
- discitis and pyelonephritis

All cases were reviewed, and root cause analysis was carried out to look for preventable causes when the source of infection was unknown, or device related.

MRSA and MSSA bacteraemia 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22
MRSA Bacteraemia	2	1	2	1	2
MSSA Bacteraemia	19	17	22	23	22

Clostridioides difficile infection

The Trust's national target for *Clostridioides difficile* (*C. difficile*) for 2021/22 was set at no more than 61 cases apportioned to the Trust in patients over the age of two years. The Trust reported 53 cases which is below the set target for the year. Out of the 53 cases reported, 47 were Hospital Onset Healthcare-Associated (HOHA) and six Community Onset Healthcare-Associated (COHA).

A case is apportioned as HOHA if the sample was taken in hospital more than two days after admission and apportioned as COHA if the patients were positive in the community but had been in hospital within the preceding 28 days.

The Trust continues to review all cases through root cause analysis (RCA) to identify any potential lapses in care or common themes that may have contributed to the infection. In addition, work continues to reduce the cases of *C. difficile*, which relies upon appropriate antibiotic prescribing and advice, the earliest detection of possible *C. difficile* cases and prompt isolation of patients with diarrhoea.

Gram-Negative Blood Stream Infections (GNBSI)

The Trust reported 61 cases of GNBSI in 2021/22 against the national target of 155. Since 2018/19, there has been a continued focus on using the Health Economy approach to reduce *Escherichia coli* bloodstream infections as they represented 55% of all Gram-negative bloodstream infections nationally. GNBSI cases can occur in hospitals; however, half of all community-onset cases have had some healthcare interventions from acute, primary or community care.

GNBSI	2017/18	2018/19	2019/20	2020/21	2021/22
<i>E. coli</i>	45	42	48	32	39
<i>Klebsiella</i> spp.	17	15	23	22	19
<i>Pseudomonas</i> spp.	16	12	15	8	3
TOTAL	78	69	86	62	61

Despite the COVID-19 pandemic, the Trust continues to undertake root cause analysis (RCA) for significant events such as hospital-acquired bloodstream infection cases, including Meticillin-susceptible *Staphylococcus aureus* (MSSA) and MRSA. The medical staff, ward nurses, infection control nurse, pharmacy, estates and facilities and microbiologist participated in these RCAs.

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	51.4	51.5	125	27.9
	2020/21	60.1	58.4	118.7	27.2
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute Trusts	2019/20	0.2%	0.3%	1.1%	0.0%
	2020/21	0.3%	0.5%	2.8%	0.0%

This verified data from NRLS includes incidents occurring between April 2020 and March 2021 and reported to NRLS by 31 May 2021 (published on 29 September 2021).

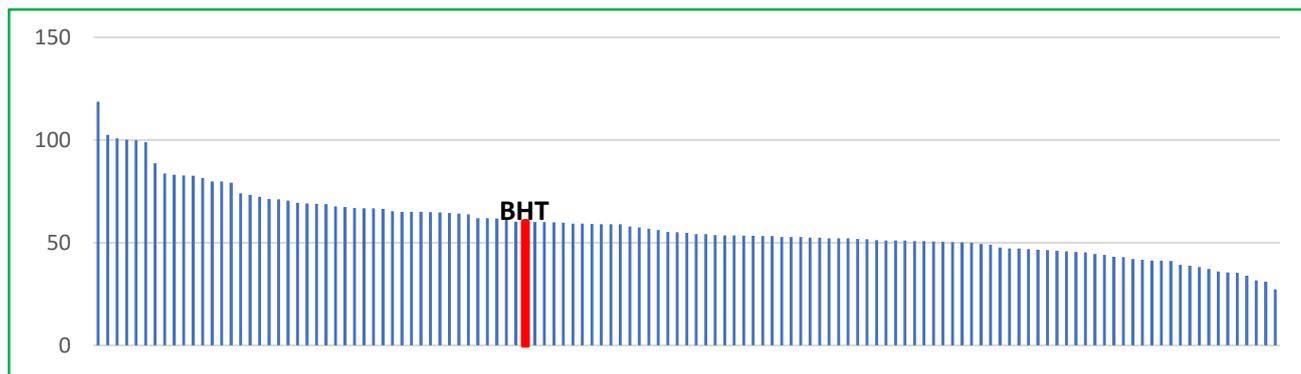
The Trust has effective processes in place to manage timely and accurate uploading of patient safety incidents to the NRLS. Fifty percent of its patient safety incident reports were submitted (reported) to NRLS by 12 days from the reported incident date. The Trust shows a slightly lower than average figure for patient safety incidents resulting in severe harm or death when benchmarked against other medium sized acute trusts.

Trust incident reporting benchmark: NRLS

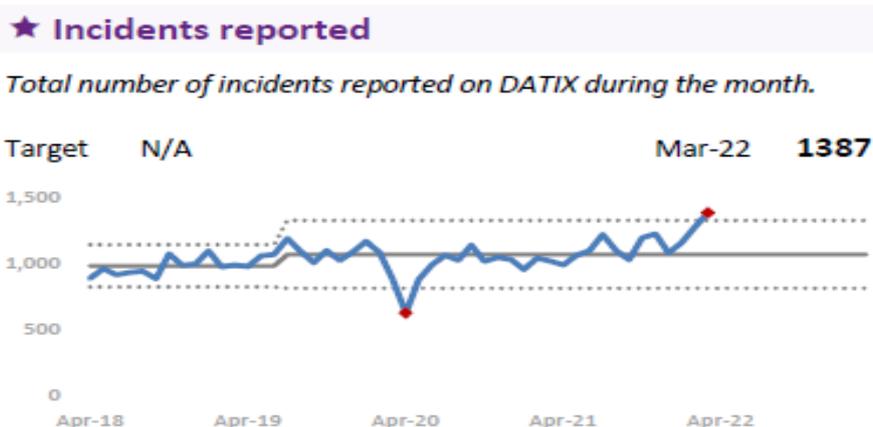


The chart below draws a comparison of the reporting rates of acute (non-specialist) organisations in England during 2020/21 and shows that the Trust is above average in the cohort.

Trust patient safety incidents per 1,000 bed days 2020/21 national benchmark



The NRLS considers that evidence of under-reporting is an indirect indicator of potential problems with an organisation’s culture around incident-reporting while an increase in reporting may indicate an improved reporting culture. The Trust has steadily increased incident reporting levels over time, including against the important metric of incidents per 1,000 bed days.



Patient Safety Alert compliance

The Central Alerting System (CAS) is the Department of Health’s electronic delivery and monitoring system for cascading National Patient Safety Alerts (NatPSAs) and other safety critical issues. The notifications contain a rationale for the alert and clear explanations of the risks and improvement actions required, with a completion deadline.

The Trust has an effective policy, underpinning standardised processes to respond to national alerts from the CAS. The Trust records its compliance with the alerts on the CAS website. In 2022/23 the Trust will also record the alerts and responses on a centralised incident reporting system, Datix, through a newly procured module, rather than manually tracking on spreadsheets.

Coordination of NatPSAs is carried out by the corporate Patient Safety team. The team works with senior managers and clinicians, including the Medical Devices Safety Officer, Pharmacy and Estates Teams, to facilitate compliance, capture assurance and monitor ongoing work or action plans required to address the issues raised by the alert, with the additional step of sign off by an Executive.

See table below for all National Patient Safety Alerts. The Trust was fully compliant with all the actions and obligations required for the 13 NatPSAs by the deadline of the 31 March 2022.

Reference	Alert Title	Action Status
NatPSA/2020/005/NHSPS	Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults	Action completed within CAS deadline
NatPSA/2020/006/NHSPS	Foreign body aspiration during intubation, advanced airway management or ventilation	Action completed within CAS deadline
NatPSA/2020/008/NHSPS	Deterioration due to rapid offload of pleural effusion fluid from chest drains	Action completed within CAS deadline
NatPSA/2021/002/NHSPS	Urgent assessment/treatment following ingestion of 'super strong' magnets	Action completed within CAS deadline
NatPSA/2021/003/NHSPS	Eliminating the risk of inadvertent connection to medical air via a flowmeter	Action completed within CAS deadline
NatPSA/2021/004/MHRA	Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121, Zentiva Pharma UK Ltd ...	Action completed within CAS deadline
NatPSA/2021/005/MHRA	Philips ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particle ...	Action completed within CAS deadline
NatPSA/2021/006/NHSPS	Inappropriate anticoagulation of patients with a mechanical heart valve	Action completed within CAS deadline
NatPSA/2021/007/PHE	Potent synthetic opioids implicated in increase in drug overdoses	Action completed within CAS deadline
NatPSA/2021/008/NHSPS	Elimination of bottles of liquefied phenol 80%	Action completed

		within CAS deadline
NatPSA/2021/009/NHSPS	Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) ...	Action completed within CAS deadline
NatPSA/2021/010/UKHSA	The safe use of ultrasound gel to reduce infection risk	Action completed within CAS deadline
NatPSA/2022/001/UKHSA	Potential contamination of Alimentum and Elecare infant formula food products	Action completed within CAS deadline

Learning from Deaths

During 2021/22, 1,167 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	Totals
Number of BHT deaths	240	289	321	317	1167
Number of Deaths Reviewed by Medical Examiner (ME)	240	289	321	317	1167
Deaths subject to Case Note Review (Structured Judgement Review SJR)	32	37	38	33	140
Serious Incident investigations	3	2	3	5	13
Deaths more likely than not to have been due to problems in care	1	1	2	1	5
Overall percentage of deaths more likely than not to have been due to problems in care	0.4%	0.3%	0.6%	0.3%	0.4%

Medical Examiner review of community deaths

The ME service will roll out the ME service to the community by April 2022. The first phase was for MEs to review deaths in Florence Nightingale House Hospice. Information regarding these reviews can be seen below. Roll out will continue during 2022/23 in collaboration with Buckinghamshire Clinical Commissioning Group and GP colleagues.

Florence Nightingale House	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Number of FNH deaths	51	65	58	68	242
Number of deaths reviewed by Medical examiner	51	65	58	68	242
Death subject to Case Note Review (Structured Judgement Review - SJR)	6	4	4	1	15
SI Investigations	0	0	0	0	0
Deaths more likely than not to have been due to problems in care	0	0	0	0	0
Overall Percentage of Deaths more likely than not to have been due to the problems in care	0%	0%	0%	0%	0%

Equality & Diversity

We have a diverse work group within the Medical Examiner (ME) service. Equality and Diversity Policy is embedded within the ME service and look after all persons without regard to age, ethnic or national origin, gender or sexual orientation, religion, or disability. We review care provided by the Trust to ensure there have been no inequalities in provision of care.

The Trust's ME service supports families to timely families to arrange arrangements for the bereaved families including faith communities to expediate burial within 24 hours.

Learning Disabilities

All learning disability deaths within the trust undergo ME screening process as well as a mandatory Structured Judgement Review (SJR) by the department the patient was cared in. A review by learning disability nurses will follow the SJR and an action plan is developed if any problems in care are identified.

Coroner's Office

ME service and the coroners have established a very good working relationship. We have regular meetings to discuss issues relating to the referrals, government updates and annual updates. The coroners have noted an increase in the accuracy of the referrals due to the involvement of the MEs in completing the death certificate.

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. This programme was not reinstated during 2021/22.

Part 3: Quality Priorities 2022/23

In 2022/23, we will focus our quality priorities on the following three themes:

1. Patient safety
2. Better patient experience and outcomes
3. Improving the experience and wellbeing of our colleagues

Priority 1: Patient safety

We aim to build a safety culture within the organisation. A good safety culture in healthcare is one that strives for continuous learning, is open and transparent, has strong leadership and teamwork, and colleagues feel psychologically safe by having an environment where each individual feels they will be treated fairly and compassionately if they speak out and report any mistakes.

- A. Increase the number of incidents reported on the electronic incident reporting system compared to 2021/22
- B. 98% of reported incidents were of low harm, near misses or no harm
- C. Upgrade of the Trust's current incident reporting system including modules on incident reporting, risk management, complaints, safety alerts and litigation
- D. Delivery of a monthly Trust-wide learning forum including learning from incidents and complaints
- E. Maintain average rate of falls per 1,000 occupied bed day (OBD) of less than 6.6
- F. Zero MRSA bacteraemia
- G. Reduction in the number of nosocomial infections related to COVID-19 in comparison to 2021/22
- H. Clinical accreditation programme rolled out throughout the Trust's inpatient wards
- I. Mental Capacity Act Assessment (MCAA) template rolled out throughout the Trust
- J. HSMR (hospital standardised mortality ratio) of less than 100

Priority 2: Better patient experience and outcomes

Various published studies have indicated that there is an increased mortality rate among patients who experience delays in admission to an inpatient bed from the Emergency Department (ED). The Royal College of Emergency Medicine (RCEM) cited evidences and warned that long-waiting times in ED present a serious threat to patient safety (RCEM, 18th Jan 2022).

The Ockenden Report was commissioned following a review at Shrewsbury and Telford Hospital NHS Trust in response to a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at the hospital. The report has identified 15 immediate and essential actions. These actions and priorities are directly linked to ensuring high standards of quality and safety in maternity care and that informed decision making underpins every person's pregnancy and birth experience.

Success will be measured through the delivery of the following milestones:

- A. Less than 2% of patients spending more than 12 hours in ED from arrival to departure
- B. Same Day Emergency Care (SDEC) receiving direct referrals from 999
- C. At least 70% of urgent community responses are within 2-hours
- D. At least 5% of outpatient attendances have been moved to Patient Initiated Follow-up (PIFU) pathway
- E. Commence implementation of midwifery continuity of carer
- F. Delivery of the Ockenden immediate and essential actions

Priority 3: Improving the experience and wellbeing of our colleagues

The health and wellbeing of our colleagues remains a top priority for the Trust. Colleagues have consistently strived to meet the needs of our patients working flexibly and adapting to national guidance to provide high quality, safe care during the pandemic and operational pressures. Looking after the wellbeing of our colleagues and enabling them to become the best they can ultimately results to better patients experience and outcomes. It is therefore essential to continue to prioritise our focus on the staff health and wellbeing during 2022/23.

This priority will be translated into the following key areas of action:

- A. Embedding the People Promise Priorities to make BHT a 'Great Place to Work'
- B. Increase Trust wellbeing outreach by 20% with increased counselling resources and increase wellbeing champions by 10%
- C. Opening of dedicated on-site health and wellbeing hub at Stoke Mandeville Hospital for all colleagues – with associated new ways of working and improved access
- D. At least 30 senior managers/leaders completed the 360 degrees programme
- E. Recruitment of additional 50 health care support worker post and 30 additional nursing associates.
- F. Recruiting and maintaining our nursing vacancy rate at 8.5% or below, with the associated decrease in the use of temporary staffing.
- G. 120 internationally educated nurses recruited and supported through our preceptorship programme
- H. Implementation of peer and patient led quality rounds with participation of Executive and Non-Executive Director

Statement from Buckinghamshire Clinical Commissioning Group



Buckinghamshire Clinical Commissioning Group

Study Centre
New County Offices
Walton Street
Aylesbury
HP20 1 UA

Tel: 01296 587220

Email: buckscgs@nhs.net

14th June 2022

Dear Colleague,

Statement from Clinical Commissioning Group (CCG)

Buckinghamshire CCG, response to Buckinghamshire Healthcare NHS Trust
Quality Account 2021/2022

Buckinghamshire Clinical Commissioning Group (CCG) has reviewed the Buckinghamshire Healthcare NHS Trust (BHT) Quality Account against the quality priorities for 2021/2022. 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. This was demonstrated in the further waves including with the onset of Omicron.

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 will transition from the 1st of July 2022 into a new organisational form with the onset of Integrated Care Boards, however colleagues within the local system will continue to work as active partners in the place based local partnerships, providing support and advice to the team at BHT whilst also fulfilling a monitoring role in the new organisation.

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 whilst recognising the achievements already made. Focussed work is required in relation to the support for the Emergency Department and the Urgent Care pathway and in terms of supporting the development of culture within the organisation, the organisation has made improvements and on the back of Covid and recovery this remains an area of focus so that the workforce feel supported and listened too. Diagnostic and treatment delays remain a persistent theme in SIs. A definitive workstream will be necessary to tackle harm from treatment and/or diagnostic delays exhibited by the frequency of delay related SIs. The use of the Trust's eObs platform should be used to monitor and escalate any deterioration of patients; this should aid in a reduction of delay related harm.

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,

A handwritten signature in black ink that reads "Debbie Simmons". The signature is written in a cursive, flowing style.

Debbie Simmons
Chief Nursing Officer
Buckinghamshire Clinical Commissioning Group

Statement from Healthwatch Bucks

Healthwatch Bucks response to Buckinghamshire Healthcare NHS Trust Quality Account

Thank you for providing Healthwatch Bucks with the opportunity to comment on the Trust's Quality Account prior to publication. We are the local health and social care champion for Buckinghamshire residents and have reviewed the account with this focus.

We would like to acknowledge that it has been another unprecedented year for the Trust as they continued to deal with Covid-19 and its impact. We thank all Trust staff for their unwavering commitment to provide a quality and safe service for the residents of Buckinghamshire.

There is much to congratulate the Trust in this year's account including the Trust's ongoing support for the COVID-19 vaccination programme, with additional sessions and webinars for vulnerable groups and demographics facing health inequalities. Although the account references 'hard to reach' groups on page 29, we hope the Trust would acknowledge that this term is now outdated.

We would also like to highlight the Trust's excellent collaborative working with the Maternity Voices Partnership in hearing the voices of women and birthing people and in co-designing services.

The previous year's Quality Account reported that a Long Covid specialist clinic that had recently been set up at Stoke Mandeville. In this year's account, it would have been helpful to see an update on this service and progress against the NHS England's Long Covid plan 2021/22.

We are pleased see that cancer services have remained a priority for the Trust and commend them for keeping these services open throughout the pandemic. Whilst it is obviously concerning that the Trust failed to meet its targets in relation to the services this year, we recognise that this was due to prioritising patients according to clinical need. We are reassured that there are clear processes in place to ensure regular review of patients on the waiting lists by clinicians but would have liked to hear about any holistic support patients on the waiting lists receive whilst they are waiting for treatment. In addition, we

welcome the Trust's recent response to our [Cancer services report](#) and recommendations, in which the experience of those receiving treatment for cancer during Covid was explored.

We commend the Trust on their considerable efforts to reduce waiting lists and the plans they have put in place to enable them to continue to do this. Taking into account the lower admission rates to elective care for those living in areas of deprivation ([place-based-approaches-for-reducing-health-inequalities](#)), we are keen to see a breakdown of waiting lists with a health inequalities focus. This could also help to identify any actions needed to ensure a more positive experience for all those on [waiting lists](#).

We note with concern that both the formal complaints and contacts to Patients Advice and Liaison Service have increased this year. We would like to understand more about how patient experience is valued and used to drive improvement in the Trust, particularly as 'Better patient experience and outcomes' are a key priority for the Trust in 2022/23. We are committed to supporting to the Trust in achieving this priority.

Regarding the Friends and Family Test ethnicity data, we note the continued lowest satisfaction rate being from those who identify as Pakistani, British Pakistani and Bangladeshi or British Bangladeshi. As the Account states, we are currently working with the Trust on a research project to help explore the issues and identify clear recommendations to address these.

We are concerned that the age bracket with the lowest response rate is from patients aged 17 to 30; also, the demographic who is reporting the highest rating for 'poor experience'. We would encourage the Trust to identify particular issues or themes that may be affecting this age range and to look at ways to encourage an increased response rate.

The charts in the Family and Friends Test (FFT) section, are shown as evidence of response rate (so how many people answered the FFT out of all the patients treated) and mentioned several times in the written commentary. However, the data illustrated in the charts relates to satisfaction rates. It would be useful to see the response rate charts broken down by gender, ethnicity, and age, to give more context to the satisfaction rates charts.

In addition, we are aware that FFT data is collected across different services (for example, inpatients, outpatients etc), so we are interested in whether there is any discernible

difference in satisfaction rates across these services, again according to age, gender, and ethnicity.

We continue to value the relationship we have with the Trust, one which balances our statutory local Healthwatch role of 'holding to account' with that of collaborative partnership working. We look forward to working with the Trust to ensure the collective voice of people using its services is heard, considered, and acted upon.

Zoe McIntosh, Chief Executive, Healthwatch Bucks

Statement from Health and Adult Social Care Select Committee

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 well as being statutory consultees on any proposed service changes. As a critical friend to the Trust, we are pleased to have an opportunity to comment on the Trust's Quality Account for 2021/22.

We would like to start by acknowledging the ongoing challenges and pressures facing our NHS colleagues and pay tribute to their continued hard work over the last year.

It is not clear from the Quality Account where the Trust is in delivering its three-year Quality Improvement Strategy but the improvements in reducing falls and the number of category 2 pressure ulcer cases were noted. We hope the quality improvements will continue to be embedded across the organisation over the coming years.

Following our comments in last years' quality account, we were pleased to see more examples of projects being delivered by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS), including the introduction of maternity vaccine champions across the ICS.

We were particularly interested to read about the following:

- Investment in the Children's Emergency Department and improvements to maternity and gynaecology facilities.
- The Upper Limb Studio at the NSIC being highly commended in the Acute Sector Innovation of the Year Category at the HSJ Award.
- A commendation received from the Oxford Intensive Care Society for the improvements made to patient pathways, quality of care for deteriorating patients and rehabilitation for long term intensive care patients.
- The reduction in inpatient falls from 13 to 2.
- The introduction of a maternal mental health services pathway, in collaboration with partners and the continued work of the Maternity Voices Partnership.
- Notification from the Royal College of Paediatrics and Child Health confirming that Stoke Mandeville Hospital had achieved outstanding for the audit measure "follow-up at two years of age".
- Tackling health inequalities through the Covid-19 vaccination programme.

- The first NHS corneal cross-linking treatment and improvements to the aquatic therapy facilities at Amersham Hospital, bringing crucial services closer to home for Buckinghamshire residents.
- The new Research & Innovation Centre, demonstrating partnership working with the Local Enterprise Partnership and leading on environmentally sound and energy efficient construction.

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

- **Patient Safety Incidents, Serious Incidents** – we are concerned to see between 10% and 15% increases in these areas, particularly as the Trust will see patient levels rise as we continue to recover from Covid. We appreciate that a revised approach to the management and review of these areas is in place and look forward to seeing significant improvements via both reporting systems.
- **End of Life care (EOL)** – whilst the quality account states that 87% of EOL patients had a personalised care plan (an 8% rise from 2020), we would like to see a target of 100% EOL patients having a personalised care plan.
- **Staff wellbeing** - we were pleased to read about the many initiatives being undertaken by the Trust to help support staff, including the expansion of the “Speaking Up” service. We recognise that recruitment and retention remain a key concern for all our health and social care partners and look forward to seeing the details about future workforce planning. We note that the Trust has successfully applied to have the CQC 2019 condition around ‘sufficient numbers of suitably qualified, skilled and experienced nurses, healthcare assistants and therapy staff throughout the community’ removed but would have liked to see more evidence of what actions have been put in place to ensure those staffing levels remain robust moving forward.
- **Readmission rates** – the readmission rates for 0-15-year olds remains an area of concern as the Trust is performing below the national average. We made the following comments last year “*we hope the coding, incomplete data and the establishment of the correct data sets will help to improve the results for next year*”, so we were disappointed to read that this has not been fully addressed this year.
- **Sepsis** – we continue to be concerned about this condition. We noted in last years’ account that the Trust achieved an annual mean target of 80% compliance against the performance measure of Suspicion to Needle Time. This year, the Trust reports that it reached 90% compliance (a target set by the Trust). The quality account mentions the introduction of the Eobs system so we would have expected a higher target and compliance rate.
- **Pressure ulcers** – we remain concerned about category 3 & 4 pressure ulcers, as cases have increased this year (56 cases compared to 46 last year) with 31 of cases occurring in the community. The quality account does not refer to initiatives specifically focussed on reducing pressure ulcers within the community setting. Whilst the number of category 2 Pressure Ulcers cases have decreased compared to last year, the numbers remain higher than the previous two years.

- **Patient Initiated Follow-up (PIFU)** – we commend the introduction of Patient Initiated Follow-up arrangements and the resulting benefits around reduced hospital visits, increased appointment availability and the reduction of the Trust’s carbon footprint. However, we would have liked to see more detail around the check and balance process to ensure crucial follow-up appointments are not deliberately avoided by reluctant patients.
- **Emergency Department** – we acknowledge the immense pressure on this department with a notable increase in attendances this year and remain concerned that this service will continue to be under pressure as demand increases to pre-pandemic levels over the coming months. A real concern remains around whether residents have a clear understanding of the different pathways - Primary Care (including pharmacies), NHS 111, Urgent Treatment Centre, Minor injuries, Minor Illness and Emergency Department and the circumstances in which each should be accessed. We would like to see a joint communications campaign to reinforce the key messages, where the terminology for the different services is clearly defined and consistently used thereafter.
- **Intermediate care** - we read with interest that at any one time around 80 patients are well enough to be discharged but require an additional package of care. This suggests that the business case for supporting sustainable intermediate care needs to be a key priority with all key partners and implemented as soon as possible.
- **Waiting lists** – we pay tribute to the hard work of colleagues in significantly reducing the longest waits for patients. We hope the close working with patients will continue as well as the partnership working to provide more choice of locations for treatment and increased capacity for operations.
- **Patient experience** – we are concerned to see that the number of complaints has increased this year alongside the number of contacts made to PALS. A quick comparison shows that November 2021 saw an increase in both, and we hope that analysis has taken place to understand the correlation and to ensure significant improvements are made this year.
- **The Seven Day Hospital Services Programme** – whilst recognising the reasons for not reinstating this during 2021/22, we hope this programme will be reintroduced soon, as these metrics provide key information on clinical standards.

General comments and observations

- **Community Diagnostic Centre (CDC)** – we are delighted to see new diagnostic services being introduced at Amersham Hospital and recognise the benefits they will bring. We also celebrate the collaboration with the local community to improve the outdoor spaces for the wellbeing of staff, patients, and visitors alike. We look forward to learning more about how CDC will continue to improve and how the Trust will roll out the next stage of their community hub project. A crucial element of that will be the detailed plan around how the Trust will continue to support

community respite beds for those that need them, which we will continue to monitor very closely.

- **CareCentric** - last years' quality account referred to the 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 were surprised that there was no mention of the progress made in this area in this years' quality account.
- **Long Covid clinic** – to help understand the impact of Covid, it would have been useful to have included some metrics around the number of patients seen at this clinic since its launch last year.
- **Health inequalities** – we welcome the work currently undertaken to tackle health inequalities and look forward to hearing more about this.
- **Maternity services** – we note the commitment by the maternity team to ensure the actions and clinical priorities of the interim Ockenden report were met and their continued commitment to ensuring that further actions are implemented. We would be interested to see the data to demonstrate the quality of improvements, particularly around the midwifery unit at High Wycombe. We would also like to see the recruitment and retention plans for the service.

Conclusion

Through its quality account, the Trust has demonstrated how hard it has worked to protect the most vulnerable and to keep its patients and colleagues safe.

We look forward to reviewing the findings of the CQC's latest inspection and scrutinising the next stages of the Trust's Clinical and Estate strategies.

We continue to welcome and support the Trust's open and transparent way of working with its partners and look forward to seeing more integrated and partnership working in 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, June 2022

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	Clostridioides difficile infection
CHSG	Community Hub Stakeholders Group
COCA	Community Onset Healthcare Associated
COVID-19	Coronavirus disease 2019
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
HOHA	Hospital Onset Healthcare Associated
HSCIC	Health and Social Care Information Centre
ICP	Buckinghamshire Integrated Care Partnership
ICS	Integrated Care System
ITU	Intensive Therapy Unit
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
MSSA	Methicillin-susceptible 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