

Quality Account 2022/23



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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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 had set for 2022/23.

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 approved for publication by the Quality and Clinical Governance 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

2022/23 is a year when we have much to be proud of, despite the continued challenges facing the health service. It has been a year since we have continued to see healthcare being transformed through innovation and research. We have also maintained a high quality of care for most of our patients and in July 2022, we received the results of our unannounced Care Quality Commission (CQC) inspection which showed that we have maintained our overall rating of 'Good'. We are particularly proud to have maintained our rating as 'Outstanding for Caring' which is a testament to the outstanding and dedicated team of people who work for this Trust.

We are working hard to reduce waiting times for urgent and emergency care. Our community teams have a huge part to play in this by either helping people to stay in their own homes and avoid unnecessary hospital admission or helping them to return home as soon as it is safe to do so. We are also very proud to have opened a new, state of the art, Children's Emergency Department at the Stoke Mandeville site.

We have continued to prioritise our waiting lists based on clinical needs and those that have been waiting the longest, and colleagues have been working extremely hard to see patients as quickly and safely as possible. Our teams have been working tirelessly to reduce this number and thanks to their efforts over 10,000 people were seen within 10 months. As a result, by March 2023 there were only two patients waiting 78 weeks for treatment and in both cases, this was because of the patient's choice.

Our clinical teams continue to innovate and offer our patients best-in-class care. For example, we are now able to perform robotic surgery for urology, upper gastrointestinal, colorectal and gynaecology which delivers better outcomes and a shorter recovery time. Our breast unit has also become one of the first in the UK to use an innovative "MagTotal" approach to improve the surgical process for treating some breast cancers. Our school nursing team has introduced new digital resources to extend their reach to all young people across Buckinghamshire who need health support and the 'Hospital at Home' programme is delivering hospital-level care in a patient's own home.

The current cost of living crisis is widening the gap in health inequalities in the most deprived areas of our county. Buckinghamshire's response to the 'Levelling Up' agenda, Opportunity Bucks, officially launched in 2022 and the Trust is proud to be part of this extremely important programme which brings together the expertise and resources of multiple organisations in the county, including local authority, health, and the voluntary sector, to focus on improving the lives and living conditions of the most vulnerable in our communities.

This year has shown yet again the resilience of our colleagues and we would like to take this opportunity to extend our gratitude to them, our volunteers, and our partner organisations, for their continued dedication to delivering healthcare services for our patients and service users.

One of our main priorities is to continue to look after the health and wellbeing of our colleagues so that they can provide the best possible care to our patients and service

users. We are pleased that this focus was recognised in our most recent national staff survey results, which showed an improvement in the proportion of colleagues feeling '*my organisation takes positive action on health and wellbeing*'.

In this year's Annual Quality Account, we set out in more detail how we have been working towards achieving our vision of delivering outstanding care from our hospitals to people's homes, playing our part to create healthy communities across Buckinghamshire, and ensuring this Trust is a great place to work.

To the best of my knowledge, the information contained in this document is an accurate and true account of the quality of the health services we provide. I would like once again to thank our staff for continuing to deliver compassionate and outstanding care for our patients during another challenging year.

Signature:

Date: 30 June 2023

A handwritten signature in black ink, appearing to read 'Neil Macdonald', with a stylized flourish at the end.

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 personal and compassionate care, every time, for our patients. Our highly trained doctors, nurses, midwives, health visitors, allied health professionals, healthcare scientists, healthcare support workers 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
- Olympic Lodge, HP21 9PP

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 aim of the Quality Account is to review performance against our priorities and to outline focus areas for 2023/24. This section of the document will outline the Trust's achievements against our priorities during 2022/23 and demonstrate the improvements we have delivered.

The priorities we set in 2022/23 were focused on the following three themes:

- Patient safety
- Better patient experience and outcomes
- Improving the experience and wellbeing of our colleagues

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)* programmes. 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.

The QI Team has a primary objective to embed a quality improvement strategy within the organisation. This is primarily achieved through the development of an improvement system with QI Huddles, training and staff and team coaching. Taking this structured approach to improvement facilitates our ability to support change at both an individual, team and organisational level and enables us to gain a deeper understanding of what our problems are from multiple perspectives.

A central QI and Transformation team is in place to lead the implementation of the QI strategy and support colleagues to deliver a safe and efficient healthcare service. Using its combined QI and programme management capabilities, the QI and Transformation team supports the Trust to improve the quality of patient care, eliminate waste and reduce variation to realise value and efficiency gains.

QI and programme management activity align with organisational priorities, for example, the Urgent Emergency Care Transformation programme has the support of a Senior Programme Manager from within the QI Team, providing support with optimising Board Rounds and end to end ward discharge processes.

Utilising a business partner model for the team's programme managers has strengthened engagement with the Divisions.

Frailty Rapid Improvement Event; bringing together experts from community, therapies, Same Day Emergency Care (SDEC), Care of the Elderly and the Integrated Care Board.



The Trust has also applied the QI approach to improve the top three safety issues within the Trust. This has been overseen by the Harm Free Care Group bringing together subject matter experts in falls, pressure ulcers (PU) and venous thromboembolism (VTE) alongside clinical representatives from each division to present and analyse Trust-wide data, leading to Trust-wide improvement plans.

As a key part of the QI Strategy, the rollout of QI Huddles has continued across the Trust providing colleagues with a voice to enable those closest to everyday problems to make changes and improvements to their service by improving the quality of care, the wellbeing of colleagues, efficiency, and safety. A sustainability plan to support our early adopter QI Huddles is in place to ensure continued success. To date, there are 45 active Huddles with a running total of 1,475 improvements generated up to February 2023.



We have supported the Senior Leadership Team with GEMBA coaching. GEMBA walks entail visiting frontline colleagues to listen and understand the organisation's challenges from the perspective of those closest to the issue and promotes visible leadership.

200 colleagues were trained to Essentials Level and 40 to the Fundamentals Level during the year. Two cohorts of QSIR Practitioners were delivered with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) QSIR Faculty.

During 2022/23, 60 'Projects on a Page' were completed showcasing QI projects, Appreciative Inquiry reflections and improvement work following an audit. Close collaboration with the Clinical Effectiveness Team has been developed and the teams deliver joint monthly drop-in sessions for the doctors in training with the number of trainee doctors registered QI projects increasing from 7 to 43. By January 2023 there were 147 registered users on LifeQI (a platform to support and share improvement projects) and 64 registered improvement projects. A successful QI and Audit Conference was organised in May 2022.



Our Achievements in 2022/23

Outstanding care

Overview of patient safety incidents and safety alerts

This section sets out the Trust's work and progress during the period 1 April 2022 to 31 March 2023, in relation to the reporting, management and learning from safety alerts, and patient safety incidents. These include Serious Incidents and Never Events. Details are given on trends across types of incidents, categories, and severity of harm.

We have countless examples of the high standards delivered across the Trust every day and night of the year, and our excellence reports are a testament to that care. Excellence reporting is an online reporting tool for colleagues to share and acknowledge outstanding care and services they have observed. The Trust has utilised incident reporting as a way to learn from what has gone wrong as well as learning from best practices.

When we don't deliver the outstanding care we aspire to, we are committed to working with patients and next of kin/families to ensure we understand and learn from the experience, putting in place improvements where required. This approach is compliant with the Care Quality Commission's fundamental standard for the Duty of Candour.

Patient safety reporting data includes incidents and the much smaller number of incidents which meet the NHS England criteria of Serious Incidents - those which require a more extensive investigation 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 review and learning, thus enhancing patient safety and patient experience.

Duty of Candour

Application of the Duty of Candour is a legal, regulatory, and contractual requirement and is integral to providing high quality healthcare through the adoption of the principles of being open, transparent and candid with a patient and/or next of kin, and in acknowledging that an incident or event has not gone well. It is the start of a restorative journey to rebuild trust through listening to the patient's voice and learning from the event or incident.

Of the 181 reported incidents within the Trust in 2022/23 which met the criteria for Duty of Candour, 100% compliance with the application of the process was achieved.

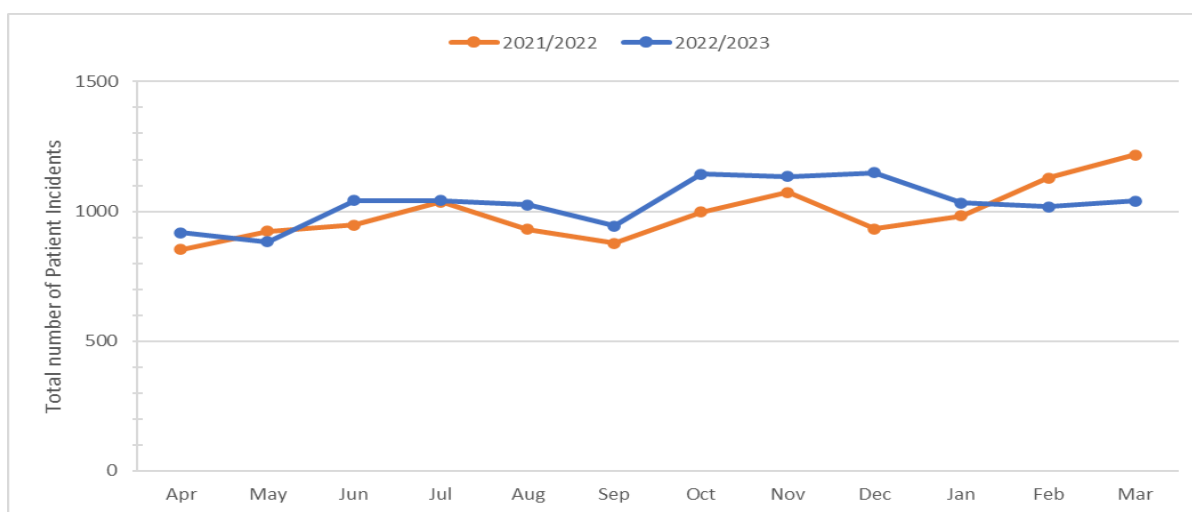
Incident reporting

Trends in reporting patient safety incidents

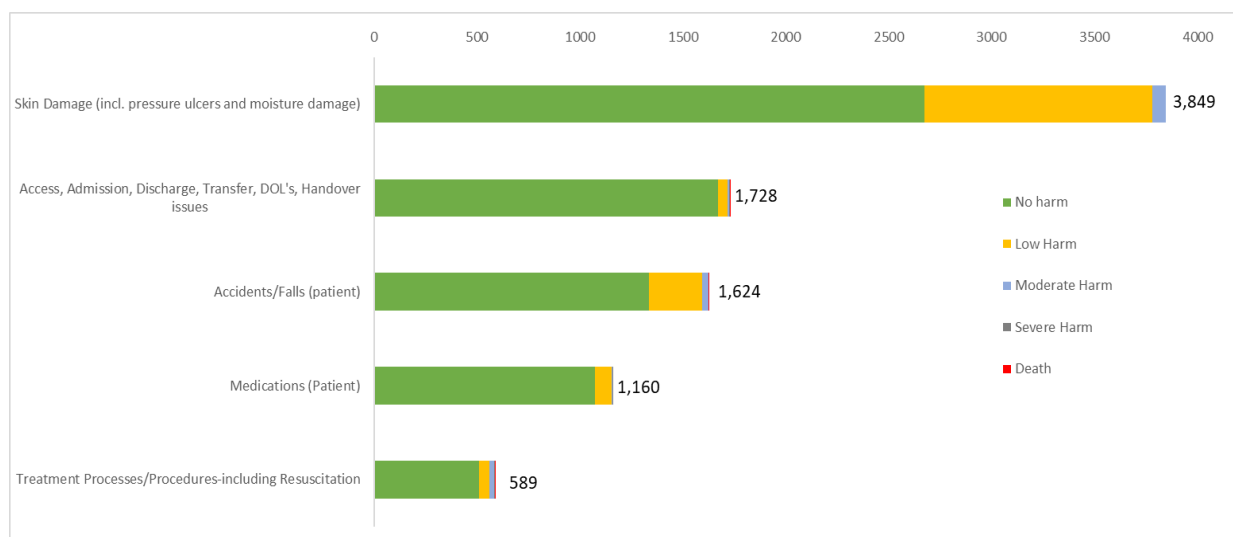
The Trust's electronic reporting system, (Datix®), was upgraded during the year. The chart below shows that 12,368 incidents were reported - an increase on the previous year's total of 11,898. High reporting of incidents, with the majority of no and low harm, is one indicator of a good patient safety culture, and incident reporting is valued within the Trust as a way of identifying risks.

The top five incident types listed below also typically feature as high-volume incidents in other NHS trusts. The high number of skin damage incidents, such as pressure ulcers, is reflective of the services provided to our patient groups including frail and elderly patients, patients with diabetes, and those with restricted mobility or with other co-morbidities affecting their skin or tissue.

Monthly incident reporting data 2022/23, compared to 2021/22



Top five categories for reported patient safety related incidents 2022/23



Source: Datix

All incidents are reviewed and investigated within the divisions and those of moderate and greater harm are reviewed and considered for closer scrutiny as potential serious incidents.

Serious Incidents

In 2022/23, the Trust confirmed 72 incidents met the NHS England Serious Incident criteria compared to 88 in 2021/22. A new Serious Incident Executive and Divisional Management (SIEDM) panel was established in 2022, comprised of senior clinicians. The SIEDM panel is held weekly to review the initial fact-finding phase of a significant Incident, through 72-hour reports, and with the remit to review serious incident investigation reports and give feedback to ensure the reports are sufficiently robust for closure.

Patient Safety Incidents Reporting Framework (PSIRF)

PSIRF is a new approach to responding to patient safety incidents which will replace the current Serious Incident Framework (2015).

The new framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

An implementation team has been set up, with members having attended training and orientation workshops organised by the Patient Safety Team at the Oxford Academic Health Science Network so that the Trust can learn from early adopter sites.

Explanatory YouTube video and QR code: [Introducing the Patient Safety Incident Response Framework \(PSIRF\): A framework for learning - YouTube](#)



Learning from Never Events

Serious Incident Investigation reports and action plans are always undertaken for all Never Events, with the important features being a robust investigation, rigorous analysis and an action plan with sustainable recommendations, approved by an Executive Director. The Trust standard for Never Events per year is zero.

During 2022/23 the Trust reported one Never Event compared to three reported in 2021/22. The Never Event incident reported in June 2022 occurred in the Division of Surgery and Critical Care and met the criteria of 'a retained foreign object post procedure' which has been thoroughly investigated.

Dissemination of learning from incidents and Serious Incidents

There is a range of forums – formal and informal - through which learning from incidents is shared, including bite size training sessions, newsletters, simulation sessions, online training, experiential learning, Academic Half Days, and the Chief Nurse and Chief Medical

Officer Safety briefings. The Chief Nurse issues a 'Big 4' newsletter each month which highlights safety issues identified through incidents and quality audit results.

Reflect and Review is a monthly reframing of the Lessons Learned sessions and was redesigned following a review of engagement with the sessions. The new approach was launched with 'Remember Ben' in April 2022. This shared learning of a young man, who sadly died whilst in our care. Ben's story was told using a poignant film which was deeply impactful for those who joined the session, and in addition to describing clinical aspects of care, it also reflected on the incident through the lens of the family, and Ben's mum, Lynn who kindly and courageously gave her time to share their experience.

Build a QI culture and capability at all levels where QI is everyone's business and can be seen and heard throughout the organisation

- [Reflect & Review April 2022: Read about the launch event 'Remember Ben' and watch the recording](#)
- [Reflect & Review May 2022: Frailty is everyone's business](#)
- [Reflect & Review June 2022: Debriefing together after trauma](#)
- Reflect & Review July 2022: Maya's story – how a teenage girl transformed patient experience
 - [Watch the full 25 minute video of Maya's Story.](#)
 - [Watch the recording of Reflect & Review](#) which includes a 5 minute version plus discussion around the topic

REFLECT & REVIEW
Quality Improvement Reflect & Review
Hosted by Heidi Beddall
Personal Development

Ben's Story - Timeline and Remember Ben

Care of the Deteriorating Patient and Sepsis

Care of the deteriorating patient is a Trust priority. The Trust now has a cross site Critical Care Outreach Service (CCOS) covering both Stoke Mandeville and Wycombe Hospitals. Expansion of the CCOS was integral to a hospital wide standardised approach to early recognition and treatment of acutely unwell patients.

Digital systems support our recognition and response to acuity linking to national early warning score (NEWS) for vital signs monitoring. As part of a QI project, three acute medical wards have been piloting NEWS trigger alerts which are sent to the mobile phone of the nurse in charge. Initial feedback is positive in terms of improving communication in ward areas. The Trust also has a live feed of all vital signs monitoring via a digital system called CareFlow Vitals which is used to provide surveillance of acutely unwell patients. Data reporting from these systems assist in monitoring performance and driving service improvements.

Sepsis remains a priority in the care of acutely ill patients. CCOS respond to deteriorating patients in our Emergency Department following NEWS escalation. All patients admitted to the Emergency Department should undergo a sepsis screen – quarterly compliance is >80%. The Trust has achieved its target of 75% of patients that are suspected of having

sepsis receiving intravenous antibiotics within an hour.

Service improvements have included a pilot of Call 4 Concern across our surgical floor at Stoke Mandeville Hospital. This is an additional safety net to support our response to deteriorating patients where a patient or relative can contact the team directly if they have a clinical concern. We have launched a communication pathway between CCOS and palliative medicine for those patients nearing end of life to provide dignity and symptom control to dying patients. A new model of oxygen therapy has been introduced to our hyperacute stroke ward at Wycombe with CCOS support and education.

Pressure Ulcers

During 2022/23, the Trust reported 75 category 3, 4 and unstageable pressure ulcers (PU) as being attributable to our care which is an increase from 56 cases reported in 2021/22. Across the Trust, we rarely see category 4 pressure ulcers and our most common moderate harm is unstageable. Unstageable pressure ulcers have full thickness tissue loss in which the actual depth of the ulcer is completely obscured by slough or necrotic tissue. NHS Improvement introduced this category as part of its guidance in 2018 but it is expected this will be removed in the updated guidance when published in 2023 as incidents should be reclassified once tissue depth is visible.

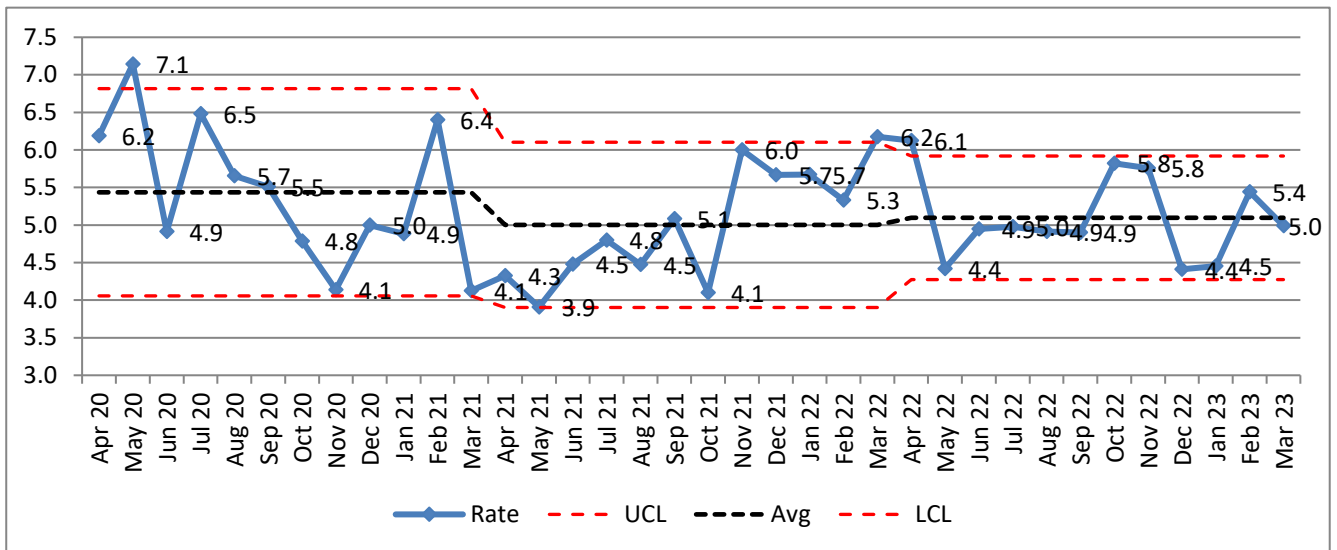
Category 2 pressure ulcer incidents are the most reported category of pressure ulcer incidents in the Trust with 426 cases in 2022/23 compared to 315 in 2021/22. This rise is being reflected nationally and is being attributed to shielding and self-care in the community setting, limited access to healthcare provision during the Covid-19 outbreak, an increase in people dying at home and Covid-19 affecting skin integrity. A PU reduction QI project was carryout ed across the Trust. The main themes highlighted have been incorrect completion of the Waterlow risk assessment tool and incorrect use of terminology. To improve these areas, new categorisation posters and lanyard cards have been issued to staff, the national pressure ulcer module has now been added to the Trust's training platform, iAspire, and the Trust is in the process of changing the risk assessment tool from Waterlow to PURPOSE T (which later this year will be recommended as the tool of choice for all NHS trusts in England). Reduction in the number of pressure ulcer incidents has been set as one of the Trust's quality priorities for 2023/24.

Falls

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

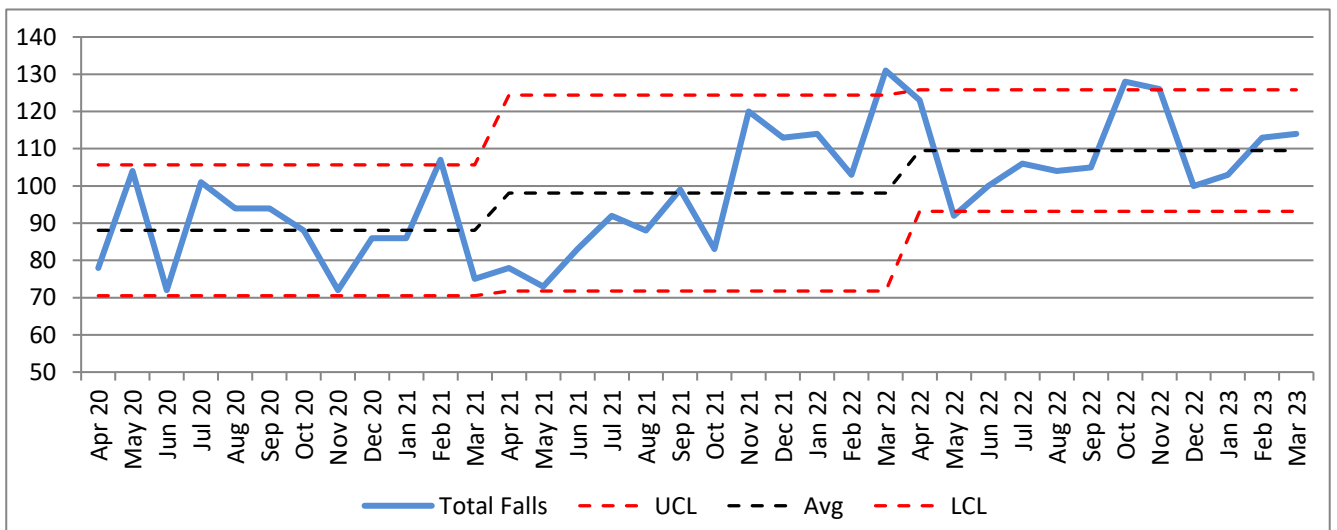
The Trust's inpatient average falls rate of 5.0 per 1,000 occupied bed days in 2022/23 remains below the national average and the same as 2021/22.

Inpatient falls per 1,000 occupied bed days 2020/23



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 2020/23



There was an increase in the total number of inpatient fall incidents reported in 2022/23 at 1,314 compared to 1,177 in 2021/22. The majority (98%) of these resulted in no harm or low harm and there were 5 incidents declared as Serious Incidents. A number of actions have been taken to reduce the number of falls and to mitigate the risks following a fall. These include the addition of the Royal College of Physicians post fall management flow

chart to the Trust's Falls policy and the post falls checklist has been updated to include neuro-observation following head injury.

Patient falls declared as Serious Incidents (SIs) 2022/23:

	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
2022/23	0	0	1	0	0	1	0	2	1	0	0	0	5

Dementia and Delirium

It's important that our colleagues, both in the community and in our hospitals, have the skills to identify and support patients experiencing dementia and delirium - especially when the person is disorientated and afraid. This includes supporting their family and friends. Dementia training is now mandatory for all clinical colleagues.

Dementia and delirium care is a priority for the Trust. In 2023/24 we look forward to appointing two Admiral Nurses - specialist dementia nurses supported by Dementia UK - as part of our aim to make dementia and delirium care a priority for the Trust. We are also looking at what improvements we can make to ensure that our care environments are calm and reassuring.

Emergency Department

Waiting times in our Emergency Department (ED) have at times been far longer than they should have been. By the end of 2022/23, 70.2% of patients were seen within four hours compared to 75.2% in 2021/22. During the year 6.9% of patients spent more than 12 hours in our ED against a target of 2%.

During the year we saw increased demand for our emergency services with 156,149 attendances in 2022/23 compared to 146,022 in 2021/22 and equal to the pre-pandemic numbers from 2019/20. In addition, we have seen increased acuity i.e., there has been an increase in patients coming to our Emergency Department who are very unwell and have required admission to the hospital.

There has also been an unacceptable number of patients waiting in the corridors surrounding the ED for a bed to become available and this is unacceptable. It is a result of us trying to get patients quickly from the ambulances into our care so we can get them back onto the road, and of us trying to keep as much space in ED as possible to allow people to be seen in a timely fashion. Sadly, it has not been unique to this organisation over the winter, and it often means a loss of dignity for patients while they wait or are being cared for.

We have also been experiencing significant challenges with the flow of patients through the hospital due to the very high numbers of patients who are ready to leave our hospitals and require further care at home or in another setting, but who are unable to do so due to lack of capacity in social care. At its peak in January 2023, we had 119 patients ready to go home that we couldn't discharge, which represents 3,576 bed days lost within the month throughout our hospitals.

To deliver the change needed to improve our performance, the Trust has developed an urgent and emergency care programme of work, working closely with our partners in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and Buckinghamshire Council. The five key areas the programme is focusing on are:

1. Reducing attendance by ensuring that patients are seen in the most appropriate setting for their needs
2. Improving the quality of care, including shorter waiting times, in our Emergency Department
3. Avoidable Admissions – helping patients to stay at home rather than being admitted to the hospital if it is safe to do so
4. Improving Same Day Emergency Care and the utilisation of assessment areas so that people who come to our ED can be seen, treated and sent home on the same day to continue their recovery
5. Improving patient flow and discharges – helping people to return home as soon as it is safe to do so when they no longer need to be in the hospital.

By the end of 2023/24, fewer than 4% of people who come to our ED should be waiting more than 12 hours to be seen. Our aim is also to eliminate 'corridor' care.

We have already put in place a clinical assessment service at Stoke Mandeville, led by GPs, to ensure that patients are redirected to the most appropriate place to receive care. For those that need urgent but not emergency treatment, the Urgent Treatment Centre at Stoke Mandeville will be open 24 hours a day by July 2023.

We have appointed a Hospital Ambulance Liaison Officer at Stoke Mandeville to enable patients to be admitted to the hospital as quickly as possible to free up ambulances to help other people in need. 95% of ambulance arrivals should not be delayed by over 30 minutes and in 2022/23, the Trust achieved 80.5% compliance.

We are reducing the number of people coming to ED that would be better treated elsewhere by setting up 'Consultant Connect' which is a single telephone number for GPs and the ambulance service so that they can discuss the most appropriate care for patients with our team of specialists.

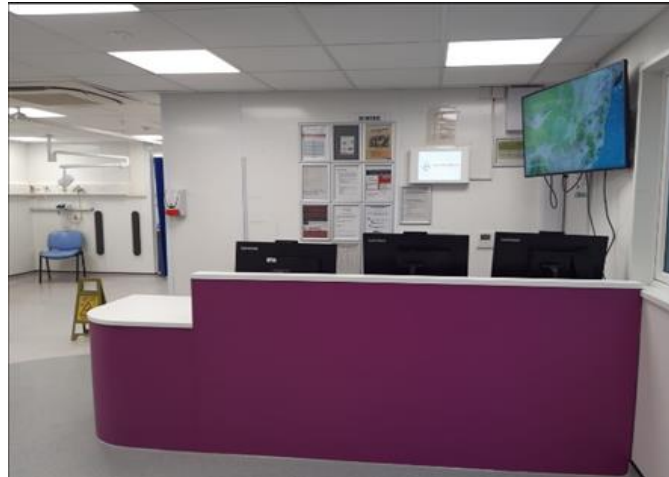
In April 2023, we opened our new state of the art Children's Emergency Department which has increased capacity as well as providing a much more welcoming environment for children, young people and their families.

Facelift for Emergency Department

A revamp of the Emergency Department at Stoke Mandeville Hospital was completed in November 2022. Working with our partners Sodexo, the Trust's Emergency Department at

Stoke Mandeville Hospital underwent a £500,000 facelift earlier this year in just 21 days improving the environment for patients, relatives and colleagues.

As a result, there is new lighting, flooring, desks, radiator covers, doors and cubicle curtains. It also delivered a new nurse call system and a nurses' station plus a brand-new changing room for colleagues with lockers and extra storage space. Another much needed and welcomed improvement is a relatives' room which now provides a quiet, peaceful space where difficult conversations can take place in private.



Cancer

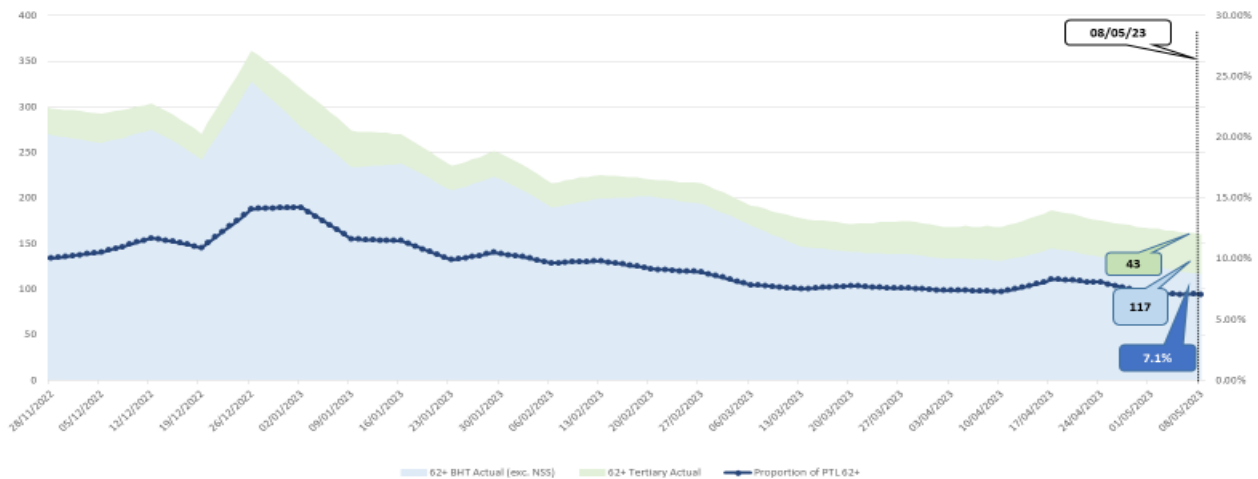
During 2022/23, we saw an 11% increase in the number of patients being referred compared to 2021/22 and 42% higher than pre-pandemic levels – this was anticipated as there was a big reduction in referrals during the pandemic.

By March 2023, 95.2% of patients were being seen for their first appointment within two weeks when referred for suspected cancer performance, against a target of 93%. In line with the national Faster Diagnosis Standard, we aim to diagnose and inform patients of the next steps within 28 days following the referral, and 70.4% of patients met this timeline against a target of 75% in 2022/23.

We have also improved waiting times for treatment. At the start of the year, waiting times were longer than planned. However, by the end of the year, we were the best performing Trust in the Integrated Care System locally with just over 7% of patients waiting more than 62 days for treatment compared to 13% at the start of the year.

62+ day backlog clearance

The chart below sets out the total 62+ day reportable backlog for the Trust, noting where patients are waiting for input from other specialist centres known as tertiary input. The dark blue line shows the proportion of the patients waiting over 62 weeks (PTL 62+).



There has also been an overall decrease in patients waiting over 104 days, which was reduced to 18 patients by February 2023 from 50 during the winter period. To ensure that we are keeping patients safe whilst they are waiting for treatment, a clinical harm review is carried out by a consultant for all patients waiting over 104 days. Any identified risk of harm is investigated according to the patient safety guidance and discussed by the cancer board to decide if further action is required. No cases of clinical harm were identified in 2022/23.

We have also prioritised people’s experience of cancer, both people accessing our services, but also crucially the people who deliver those services. We have made good progress in engaging with key stakeholders across all our patient pathways and divisions and have developed a robust body of evidence demonstrating what is important to people with experience of cancer.

The coming year will see the launch of our co-produced cancer strategy ensuring the quality of care is at the centre of everything we provide. We will also establish a ‘Cancer Patient Partnership’ to ensure the voice of people affected by cancer is heard and acted upon across all our current and future improvement activities. Further work is being done through our partnership with Heart of Bucks Community Foundation to help raise awareness of cancer and the simple preventative measures available to all including maintaining a normal weight and taking exercise regularly - both of which would reduce the risk of cancer.

Maternity Services

In 2022/23, the Trust provided care to women and their families with 4,577 babies born either at home, Aylesbury midwifery led unit or in the Stoke Mandeville labour ward.

A number of service and quality improvements have been made:

- Postnatal improvement following feedback from service users and colleagues, focusing on information for parents prior to discharge from the hospital, infant feeding support for babies at greater risk of jaundice and improved processes around timely discharge.
- Management and prevention of obstetric haemorrhage that will introduce a pathway for detection and optimisation of those at risk during the antenatal period
- Introduction of an enhanced maternal care pathway to provide care for women that would otherwise require admission to the Intensive Care Unit (ICU). This avoids the separation of mother and baby, reduces the burden on ICU and has enabled collaborative working between maternity and critical care outreach teams. The training provided to teams to implement this service has also received external funding to enable the Trust to deliver the programme to 120 midwives across the South East region.
- Implementation of a perinatal optimisation care bundle for preterm infants that will reduce mortality and morbidity amongst this vulnerable group. The bundle includes:
 - Ensuring extreme preterm infants are born in the right location
 - Timely administration of medication to reduce brain injury, infection and respiratory symptoms
 - Optimal cord management
 - Normothermia (body temperature within normal values)
 - Early expressed breastmilk

This is a system-wide project that also includes the launch of a podcast for educating colleagues and the co-production with stakeholders of a simulation-based education package which will be delivered in 2023/24. The maternity service has participated in the pilot for national maternal and neonatal early warning scores (EWS) and will be a pilot site for the neonatal EWS rollout across England.

Ockenden report

Following the publication of the interim Ockenden Report in 2020, and the Trust self-assessment of compliance in December 2021, the Trust was visited by the South East regional team for their Ockenden insight visit in August 2022.

The purpose of this visit was to provide assurance against the 7 Immediate and Essential actions (IEA) from the Interim Ockenden Report.

The Trust demonstrated significant progress and by the end of March 2023 had achieved full compliance against all the IEA's.

During 2023/24 we plan to achieve the ten safety actions of the national maternity incentive scheme and the national single delivery plan for maternity and neonatal services

The Healthcare Safety Investigation Branch (HSIB) continued its quarterly visits to the Trust throughout the year. HSIB had no safety concerns about the maternity service and highlighted the Trust's positive family engagement score of 94% compared to the national average of 86%. NHS England's Public Health team undertook an external review of the Trust's Antenatal and Newborn Screening governance processes in 2022 with no immediate concerns raised.

In the annual national survey of women's experiences of maternity services, respondents reported significantly high scores related to three key questions about respect, involvement in decisions and confidence in staff during labour and birth.

Five questions scored 3% higher than the national average demonstrating high levels of satisfaction with mental health care in the antenatal period, trust in staff, time for discussions in antenatal care and help and advice with infant feeding.

Top 5 scores vs Picker Average	Trust	Picker Avg
B12. Given enough support for mental health during pregnancy	88%	85%
F15. Received help and advice about feeding their baby (first six weeks after birth)	89%	86%
B9. Had enough time to ask questions or discuss during antenatal check-ups	99%	96%
B17. Had confidence and trust in staff (antenatal)	97%	94%
B11. Asked about mental health by midwives (antenatal)	96%	93%

The Maternity Voices Partnership (MVP) has been integral to providing maternity services that are responsive to women and birthing people.

We thank them for their ongoing collaboration and partnership working that ensures feedback from service users and 15 steps assessments drive our quality improvement plans. Throughout the year there has been focused work to ensure all service user voices are heard including an innovative community-based group for women from Pakistani and Kashmiri heritage. This work was commended by the Ockenden insight visit team.



Clinical Accreditation Programme

In March 2019, NHS Improvement published a ‘Guide to developing and implementing ward and unit accreditation programmes’, encouraging all trusts to have their own internal inspection/ accreditation process.

The Clinical Accreditation Programme is a tool to measure, improve and provide assurance of quality, safety, experience (colleagues and patients) and leadership. The Accreditation Programme is an internal assessment of these measures using a structured framework to undertake the evaluation of a department by a team of peer assessors. Outcomes of assessments are multi-functional and influence decision-making from Ward to Board.

During 2022/23, 10,589 quality audits and clinical accreditation inspections have been completed with an average score of 95.4%. 11 wards have since been accredited with 7 achieving Silver and 4 Bronze.

Accreditation Framework:



Healthy Communities

COVID-19 vaccination programme

The Trust has been proud to continue offering Covid-19 vaccinations to support the most vulnerable residents of Buckinghamshire, administering more than 2,500 vaccinations during 2022/23.

The Trust has been recognised nationally for the specialist vaccination clinics we have run including for those with a learning disability and or/autism. The feedback received has been positive and the model of care has been case studied as best practice for others to replicate.

'Amazing people that work there and I value the clinics for putting on these vaccination times for children with additional needs... thank you'

'Excellent manner and understanding with those who have ASD'

A priority has been to ensure that pregnant women and their partners had access to winter vaccinations through our maternity vaccinators working within antenatal clinics. This successful approach is now being adopted by neighbouring trusts. Both flu and Covid-19 vaccinations were offered to pregnant people with 149 Covid-19 and 97 flu vaccines given in 2022/23.

We have provided a vaccination service to housebound patients, health and social care staff working in care homes, children and young people attending Special Education Needs (SEN) schools, inpatients in the Trust's hospitals as well as Trust colleagues. The vaccination team have offered a visit to all Bucks SEN schools. A total of 222 vaccinations were given over two visits, with a range of first, second and booster doses administered.

Patient Experience

Every year the Care Quality Commission (CQC) runs an adult inpatient survey, the Picker survey, to look at the overall patient experience of people admitted to the hospital. The latest survey sample is taken from patients who were inpatients in November 2021.

1250 Invited to complete the survey	1186 Eligible at the end of survey	35% Completed the survey (418)	39% Average response rate for similar organisations	43% Your previous response rate
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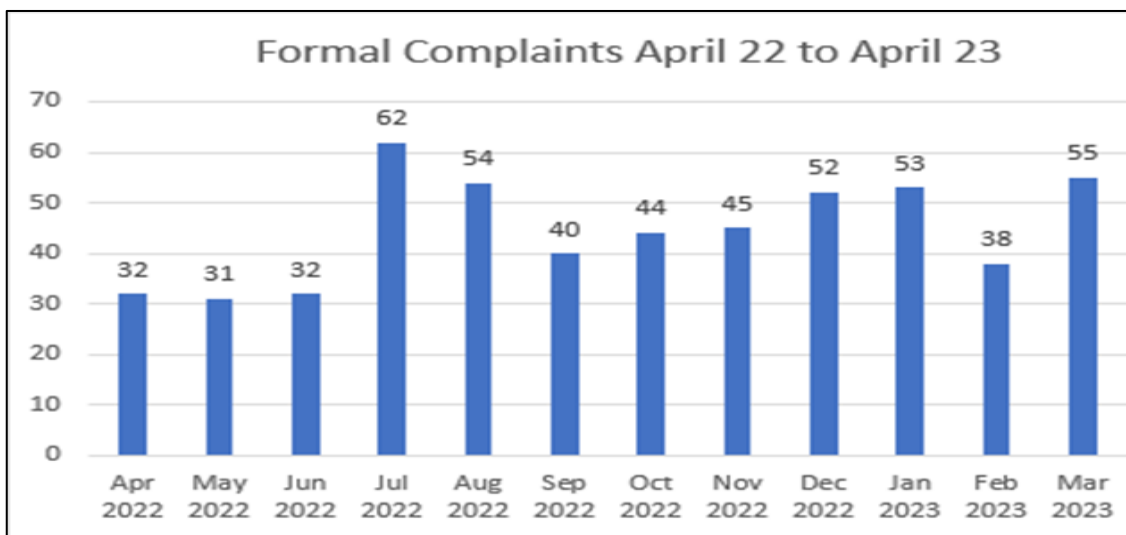
In the 2022 survey, the Trust was only one of six nationally to have made improvements in its results with 84% of respondents rating their overall experience at 7 or more out of 10, 99% reporting that they felt they were treated with dignity and respect and 98% having confidence and trust in their doctors. The Trust also made improvements in scores including the amount of information given on conditions and treatments, from 78% in 2020 to 85% in 2021, and explaining how well patients might feel after a procedure, which rose from 82% to 86%.

The Trust has developed an action plan to tackle some of the scores that require improvement, such as the frequency at which patients are asked to give their views on the quality of care during their stay, explaining whom to contact should they be worried after discharge and ensuring more staff are available to help patients during mealtimes.

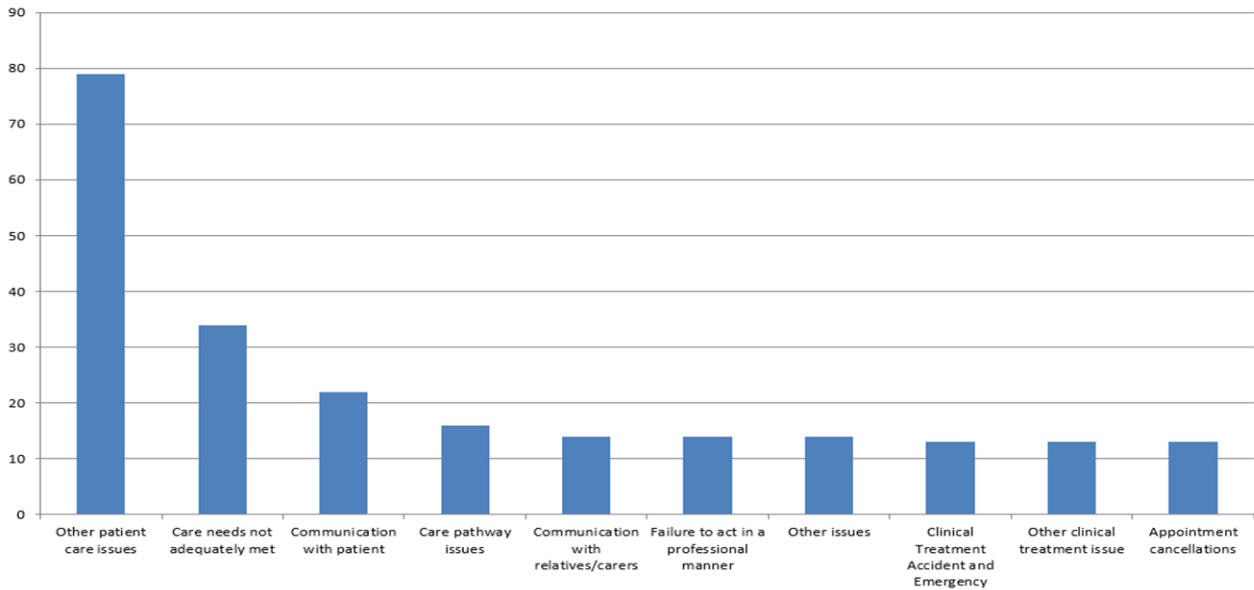
Complaints

In 2022/23, the Trust received 538 formal complaints - a decrease from 663 in 2021/22. Issues with patient care are the main reason for complaints, with unmet care needs and communication with patients being the second and third main reason for complaints.

Monthly complaints received 2022/23 (total: 538)



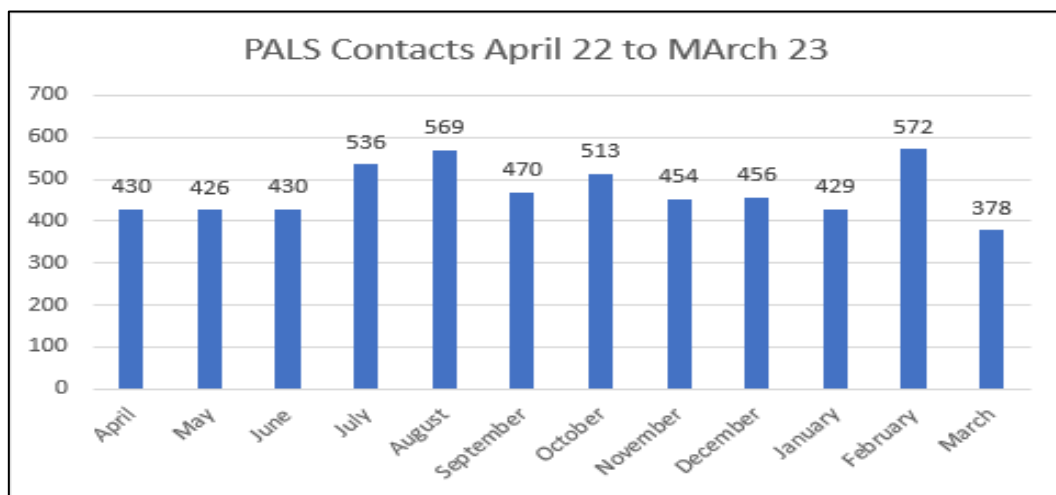
Complaints theme 2022/23



Patients Advice and Liaison Service (PALS)

In 2022/23, the Trust recorded 5,663 PALS contacts, which was a decrease from 6,616 in 2021/22. Delays and cancellations accounted for the highest number of contacts after general information enquiries. These included issues related to access, appointments, surgery being delayed or cancelled and waiting times. The introduction of the centralised outpatient contact centre during the year has had a positive impact on reducing access issues which include appointment booking enquiries.

Monthly PALS contacts 2022/23 (total: 5,663)



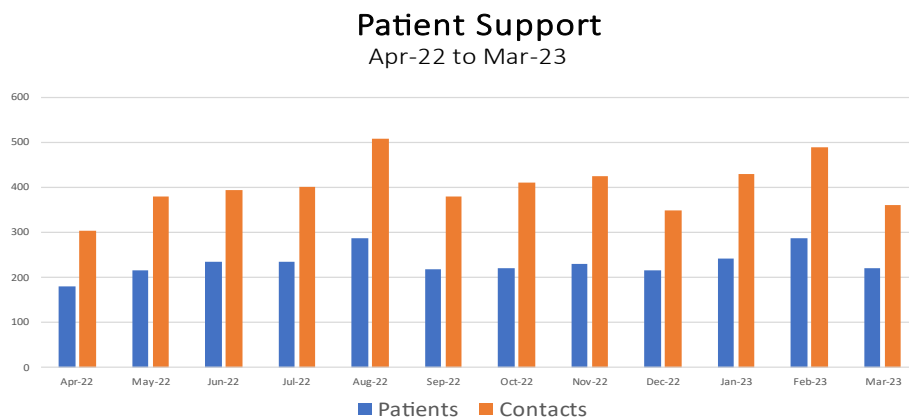
Chaplaincy

Throughout 2022/23, our chaplains were available 24 hours a day, 7 days a week, offering compassionate care and support to people of all faiths and none. The chaplains offered pastoral, spiritual and religious care to all patients and their visitors, which included:

- a listening ear at a time of difficulty or crisis

- space to talk about life, purpose and the meaning of things
- support to practice faith or spiritual tradition, including prayer, Scripture reading, Holy Communion and Sacraments
- contact with representatives of world faith communities
- help in bereavement

The chaplaincy team is supported by a number of volunteers and we continue to recruit people from various faith backgrounds, including, for the first time, a Hindu volunteer and two female Muslim volunteers. This brings our total number of chaplaincy volunteers to 28 across the different hospital sites.



The chaplaincy team also conducted various religious and non-religious services, including once again an in-person baby memorial service, providing important ongoing bereavement support for parents and relatives who have experienced the loss of a baby or a miscarriage



A new initiative was launched in the Florence Nightingale Hospice (FNH) by one of the chaplaincy team. Living memory boxes give patients approaching the end of their life the opportunity to create a film to share their story, their hopes and fears and remember special moments in their life. Filming is done in an informal way and in a private space. The film is then edited, adding simple titles, downloaded onto a USB stick, and presented to patients in a beautiful box, with an image of the patient on the front of it. The Living Memory Boxes have proved very popular so far at FNH and this chaplaincy service will be extended to hospital patients in 2023.



Support for colleagues

The chaplaincy team continued to offer a unique service of pastoral care and support to all Trust colleagues and their families. Support was offered through both informal conversations on the wards and separate appointments. It included debriefing, listening, and creating an environment where it is safe for colleagues to talk in complete confidence. Other support included:

- working with colleagues to support patients
- training for colleagues and volunteers
- religious support through, e.g. services, Holy Communion on the wards, and Ramadan fasting packs for Muslim colleagues



End of Life (EOL) Care

Our aim is to continue to improve the end of life experience for our patients and their families across both inpatient and community settings. The following are just some of the examples of the compassionate care that is being delivered.

In April 2022 the Florence Nightingale Hospice at Home service was expanded to help facilitate discharges for patients in the last weeks of life to their home. To date, the team has facilitated discharges home within 24 hours for 90% of the patients accepted to the

service. The feedback that the team have had is how important it was for the family to be able to support the patient at home and that the care that they had was exceptional.

Ward 16 and the Hospital Palliative Care team arranged the discharge of a patient back to Romania for his end-of-life care. This included conversations of the potential risks with the patient and the family during their journey, ensuring that medication would be accepted through border controls - all of which had to be done at speed to ensure that the patient's preferred place of care could be met.

The Hospice arranged the visit of a patient's horse into the hospice garden to allow her to say goodbye.



Wedding for EOL Patient

A wedding was organised by the colleagues on wards 4, 6 & 7 in less than 24 hours, for an end of life patient and his fiancé of many years. By working together, the team managed to arrange an event that would normally take weeks/months to plan, to make sure it was a day to remember. The night prior to the wedding, colleagues ensured the groom was looking his best before transforming ward 7 with decorations and a balloon arch. The team purchased drinks, a wedding cake and a signed card for the couple. The highlight for the patient and his new wife was seeing a portrait of themselves in the room. The team said the expression on the bride-to-be's face when she saw it was one of those moments you treasure for a lifetime and made all the extra effort all worthwhile.



National Spinal Injuries Centre (NSIC): Formula 1 racing driver Sebastian Vettel visits Stoke Mandeville Hospital

The Trust welcomed Formula 1 driver Sebastian Vettel to the National Spinal Injuries Centre (NSIC) to visit patients and colleagues in our children and young people's ward and to learn more about innovative therapies in our Upper Limb Studio.

Sebastian was keen to meet and talk to patients about their spinal cord injuries and to learn how the work of the NSIC team supports their rehabilitation and helps them prepare them for life back in the community.



The upper limb studio, which opened in May 2021, provides a form of therapy known as Activity Based Restorative Therapy (ABRT). ABRT involves the use of equipment to facilitate repetitive movement to improve a patient's level of independence following spinal cord injury, having a beneficial impact on their ability to perform functional tasks such as feeding, drinking, returning to driving, carrying out aspects of personal care, and returning to work.

While at the hospital, Sebastian also visited Horatio's Garden where he met Founder & Chair of Trustees, Dr Olivia Chapple and discussed the importance of having access to a serene and beautiful garden area for patients and their families. The F1 star also spent time autographing Aston Martin baseball caps and posing for selfies.



[Watch a video on Twitter posted by the Aston Martin F1 team about Sebastian's visit.](#)

Scalp coolers provided by cancer charity

We are grateful to the Cancer Care & Haematology Fund (CCHF) charity which has funded the purchase of new scalp coolers used by patients in the Trust's cancer units to minimise hair loss during chemotherapy. The charity, which supports cancer units at Stoke Mandeville and Wycombe Hospitals, has committed £52,000 for the purchase of scalp coolers developed by specialist company, Paxman.

CCHF's Chair of Trustees, Dr Ann Watson, said: "We are delighted to have been able to provide the money for new scalp coolers. While they are not suitable for use by all patients undergoing chemotherapy, they provide an important option for many of those who are concerned about losing their hair. Our aim as a charity is to help the local NHS treatment facilities improve the experience of those who are undergoing what can be arduous treatment."

Stu Rowling, Head of UK Sales & Training at Paxman, said: "We know how much it means to patients to have the option to keep their hair. Scalp cooling allows patients to take some control of a side effect which would otherwise be inevitable in some treatments. Patients will have access to the latest generation of Paxman scalp cooling systems thanks to CCHF."

Robotic Surgery

In 2022, the first urology patients in Buckinghamshire underwent robotic-assisted surgery. Thanks to the charity Scannappeal, the Trust was able to buy the leading edge Da Vinci Xi robot to perform urology and upper gastrointestinal surgery at Wycombe Hospital, improving outcomes and shortening recovery times for patients.

The robot, which features multiple arms and a high-quality camera, is controlled by the surgeon via a console. It has a wide range of movements, is based on a stable platform, and can even bend its instruments. This means that surgeries are performed with greater precision, causing even less tissue damage than keyhole surgery. This in turn can mean less pain and shorter hospital stays for patients.

Mr Rob Gray, Consultant Urological Surgeon at Buckinghamshire Healthcare NHS Trust said: "Imagine giving a surgeon an extra set of very stable, very dexterous hands. In a nutshell, this is what the robot does. Currently, surgical robots are mostly limited to large teaching hospitals and private hospitals in central London, so we are thrilled to be able to offer this world-class surgery for our patients right on their doorstep in Buckinghamshire."

The robot is also now being used for colorectal and gynaecology cancer surgery.

Ground-breaking breast cancer surgery

The Breast Unit at BHT has become one of the first in the UK to use the MagTotal approach to improve the surgical process for treating some breast cancers.

The approach involves a small single-use metal device (known as a seed) called Magseed, designed to accurately mark the site of a breast cancer lesion for surgical removal, and a lymphatic tracer called Magtrace, used as an alternative to radioactive tracers for breast cancer staging, in one single surgery.

In this procedure, the seed is placed with a needle into the patient's tumour, under local anaesthetic and ultrasound or stereotactic X-ray guidance. This helps guide surgeons during a breast lumpectomy to identify breast cancers that cannot be felt by touch. As well as the seed, Magtrace is also injected ahead of surgery (up to 30 days before) in the MagTotal approach. Once injected, it will move to the lymph nodes most likely to contain an invasive cancer, staying there until it's time to remove those nodes.

At the time of surgery, the location of the seed is first detected with a probe, followed by marking the lymph nodes with Magtrace. A magnetic sensing machine called the Sentimag provides the guidance using different pitches of sound and an on-screen reading, to let surgeons know how close they are to the target tissue. The tumour containing the seed will then be removed, along with the marked lymph nodes.

The pioneering MagTotal approach delivers precision accuracy, reduces operating time and improves the patient experience as the team can perform two essential surgeries with just one machine without the need for radioactive solutions.

Hospital at Home

The Hospital at Home programme in the Trust is part of a national initiative known as Virtual Wards, designed to deliver hospital-level care in a patient's own home.

Hospital at Home combines technology (digital monitoring systems) with face-to-face care to provide the hospital-level care patients need for a range of conditions for up to two

weeks in their own home. This care is provided by hospital-based doctors, nurses, therapists and pharmacists.

Patients and their carers or loved ones work in partnership with hospital teams to monitor their own health from their own home.

Only patients whose conditions meet very strict criteria are deemed suitable for the programme as they need to be unwell enough to need monitoring but not so unwell that they need to be in the hospital. The decision as to whether a patient is suitable for the hospital at home programme is always made by a clinician.

Hospital at Home enables our healthcare teams to provide a more efficient service and to offer acute level support and reassurance to a greater number of patients. It also provides an opportunity for the Trust to work with other local healthcare partners including GPs and social care as part of the Bucks Integrated Healthcare System.

The Hospital at Home programme has been successfully introduced in a number of services including the Buckinghamshire Integrated Respiratory Service (BIRS), the Outpatient Parenteral Antimicrobial Therapy (OPAT) service - for patients requiring intravenous antibiotics – Frailty service and Hospice at Home. Over the coming months patients in other services, such as cardiology, will also be given the opportunity to be cared for in this way.

The Trust hopes to be delivering acute level care for around 200 patients in their own homes by the end of April 2024.

Benefits of hospital at home for patients:

- Patients can receive hospital standard care (overseen by hospital teams) in their own home
- Patients can sleep better, remain active, enjoy the food they like to eat and are able to have their friends and family around them
- It avoids some patients having to be admitted to the hospital in the first place
- It enables some patients to go home earlier than perhaps they could have done otherwise

Skin Centre

Our new Skin Centre opened at Amersham Hospital in October 2022 run by our dermatology and plastics departments. The Skin Centre has 6 minor procedures rooms, 6 consultation rooms, 2 nurse treatment rooms as well as recovery areas.

By bringing our dermatology and plastic services into a specialist skin centre, we are able to reduce the number of times a patient needs to come to the hospital, delivering an improved experience, better outcomes and reducing the impact on the environment.

The Skin Centre is enabling us to see an additional 20 patients a week and the greater collaboration between the two services is leading to faster diagnosis and treatment.

Employment Opportunities

Step into the NHS

Pupils at The Misbourne school in Great Missenden were given a first-hand insight into healthcare careers when Buckinghamshire Healthcare NHS Trust visited to launch the Step into the NHS competition this week.

The local NHS trust is now encouraging other primary and secondary schools across the county to get involved, with support provided by its new school engagement team.

'Step into the NHS' helps young people find out more about the 350+ careers available in the NHS – from medical engineer to midwife, porter to plumber, finance manager to phlebotomist. Entrants choose a role that interests them and then get creative to develop an advert, promoting the job in whatever format they choose, such as computer games, videos, posters or board games.

Children and Young People

Our service vision for children and young people is that "every child deserves the best start in life and beyond to reach their full potential – Children and Young People's services working together with our community creating the foundations for children to thrive". Outlined below are some of the initiatives we are undertaking to support our children and young people.

School Nursing

Since 2018, over 60% of referrals to our school nursing team have been, and continue to be, for emotional and wellbeing support. The pandemic still casts a long shadow on many of our children and young people.

In February 2023 the school nursing team introduced three digital resources to help the team continue and extend their reach to all young people across Buckinghamshire who need health support.

The digital resources are specifically designed for teenagers and young people to help them navigate what, for some, can be challenging years.

Chat Health

Chat Health is a text messaging service that allows young people in the county to reach out to a school nurse directly for support with any health and well-being concerns they may have. The Chat Health messaging service empowers young people to get confidential help and advice about a range of health concerns, including emotional health, sexual health, relationships, alcohol, drugs and bullying. Messages can be sent anonymously (if preferred).

Health for Teens

Health for Teens is a website designed specifically for teenagers and young people to provide them with advice and resources that can support their health and help them navigate the transition to adulthood – the site includes advice on relationships, feelings, lifestyle choices and sexual health. Young people and their parents can use the website to access localised information, news, resources, public health (school) nurse information and more. Visit our Health for Teens website to discover more.

Health for Kids

Health for Kids has similar principles to 'Health for Teens' but the content and design of the site is aimed at primary school aged children. Visit our Health for Kids website to learn more.

Since introducing the digital resources our school nurses have visited a third of all secondary schools in Buckinghamshire to promote them via lunchtime events in schools. This has allowed the team to engage with 2000+ teenagers. The events have also provided an opportunity to consult with teenagers and gather feedback to learn more about the health topics and issues they would like more information on.

Integrated CYP therapy teams

Similarly, our integrated therapy teams who turned to digital platforms to help support families and children during the pandemic have expanded the digital support they provide by introducing a series of webinars that parents can access for information and support.

Great Place to Work

This year we focussed on implementing an active outreach strategy, working alongside our well established proactive and reactive initiatives, delivered by qualified and experienced practitioners, to ensure we meet the needs of all colleagues within the Trust, wherever they are in their personal well-being journey.

The benefits of these efforts over the past year are reflected in the recent staff survey results. The response to the statement: “My organisation takes positive action on health & well-being”, improved once again by another 3.6%. We are performing significantly better (16.6% above) than our comparator trusts and are only 0.3% below the best in class.

As we recover from the impact of COVID-19 – we know the ‘psychological tail’ to events like this can be long. While stress type referrals to the well-being team continue to be high, we regard this positively, when we see our corresponding sickness absence for mental health remaining relatively low, as this demonstrates colleagues are reaching out for support proactively.

Our menu of professional support has increased accordingly and now includes psycho-educational programmes including ‘Nurturing our Resilience & Mitigating our stress’, and ‘Introduction to Mental Health’, as well as Restorative well-being group sessions and expanding our Mindfulness interventions. We have also had successful partnerships with Lindengate and Horsehead charities to offer off site restorative sessions to colleagues.

Our well-being work is further supported by our colleagues themselves. We now have 97 active Well-being champions throughout the Trust who assist in promoting well-being initiatives and services and initiating local well-being activities in their own departments. 35 Trained TRiM practitioners, 13 trained Mindfulness Ambassadors and 73 Mental Health First Aiders.

The new Health & Wellbeing checks play an important role in supporting the physical health & well-being of our colleagues and signposting to our internal lifestyles advice and support, with onward signposting where needed. We have also focused on increasing our menopause support and this will be further developed in the coming year.

Building a Positive Speaking-up Culture

Freedom to Speak Up Guardian

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.

We have continued to expand our outreach model to ensure that the service is accessible to all of our colleagues, whether they work in one of our hospitals or out in the community.

As a result the number of contacts with our colleagues has increased to 3,500 in 2022/23 with the service receiving 80 cases of concern. We also now have an established network of 48 trained champions to raise awareness.

Both of these initiatives have increased the visibility and accessibility of the FTSUG role and service. We believe this is one of the reasons why the Trust has demonstrated a set of improved scores in the annual national staff survey for questions relating to speaking up compared to many other trusts which have seen a decline. However, we remain on a journey and there is still much work to do to achieve our aim of being the best in class and supporting all colleagues to speak up.

Guardian of Safe Working Hours

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

Working in Partnership with Trade Unions

We recognise the importance of, and our joint responsibilities for, creating and maintaining excellent employee relations to ensure we deliver and develop high quality health services, looking after our patients and our colleagues.

As part of this, we continued to engage with staff side colleagues, through monthly Joint Management Staff Committee (JMSC) Trust-wide meetings, and bi-monthly Joint Consultative Negotiating Committee (JCNC) meetings specifically for medical staff. Both committees have local and regional staff side representation.

Learning and Development

Management and leadership development

Following the pandemic, we continue to support our managers, leaders and teams. Our well-established Peaks leadership development programmes have been delivered both virtually and face-to-face to increase those who can access development opportunities. During 2022/23 we have supported 105 managers who graduated from Peak 1, 49 from Peak 2 and 21 from Peak 3. All who have graduated received ILM (Institute of Leadership & Management) recognition.

Our partnership with the Buckinghamshire Coaching Pool (Buckinghamshire Health and Social Care Academy) enables access to 77 coaches who provide individual coaching support for colleagues across the Trust, with two cohorts of new coaches trained to ILM 3 standard able to provide additional support to colleagues. 56 BHT colleagues accessed coaching with 17 new coaches trained.

Celebrating excellence in maternity services

Two community midwives at Buckinghamshire Healthcare NHS Trust were given the Alison Heffernan award, celebrating excellence in maternity services.

The joint winners, Hannah Tuson and Becca France, were voted for by women and families who have had a baby under the care of the Trust in the last year.

One woman said of Hannah, who works across the Aylesbury area: “Perhaps Hannah did only what was expected of her in her role as a midwife but to me the support she provided went above anything I imagined – an angel in disguise.”

Another voter stated that she refused to move, while she was still considering further children, in order to stay under Becca’s care around Buckingham.



She said: ‘Becca was a constant support who went above and beyond during my pregnancy. She made me feel like she always had time for me which I knew she did not have and like I was her only patient when she was incredibly busy. I also trusted her knowledge and capability completely.’

Heidi Beddall, Director of Midwifery at the Trust, said, “We are all immensely proud of Hannah and Becca. They really embody the safe, personalised, compassionate midwifery care we strive to provide to women and their families.”

The awards were set up in memory of the late Alison Heffernan, Chair of the Maternity Services Liaison Committee which is now the Bucks Maternity Voices Partnership (Bucks MVP).

Junior Doctor wins prestigious national award for groundbreaking research into pancreatic cancer



A junior doctor at the Trust gained a top prize in the prestigious 2022 Dr Falk-Pharma/Guts UK Charity national awards.

Dr Edward Arbe-Barnes won the F1/F2 Research Award for his research into the biology of pancreatic cancer.

The project, entitled ‘Single Cell RNA Sequencing of Pancreatic Ductal Adenocarcinoma (PDAC) Epithelial Cells’ is being undertaken at the Department of Oncology, University of Oxford.

Dr Arbe-Barnes was presented with his award and a £2,500 project support prize at the annual meeting of the British Gastroenterology Society (BSG) on Tuesday, June 21st.

Dr Arbe-Barnes explains, “Pancreatic ductal adenocarcinoma (PDAC) is a common cancer with a dismal prognosis. It is notable for the high proportion of non-malignant cells which make up a tumour. We hypothesise that this dense stroma might mask some of the

biology of malignant cells when studying whole tissue using bulk techniques. We anticipate that using newer techniques to investigate epithelial cells at the single cell level will yield valuable insights into how malignant cells drive PDAC progression.

“We will study pancreatic cancer cells using a technique called single cell RNA sequencing (scRNA seq), which shows which genes each individual cell is expressing. This means you can characterise each cell, and study how they behave, in very high resolution. I hope that this study will yield insights into the biology of pancreatic cancer and may identify new potential targets for treatment.”

World Parkinson’s Day

World Parkinson’s Day takes place on 11 April every year to raise awareness of Parkinson’s. We worked in partnership with the local Parkinson’s UK branches to shine a light on Parkinson’s.

On the day, volunteers from the local branches were at Stoke Mandeville, Amersham and Wycombe Hospitals to help raise awareness.



CEO Neil Macdonald met with Rowan Wathes, Associate Director of the UK Parkinson’s Excellence Network, Parkinson’s UK to discuss what the Trust is doing well and where improvements can be made.



The Trust’s Adult Speech and Language Therapy team have been awarded a Parkinson’s Excellence Network grant to support their ‘Start right; stay well’ project.

Team Building Events

We recognise how important effective team-working is to delivering outstanding care. During the year, a number of team building events have taken place – some of which have been organised by our staff networks. In 2022/23 these included:

Jubilee Celebrations - in honour of the Queen’s Jubilee celebrations, wards and departments held tea parties and decorated their areas in white, red and blue.

BHT Summer of Sport – in celebration of South Asian Heritage Month in July 2022, the Embrace Network ran a cricket match between two Trusts followed by a celebration of South Asian food. The Kalinga Network ran a Sportsfest in August 2022, with around 200 attendees and 11 sports events. Both events were open to all Trust colleagues, as well as friends and family.



World Cup Decorating Competition – participating wards and departments were randomly assigned a country competing in the World Cup and battled it out to see who come up with the most creative decorations reflecting the country they had been given.

Christmas Choir Competition – in December 2022, the Kalinga Network organised a Christmas Choir Competition to bring the festive spirit to the Trust, with a team sing-off at Stoke Mandeville Hospital.



1st Filipino Convention and Regional Summit organised by BHT’s Kalinga Network in November 2022 was a huge success attended by members of the Trust’s Executive team, BOB ICB Chief Nurse, South East Regional Chief Nurse and representatives from Filipino Senior Nurses Alliance (FSNA).

Our own Chief Nurse Karen Bonner commented: “What an incredible event it was – now one of my most cherished memories & a reminder of how exceptional our NHS people are at Buckinghamshire Healthcare NHS Trust.”

**Quality improvement
achievements against
priorities during
2022/23**

This section of the Quality Account highlights achievements against the priorities set for 2022/23. The achievement of each quality priority will be measured with the triangulation of key performance indicators and associated quality metrics, patients, and feedback from colleagues.

Priorities outlined below will be reflected as achieved, partially achieved or goal not achieved and will be supported by a brief supporting statement to rationalise the position.

	Achieved
	Partially achieved
	Not achieved

Priority 1: Patient safety

Our priority during 2022/23 was 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 everyone feels they will be treated fairly and compassionately if they speak out and report any mistakes.

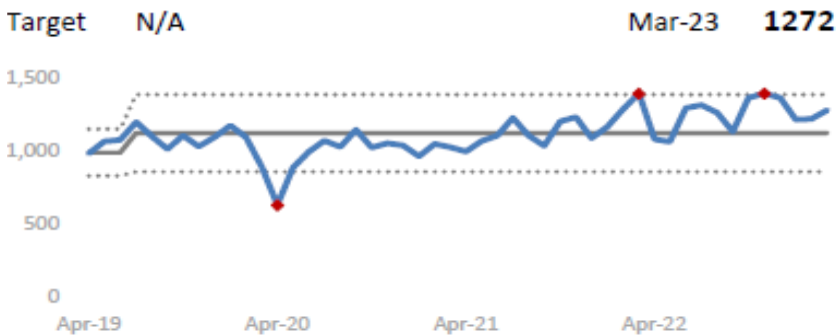
A. Increase the number of incidents reported on the electronic incident reporting system compared to 2021/22	Achieved
B. 98% of reported incidents were of low harm, near misses or no harm	Achieved
C. Upgrade of the Trust's current incident reporting system including modules on incident reporting, risk management, complaints, safety alerts and litigation	Achieved
D. Delivery of a monthly Trust-wide learning forum including learning from incidents and complaints	Achieved
E. Maintain an average rate of falls per 1,000 occupied bed day (OBD) of less than 6.6	Achieved
F. Zero MRSA bacteraemia	Not achieved
G. Reduction in the number of nosocomial infections related to Covid-19 in comparison to 2021/22	Not achieved
H. Clinical accreditation programme rolled out in the Trust's inpatient wards	Achieved
I. Mental Capacity Act Assessment (MCAA) template rolled out throughout the Trust	Achieved
J. HSMR (hospital standardised mortality ratio) of less than 100	Achieved

Ambition A: Increase the number of incidents reported on the electronic incident reporting system compared to 2021/22. Goal achieved.

The total number of incidents reported has increased from 13,846 in 2021/22 to 14,900 at the end of 2022/23.

Incidents reported

Total number of incidents reported on DATIX during the month.

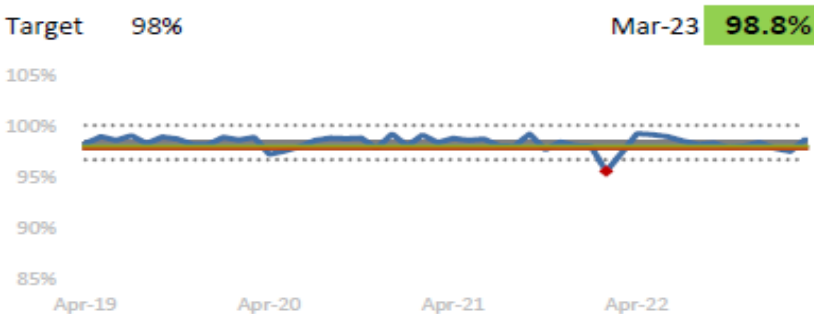


Ambition B: 98% of reported incidents were of low harm, near misses or no harm. Goal achieved.

Although there was an increase in the number of incidents reported, which demonstrates improvement in reporting by colleagues, 98.8% were of low harm, near misses or no harm to patients.

Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month - over all incidents reported.



Ambition C: Upgrade the Trust's current incident reporting system including modules on incident reporting, risk management, complaints, safety alerts and litigation. Goal achieved.

In April 2022, the Trust went live with the upgrade of its local reporting system. This was an important development as the upgraded version is compliant with the forthcoming national

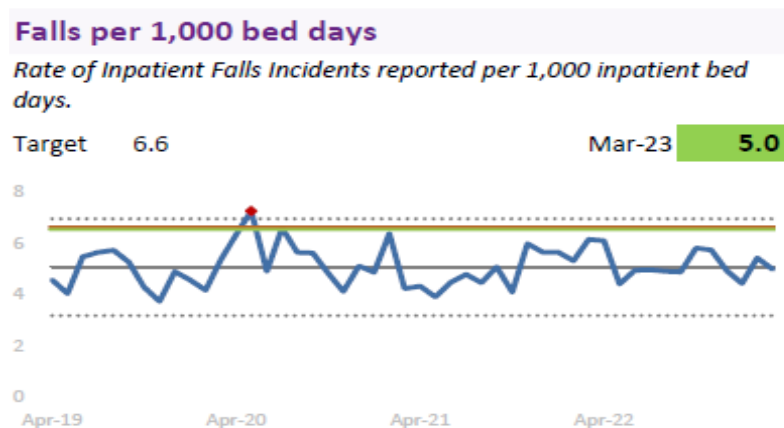
policy changes to the National Reporting and Learning System (NRLS) with a replacement system, Learning from Patient Safety Events (LPSE).

Ambition D: Delivery of a monthly Trust-wide learning forum including learning from incidents and complaints. Goal achieved.

Reflect & Review was launched in April 2022 as a monthly forum for clinical and non-clinical colleagues across the Trust to learn from examples of excellent patient care and examine areas for improvement in a safe space. The Knowledge and Learning Framework working group has run a series of presentations often focused on patient stories and aimed at sharing organisation learning. All presentations are recorded and available on the Trust's intranet for all colleagues to access.

Ambition E: Maintain an average rate of falls per 1,000 occupied bed day (OBD) of less than 6.6. Goal achieved.

The Trust's target was to maintain an average rate for inpatient falls of below 6.6 per 1,000 occupied bed days in 2022/23. This target was exceeded with an average rate of 5.0



Ambition F: Zero Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia. Goal not achieved.

The Trust's MRSA bloodstream national target is set at zero. During 2022/23 the Trust reported three cases of MRSA bloodstream infection. All cases underwent Post Infection Review and in two cases, the source was considered a contaminant. Following a review of the cases, the Trust's MRSA management policy has been updated in line with the national guidance and to reinforce the learning identified from the review, particularly around the administration of MRSA suppression therapy and the management of line devices.

Ambition G: Reduction in the number of nosocomial infections related to Covid-19 in comparison to 2021/22. Goal not achieved.

We have seen an increase from 2021/22 to 2022/23 in COVID-19 healthcare associated infection cases. This increase can be explained by a number of factors. During this period, there have been changes in testing, for example, asymptomatic testing for discharge to care settings and the asymptomatic testing of inpatients. There have also been different variants of Covid-19 identified which have affected transmissibility.

Ambition H: Clinical accreditation programme rolled out in the Trust's inpatient wards. Goal achieved

The clinical accreditation programme (CAP) question sets were piloted in November 2022 and the first ward accreditation was awarded to Ward 1 at Stoke Mandeville Hospital in February 2023. A total of 11 wards have been accredited since February 2023 of which seven received a silver status and four bronze.

Ambition I: Mental Capacity Act Assessment (MCAA) template rolled out throughout the Trust. Goal achieved.

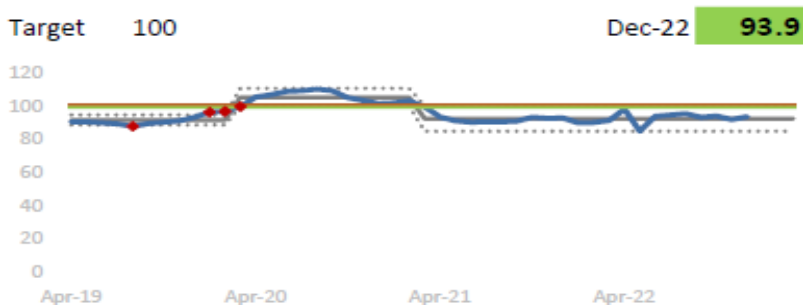
A Mental Capacity Assessment and Best Interest Decision form template have been rolled out throughout the Trust, including guidance on when to undertake an assessment. The safeguarding team undertakes retrospective quarterly audits on Mental Capacity act assessments and Deprivation of Liberty applications. In 2023/24 we will be exploring ways of overseeing all applications in real time using our Careflow Connect digital system.

Ambition J: Hospital Standardised Mortality Ratio (HSMR) of less than 100. Goal achieved.

Rolling 12-month HSMR has been classified as "lower than expected". The Trust's HSMR has been consistently lower than 100, achieving 93.9 by the end of the year.

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).



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). In March 2022, the Ockenden Report was published 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 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.

In 2022/23, we set our ambitions on this priority to be measured through the delivery of the following targets:

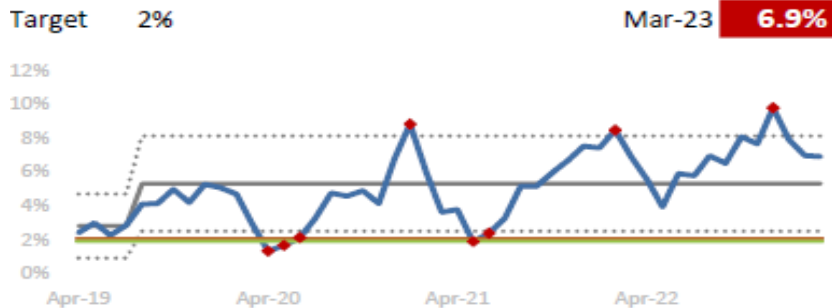
A. Less than 2% of patients spending more than 12 hours in the Emergency Department from arrival to departure	Not achieved
B. Same Day Emergency Care (SDEC) receiving direct referrals from 999	Achieved
C. At least 70% of urgent community responses are within 2-hours	Achieved
D. At least 5% of outpatient attendances have been moved to Patient Initiated Follow-up (PIFU) pathway	Not achieved
E. Commence implementation of midwifery continuity of carer	Implementation ceased following national recommendation
F. Delivery of the Ockenden immediate and essential actions	Achieved

Ambition A: Less than 2% of patients spending more than 12 hours in ED from arrival to departure. Goal not achieved.

The Trust has experienced many pressures over the last year in relation to the ED footprint, increased attendances, and clinical changes along with difficulty in discharging patients who are medically optimised for discharge (MOFD) impacting patient flow in ED. Patient discharge and flow is also a workstream within the current Urgent and Emergency Care (UEC) Programme. We are hoping to see the impact of these changes over the coming months resulting in improvement in performance.

12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).



Ambition B: Same Day Emergency Care (SDEC) receiving direct referrals from 999. Goal achieved.

This is in place although further work is required to improve the access along with bringing in direct bookings. This is part of a workstream within the UEC programme.

Ambition C: At least 70% of urgent community responses are within 2-hours. Goal achieved.

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 as well as providing crisis support to enable people to be discharged home from our Emergency Department. This could be due to a change in their clinical condition, illness or social crisis which requires swift intervention or support to prevent them unnecessarily being taken to hospital and to keep them at home. Examples of when a person may be referred for an urgent community response include fallers who have no serious injury, a sudden onset of reduced function or mobility, requirement for urgent equipment, urgent catheter care or a relative or friend no longer being able to look after them which puts the person they care for at risk of admission.

In Buckinghamshire, UCR is delivered by the Trust's Rapid Response and Intermediate Care Service (RRIC), the District and Community Nursing Service (ACHT) and the Respiratory Service (BIRS). These services work 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.

During 2022/23, there was an ongoing focus to increase referrals to UCR from care homes, GPs and other care providers. We also worked very closely with the South Central Ambulance Service (SCAS) to encourage ambulance teams to contact the UCR

team to assess if appropriate support could be provided at the patient's home before making the decision to take them to hospital. Specialist Practitioners from SCAS are also now working in the RRIC team as part of the UCR response.

UCR does not only happen in people's homes. We have been working closely with the Emergency Departments at Stoke Mandeville and Wexham Park Hospital to enable patients to be able to return home with the appropriate support rather than be admitted.

During 2022/23, 9,176 people were successfully referred for an urgent community response. Of these 41% of patients required a response within two hours, 38% required a response on the same day or within 24 hours and 21% within two days. The national UCR target is for 70% of patients to be seen within 2 hours of referral. In 2022/23 the Trust exceeded this target seeing more than 80% of 'crisis' cases within the two-hour standard.

Ambition D: At least 5% of outpatient attendances have been moved to Patient Initiated Follow-up (PIFU) pathway. Goal not achieved.

The Trust introduced Patient Initiated Follow-up (PIFU) for suitable patients at the beginning of 2022, enabling patients to arrange a follow-up appointment with the clinical team looking after their care, when they feel they need it or if their symptoms get worse, within a given timeframe.

We are currently managing 2% of our follow up appointments through the PIFU pathway, approximately 5000 patients. Spinal Injuries, ENT, Gastroenterology, Community Paediatrics and Pain Management services are actively using the PIFU pathway. The last six months trend shows that on average per month 500 patient episodes are moved to the PIFU pathway giving patients more control over their follow-up appointments. The Transformation team is working with various clinical teams to understand further opportunities and assist in implementing the pathway.

Ambition E: Commence implementation of midwifery continuity of carer. Implementation ceased in line with national recommendations following the Ockenden report.

Ambition F: Delivery of the Ockenden immediate and essential actions. Goal achieved.

The Trust was visited by the South East regional team for their Ockenden insight visit in August 2022. The purpose of this visit was to provide assurance against the 7 Immediate and Essential actions (IEA) from the Interim Ockenden Report. The Trust demonstrated significant progress and by the end of March 2023 had achieved full compliance against all of the IEA's.

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 well-being of our colleagues and enabling them to become the best they can ultimately result in better patient experience and outcomes. It is therefore essential to continue to prioritise our focus on the staff health and well-being during 2022/23.

Success on this priority will be measured by the delivery of the following key areas of action:

A. Embedding the People Promise Priorities to make BHT a 'Great Place to Work'	Achieved
B. Increase Trust wellbeing outreach by 20% with increased counselling resources and increase wellbeing champions by 10%	Achieved
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	Achieved
D. At least 30 senior managers/leaders completed the 360 Degrees programme	Achieved
E. Recruitment of an additional 50 health care support worker posts and 30 additional nursing associates.	Achieved
F. Recruiting and maintaining our nursing vacancy rate at 8.5% or below, with the associated decrease in the use of temporary staffing.	Achieved
G. 120 internationally educated nurses recruited and supported through our preceptorship programme	Achieved
H. Implementation of peer and patient led quality rounds with the participation of the Executive and Non-Executive Director	Achieved

Ambition A: Embedding the People Promise Priorities to make BHT a 'Great Place to Work'. Goal achieved.

We were one of the 23 National People Promise exemplar sites in 2022/23 and the one-year programme has been successful in achieving each of the people promises which is reflected in the improved staff survey results for each of the people promises and has supported a consistent reduction in turnover from a high of 14.9% in May 22 to 12.5% in March 23. NHS England national team had a very successful visit to BHT, to see the work we achieved, and have agreed to support this programme into a second year so we can build on the success and further embed initiatives.

Ambition B: Increase Trust wellbeing outreach by 20% with increased counselling resources and increase wellbeing champions by 10%. Goal achieved.

Additional 2.7 WTE counsellors were welcomed to the wellbeing team in 2022/23 enabling wellbeing outreach to be increased by well over 20%. In 2022/23 the wellbeing team completed 85 outreach activities across all sites. The additional counsellors also meant we could expand our online and in-person psycho-educative courses around stress and mental health, which have been well received. We currently have 98 active Wellbeing Champions following an extensive review and drive to re-connect and recruit further champions and further recruitment activities are ongoing.

Ambition 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. Goal achieved.

Daily duty counsellor for ‘drop in’ access to support, as well as dedicated counselling rooms in quiet areas to maintain high confidentiality levels. There is a dedicated physio clinic for staff (Occupational Health Physiotherapy capacity increased by 80%). Implementation of Occupational Health IT system CORITY allowing for the development of fast online new starter screening and Bidirectional feed into staff ESR records Central Occupational Health support and advice for reasonable adjustments to new recruits with long term health conditions. Onsite access for colleagues who sustain sharps injuries or advice for work-related infectious control cases. The ‘Health check’ facility provided by Occupational Health was launched for all colleagues, as well as continuing our ‘Healthy Lifestyle’ initiatives and introducing menopause support. A dedicated wellbeing garden for colleagues, adjacent to the new HUB has been opened.

Ambition D: At least 30 senior managers/leaders completed the 360 degrees programme. Goal achieved.

We had 39 senior managers in total who have completed the 360 degrees feedback tool with a further 20 that were started in 22/23 and are in progress.

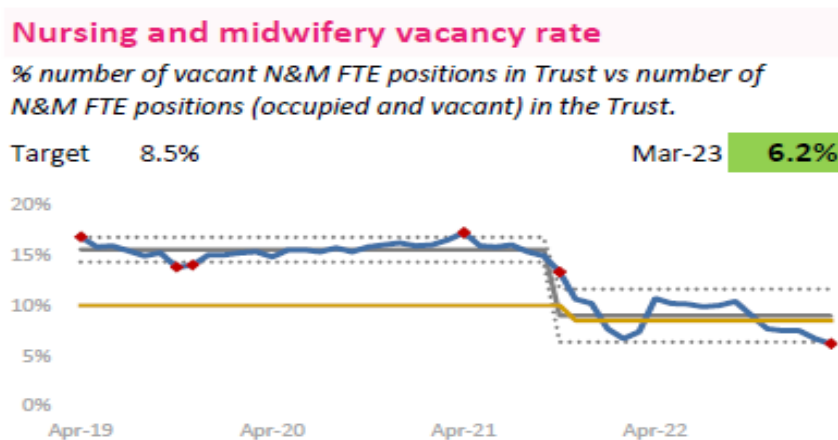
Ambition E: Recruitment of additional 50 health care support worker posts and 30 additional nursing associates. Goal achieved.

We currently have 35 qualified nursing associates (NA) and 38 nursing associates’ apprentices (NAA) in the programme. We have recruited 26 healthcare support workers (HCSW) for the NAA (Nursing Associate Apprentices) programme.

We have exceeded our target for recruiting healthcare support workers by recruiting over 150 in the past year via our recruitment campaigns

Ambition F: Recruiting and maintaining our nursing vacancy rate at 8.5% or below, with the associated decrease in the use of temporary staffing. Goal achieved.

The nursing vacancy rate in March 2023 was 6.2%. Year to date, the number of nurses working at the Trust has increased by 89. This increase is the result of ongoing international and UK graduate recruitment.



Ambition G: 120 internationally educated nurses recruited and supported through our preceptorship programme. Goal achieved.

A total of 185 internationally educated nurses arrived in 2022/23. Pastoral and practical support via staff networks, wellbeing team, education, and recruitment team in place.

Ambition H: Implementation of peer and patient led quality rounds with the participation of Executive and Non-executive Directors. Goal achieved.

All healthcare providers need to continually assess the quality of care they provide and have a robust process to identify and address issues. One of the enabling strategies for this is to have quality audits as an essential tool for ensuring a high quality of patient care. We have implemented a weekly clinical area temperature check and monthly quality audits conducted by the Ward managers, Matrons and Heads of Nursing. We started the roll out of the Clinical Accreditation Programme in February 2023 in our acute settings which involve peer review audits from a multi-disciplinary team, patient partners and representatives from Healthwatch.

Executive Directors are undertaking 'GEMBA' walks, which involve going to the place where the work is done to observe and understand first-hand the process, practice and culture of the organisation. This enables a greater understanding of good practice, any issues, and opportunities for improvement, and enables support to unlock barriers. Non-Executive Directors have completed GEMBA training and will be incorporating this into their planned visits.

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 2022/23 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 2022/23 remain the same as in 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 2022/23 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 2022/23 38 national clinical audits covered relevant health services provided by the Trust.

During that period the Trust participated in 89% (34/38) of national clinical audits in which it was eligible to participate and 100% (4/4) 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 2022/23 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)	2022/23 status	% eligible/requested cases submitted or reason for non-participation
CANCER				
Bowel Cancer (NBOCAP)	applicable	yes	participating	Continuous data collection
National Lung Cancer Audit	applicable	yes	participating	Continuous data collection
National Prostate Cancer Audit	applicable	yes	participating	Continuous data collection
Oesophago-gastric Cancer (NOGCA)	applicable	yes	participating	Data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	participating	Continuous data collection
WOMEN AND CHILDREN				
Diabetes (Paediatric) Audit (NPDA)	applicable	yes	participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	participating	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	applicable	yes	participating	Continuous data collection
National Neonatal Audit Programme (NNAP)	applicable	yes	participating	100%
National Audit of Seizures and Epilepsies in Children and Young People	applicable	no	not participating	Cases are being identified, but lack of resource to enter the required data
National Asthma and COPD Audit Programme – Children & Young People Asthma	applicable	yes	participating	Continuous data collection

CARDIAC, DIABETES AND VASCULAR				
Myocardial Ischaemia National Audit Project (MINAP)	applicable	yes	participating	Continuous data collection
Cardiac Rhythm Management (CRM)	applicable	yes	participating	Continuous data collection
National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	participating	Continuous data collection
National Cardiac Arrest Audit (NCAA)	applicable	no	not participating	Participation is currently being reviewed
National Heart Failure Audit	applicable	yes	participating	Continuous data collection
National Audit of Cardiac Rehabilitation	applicable	yes	participating	Continuous data collection
National Diabetes Audit – Adults	applicable	yes	participating	100%
National Vascular Registry	applicable	yes	participating	Data submitted by the Regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis (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	applicable	yes	participating	100%
UK Parkinson's Audit	applicable	yes	participating	100%
ACUTE				
National Asthma and COPD Audit Programme (Adult)	applicable	yes	participating	Continuous data collection
BTS Adult Respiratory Support Audit	Applicable	no	Not participating	Other national audits given priority

National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	Continuous data collection
Case Mix Programme (ICNARC)	applicable	yes	participating	Continuous data collection
Elective Surgery (National PROMs Programme)	applicable	yes	participating	100%
Major Trauma Audit (TARN)	applicable	yes	participating	100%
National Joint Registry Audit (NJR)	applicable	yes	participating	Continuous data collection

Muscle Invasive Bladder Cancer (BAUS)	applicable	no	Not participating	Other national audits given priority
Emergency Medicine QiP – Pain in Children	applicable	yes	participating	Currently collecting data
Emergency Medicine QiP – Assessing for Cognitive Impairment in Older People	applicable	yes	participating	Currently collecting data
Emergency Medicine QiP – Mental Health Self Harm	Applicable	yes	participating	Currently collecting data
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	participating	Continuous data collection
OTHER				
LeDeR – learning from lives and deaths of people with a learning disability	applicable	yes	participating as part of ICB	100%

National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Transition from child to adult services	applicable	participated	8/8 questionnaires submitted
Crohn's Disease	applicable	participated	8/8 questionnaires submitted
Testicular Torsion	applicable	participated	6/6 questionnaires submitted
Community Acquired Pneumonia	applicable	participated	6/6 questionnaires submitted

National Audits

The reports of 22 national clinical audits were reviewed by the Trust between 2022/23 and the following are examples of actions taken as a result to improve the quality of healthcare provided:

NCEPOD report Hard to Swallow

Following the publication of this report, the Speech and Language Therapy (SLT), Nutrition and Dietetic and Pharmacy teams carried out a joint clinical audit in order to benchmark the Trust against the NCEPOD audit recommendations. Results of the audit showed that the Trust performed well at, providing written information regarding swallowing difficulties on discharge, considering other formulations of medication where appropriate and referring patients with swallowing difficulties to the SLT Team. However, the Trust did not perform as well in respect of screening patients with Parkinson's disease for swallowing difficulties and nutritional status, regardless of the reason for admission. Following completion of the audit, a programme of training is being developed to spread swallow screening training across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. Sessions are run as part of the medical education programme with bite-size training sessions provided on the wards. The dietitians continue to facilitate nutrition management and Malnutrition Universal Screening Tool training.

The **National Ophthalmology Database** measures the outcomes of cataract surgery. Results from the 2022 report show the Trust was one of the top three most productive NHS providers for cataract surgery during the audit period from April 2020 to March 2021 and had the lowest complication rate (0.51%). However, the report did highlight the need to collect more data regarding post operative visual acuity. The lack of data is probably due to the fact follow-ups are delivered virtually, so measurements are not taken, and this data is not routinely collected from optometrists. Activation of the planned Medisight Community Portal is expected to improve compliance.

The Intensive Care National Audit and Research Centre (ICNARC) Case Mix

Programme reviews care against eleven standards and allows critical care units to benchmark their care against other trusts. Results of the 2022 audit showed that both Stoke Mandeville and Wycombe Hospitals performed well against the standards for high-risk admissions/high-risk sepsis admissions from the ward, out of hours discharges to the

wards, unplanned readmissions and risk adjusted acute hospital mortality. However, improvements were needed to reduce delays once patients were fit for discharge and to reduce the number of patients being discharged directly home rather than to a ward first. The audit results identified the need for better communication between the Critical Care and Clinical Site Leadership Teams. As a result, the Clinical Site Team now attends the cross-site Intensive Care Unit (ICU) Safety Huddle to help prioritise those patients for ICU discharge.

The **Sentinel Stroke National Audit Programme (SNSNAP)** measures how well stroke care is being delivered in the NHS in England, Wales and Northern Ireland. A review of the results from the 8th Annual Report shows that the Trust is one of the top performing in the country, exceeding the national compliance figures for all four of the top Key Performance Indicators – patients admitted to a stroke unit within 4 hours, what percentage of a patient's stay was on a stroke unit, door to needle time and time to the patient having a swallow screen completed. Following a review of the results from the report the need to improve swallow screening times for patients admitted at the weekend was noted. As a result, a programme of training was delivered by the Speech and Language Team to the Specialist Stroke Nurse, and they are now able to assess swallowing on admission. This is expected to improve screening times at weekends.

The reports of 73 completed local clinical audits were reviewed by the Trust during 2022/23 and the following are examples of actions taken by the Trust to improve the quality of healthcare provided.

Gastroenterology

Upper gastrointestinal bleeds are one of the most common presentations in gastroenterology. According to National Institute for Health and Care Excellence (NICE) guidelines, 100% of patients presenting with an upper gastrointestinal bleed should have an endoscopy procedure within 24 hours of admission if stable or as soon as possible after stabilisation. An audit was carried out to measure our compliance against this standard. The results of the audit showed that 88% of endoscopies for upper gastrointestinal bleeds at Stoke Mandeville Hospital were completed within 24 hours of presentation, for those that were not over half were delayed for an acceptable reason. Following the completion of this audit, an electronic requesting system has been implemented to make requesting scopes simpler and work has been done to raise awareness of the 7-day service provided by the team.

Trauma and Orthopaedics

An audit was carried out of post-operative management of fragility fractures in older patients looking specifically at the review and documentation of weight-bearing status. It is important for this group of patients to mobilise as soon as possible after surgery to help prevent post-operative complications such as Venous thromboembolism (VTE) or pressure sores. Early mobilisation also helps with rehabilitation and the 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 colleagues, and recorded at discharge. Following the 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 the completion of these initiatives documentation of weight-bearing status on discharge has increased from 32% to 59%.

Gynaecology & Obstetrics

An audit was carried out to review compliance against the Trust's guideline 433.7 Shoulder Dystocia. Shoulder Dystocia (SD) is a vaginal cephalic delivery that requires additional obstetric manoeuvres to deliver the foetus after the head has been delivered and gentle traction has failed. SD can result in significant maternal and foetal perinatal morbidity and mortality. When the results of the audit were reviewed against those of the previous audit carried out in 2019 it was found that in the cases of SD audited there was an improvement in the attendance of registrars and neonatal colleagues, taking of cord gases, documentation of discussions with the parents following the birth and frequency of completion of neonatal assessments. However, the audit did highlight that the required SD proforma is still not being completed in every instance. Copies of the proforma are now hanging on the back of the door in every delivery room. The need for further training was also identified and simulation scenarios including SD are being included in the maternity training programme.

Diabetes and Endocrinology

A retrospective audit of adult hyponatraemia across both medicine and surgery was conducted using data from clinical coding, pathology lab results, and a survey of junior

doctors. The aims being to audit documentation, investigations and management of patients against Trust guideline 269.1 Management of hyponatraemia in adults. Following the completion of the audit, a hyponatraemia bundle was created on Order Comms ICE digital app to help ensure the correct tests are consistently requested as set out in guidelines. The guideline was updated to make it clearer which patients should be investigated and/or referred to Endocrinology and training was extended to all levels of junior doctors.

Elderly & Community Care

If left untreated delirium is one of the leading causes of progression to dementia in older people. This audit reviewed the use of the Confusion Assessment Method (CAM) on day 1 and day 7 of admission to assess for delirium, whether the appropriate investigations were requested and whether delirium was added as a secondary diagnosis at discharge for the GP to follow up. The audit found that CAM is not being used and recorded on day 1 and day 7 of admission, head CT scans are being requested but not always in line with Trust guidance and delirium is not being recorded as a secondary diagnosis in discharge letters. Following the completion of this audit, the following actions were agreed to improve patient care: the Trust to move from using the CAM to the 4AT delirium detection tool and Trust documentations and guidelines should be updated to reflect this. The role of head CTs in diagnosing delirium to be clearly identified in the Trust guidelines and training materials to be updated to increase awareness regarding the diagnosis of delirium and use of the 4AT.

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 had an unannounced inspection by the Care Quality Commission (CQC) at Stoke Mandeville Hospital and Wycombe Hospital in February 2022, followed by a Well-led inspection in March 2022. Medical and Surgical core services were included in the inspection. The report was published on 01 July 2022 and BHT has been given the overall rating of GOOD reflecting ratings of good in effective, responsive and well-led category, maintaining the outstanding rating on the caring aspect and on the safe domain as requires improvement.

Safe	Requires improvement	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●
Use of resources	Requires improvement	●
Combined Rating ⓘ		Good ●

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

Overall
Good

Read overall
summary

Safe	Good	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Requires improvement	●
Use of Resources	Requires improvement	●

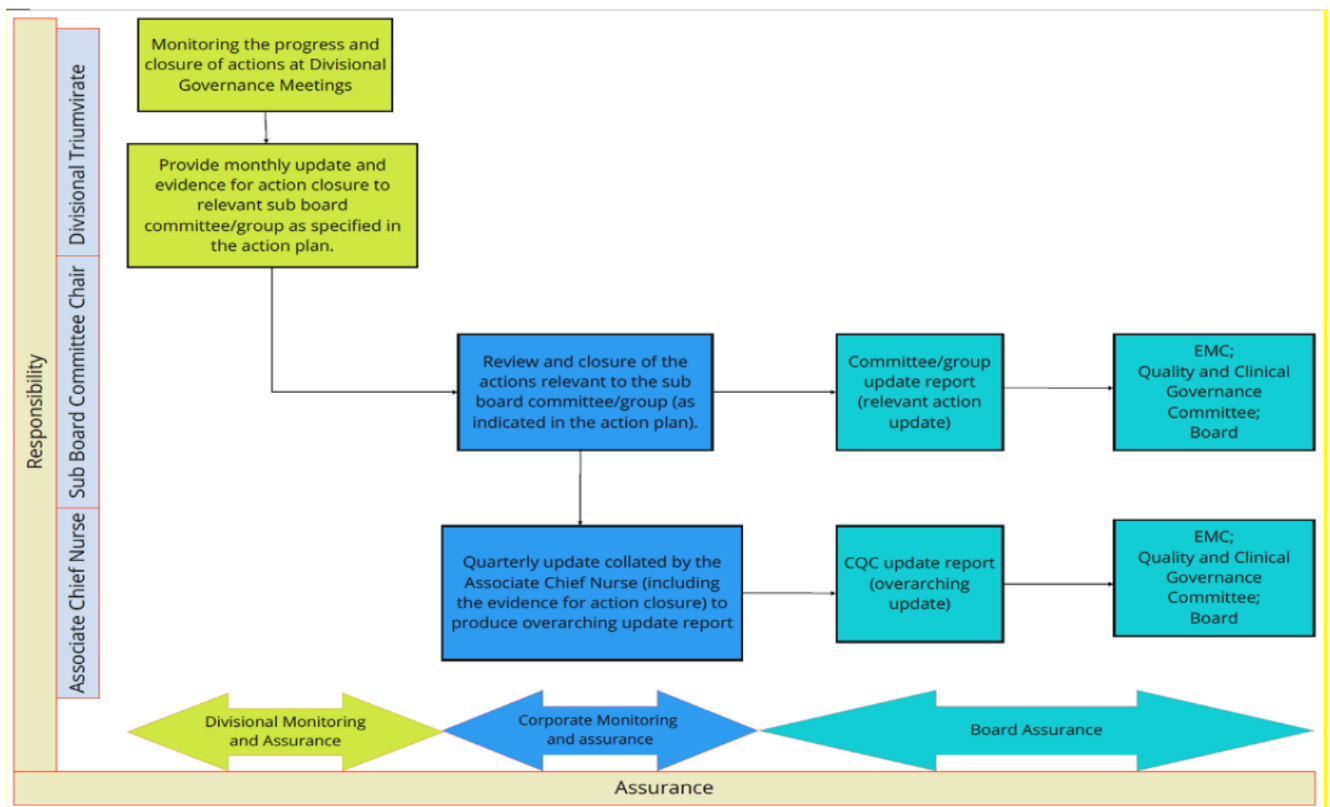
Good

Combined rating ⓘ

Combined rating summary

Following the publication of the CQC inspection report, a total of 29 actions were agreed for implementation not only in the Medical and Surgical services that were inspected but across the Trust. As of April 2023, 18 of these actions had been completed and 11 were on track for delivery within the set timeframe. No actions were identified as out of date based on agreed dates for completion.

Below is the governance structure for monitoring, assurance and evidence submission for the completion of the CQC action plan.



Special Education Needs and Disability Inspection

Buckinghamshire had a Joint (CQC and Ofsted) local area Special Education Needs and Disability (SEND) inspection between 7th and 11th March 2022. This looked at provisions for Children and Young People (CYP) who have SEND. The inspection identifies how their needs are identified, met and the outcomes achieved.

The inspectors identified strengths in the Trust's services in terms of identifying needs (Health Visiting and School Nursing). However, it identified insufficient provision of therapy and community paediatric services resulting in unmet needs and long delays in assessment/ diagnosis. This required a Written Statement of Action to be submitted by the Local Area. This was divided into three priority areas: Therapy Provision; Neurodevelopmental pathway and Community Paediatrics. The full report can be found here <https://familyinfo.buckinghamshire.gov.uk/send/local-send-improvement/local-area-send-inspection->

We have worked with partners across Buckinghamshire to improve provision for these children. The Trust has worked to support the publication of a new strategy for children who require therapy provision in education which can be found <https://yourvoicebucks.citizenspace.com/childrens-services/therapies-strategy/>

We have increased the multi-disciplinary team in community paediatrics which has enabled the team to review children who require medication in a timely way. The team is also expanding with further roles to increase the provision of the service.

The published action plan can be found <https://familyinfo.buckinghamshire.gov.uk/send/written-statement-of-action->. We are committed to supporting this work which includes reducing waiting times in the community paediatric service in 2023-24.

Data Quality

The Trust submitted records during 2022/23 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 99.6%)	Valid NHS Number was 100% (National Average 99.8%)	Valid NHS Number was 99.7% (National Average 98.8%)
General Medical Practice code 100% (National Average 99.7%)	General Medical Practice code 100% (National Average 99.5%)	General Medical Practice code 100% (National Average 99.1%)

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 the 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 the 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)
	2020/21	1.0278	0.9978	0.6908	1.201

The value of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	2021/22	0.9742	1.001	0.6964	1.1942
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	Band 2	Band 2		
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period	2020/21	56%	38%	8%	63%
	2021/22	64%	40%	11%	66%

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

- SHMI data was obtained from NHS Digital's Indicator Portal
- The Trust has an in-house hospice which increases the palliative care coding when compared against all trusts with and without in-house hospices.

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

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

Research & Innovation

The Trust has an extremely active research and innovation department (R&I), offering our local community, colleagues and patients the opportunity to participate in internationally recognised research and innovation projects. The expanding research portfolio of circa 100 studies includes multiple specialities with almost 6,000 participants consenting to take part this year, compared to 4,966 the previous year. Transformational research studies have improved care and treatment, offered new, novel treatments and therapies to participants that are not routinely available on the NHS, at no cost to the Trust, relieving some of the financial burden to the Trust. The research and innovation teamwork with external stakeholders, SMEs and pharma companies, generates income that supports expansion of the workforce and the infrastructure of the department. The R&I department has an expanding, adaptable workforce, that is able to offer secondment opportunities, placements to students (medical, nursing, midwifery, AHP) and has appointed its first Clinical Innovation Fellow, further integrating research into divisions and practice, making research everyone's business.

A notable study, LOLIPOP ([For more information please visit: www.sabiobank.org](http://www.sabiobank.org)) offers people of South Asian heritage free health checks, including blood pressure, electrocardiogram to measure heart rhythm and electrical activity, lung function tests, eye examination and blood & urine tests. These health checks are part of the research study to understand why some conditions are more common in this community. Approaching 3000 people have received their health reports following participation. Nationally to date of 35,000 participants 5,898 new diagnoses of high blood pressure, 12,873 new high cholesterol diagnoses and 7,125 new diabetes diagnoses have been made, facilitating prompt treatment. The R&I team have been working with **WISE** and the **Karima Foundation** as part of the Research Ready Programme to promote LOLIPOP and raise awareness of healthcare, research and how it can benefit volunteers. This is a joint project between the National Institute of Health Research (NIHR), the Trust's R&I team and Voluntary, Community and Social Enterprises (VCSE).

This year the team successfully recruited to its first vaccine study, partnering with Sanofi, investigating the efficacy of a vaccine for a common respiratory condition (respiratory syncytial virus) in infants under the age of 1 year.

The NIHR's annual Your Path in Research campaign aims to inspire healthcare professionals to get involved in research with a focus this year on social care and public health. The article chosen for the NIHR website is the research journey of a Senior Trust Research Nurse, who has been commended as a Clinical Research Network Ambassador. Further successes include DHSC Green shoots funding in support of new researchers; awarded to a Senior Plastics and Rheumatology Occupational Therapist, and a new NIHR Principal Investigator Pipeline Programme (PIPP); offered to a Trust Research Nurse as one of only two network nurses.

Alongside the research portfolio, the department has an exciting innovation pipeline. The team has partnerships with Oxford AHSN, HealthTech Enterprise and Westcott VP Living Labs. 2022/23, 23 innovation projects were supported through numerous small and medium enterprises (SMEs) including GE Healthcare and ALCON covering a wide range of specialities including plastics, cancer care, urology, obstetrics and gynaecology, stroke, radiology, ophthalmology, ICU, theatres and IT.

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 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:

Reviewing the PROMS data at its monthly arthroplasty meetings and 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 info	Reporting period	Trust score	Nat avg	Best	Worst
% patients 0-15 readmitted within 30 days	2021/22	15.3	12.5	6.8	18.4
% patients 16+ readmitted within 30 days	2021/22	15.0	14.7	6.7	18.8

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:

- 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

Every year the Care Quality Commission (CQC) runs an adult inpatient survey, the Picker survey, to look at the overall patient experience of people admitted to the hospital.

In the 2022 survey, the Trust was only one of six nationally to have made improvements in its results with 84% of respondents rating their overall experience at 7 or more out of 10, 99% reporting that they felt they were treated with dignity and respect and 98% having confidence and trust in their doctors.

The Trust also made improvements in scores including the amount of information given on conditions and treatments, from 78% in 2020 to 85% in 2021, and explaining how well patients might feel after a procedure, which rose from 82% to 86%.

The Trust has developed an action plan to tackle some of the scores that require improvement, such as the frequency at which patients are asked to give their views on the quality of care during their stay, explaining whom to contact should they be worried after discharge and ensuring more staff are available to help patients during mealtimes.

Friends and Family Test

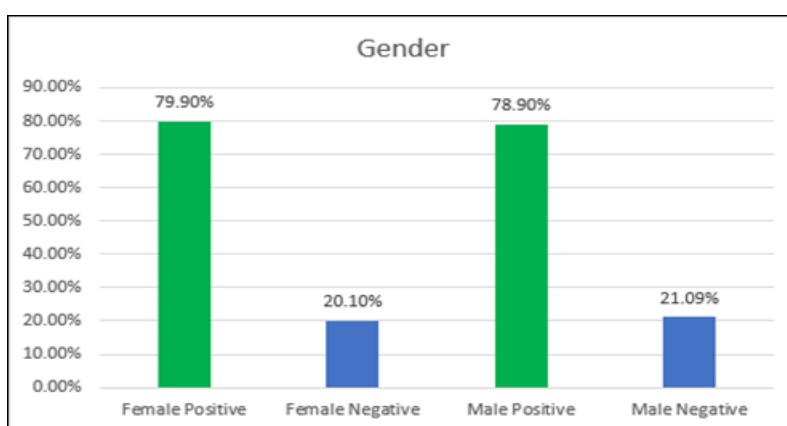
NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

In 2022/23 the average rating across the trust for the Friends and Family test remained below the 95% target, at 89%, however, the average was brought down by a particularly

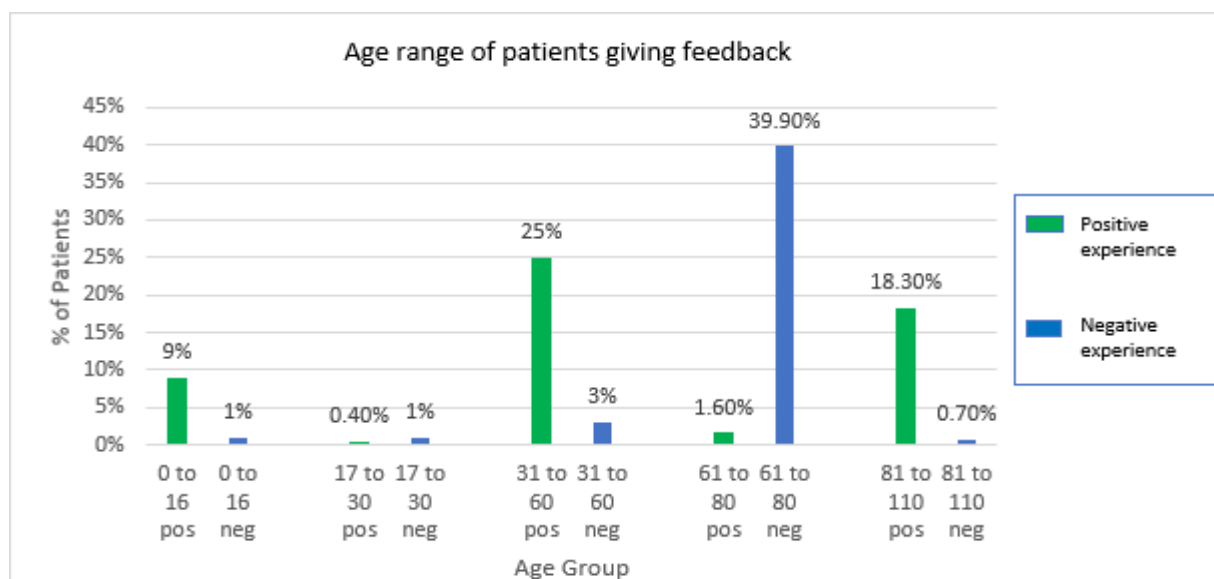
difficult year for the Emergency Department, in common with similar services across the country. Inpatient, outpatient, maternity, and community services all with annual averages above 90%. The top theme for positive feedback from patients was staff attitude and behaviour, with waiting times being the top negative theme.

Patients are asked to rate their experience; '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.

Gender Responses – 97,865



The response rate was broadly similar for male and female patients with both genders responding to around 7%. Female patients accounted for 56% of all responses received and were slightly more satisfied with the service they received with 79.90% responding positively. Female patients using the Trust’s Maternity services responded to 10% of survey requests and overall have returned more responses for other services.



The above graph outlines the age range of patients that provided feedback as part of the FFT text message. The positive (Green) or negative (Blue) indicates patients within that age bracket that either had a positive or negative experience.

Following the trend of previous years, the age group with the highest response rate continues to be those aged 61 to 80, with 42% responding overall. The lowest response rate of 1.4% came from patients aged between 17 to 30. Those aged 30 and under, including parents responding for paediatric patients had an 11% response rate.

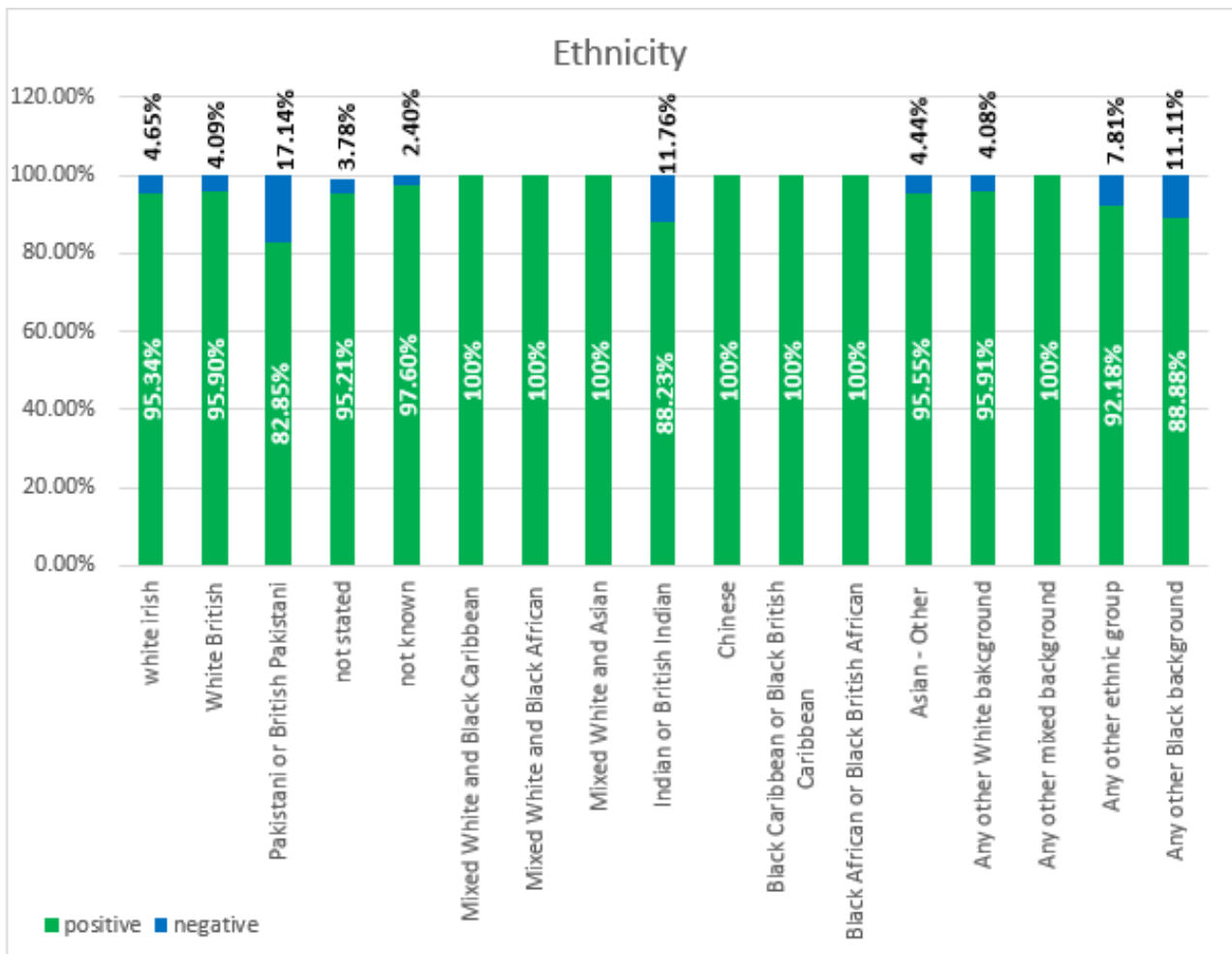
Patients aged over 60 reported the most positive experience whilst patients aged 17 to 30 reported the most negative experience.

Ethnicity

Table outlining the number of responses for each ethnic group

Ethnicity	positive	negative
White Irish	123	6
White British	7077	302
Pakistani or British Pakistani	29	6
not stated	584	23
not known	488	12
Mixed White and Black Caribbean	16	0
Mixed White and Black African	5	0
Mixed White and Asian	15	0
Indian or British Indian	30	4
Chinese	11	0
Black Caribbean or Black British Caribbean	58	0
Black African or Black British African	5	0
Asian - Other	43	2
Any other White background	188	8
Any other mixed background	6	0
Any other ethnic group	59	5
Any other Black background	8	1

Satisfaction levels by ethnicity



Ethnic groups from mixed white and Asian, Chinese and black Caribbean gave a positive rating of care. Whilst Pakistani or British Pakistani patients reported the lowest satisfaction with 17.14% saying that their experience had been poor or very poor followed by Indian or British Indian at 11.76%. White British patients and service users had the highest response rate at 36.34%, the lowest response rate at 0.2% is from those recorded as Black African or Black British Caribbean and Mixed White and Black African.

Following analysis from 2021/22 that showed patients with a South Asian background had lower levels of satisfaction, the Trust commissioned Healthwatch Bucks to gather feedback about its services from people who belong to South Asian communities, to understand more about people's experiences and develop action plans to address any issues identified. The research highlighted a number of areas for action in 2023/4.

Venous Thromboembolism (VTE)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data was 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.	2021/22 Quarter 3	96.2%	Data not available	Data not available	Data not available
	2022/23 Quarter 3	96.86%	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 coronavirus, 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 2022/23. This pause means we are unable to provide the national average, highest score and lowest score.
- Buckinghamshire Healthcare NHS Trust continued to monitor monthly compliance at a local level and has been consistently compliant.

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

- Comprehensive training programme via different media open to all relevant colleagues.
- Scales purchased to support thromboprophylaxis prescribing in the Emergency Department.
- Patient education sticker to enable staff to document clearly that patient education has taken place.
- Quarterly audit overseen by the clinical nurse specialist providing real-time feedback, action planning and learning.
- Bespoke education for junior doctors.

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

- VTE Discharge bags for patients
- Ongoing quarterly audits to support learning and improvement.
- QI project on lower limb VTE prophylaxis improvement in Emergency Department
- Research on patient compliance with thromboprophylaxis tablets vs injections

Infection Prevention and Control

The Trust continues to support the prevention of healthcare associated infections (HCAIs) and reinforce the commitment to keeping patients, visitors, and staff safe. Assurance of quality and safety in relation to infection prevention and control (IPC) is monitored quarterly through the Board Assurance Framework (BAF) which is presented quarterly to the IPC Committee, Executive Management Committee and the Quality and Clinical Governance Committee. The BAF monitors the Trust's infrastructure and compliance with service provisions aligned with the Health and Social Care Act (2022).

The IPCT continues to undertake surveillance in line with the Health and Social Care Act (2022) and provides an advisory service to the Trust for patients' staff and visitors. During the year, the link practitioner network was reinvigorated with a study day in November 2022.

Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia

The Trust's bloodstream national target is set at zero; however, we have reported three cases of MRSA bloodstream infection. All cases underwent Post Infection Review (PIR) to explore the patient's journey and clinical practice. In two cases, the source was considered a contaminant. The administration of MRSA suppression therapy and management of line devices are focuses for learning. Learning was shared with the clinical team and wider Trust. The MRSA Management Policy has been reviewed in March 2023 which will bring the Trust in line with national guidance and readdress the learning identified.

***Meticillin-susceptible Staphylococcus aureus* (MSSA) bacteraemia**

A total of 21 MSSA bacteraemia cases were reported at the Trust during 2022/23. The Trust does not have a formal target for reducing MSSA bacteraemia cases however we strive to minimise preventable infections. All cases undergo a post-infection review. 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

The Trust has included line management as part of the Matrons weekly quality audit and Clinical Accreditation Programme questions set to monitor compliance with the Trust policy. The results of the quality audit are presented to the Quality and Patient Safety Group as part of the Divisional report.

***Clostridioides difficile* infection**

The Trust's national target for *Clostridioides difficile* (C. difficile) for 2022/23 was set at 54 cases. The Trust reported 47 cases which are below the set target for the year. All healthcare associated cases undergo a Root Cause Analysis (RCA) with the patient's team. The IPC team continues to undertake weekly multidisciplinary rounds including a review of antimicrobials and C. difficile treatment and gives feedback to the area and lead clinician. An antimicrobial stewardship focus across the whole organisation and the broader health economy is ongoing.

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. During Quarter 2, there appeared to be an increase in cases and a multidisciplinary working group was set up. The IPCT inspected commodes and a standardised model was selected that was easy to clean.

Gram-Negative Blood Stream Infections (GNBSI)

In Q2, the baseline audit for Pseudomonas aeruginosa cases was completed, and the Head of Nursing for IPC presented the findings and recommendations to UKHSA. No further action was required at the time; UKHSA were satisfied with the robust process for reviewing of HCAs and the proposed approach to reducing all Healthcare Associated–GNBSIs in adults. This includes setting up a Trust-wide working group led by the Consultant Microbiologist Infection Control Doctor with the aim of establishing initiatives to reduce GNBSIs and consider trajectories to measure progress. Initiatives are planned to minimise GNBSIs,

mainly by preventing urinary tract infections (UTIs) and catheter-associated urinary tract infections. (CAUTI).

Discussions have been made with clinical teams during post-infection review meetings and RCAs regarding initiatives to minimise GNBSIs, including optimal antimicrobial stewardship (focusing specifically on using the right choice of antibiotics and duration), rehydration of inpatients, and optimised urinary catheter care.

National Reporting and Learning System (NRLS)

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	2020/21	60.1	58.4	118.7	27.2
	2021/22	57.5	57.5	205.5	23.7
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute Trusts	2020/21	0.3%	0.5%	2.8%	0.0%
	2021/22	0.3%	0.4%	1.7%	0.0%

This verified retrospective data is from NRLS and includes incidents occurring between April 2021 and March 2022 reported to NRLS by 31 May 2022 deadline (then published on 13 October 2022).

The Trust has effective processes in place to manage timely and accurate uploading of patient safety incidents to the NRLS, further enabled by the upgraded Datix system. Fifty percent of patient safety incident reports were submitted (reported) to NRLS within 12 days from the reported incident date. It is encouraging to note that the trust shows a slightly lower than average figure for patient safety incidents resulting in severe harm or death when benchmarked against other similar sized acute trusts.

Central Alert System 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. National Patient Safety Alerts are generated following a centralised review of all incidents submitted by all NHS Trusts to the National Reporting and Learning System.

The Trust has an effective policy, underpinning standardised processes to respond to the NatPSAs and records compliance with the Alerts on the CAS website.

The Trust is fully compliant with all the actions and obligations required for the 10 NatPSAs issued in 2022/23 which had been assessed as relevant to the trust.

NatPSAs issued in 2022/23

Reference	Alert Title	Action Status
NatPSA/SHOT/2022/001	Preventing transfusion delays in bleeding and critically anaemic patients	Action completed within CAS deadline
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus And V680 Ventilators - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation	Action completed within CAS deadline
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate	Action completed within CAS deadline
NatPSA/2022/004/MHRA	NoVo Rapid Pump Cart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	Action completed within CAS deadline
NatPSA/2022/005/UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	Action completed within CAS deadline
NatPSA/2022/006/DHSC	Shortage of alteplase and Tenecteplase injections	Action completed within CAS deadline
NatPSA/2022/007/MHRA	Recall Of Mexiletine Hydrochloride 50mg, 100mg And 200mg Hard Capsules, Clinigen Healthcare Ltd Due To A Potential Of Underdosing and/or Overdosing	Action completed within CAS deadline
NatPSA/2022/008/MHRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	Action completed within CAS deadline
NatPSA/2023/001/NHSPS	Use of oxygen cylinders where patients do not have access to medical gas pipeline systems	Action completed within CAS deadline
NatPSA/2023/002/CMU	Supply Of Licensed and Unlicensed Epidural Infusion Bags	Action completed within CAS deadline

Learning from Deaths

During 2022/23, 1,260 people died whilst in one of the Trust's acute hospitals. 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 Trust deaths	275	270	380	335	1260
Number of Deaths Reviewed by Medical Examiner (ME)	275	270	380	335	1260
Deaths subject to Case Note Review (Structured Judgement Review SJR)	40	34	47	33	154
Serious Incident investigations	10	10	8	6	34
Deaths more likely than not to have been due to problems in care	1	0	0	0	1
Overall percentage of deaths more likely than not to have been due to problems in care	0.4%	0.0%	0.0%	0.0%	0.1%

Medical Examiner (ME) review of community deaths

The ME service has been rolling out to the community over the past year. The first phase was for MEs to review deaths in Florence Nightingale House Hospice and the community hospitals. Information regarding these reviews can be seen below. The numbers have increased over the year as GP community deaths have been onboarded. Roll-out continues in 2023/24 in collaboration with GP colleagues. The statutory date, initially due to be April 2023, has been put back and a new date has yet to be confirmed

FNH and Community Deaths	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Number of FNH & Community	67	110	159	264	600
Number of deaths reviewed by Medical Examiner	67	110	159	264	600

Death subject to Case Note Review (Structured Judgement Review - SJR) This is only for FNH not Community. Currently individual feedback to GP surgeries and looking at Themes moving forwards	0	0	2 (LD & MH)	1 (LD)	3
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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 patient care provided in the Trust to ensure there are no inequalities in the provision of care.

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 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. The coroners have introduced a referral portal which is being piloted in the Trust

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 2022/23.

Part 3: Quality Priorities 2023/24

In 2023/24, we will focus our quality priorities on the following three themes:

1. Patient safety
2. Improving the experience of our patients and colleagues
3. Improving clinical effectiveness

Priority 1: Patient safety

- A. Reduction in the number of Category 3, 4 and unstageable pressure ulcers
- B. 80% of staff have completed the Level 1 training module – Essentials of Patient Safety in line with PSIRF implementation
- C. Roll out of the electronic observation for Maternity Early Warning Score (eMEWS) and Paediatric Early Warning Score (ePEWS) across the inpatient area.
- D. Less than 4% of patients waiting more than 12 hours in the Emergency Department (ED)
- E. Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery

Priority 2: Improving the experience of our patients and colleagues

- A. Roll out of the Carer's Passport in inpatient areas across the organisation
- B. Reduction in the total number of agency nurse usage for enhanced care supervision and one-to-one specialising.
- C. Memory Box Scheme roll out across the Trust's inpatient areas
- D. Improvement in the early identification of frailty with more than 30% of patients in ED having a documented frailty score
- E. Reduction in the number of reported incidents where patients are waiting for bed availability in the ward and ED corridor
- F. Improvement in the experience of new starters with the number of people who leave in the first year less than 12%.

Priority 3: Improving clinical effectiveness

- A. Development and implementation of a bespoke swallow screening tool for people admitted with Parkinson's Disease in order to improve the administration of time-critical medication and nutrition/hydration management.
- B. 80% of acute and community services have clinical accreditation by April 2024
- C. 40% of the acute and community services accreditation at silver status
- D. Reduce waiting times for community paediatrics

Statement from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

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Sent by email to: karen.bonner1@nhs.net

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Dear Karen

Buckinghamshire Oxfordshire Berkshire West Integrated Care Board (BOB ICB) response to Buckinghamshire Healthcare NHS Trust Quality Account 2022/2023

Buckinghamshire Clinical Commissioning Group (CCG) was the statutory Commissioner for Buckinghamshire Healthcare NHS Trust (BHT) until 30th June 2022, when the accountability transferred to the newly formed Integrated Care Board (BOB ICB). BHT's Quality Account was reviewed against the Trust's quality priorities for 2022/2023. There is evidence that the Trust has relied on both internal and external assurance mechanisms, to provide a comprehensive Quality Account review.

BOB ICB has provided a detailed narrative separately to this statement seeking clarification on points where information could be presented further to giving additional context, or where alterations are required.

We would like to recognise the incredible work the Trust has undertaken in terms of recovery following the Covid-19 pandemic and the collaboration that has continued within the local system. We recognise that the recovery and management of services has been challenging at times in the context of continued high demand for services.

The Quality Account demonstrates that the Trust has made progress in several of the quality priorities it identified for the year under review. Achievements made by the Trust are acknowledged within this statement alongside areas requiring further focus and improvement.

Priority 1: Patient Safety – BOB ICB was pleased to note that the Trust delivered 8 out of 10 improvement priorities.

Priority 2: Better patient experience and outcomes - The Trust delivered 3 priority areas out of the 6 areas identified, with one priority ceasing due to national policy changes related to continuity of care in Maternity services.

Priority 3: Improving the experience and wellbeing of our colleagues - BOB ICB was pleased to note that the Trust has delivered all 8 priorities. Recognising that these priority areas require ongoing commitment, we are pleased to see this remains a priority for the next year and will embrace collaborative discussions about ongoing and sustained improvement.

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The following themes were highlighted in the Trust Serious Incident (SI) reporting, Maternity incidents have not been included within this response as they are being reviewed and monitored via the BOB Local Maternity and Neonatal System.

Themes reported were:

- Diagnostic and treatment delays,
- Surgical related incidents,
- Suboptimal care of the deteriorating patient,
- Medication related SIs, and
- Slips, trips and falls.

We note that these themes are being addressed in several ways: including through ongoing Trust improvement activities and the implementation of the Patient Safety Incident Response Framework (PSIRF), in which these elements will be included as areas of focus and priority for the Trust, alongside identified harms within the Emergency Department. The ICB looks forward to working with the Trust on the development of their Patient Safety Incident Response Plan and aligning this with the Quality Account priorities for 2023/24.

The ICB will continue to work with the Trust in terms of Infection Prevention and Control, with the opportunities for shared learning to support improvement across all organisations within BOB ICB.

We are pleased to see the development of the Living Memory Boxes in the Palliative Care services, the ICB looks forward to reviewing the broader patient experience improvement plan and acknowledges the work already undertaken and work that has commenced within cancer services.

The Quality Account highlights a need for continued quality improvement in avoidable infections, falls prevention and management, management of pressure ulcers whilst recognising the achievements already made.

BOB ICB notes that focussed work has continued in relation to improvement activities in the Emergency Department and the Urgent Care Pathway. In terms of priorities for patient safety the indicator of less than 4% of patients waiting more than 12 hours in the Emergency Department (ED), is beneficial to tracking safety improvement. In addition, the ICB would also request inclusion of, *"time to be seen by senior decision maker <60 minutes"*.

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, highlighting 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 ambitions to improve services for our population.

Yours sincerely



Rachael Corser
Chief Nursing Officer

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Statement from Healthwatch Bucks



Thank you for letting us have sight of the Trust's Quality Account for 2022/23 prior to publication and giving us the opportunity to comment. We are the local health and social care champion for Buckinghamshire residents and have reviewed the account with this focus.

We would like to congratulate the Trust for their resilience, commitment and use of innovation during a year which has, once again, been extremely challenging with the impact and aftermath of the pandemic and periods of industrial action. We particularly wanted to note all that the Trust has been doing on their priority, 'improving the experience and wellbeing of our colleagues throughout this year and their achievements against the action areas set out in 22/23. We strongly support the statement on page 46 of the report, 'looking after the wellbeing of our colleagues and enabling them to become the best they can, ultimately results in better patient experience and outcomes.

We would also like to highlight the opening of the fantastic new Children's Emergency Department at Stoke Mandeville Hospital in April 2023, alongside improved maternity and gynaecology facilities. These premises have clearly been designed to take patient feedback into account and to enhance patient experience.

In addition, we wanted to note the Trust's commitment to continuing the Covid 19 vaccination programme for vulnerable Buckinghamshire residents – in particular, the specialist vaccination clinics they have run for residents with learning disability and or/autism, and the efforts they have put into reducing waiting times for people awaiting diagnosis and treatment for Cancer Services. The work that the Trust is doing on patient engagement, involvement and co-production in Cancer and Maternity services also comes across in this report and should be commended.

We note the Trust has launched the Hospital at Home service and are keen to hear more about patient involvement and experience in relation to this initiative.

We were pleased to work with the Trust on the experience of Buckinghamshire South Asian communities of hospital services and look forward to hearing how the recommendations of our report are implemented and actioned over the next year.

In relation, to the Friends and Family Test, we note that in previous years we requested to see charts of response rate data broken down by gender, age and ethnicity, alongside those showing satisfaction. We still feel that there is more that could be done to get a better insight into patient experience across demographics.

The data this year shows that the lowest response rate continues to be from patients aged 17-30; also the demographic reporting the highest rating for 'poor experience'. In line with our comments last year, we would encourage the Trust to consider ways this response rate could be improved and to identify any issues or themes that may be affecting this age range given that this is where patients are likely to experience the transition from children to adult services.

Our comments on the charts and narrative around the rest of the Friends and Family data are as follows;

Gender

The chart shows satisfaction, positive vs negative, by Gender. However, the figures for "Female" don't add up, as the positive+negative is greater than 100%.

We'd also like to see a chart showing response rates for each gender.

Age

The chart shows response rates by age group. It is not clear what the colours of the bars mean.

In this case, we also like to see a chart showing satisfaction for each age group.

Ethnicity

As with gender, the chart shows satisfaction.

Again, we'd like to see a chart showing response rates by ethnicity.

Also, in the narrative, when comparing satisfaction based on ethnicity, "mixed white and Asian, Chinese and black Caribbean" groups are highlighted as giving very positive ratings (all 100% positive) but how many responses are involved in each case? If that data could be tabulated and supplied in an appendix, that would be helpful.

The account states that formal complaints to the Trust have declined in the past year and we would welcome seeing more narrative around how the Trust views and responds to complaints, any recurring complaint themes (considering themes from previous years too)

and how learning from formal complaints and analysis of Friends and Family Test data is used to improve service delivery.

Our relationship with the Trust, balances our statutory local Healthwatch role of 'holding to account' with that of collaborative partnership working focusing on understanding and improving patient experience. We look forward to continuing to work with the Trust over the coming year 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

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 2022/23.

We would like to start by commending the Trust on its achievements over the last year, including the facelift of the Emergency Department to improve the environment for patients, relatives and colleagues, national recognition for the specialist vaccination clinics, including those with a learning disability and/or autism, the introduction of robotic-assisted surgery at Wycombe Hospital and the Trust's ongoing recruitment drive, including the careers initiative with a local secondary school.

We included a comment in last year's account in relation to the Quality Improvement Strategy as it was not clear where the Trust was in delivering its three-year strategy. Based on this observation, we assume the Trust is either in its second or third year so we hope there will be an evaluation of this strategy to ensure it has delivered against its overall aims and ambitions.

We were particularly interested to read the following:

- **Cancer services** – We were pleased to read that the Trust is the best performer within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, with 7% of patients waiting more than 62 days for treatment compared to 13% at the start of the year. We hope this reduction in waiting time will continue.
- **Maternity services** – We welcome the introduction of an enhanced maternal care pathway with the associated training of the Trust's teams and the delivery of this training to 120 midwives across the South-East region. We also note the full compliance of the 7 Immediate and Essential actions from the Interim Ockenden report.
- **Sepsis** – We note the introduction of the Critical Care Outreach Service and other digital systems used to provide surveillance of acutely unwell patients. Whilst we welcome these innovations, particularly in tackling sepsis, we note the

target was 75% of patients that are suspected of having sepsis receiving intravenous antibiotics within an hour. Last year, the Trust reported 90% compliance (a target set by the Trust). We hope that the target will be set higher next year.

- **Stroke care** – We were pleased to read that the Trust is one of the top performers in the country, exceeding the national compliance figures in all key performance indicators.

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

- **Pressure ulcers** – We remain concerned about the reported numbers of category 3, 4 and unstageable pressure ulcers (a new term in this year's account). Last year, 56 cases were reported (31 attributable to community care and 25 in inpatient areas) compared to 75 reported this year (43 in the community and 22 in inpatient areas). We feel that quality improvements need to be introduced immediately to reduce the risks around pressure ulcers, particularly in the community. Category 2 pressure ulcer cases were not reported this year which was disappointing as it was a focus of improvement last year.
- **Falls** – We acknowledge that falls remain a significant healthcare problem and note that the Trust's inpatient average falls rate remains below the national average and the same average rate as last year. We hope that the actions taken will lead to a reduction in falls, particularly as this was a significant factor in the closure of the Chartridge ward in Amersham Hospital and the loss of crucial intermediate care beds that have a direct impact on ambulance and hospital waiting times.
- **Emergency Department** – We note the impact of winter pressures and industrial action on the Emergency Department (ED). It is very concerning to read about the waiting times and use of corridors for treating patients. The loss of dignity and privacy is acknowledged in the quality account. We hope the focused ongoing work around hospital discharge, inappropriate attendance and avoidable admissions will help to significantly reduce the pressures on the ED.
- **Audits** – Whilst acknowledging a high level of participation, we were disappointed to read that, due to a lack of resources, the Trust was unable to fully participate in the national audit of seizures and epilepsies in children and young people.

General comments and observations

- Whilst we acknowledge the results of the CQC inpatient survey and the improvements in the results, it would be helpful to understand the survey methodology and the raw data which sits behind the percentages. A lack of qualitative and quantitative data is a regular ask of the Trust across numerous reporting streams.
- In previous years', complaints were reported by theme in a table format. This year, only the top three reasons for complaints were reported. It would be useful to see the complaints broken down by theme and we do not feel this method of reporting is as comprehensive as in past years.
- We are aware of the national initiative, virtual wards, and we will be evaluating this over the coming months to ensure the benefits are fully realised and patients are satisfied with the quality of their care being delivered in this way.
- Having just undertaken a rapid review into dementia support services for people living with dementia and their carers, we were particularly pleased to read that dementia and delirium care is a key priority for the Trust. That said, we were surprised that there was no real reference to this in the priorities section of the account for 2023/24.
- Linked to the above, we welcome the Trust's appointment of two Admiral Nurses and the Trust's commitment to ensure care environments are calm and reassuring.
- We note the results of the unannounced inspection by the Care Quality Commission in February 2022 and the 29 actions agreed for implementation with 18 completed and 11 on track for delivery. We commend the Trust on its outstanding rating for care but note the requires improvement rating for the safe and use of resources categories. We hope that the delivery of all 29 actions will result in improvements in these areas.
- We are aware of the results of the Special Education Needs and Disability inspection and the written statement of action. The improvements are being monitored by the council's Children's and Education Select Committee.
- We note the Trust's Research and Innovation work and hope participation in internationally recognised research and innovation projects continues.

- The latest data for hip replacement surgery was missing for 2020/21 and 2021/22 and knee replacement surgery data was missing for 2021/22.
- We were surprised to read the narrative surrounding the readmissions rates referring to establishing the correct data set of patients, ensuring the correct coding of patients and rectifying incomplete readmission data. We would like to see the digital and data solutions, including robust checking processes for the accuracy and quality of the data, gather pace across the Trust and for the wider BOB Integrated Care System.
- We were disappointed to read that the 7 Day Hospital Services programme has still not been reinstated as the metrics provide key information on clinical standards.
- The Trust should be complimented on its efforts to support staff wellbeing, including the introduction of active wellbeing champions throughout the Trust.
- Health inequalities remain a key focus for the Trust and its key partners, and we look forward to seeing more evidence of how partnership working has led to a reduction in health inequalities over the coming months.

Conclusion

The Trust continues to make good progress in its recovery from a very challenging few years and its achievements should be commended. The examples of success and good practice throughout the quality account are a testament to this.

We know the Trust will continue to work hard to improve the quality of its services and seize every opportunity to introduce innovative ways of working to improve patient experience leading to better outcomes. We fully support the Trust's focus on staff wellbeing and the initiatives in place to help all staff feel supported as we know that recruitment and retention continue to be challenging for all our health partners and the importance of valuing staff cannot be underestimated. As a Select Committee, we will be scrutinising some of the specific services mentioned above over the coming months.

Submitted by Buckinghamshire Council's Health & Adult Social Care Select Committee, June 2023

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