NHS
Buckinghamshire Healthcare
NHS Trust



Quality Account

1 April 2017 to 31 March 2018





Safe & compassionate care,

every time

Contents

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. The requirement to produce a Quality Account is outlined in the NHS Act 2009 and in the terms set out in the collective Quality Accounts Regulations 2010 and the Amendments Regulations 2017.

The Quality Account incorporates all the requirements of the Quality Account Regulations and 2017/18 reporting requirements as set out by NHS Improvement. The Quality Account specifically aims to improve public accountability for the quality of care that is contained within the Trust's overall annual report. Our quality improvements are reported in 3 categories:

- Reducing mortality and improving patient outcomes
- Keep people safe and protect them from avoidable harm
- Engage people in their care and ensure a great experience

This report also includes feedback from our stakeholders on how well they think we are doing. The publication of this document is one of the ways in which we are able to share our evidence on the quality of care we provide to our patients.

A guide to the structure of this report

This Quality Account summarises performance and improvements against the quality priorities and objectives which were set for 2017/18 and outlines the quality priorities and objectives which have been set for 2018/19.

Part 1 Statement on quality from the Chair and Chief Executive Officer

Part 2 Priorities for improvement and statements of assurance from the Board

Part 3 Further aspects on quality improvement

Your feedback

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


Carolyn Morrice, chief nurse

Trust profile

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

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

We deliver our services from a network of facilities including:

- A range of community settings - health centres, schools and patients' own homes
- Five community hospitals in Amersham, Buckingham, Chalfonts & Gerrards Cross, Thame and Marlow
- Two acute hospitals located in the two most densely populated areas of Buckinghamshire – High Wycombe and Stoke Mandeville, Aylesbury.
- Florence Nightingale Hospice based on the Stoke Mandeville site, Aylesbury.

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

The acute hospitals

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

Our main community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrard's Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Hospital, Victoria Road, Marlow SL8 5SX
- Thame Community Hospital, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge Rehabilitation Unit, Croft Road, Aylesbury, Buckinghamshire HP21 7RD.
- Camborne Centre, Jansel Square, Aylesbury HP21 7ET

Our headquarters are at Stoke Mandeville Hospital.

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

Divisional achievements for 2017/18

Division of Surgery and Critical Care

Introduction of Surgical and Plastics Emergency Ambulatory Care (SPEAC)

SPEAC aims to provide our ambulatory emergency surgical patients with access to daily consultant led clinics with access to first class diagnostics in a safe and welcoming environment.

To improve access to emergency plastic and general surgery clinics for patients, the referral process into the Surgical Assessment Unit (SAU) has been changed. The new system, with a central point of contact, has enabled patients to be referred to the most appropriate pathway of care in a more effective and efficient way. This has resulted in a more positive experience for patients and GPs (General Practitioners).

Delirium Screening in Pre-Op Assessment

Delirium is a common, but an often underdiagnosed, complication in the elderly following major surgery. Recognising delirium in its early stages can improve outcomes and management of patients post-surgery.

A screening pathway has been introduced and implemented in the pre-operative assessment clinic. This ensures all patients over the age of 75, and those who might be at higher risk, are screened to assess their risk of post op delirium and undiagnosed dementia.

If any patients are identified as being at risk of post-op delirium then the patient's GP is informed so a referral to Memory Clinic can be made and a hospital passport is put in place to aid the care pathway on admission. In addition, the ward link nurse is informed prior to admission for surgery so that the correct staffing and other practical arrangements can be in place in advance to support the patient through surgery into recovery and on to the ward. In an ideal situation, this includes a bed next to a window, visible clocks, offering extended visiting times for relatives, extra HCA (Health Care Assistant) support to ensure safety and no delay to post op mobilisation and physiotherapy.

In summary we have introduced:

- A new screening Abbreviated Mental Test (AMT) pathway for Pre-Op patients for all patients over 75 or considered to be at high risk of post-op delirium;
- Improved communication with patient GP with results of adverse AMT score;
- Introduction of `Knowing Me' patient passport for elective surgical patients (this is already in use on Medicine for Older Peoples Wards); and
- Managing post-operative delirium with environmental, supportive and pharmacological interventions has already been seen to reduce length of stay in our high risk post-operative colorectal patients.

Significant improvements in sepsis awareness

Sepsis is a rare but serious complication of an infection. Without quick treatment, it can lead to multiple organ failure and death.

The roll out of sepsis awareness training is continuing to support us in delivering great results in the Trust, particularly within Surgery.

Clinical nurse lead for sepsis, Julia Phillips, has been visiting departments and teams across the Trust to spread the word about sepsis, giving them the tools and training to be able to identify and act quickly to save lives.

Working closely with senior nursing staff members Sharon Mandley and Emma Chamberlain as well as the surgical junior doctors and primary care, Julia has enabled the team to improve their understanding and standardise the process for screening for sepsis. As a result SAU compliance has increased from 72% in March 2017 to 97% in April 2017, a standard which has been sustained throughout the year.

This tremendous success was due to

- Clear education around sepsis
- Strong leadership from senior team members who made sure that the message around the importance of screening for sepsis was front of mind with staff for all patient observations
- A great team, receptive to any new ideas that help improve patient wellbeing and outcomes.
- The right tools to enable the team to screen effectively - including an assessment form
- A launch event and a fixed display on the ward so staff can proudly demonstrate compliance results and raise patients' awareness.

According to Sharon, "It was really easy to get my team on board with the new sepsis pathway guidelines. The impact on patient health is obvious. Screening for sepsis really does save lives."

Appointed the first Eye Clinic Liaison Officer (ECLO) in the region

The Ophthalmology department has appointed the first Eye Clinic Liaison Officer (ECLO) in the region, to support our patients in the eye clinic. ECLOs provide those recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence. Most importantly, ECLOs have the time to dedicate to patients following consultation, so that they can discuss the impact the condition may have on their life.

Division of Integrated Elderly and Community Care

In line with the Five Year Forward View, our patients and clinicians have told us that it is important to them that we provide more care closer to home, with care delivered out of hospital and in local communities. We are seeing a significant increase in the older population and increasing numbers of people with multiple long-term conditions and frailty. Long-term conditions and frailty are not an inevitable consequence of ageing, much of this is driven by unhealthy lifestyles coupled with a historic lack of investment in prevention, so we must find ways to improve this too.

We also know that a frail, older person has muscle deterioration equivalent to 10 years for every 10 days in hospital. Inpatient beds are not always used effectively and can impact on a patient's ability to remain independent as their stay can be extended inappropriately. In summary, keeping people healthy and independent in their own homes is what our patients have asked for – it is better for them and it is better for the provision of services.

Our vision is to have everyone working together so that the people of Buckinghamshire have happy and healthier lives. We want to rebalance the health and social care spend to increase support for more people to live independently at home, especially older people and those with long-term conditions, by providing high quality prevention and early intervention services.

In summary, through prevention and early intervention we want to:

- Support people to keep themselves healthy and live well, age and stay well
- Enable more people to live independently for longer
- Create the right health and support in the community in order to reduce pressure on our hospitals and GPs

The principles of the vision that have shaped, and continue to shape, our transformation are:

- People are cared for at home wherever possible and that services are focussed on this
- People will be encouraged to manage their own mental and physical health and wellbeing (and those they care for) so they stay healthy, make informed choices about care and treatment to manage their long-term conditions and avoid complications
- We combine resources and expertise across the health and care system so that people receive joined-up care
- People can access good quality advice and care in the most suitable and convenient way possible, as early as possible, to prevent problems becoming more serious
- People have access to specialist support in their community, working with a named responsible clinician
- We will work together on prevention, not just as professionals but as communities and individuals.

The care model we have been co-designing with a wide range of stakeholders, including staff, GPs, patients, general public and other health and social care providers, will deliver care closer to home in the least intensive setting and has four elements:

1. **Prevention and self-care** – supporting people to live healthier lives and manage their own health
2. **Integrated urgent care services** – including rapid community response to reduce the number of people attending A&E and the number admitted to hospital
3. **Enhanced primary care** – where access to general practice is extended and where the range of professions which can be accessed in a local hub setting is also extended to include, for example; community services, therapies, mental health and social care
4. **Integrated care for those with complex needs** – where patients are systematically identified and clinicians and patients work together to develop proactive care plans

Community hubs

A key part of the model has been the development and pilot of community hubs in Marlow and Thame community hospitals. Over the past year they have offered:

- Community assessment and treatment service (CATS) including a frailty assessment service where geriatricians, nurses, therapists and GPs provide expert assessment, undertake tests and agree a treatment plan to help frail older people to stay at home and avoid an A&E visit or hospital admission
- Additional diagnostic facilities such as one-stop blood tests and x-rays
- An extended range of outpatient clinics, including chemotherapy clinics at Marlow, community occupational therapy clinics at Marlow (and in Thame in the near future), tissue viability clinics, Parkinson's disease and falls clinics
- Support from voluntary organisations, such as Carers Bucks and Prevention Matters, ranging from clinics, drop-in sessions and information stands. There are monthly stands from Age UK in Thame and Carers Bucks are running a 'clinic' in Marlow on a fortnightly basis. Victim Support has also begun a weekly session in Thame.
- Links with other public services have also been made – for example library services are now available in Marlow, providing books to support self-care and the management of mental health and long term conditions.

This is in line with what patients and clinicians told us they wanted - rapid access to testing and diagnostics and a place where they could access a full range of therapy services. Having these services based in the local community makes it easier for GPs to become full members of the multidisciplinary team that delivers the care. We have put in place a single point of access to make it easier for clinicians to refer to the multi professional, multiagency frailty assessment clinics.

To support these developments we have invested £1m into the community services and a total of nearly 36 new posts were created in this community. We have also redeployed staff from the Community Hospitals in both Thame and Marlow to work within the community assessment and treatment service (CATS) team.

	Community care coordination team (Single point of Access recruitment (wte)	Rapid response (wte)
Band 7	**1**	
Band 6	**1**	**7.7**
Band 3	**1**	**19.13**
Total	**1**	**26.83**

Community assessment and treatment service (CATS)

The community assessment and treatment service operates from 9am to 5pm at Marlow on Mondays, Wednesdays and Fridays and Thame on Tuesdays and Thursdays. There is a geriatrician on site in the mornings and a GP in the afternoon.

The community assessment and treatment service was made possible by re-utilising the space that had previously been the inpatient ward at both Marlow and Thame. By developing the CATS service, along with the rapid response team, it was felt that more people could be supported in their own homes and therefore not require an overnight community bed. During the pilot, we ensured that overnight packages of care were still available if required – this included the other community hospital sites across the county and the ability to spot purchase local care home beds. We separately commissioned a range of services as part of the discharge to assess scheme, which had options for domiciliary care, some 24/7 care and transition beds in local care homes across the county.

Rapid response and intermediate care (RRIC)

The rapid response and intermediate care service was expanded to ensure adequate and integrated support for people at home. Therapists, nurses and healthcare assistants are now working as one countywide team with staff located across the county, aligned to localities. The service provides short-term packages of support based on clinical need (up to three times a day for up to six weeks) to those who would benefit from rehabilitation to help them get back to their level of independence. The service is available 8am-9pm, seven days a week through the single point of access (see below).

Community care coordination team – single point of access

To support both of these initiatives, and to provide a general single point of access to community services, a community care coordination team was developed. They provide GPs, hospital clinicians and other health and social care staff with a 'single point of access' via phone and email to organise specialist community services for their patients, including district nursing, rapid response & intermediate care and community physiotherapy. The service operates 8am – 5pm weekdays and 8am – 4pm weekends and bank holidays and will eventually operate 8am - 8pm 7 days a week once we have recruited the relevant staff. The Trust has a wide-ranging strategy to recruit and retain the staff required to run these essential services, with recruitment days held at all sites. Six district nurses are trained locally each year. We have excellent relationships with the university that supports us with attracting newly qualified registered nurses to roles in the community. Also in collaboration with Bucks New University, bespoke courses are offered such as Transition to Community Nursing.

This service is now aligning with the new integrated urgent care service across Thames Valley and will be able to expand the range of services it can access.

The introduction of the community assessment and treatment service (CATS) has been the most significant development to the services provided. This service has seen 1027 people from April 2017 to March 2018 which is in line with the proposal estimate.

We have carefully monitored the impact and there have been no overnight packages of care required so far during the pilot other than transitional beds as part of discharge to assess project.

Readmissions to hospital have remained the same, which would suggest that by being cared for in the community you are not more likely to have to go back to hospital.

Outcomes

Thame community hospital

2016/17
148 inpatient spells
512 outpatient appointments

2017/18
459 CATS appointments
756 outpatient appointments

Over **310%** more patients seen in CATS than in the inpatient service in 2016/17

Over **48%** increase in outpatient activity

84% increase in total number of people seen in the hub Vc 2016 activity

129% increase in activity delivered to local people

Marlow community hospital

2016/17
189 inpatient spells
444 outpatient appointments

2017/18
568 CATS appointments
604 outpatient appointments

Over **301%** more patients seen in CATS than in the inpatient service in 2016/17

Over **36%** increase in outpatient activity

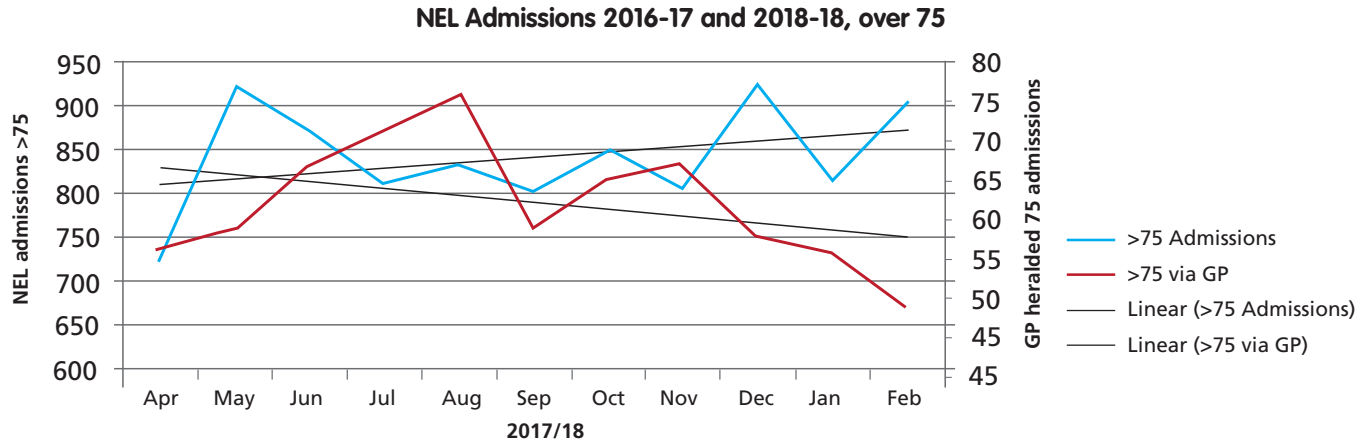
85% increase in total number of people seen in the hub Vc 2016 activity

102% increase in activity delivered to local people

How else are patients benefitting?

- **980** patients seen in the community and **92** followed up in their own homes
- **Less than 1%** of patients seen by the community assessment and treatment service were subsequently referred to A&E.
- **2,439** patients seen in the multidisciplinary day service assessment (MUDAS) at Wycombe Hospital in 2017/18 - an increase of 25% on the previous year. This service is similar to the community assessment and treatment service at Marlow and Thame, and is referred to through the same route via the geriatricians.
- Since April 2017 **128,006** patient visits have been undertaken by the rapid response and intermediate care service.
- Since April 2017, the community care coordinator team has received **6,063** referrals.

We have seen a reduction in non-elective (NEL) admissions via GP referral for people over 75 years of age when we compare 2016/17 with 2017/18. In addition, although the numbers of people over 75 attending A&E have risen throughout 2017, the trend in referrals from GPs to A&E has reduced over the last 4 months. This may be indicative of GPs referring more patients to MUDAS and CATs services. We believe that the increase in referrals to the MUDAS service is due to an increased awareness of and commitment to a more community-based model of care by general practice.



Who is being seen in the hubs?

The vast majority of patients using the community assessment and treatment service are referred from home by their GP. Only three patients were referred as part of their discharge from hospital care. **77%** of patients were seen only once, the majority of whom were discharged with no further care required or back into the care of their GP.

There were **60%** more outpatient appointments available in Thame and Marlow than in the previous year. A range of additional clinics have been offered at these sites, although we believe there is opportunity for this to be expanded further. The addition of systemic anti-cancer therapies (including chemotherapy and psychological assessments) at Marlow has been a particular benefit for those who would have previously travelled to Aylesbury and Wycombe. Following the success of these therapies we are working in partnership with Macmillan to look at how we can roll this model out across the county and Macmillan are providing funding for additional staff to support the project.

For those older patients who do need to be admitted to hospital, the aim is to support them to go home as soon as it is clinically safe for them to do so. Two Frailty bays have been introduced at Stoke Mandeville to support patients identified as having a short length of stay to focus on providing a safe and effective discharge. All patients over the age of 75 who are seen in the emergency department are followed up and supported in their care pathways; this includes the development of personalised care plans. The outcome should ensure patients reach their optimum level of independence and quality of life. Whenever possible, following detailed assessment by the multi-disciplinary team, patients will be supported to go home as soon as possible with community support if required.

Amersham Hospital, Waterside and Chartridge wards

We have increased the number of therapists for our rehabilitation wards at Amersham. This additional physiotherapy has contributed to patients being able to gain their independence earlier and shorten their length of stay.

In addition to increasing the number of therapy staff, we also reviewed the role of our Band 3 Healthcare assistants. We reviewed the tasks being performed and identified that these staff could also engage in the therapy needs of patients by assessing needs and continuing exercises prescribed by the physiotherapists. They could also engage in basic activities of daily living assessments, for example washing and dressing assessments which are traditionally performed by Occupational Therapists. As a result we have established the new role of 'Healthcare and Therapy Clinical Support Worker'. It is a joy to see these new staff in action as they encourage patients to mobilise and engage in different exercises and groups. We are also establishing daily group exercise sessions on both wards and look forward to developing other activities in the near future.

Volunteers in MFOP

Our Medicine for Older People wards have recently introduced new volunteer roles in Stoke Mandeville. These volunteers will receive training and development to enable them to deliver additional care to patients as opposed to the traditional model of volunteers. We are very excited to welcome our new volunteers who will be able to assist patients who need help to eat and drink, assist patients who need support due to confusion or who just want someone to talk to.

Podiatry services

Our countywide integrated podiatry service provides treatment at 15 clinical sites, which are within GP practices, health centres, outpatients as well as in hospital wards and the patients' own home.
Podiatry has an average patient caseload of 13,000 patients, cared for by 26 podiatrists supported by podiatry assistants and our single point of access booking Hub.

We provide specialist podiatry care in diabetes, rheumatology, musculoskeletal, vascular, nail operations and prescribe insoles or orthotics for patients with musculoskeletal conditions as well as devices to alleviate pressure from foot wounds

From recent patient engagement work, 537 questionnaires were sent out to podiatry patients and 221 (41%) completed questionnaires were returned, which was also followed by an engagement event in February 2018. We were delighted that the overwhelming majority of respondents felt the podiatry service provides a good or excellent service (95%).

Podiatry rheumatology and musculoskeletal teams now collect patient feedback via the Manchester Oxford Foot Questionnaire (MOXFQ), which provides treatment outcomes based on pain levels. Also our podiatry diabetes team submits data to the National Diabetes Foot Audit (NDFA) and since 2009 the rate of major amputations in NHS Aylesbury Vale CCG has decreased by 30%, the equivalent to 2.7 amputations annually per 1,000 people with diabetes and 703 nights in hospital during last 3 years.

Through our Putting Feet First service, podiatry submits data for the National Diabetes Inpatient Audit (NaDIA).The Trust has fewer people admitted with active diabetic foot disease than the national average and 83.3% of people with diabetes have been screened and foot risk rated during admission, which is better than the national average.

	Admitted with active foot disease		Foot Risk Assessment within 24hrs		Foot Risk Assessment during stay	
	BHT	England	BHT	England	BHT	England
2016	8.7%	8.8%	41.7%	72.3%	66.7%	80.9%
2017	6.5%	9.1%	50.0%	64.9%	83.3%	74.5%

Additional to individual patient advice, during 2017 podiatry and rheumatology collaborated to provide a new monthly Early Arthritis Information session. Feedback has been very positive with one participant commenting, "The session was extremely helpful by giving me guidance on how to deal with my condition and presenters were excellent and very informative. Many thanks for the opportunity to attend the course". Likewise podiatry is part of the Diabetes Structured Education scheme delivering on average, seven monthly patient sessions, which is an approved course.

Division of Integrated Medicine

Stroke and Cardiac Services

Improved patient experience and communication

There is now a dedicated specialist stroke nurse within the Cardiac and Stroke Receiving Unit (CRSU). This, with the availability of the multidisciplinary team, allows:

- Patients to receive stroke specific care in a specialist area from time of arrival;
- Provision of a full patient pathway including admission, discharge and follow up within one department.

Innovation

Following a successful pilot with Neurologic Music Therapy (NMT), the stroke unit has employed a music therapist for one day per week. We are the first stroke unit in England to provide this service.

A recent audit has demonstrated that the NMT service is providing significant benefit to patients - it increases patient engagement in therapy and provides the therapy team with additional resources to meet the needs of patients in a positive way.

NMT assists the multi-disciplinary team with four out of the six categories for recommendations of support needed after a stroke by the National Stroke Strategy: re-enablement; communication; mental health and emotional wellbeing; practical help.

Opening a second cardiac catheter laboratory

A second cardiac catheter laboratory commenced work in the second week of November last year. The benefits are:

- Improved patient experience as more patients are able to have care closer to home.
- Increased capacity to allow more angiograms and angioplasties to be performed.
- Increase in recruitment and retention by helping to attract new external staff with cardiology skills to join the Trust.
- By involving staff in the design of the new lab, there was good staff engagement with the project and this has resulted in enhanced staff satisfaction.
- The new facilities provide a better patient journey in a bright, newly equipped environment. The lab has up-to-date technology and imaging equipment available.

Division of Women's, Children's and Sexual Health Services

Paediatric Patient Survey

The most recent national Picker Survey was carried out in 2016/2017, with the results made available to the Trust during 2017/18.

Results included:

- 92% of parents rated care as 7 or more out of 10
- 93% of children rated that they have been cared for quite or very well
- 81% of parents always had confidence and Trust in the members of staff treating their child
- 94% of children thought that the people looking after them were always friendly

Out of the 71 trusts surveyed nationally, Buckinghamshire Healthcare NHS Trust was 12th overall and 8th most improved.

Neonatal Unit

The NHS England Quality Surveillance Team (QST) visited the neonatal unit at Stoke Mandeville during the year as part of its outine review of specialist services.

The outcome was very positive with a significant number of areas highlighted as demonstrating good practice, including:

- The governance structure
- The annual report for the unit was highly commended
- The Outreach Service
- Good collaboration with midwifery and paediatric teams
- Breast feeding rates at discharge
- Feedback from parents

The team was commended for raising an incident involving Total Parenteral Nutrition (TPN) which flagged issues for the network and nationally which are now being addressed.

The Fixers Project

This was a distinct piece of work with children with an oncology diagnosis at the end of successful treatment. A short film has been produced to share with new and existing staff as to what is important to these families during a period of prolonged care – an action plan has been developed by the Paediatric Clinical Nurse Specialist (CNS) for oncology to ensure areas for improvement.

Achievements to date following the action plan include:

- **Parking**
  - Securing free parking at Wycombe Hospital for children coming in for any oncology treatment.
  - Securing a one-off reduced rate for parking at Stoke Mandeville Hospital.
- **Toys and Activities**
  - A dedicated special-activity trolley with toys, including arts and crafts, for children undergoing oncology treatment
  - Two iPads, with apps downloaded, secured for children who have to stay within their rooms.
- **Rooms**
  - Wherever possible, en-suite rooms are provided for children undergoing oncology treatment.
  - Redecoration of the cubicles in Wycombe to make them more colourful

Advanced Nurse Practitioners

The first Advanced Nurse Practitioners for the Neonatal Unit and for Paediatrics started at the Trust in the last quarter of 2017. These posts allow for the development of nursing roles at a senior level, with the added benefit of a consistent presence on the medical rota to further support the quality of care delivered to children and young people at the Trust.

Asthma/wheeze project

Over the last 12 months, the Paediatric team has been reviewing the care delivered to children who attend and are acutely unwell with wheeze-related illnesses. As part of this project there has been dedicated nursing time allocated to provide a review of the care delivered in the in-patient setting, facilitating discharge and providing follow up to reduce the re-admission of children with asthma. This initiative supports the NICE guidance for the care of children with asthma and viral-induced wheeze. This is a registered project with the Clinical Effectiveness team and a report will be produced by the end of the financial year 2017/18.

Volunteers

Every day during the week there are now volunteers who provide support to the nursing, housekeeping and play-therapy teams; a significant number of these volunteers are young people who will be pursuing careers in healthcare over the next one to two years. Their presence adds value to the care the clinical teams are able to deliver, by freeing up their time to allow them to focus on direct patient care.

Buckinghamshire Sexual Health and Wellbeing Service (bSHaW)

We have worked hard to improve the patient experience. The physical environment within which services are delivered has been reconfigured to increase capacity. We have improved the triage form to ensure that patients see the most appropriate clinician. A number of IT developments have been implemented during the year, including a system that allows service users to receive text notification of their test results.

The mix of pre-booked and walk-in clinics has been adjusted to ensure service users can be seen within 48 hours of contacting the service.

The profile of the service has been raised by participating in national research projects, which has had the additional benefit of raising awareness of local services within the MSM (men who have sex with men) population. The service has a rolling audit programme coordinated via the Trust's clinical audit and effectiveness team, supporting the drive to continually improve the quality of care provided.

The commissioners of the service, Buckinghamshire County Council, invited its specialist adviser to complete a service review in November 2017. The report from this acknowledges the progress and effectiveness of redesigning service delivery over the last two years.

Patient feedback has remained consistently good within the service. Examples of positive comments received include:

"Everyone I have seen today has been very warm and welcoming. I was made to feel extremely comfortable."

"All staff were knowledgeable, respectful and took time to explain options and procedures to me. I was massively impressed with their expertise and manner in which they undertook their roles. Thank you."

"Friendly, compassionate and non-judgmental staff from time checked in with reception to see doctor and nurse."

Division of Specialist Services

Acute Oncology nursing team

Oncology

Acute Oncology Service – new seven day service – article in Macmillan Voice – Spring 2018

Marlow community hub opened in August 2017

In August 2017 the Cancer Care and Haematology team developed a clinic on Thursdays at Marlow community hub. This provides systemic anti-cancer treatment and supportive care closer to a patient's home, in an appropriate outpatient setting, removing the work from a busy day case area. In line with national guidance, this clinic is suitable for patients living within the local area who may be receiving systemic anti-cancer treatment (SACT) either orally, by sub cutaneous injection or for central line care. This is a nurse led service which is an extension of the existing cancer care and haematology unit's outpatient services. Initial patient evaluation has been very positive. Working in partnership with Macmillan Cancer Support, funding has been secured to allow the team to focus on this model of delivery and replicate it in additional locations within the community.

Oncology & Haematology

The Cancer Care and Haematology Unit at Stoke Mandeville Hospital were re-accredited with the Macmillan Quality Environment Mark (MQEM) in April 2017.

This is the second consecutive time the unit has achieved the MQEM which is re-assessed every three years. The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. Everything from choice of appointments, to available food/ refreshments and the overall environment are looked at as well as policies, procedures and the care given.

The MQEM standards were developed in collaboration with more than 400 people living with cancer and with numerous stakeholders, including the Department of Health.

As part of the re-accreditation process, the unit was visited by two assessors, who viewed the unit and spoke to patients and relatives about their experiences as users of the facilities.

Liz Turnbull, Macmillan Cancer Education, Information and Support Facilitator at the Cancer Care and Haematology Unit said: "I am absolutely delighted the unit has successfully been re-accredited. Everyone here works so hard to ensure our patients receive the best possible care; so to have this formally recognised is wonderful."

National Spinal Injuries Centre (NSIC)

The NSIC has continued to forge links with universities in Portugal, including Coimbra and Porto. A team from the NSIC, which included Carolyn Morrice, our Chief Nurse, visited both universities in March. Part of this visit was to strengthen not only the relationship between the two countries, but will be used to expand knowledge and develop skills and innovation. Coimbra University has a proactive rehabilitation innovation hub, which as a unit the NSIC is looking to visit and learn from its approach.

As a result of the relationships we've built with these universities, a group of newly qualified nurses came to the NSIC as part of a European work experience, spending 12 weeks shadowing and experiencing life within the NHS. During this time they gained a variety of experience including attending the Trust nursing and midwifery meeting, spend time with the Chief Nurse, working and gaining knowledge in spinal cord injury, to name just a few. This is a project the NSIC is continuing to expand and will continue in 2018/9.

Arrival of Erasmus nurses September 2017



Two Events held during the year:

Living healthily with and beyond cancer July 2017
This was attended by 42 patients/relatives and carers and was held at Stoke Mandeville Hospital

Prostate Cancer Health and Wellbeing Event - November 2017
This was attended by 81 patients/relatives and carers and was held next to Stoke Mandeville Hospital.

Pressure sore reduction

The unit has a dedicated tissue viability nurse specialist. To the end of February 2018, there were

- no category 3 or 4 hospital acquired pressure ulcers for 977 days
- no category 1 or 2 hospital acquired pressure ulcers for 88 days

People

In addition to forging close links with overseas universities, we have looked at how we can develop our existing team. For example, we have reviewed the skills mix required to support our patients and as a result have created the new role of Band 4 nursing assistant practitioners.

As part of our "Nursing Careers at the NSIC" campaign, a successful nurse recruitment day was held in February – all Health Care Assistant posts were filled and several Nursing Assistant Practitioners were also recruited.

We were delighted when, Kirsten Hart, a paediatric physiotherapist on the unit, was awarded a gold Association of Paediatric Chartered Physiotherapists badge in special recognition of her development of guidelines for the paediatric physiotherapy management of children with spinal cord injury.

Horatio's Garden at the National Spinal Injuries Centre

In July 2017 building work began on a beautiful garden for patients with spinal cord injury at the National Spinal Injuries Centre at Stoke Mandeville hospital. Horatio's Garden is a charity that creates and lovingly cares for beautiful accessible gardens in NHS spinal injury centre. It will be maintained by the charity's volunteer team, led by a head gardener, to keep the garden looking beautiful, to help run activities for patients and to contribute to the happy, uplifting atmosphere which permeates Horatio's Gardens.

The garden has been designed by Joe Swift an RHS Gold medal winner and presenter of BBC Gardeners' World and will become an integral part of patient's lives and care whilst they undergo rehabilitation in hospital. Patients will be able to take part in gentle activities in the gardens organised by the charity, including garden therapy, art therapy and music concerts.

The building work is due to finish in the summer and the garden will officially open in September 2018.

Further information can be found at http://www.horatiosgarden.org.uk/horatios-garden/stoke-mandeville/

Research and innovation

In 2017/2018 Buckinghamshire Healthcare were ranked as 19th highest recruiting trust nationally based on numbers of patients who recruited to research studies (there are 440 trusts included in the data). We also ranked well for increasing the number of national portfolio studies that were open within the Trust.

Our activity continues to grow in new areas and existing areas growing their portfolio of research studies.

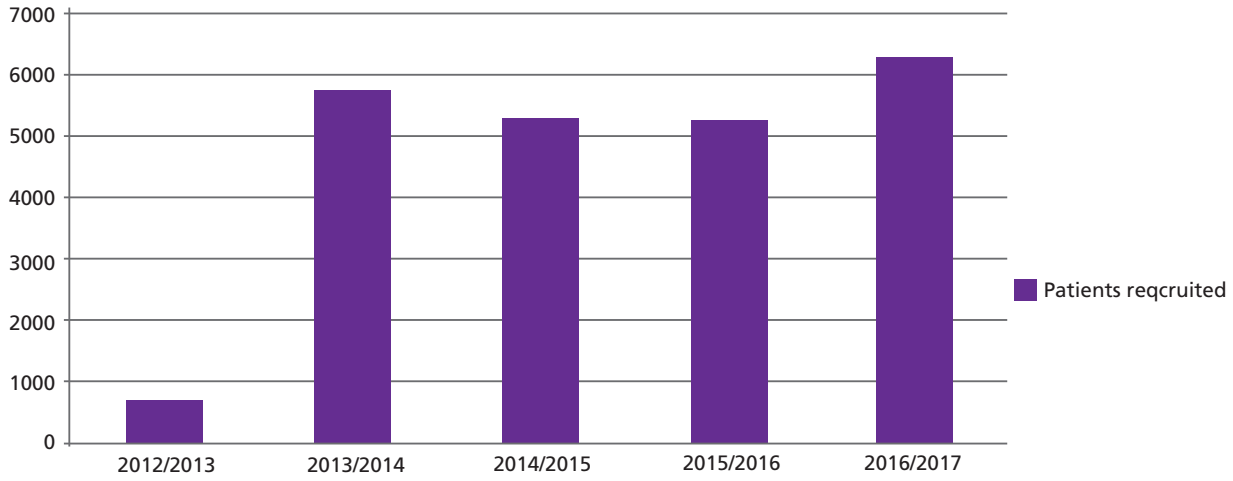
The year has also seen the development of innovation within the Trust with the appointment of an innovation manager. The innovation manager is setting up Innovation and Intellectual Property awareness sessions within the Trust and supporting the Buckinghamshire Life Sciences Innovation Centre, which will open in 2018. She is also supporting staff with innovation projects and collaborating with the service improvement team for opportunities.

The Innovation Centre has been a big project for the department this year working with the partners (Bucks New University, Buckinghamshire County Council and the CCGs). Innovation hubs at Stoke Mandeville Hospital and the Wycombe Campus for Buckinghamshire New University are scheduled to be open in December 2018 –The Innovation Centre will support small and medium sized enterprises by offering space to rent, business support, academic support and access to patients and clinicians who want to be involved in supporting the development of products. The aim is to encourage more life science industry to Buckinghamshire and enable innovations to improve patient healthcare to be available quicker.

As you will read, a lot of work has been done to restructure the team as we strive to create research and innovation career pathways within the Trust. A recent staff survey showed the team is one of the most satisfied teams within the Trust which is testament to how the team work together and support one another.

We are also building collaborations with more universities to increase opportunities for research and innovation to improve healthcare for our patients.

Patients recruited to studies over the past five years



The career pathway for research delivery staff had been stagnant for some time. When we had a vacancy within the department we used the opportunity to create a new team structure, this enabled us to create two lead research nurse posts at band 7 and a research operations manager. This gives a career pathway for research nurse from band 5-7 now. The Lead Research Nurses oversee specialties within their area and line manage research nurses, research practitioner and trial officers.

Research practitioners

As with a lot of teams, we are looking to diversify our team to create a sustainable clinical research delivery workforce for the future. A large part of this is the development of research practitioners; we have developed competencies, have engaged with education to link to NVQ and are engaged with pharmacy to see options available within competencies. There is also a national accreditation programme being developed which we will be incorporating to develop a sustainable team.

External Awards won 2017/2018

Thames Valley Health Research Award Winners

Star Research Nurse:
Judith Abrams, Ophthalmology

Outstanding Research Practitioner Award:
Emma Reel, Obstetrics & Gynaecology

Exceptional Performance in Recruitment to a Commercial Study:
Wycombe Stroke Research Team

Research Champion:
Julie Tebbutt, Obstetrics & Gynaecology

(Left to right Judith Abrams, Emma Reel, Moncy Matthew, Dr Chris Durkin, Adrienne Benford and Dr Matthew Burn)

Welcome to our new Patient Research Ambassador (PRA)

The aim of the Patient Research Ambassador initiative is to encourage the involvement of both patients and NHS researchers to recognise the importance of research in delivering healthcare. A Patient Research Ambassador can help ensure that people using local NHS care have the best opportunities and choices made available to them about taking part in research studies.

"In August 2013 I was happily going about my business as a senior executive for an American corporate enterprise. I had led an active and healthy life with only one hospital admission for a sports injury some years ago.

In September of that year my life changed for ever. I was diagnosed with Stage 4 Prostate Cancer. Naturally, I and my family were devastated by this news. I went through the emotional roller coaster that I imagine all patients do who are given this kind of news: shock, denial, anger etc. It's then that I met the first, of many heroes in the NHS, an Uro Oncology Nurse Specialist whom I will call Joe. (Well, that's because it's his real name!) He sat my wife and I down, and told us to take a deep breath. He explained that whilst the sky seemed black right then, there were little chinks of light. He went on to say that the NHS had a tool bag of weapons to fight deadly conditions such as cancer, including clinical trials. It was then arranged for me to see members of the research team in Cancer Care at Stoke Mandeville. In the meantime, I had started to receive hormone injections, the standard treatment for my condition, from my GP.

I then met some more heroes in the world of NHS cancer research: Dr Philip Camilleri, Consultant Clinical Oncologist, and Research Nurses Alice Ngumo and Tracey Stammers. My wife and I were treated with incredible sensitivity and empathy by the cancer research team. They informed us about the possibility of taking part in a clinical trial called STAMPEDE. I know some people will be concerned about taking part in a research study but I had no such qualms. There was nothing to lose.

For nearly four years now I have been taking a drug called Abiraterone, on a daily basis as part of the STAMPEDE trial. The side effects are minimal. I am competing in Triathlons and have a good quality of life. Recent indications from the trial to date are that Abiraterone is having a positive effect for men with my condition. Of course, I understand that it does not change the original Stage 4 diagnosis. But, by taking part in the trial, I hope that it will benefit other men who will, sadly, receive the same diagnosis.

A few months ago, I was asked if I would consider becoming a Patient Research Ambassador. The role definition looked appealing. It was my opportunity to give something back to the NHS. I accepted the offer and started training, including working my way through the 11 important on-line training modules. I have visited the research teams in spinal, gastroenterology and hepatology, cancer care and haematology. I am amazed at the volume of research/trials being conducted by the NHS, and particularly within the Bucks Health Care Trust. I hope I can support the work of all the wonderful folks in research and help spread the word about research and trials. The more people who are aware of, and take part in, these opportunities, the better it will be for patients and our community in the future."

Patient stories

Hilary's Story …

Can you tell me a bit about yourself?

I used to be a Health Visitor and retired in 1998. Since retiring I keep myself busy and active, walking and birding. My favourite bird is the Long Tailed Tit.

What type of study are you taking part in?

It's for high cholesterol levels. They think mine is familial and I just inherited it because my lifestyle and diet doesn't justify what it was. The study's called Odyssey Outcomes.

How did you find out about it?

I had a heart attack three and a half years ago now, 4 years in December, and had two stents put in here at Wycombe hospital. Excellent it was. I think Nicola (research sister) approached me on the ward after the stents were put in.

Why did you decide to take part?

Because if it's familial then my sons and grandchildren might inherit it. That's the sole reason really.

What do you have to do?

I have to inject myself every two weeks. They give us a diary to fill in with dates and times you do it. I started off coming to see the team monthly at first for four months and it's gone gradually longer to every six months now. The drug's now been licenced in the UK and the trial's stopping early, I have two more visits left.

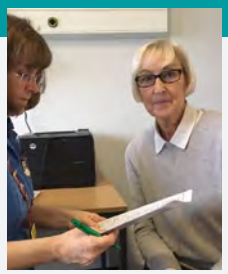
What would you say are the benefits to you?

I'm participating in something that will benefit others and that I'm monitored. When I did have a problem I could contact the team and come in. It's been reassuring.

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

Definitely people should take part. It's for the benefit of everyone else in the future isn't it?

Anna's Story …



Can you tell me a bit about yourself?

"I worked in banking & accounts and retired in 2008. Up until recently we had a narrow boat which kept us active and busy. Now I enjoy keep fit, walking and gardening. A few months ago I found my energy levels getting low and my skin or eyes were sometimes yellow. My GP sent me for blood tests which caused huge concern."

What type of study are you taking part in?

"The UK Autoimmune Hepatitis Cohort (AIH-UK) observational study. It's where the immune system develops a fault and starts to attack parts of the body, in my case the liver. This is a rare disease which only affects around 10,000 people in the UK.

How did you find out about the study?

My Consultant, Dr Maggs, asked if I would like to take part when I was in clinic then Ruth Penn the Research Nurse met me at Stoke Mandeville when I had my biopsy."

Why did you decide to take part?

Being a fairly rare disease I felt strongly I should participate especially and there was a strong possibility it could be genetic. Therefore my children and grandchildren could be affected.

What do you have to do?

I have regular blood tests to monitor my treatment and an extra one is sometimes donated to the study. When I had my liver biopsy an extra bit of sample was also taken for the study. I'm followed up for 2 years and have to fill in questionnaires about how I'm feeling on some visits.

What would you say are the benefits to you?

The benefits to me are that I'm being closely monitored. Any questions I have are fully explained by Research Nurse Ruth, which is very reassuring.

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

Do not hesitate. You feel you are helping the research identify new test and treatments for the benefit of others.

What our patients have said:

"It's nice to know I'm not the only one interested in my well-being"

"I wanted to give something back"

"Real information applicable to me"

"I felt that there was concern for me"

"It was good to know there was somebody there to speak to"

"Felt that the treatment was best possible with latest drugs available and close monitoring"

"Yes I felt better while taking the drugs"

"Knowing that the care was excellent"

"Great to have extra care"

"Felt good to help in any way possible"

When asked, 92% of our patients felt their participation in research was valuable.

Part 1

Statement on quality from the Chair and Chief Executive

We are proud of the progress we have continued to make this year in challenging circumstances, and the fact that Buckinghamshire has been selected to be one of the first eight shadow Integrated Care Systems in England. This wouldn't have been possible without the dedication of our staff, board and the support of our partners. We are committed to the communities we serve, and our patients will continue to be at the centre of our plans as we strive towards becoming outstanding.

We would like to thank Neil Dardis for his leadership over the last three years and to acknowledge his contribution to the progress we have made towards our goal of being one of the safest healthcare systems in the country. His drive and determination have played a huge role in our progress and achievements and we wish him every success in his new role as CEO of Frimley Health NHS Foundation Trust.

During 2018/19, our strategy and priorities will remain the same and we will focus on the following corporate objectives which have been agreed by the board:

Quality

- Enhancing our culture of safety, making the use of innovative technology to improve the patient experience
- Listening to our patient voice
- Develop as a learning organisation

People

- Inspirational leaders developing strong teams
- Attracting and retaining high calibre and engaged people
- Pioneering new ways of working across sites, services and organisations

Money

- Delivering our systems control total
- Improving our operational productivity
- Delivering our capital plan to reduce backlog and invest in clinical estate

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

Hattie Llewelyn- Davies, Chairman

Neil Macdonald, Chief Executive

Part 2

Priorities for improvement and statements of assurance from the Board

Priorities for improvement and statements of assurance from the Board

Quality of performance against our priorities set out in 2017/18

During the last year we have focused on driving forward quality improvement in areas that were identified by the Care Quality Commission as not meeting the standard we all strive to provide. In addition to these quality priorities we worked collaboratively to improve the overall patient experience.

We had forty-one areas included within our Quality Improvement Programme, each of these had an executive lead and delivery lead assigned to them; these people were responsible for delivering their projects, supporting the staff involved and reporting on progress monthly to the executive Board.

The forty one areas were delivered within three core quality improvement programmes:

1. Reducing mortality and improving patient outcomes
2. Keep people safe and protect them from avoidable harm
3. Engage people in their care and ensure a great experience

The following table provides an overview of performance against quality targets during 2017/18. We recognise that not all of our quality and safety improvement priorities for 2017/18 have been achieved in full, however significant improvements in some areas have been demonstrated and we will continue to work to further improve on these areas.

Summary of results and achievements for the 2017/18 quality account priorities

Quality priority	Objectives	Measure	Status
Reducing mortality and maximising best possible outcomes	Hospital Standardised Mortality Ratio (HSMR) will be no more than 90	HSMR data	Met
	Frailty pathway improved through risk assessment on admission (75%)	Outcome	Not met (65%)
	Improving Door to Needle Time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)	Outcome	Not met (64%)
	36 hours standard to theatre for emergency fractured Neck of Femur patients (80%)	Outcome	Not met (71%)
Keep people safe and protect them from avoidable harm	Reduce the avoidable grade 2 pressure ulcers by 25%	Number of pressure ulcers	Not met
	Zero avoidable grade 3 or 4 pressure ulcers	Number of pressure ulcers	Not met
	Reduce the number of avoidable falls by 25%	Number of avoidable falls	Partially met
	Reduce the number of in-hospital falls resulting in moderate or severe harm by 25% from 16/17 baseline	Number of falls with moderate or severe harm	Partially met
	Zero avoidable MRSA bacteraemias	Number of MRSA bacteraemias	Not met (2)
	Maximum of 32 avoidable C. difficile infections	Number of C. difficile infections	Not met (43)
Engage people in their care and ensure a great experience	Increase response rates in our Friends and Family Test (FFT) by 30%	FFT response rates	Met
	Sustain the approval rating from the FFT at ≥ 95%	FFT approval rates	Met
	Response time to patients who complain about the service they received to be at 85% within required timescales.	Complaint response times	Met

Results and achievements for the 2017/18 quality account priorities

A) Reducing mortality and maximising best possible outcomes

What we aimed to achieve:

The aim of this priority is to reduce unwarranted variations, learn lessons from all settings and collaborate to improve all our mortality measures.

This priority aimed to achieve the following specific targets by the end of March 2018:

- HSMR will be no more than 90
- Fragility pathway improved through risk assessment on admission (75%)
- Improving door to needle time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)
- 36 hours standard to theatre for emergency fractured neck of femur patients (80%)

Actual Outcome:

The following table provides performance data against the targets:

Target	Perfomance 2016/17	Perfomance 2017/18	Status
HSMR will be no more than 90	HSMR as at March 2017 (Dec 2015 – Nov 2016) **89.3**	HSMR as at March 2018 (Dec 2016 – Nov 2017) **89.0**	Met
Frailty pathway improved through risk assessment on admission (75%)	40.8 % in Quarter 4	65% in March 2018	Not met
Improving Door to Needle Time (DTNT) for patient presenting with severe sepsis within 1 hour standard (75%)		64% in Quarter 4	Not met
36 hours standard to theatre for emergency fractured Neck of Femur patients (80%)		71%	Not met

The following sections provide detail on what has been achieved in the delivery of the priorities, that is, what went well and what has been identified as requiring further improvement.

Improvements achieved:

The observed and expected mortality rates still continue to fall. Crude mortality continues on a steadily decreasing trend. A review of the community-acquired pneumonia and fractured neck of femur mortality data has provided reassuring information demonstrating distinct improvements in these two key areas: the standardised ratio and crude mortality.

HSMR is the ratio of expected deaths to actual deaths. HSMR measures in-hospital mortality among patients admitted with one of a set of 56 conditions. A ratio of less than 100 indicates that there were less actual deaths than expected.

A task and finish group was set up to focus on reviewing the fractured neck of femur pathway, looking at additional trauma lists over the winter. A trauma demand and capacity review was also undertaken.

Further improvements identified:

The trauma demand and capacity review is informing the current work on the long term demand management plan.

The door to needle time for patients presenting with sepsis within an hour has achieved 64% compliance in quarter 4.

The following actions have been/ will be instigated:

- Ongoing improvements within the urgent care hub include the re-introduction of a daily 'handover huddle' highlighting the importance of sepsis management at the start of each shift and linking with an ongoing education and training programme
- To enable orientation of the high numbers of transient staff within the emergency department, welcome packs have been created including key information on recognising and responding to patients presenting with sepsis
- A sepsis e-learning tool has been developed and launched to enhance learning alongside sepsis study days.

B) Keep people safe and protect them from avoidable harm

What we aimed to achieve:

The aim of this priority is to ensure that avoidable harms are eliminated and that patient safety is everyone's responsibility.

This priority aimed to achieve the following specific targets by the end of March 2018:

- Reduce the avoidable category 2 pressure ulcers by 25%
- Zero avoidable category 3 or 4 pressure ulcers
- Reduce the number of avoidable falls by 25%
- Reduce the number of in-hospital falls resulting in moderate or severe harm by 25% from 2016/17 baseline
- Zero avoidable MRSA bacteraemias
- Maximum of 32 avoidable C. difficile infections

Actual Outcome:

The following table provides performance data against the targets:

Target	Perfomance 2016/17	Perfomance 2017/18	Status
Reduce the avoidable category 2 pressure ulcers by 25%	285	294	Not met
Zero avoidable category 3 or 4 pressure ulcers	5	14	Not met
Reduce the number of avoidable falls by 25%	1230	1139	Partially met
Reduce the number of in-hospital falls resulting in moderate or severe harm by 25% from 16/17 baseline	31	24	Partially met
Zero avoidable MRSA bacteraemias	3	2	Not met
Maximum of 32 avoidable C. difficile infections	44	43	Not met

During the year, the incidence of avoidable pressure ulcers increased. The root cause analysis for these cases revealed that some improvements were needed, including earlier identification of pressure ulcers, appropriate mattresses on accident and emergency department trolleys and improved documentation.

Improvements achieved:

- There was a reduction of 7.4% in all cases of falls

Further improvements identified:

- A seconded post to the tissue viability team for a 1 year focus on pressure ulcers, which will include education and daily ward walks.
- Education roll-out based on the NHSI improvement project (pressure area care).
- Review of prevention and management of pressure ulcer care plans.
- Undertake investigations of harm caused by pressure damage in a timely manner to understand the specific improvement requirements and inform learning.
- Develop an easy to follow flow chart for sending specimens related to c. difficile.
- Carry out root cause analysis for each c. difficile case to highlight any learning. Discuss at appropriate meetings, including multi-disciplinary scrutiny panels and the trust-wide infection prevention control committee.

C) Engage people in their care and ensure a great experience

What we aimed to achieve:

The Trust's ambition is to deliver good care linked to positive outcomes for patients that are associated with good carer and patient experience. The aim of this priority was to seek and act on feedback from patients, relatives and carers.

This priority aimed to achieve the following specific targets by the end of March 2018:

- Increase response rates in our Friends and Family Test (FFT) by 30%
- Sustain the approval rating from the FFT at ≥ 95%
- Response time to patients who complain about the service they received to be at 85% within required timescales

Actual outcome:

The following table provides performance data against the targets:

Target	Perfomance 2016/17	Perfomance 2017/18	Status
Increase response rates in our Friends and Family Test (FFT) by 30%	22%	31%	Met
Sustain the approval rating from the FFT at ≥ 95%	95%	95%	Met
Response time to patients who complain about the service they received to be at 85% within required timescales	78%	86%	Met

Introduction to the 2018/19 priorities for improvement

Our priorities for improvement are tied to our mission and vision in everything we do which is underpinned by our values and behaviours

1. The BHT Way

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

The BHT Way is underpinned by our **CARE** values of collaborate, aspire, respect and enable and throughout 2017/18 we continued to embed these throughout the organisation. We are focussing on the following three strategic priorities designed to ensure we deliver our vision:

Quality **People** **Money**

2. Developing our clinical strategy

During 2017/18 we have worked with service delivery units (SDUs) to develop our 2018-2021 clinical strategy. The development and delivery of our strategy is an iterative process and is informed by qualitative and quantitative analysis of international, national and local health and social care contexts and engagement with patients, communities and local partners within Buckinghamshire.

The figure below shows how our strategic framework and planning processes are designed to support the development of SDU, team and individual objectives that align with the Trust's values and deliver the Trust's strategic priorities.

3. Six themes of our clinical strategy

As we progress, the following six themes have emerged and been agreed as areas of focus for our clinical strategy between now and 2021:

We are creating a clinical strategy that is real, owned, led and delivered by teams throughout the Trust. The figure below outlines a small number of transformation projects within each theme that we will form the basis of our clinical strategy:

We will monitor our plans with divisions at monthly strategic transformation committee (STC) and run quarterly strategic conferences with all SDUs.

It is important to create shared ownership and work collaboratively between clinical and support teams and ensure plans are detailed, realistic and relevant. We are continuing to develop a strategic culture that looks to the future to deliver clinically, operationally and financially sustainable services as part of the Buckinghamshire Integrated Care System (ICS).

4. Corporate objectives

The following corporate objectives have been agreed by the Board for the year ahead:

Quality

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

Implement a culture of safety

Key Focus:
Implement a clinical accreditation scheme to improve quality of care, reduce variation and share best practice.

Listen to our patient voice

Key Focus:
Work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E.

Develop as a learning organisation

Key Focus:
Learn and share best practice to improve safety of medications and recognition of sepsis and clinical deterioration.

People

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

Inspirational leaders developing strong teams

Key Focus:
Our leaders and teams are enabled to innovate and develop their services.

Attracting and retaining high calibre and engaged people

Key Focus:
Transform our nursing workforce for the future.

Pioneering new ways of working across sites, services and organisations

Key Focus:
Use apprentices to provide skilled workers for the future.

Money

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

Deliver our system control total

Key Focus:
Manage within agrees budget and agency cap.

Improve our operational productivity

Key Focus:
Use model hospital data to identify and realise improved efficiency.

Deliver our capital plan to reduce backlog and invest in clinical estate

Key Focus:
Manage and mitigate risks in capital backlog.

The quality improvement programme 2018/19

Through a robust consultation process with key stakeholders and ensuring a strong link with the quality corporate objective, "We will offer high quality, safe and compassionate care in patients' homes, the community or one of our hospitals", we have agreed on three core delivery areas to maintain a culture of continuous improvement in delivering high quality patient care. These areas are outlined below.

1. Implement a culture of safety – includes establishing and embedding the SAFER bundle and a single transfer of care process
2. Listen to our patient voice – A focus on improving three main areas, 12 hour waits in A&E, outpatient cancellations and turnaround time for To Take Out medicines (TTOs)
3. Develop a learning organisation – A focus on reducing Hospital Standardised Mortality Ratio, Sepsis and cardiac arrests

Each of the core delivery areas has a corporate lead and operational lead who are responsible for managing and monitoring delivery against a set of key performance indicators. The overarching stewardship for the Quality Improvement Programme is managed through the Quality and Patient Safety Group, which reports into the Executive Management Committee and Trust Board. The Chief Nurse is accountable for the governance and delivery of the programme.

Core delivery area detail plans

1. Implement a culture of safety

This core area of delivery has nine components, these are:

Quality component	Key deliverables	Monitoring and reporting
1. Implementation of a Clinical Accreditation Scheme (2018 – 2020)	Establish and implement systems and processes for identifying and rewarding the maintaining of good quality standards in the delivery and management of patient care By end of year, 15 areas accredited Completion of nursing documentation (90% by 30.03.19)	The Key Performance Indicators (KPIs) will be monitored at the Nursing, Midwifery and Therapy Board and reported to the Quality and Patient Safety Group
2. Implementation of the SAFER Bundle (With the exception of Women, Children and Sexual Health Division who have their own national guidelines to follow)	Implementation of the SAFER Bundle (With the exception of Women, Children and Sexual Health Division who have their own nationally recognised system) 100% of patients will have an estimated date of discharge within 24 hours of admission 75% of transport booked by 4pm for patients having a transfer of care the next day • 50% of eligible patients will have a transfer of care from an inpatient ward before midday. • 75% of transport booked by 4pm for patients being discharged the next day • 50% of eligible patients will be discharged from inpatient ward before midday	The Key Performance Indicators (KPIs) will be monitored at the Divisional Clinical Governance Board and reported to the Quality and Patient Safety Group, via the SAFER Group.

Quality component	Key deliverables	Monitoring and reporting
3. Establish and Embed a single Transfer of Care process	• 60% reduction in avoidable delayed transfer of care 60% reduction in transfer of care without full documentation completion to community services	The Key Performance Indicators (KPIs) will be monitored at the Divisional Clinical Governance Board and reported to the Quality and Patient Safety Group, via the SAFER Group.
4. Implementation of an e-prescribing system (2018 – 2020)	Year 1 1. e-prescribing system established and piloted in one ward Year 2 1. e-prescribing system rolled out across the Acute site and reduction in prescribing errors by 50% based on Q1 2018/19 data	This will be monitored by the Clinical Systems Programme Board and reported to the Quality and Patient Safety Group.
5. Implementation of an e-patient monitoring system (2018 – 2020)	Year 1 1. e-monitoring system established and piloted in ten wards 2. Compliance with NEWS 2 recording and escalation 100% Year 2 1. e-monitoring system rolled out across the Acute site and occurrence of Sepsis reduced in A&E by 50% base on 2017/18 data	This will be monitored through the Deteriorating Patient Group, which reports to the Quality and Patient Safety Group.
6. Implementation of a Trust-wide Ultra Violet Cleaning System	UV Cleaning system implemented Trust-wide Implement recommendations from initial review report into all areas across the Trust - include achievement against KPIs at 95%	This will be monitored via the Infection Prevention and Control Committee, which reports to the Quality and Patient Safety Group.
7. Reducing gram negative results from Urinary Catheters	1. Reduce gram negative blood stream (GNBSI) infections by agreed percentage (at least 50%) as set out in Q3 review and analysis of data 2. Achieve delivery of 80% of KPIs 3. Provide a final report that identifies improvements made, changes in practice, policy and processes and any further changes required to maintain and continually improve urinary catheter gram negative bloodstream infections in 2019/20	This will be monitored via the Infection Prevention and Control Committee, which reports to the Quality and Patient Safety Group.
8. Prudent use of antibiotics	Prudent use of antibiotics and delivering: a) 72 hour review of antibiotics for 30 patients, as for Q1, with 90% compliance achieved. b) Rationale for decision documented in the clinical notes. 1. C) 1-2% reduction in total antibiotics consumption / 1000 admissions vs baseline 2. D) 2-3% reduction on carbapenem consumption per 1000 admissions vs baseline	This will be monitored by the Antimicrobial Stewardship Committee and the Infection Prevention and Control Committee, which reports to the Quality and Patient Safety Group.

2. Listen to our patient voice

Our key focus is to work in partnership with patients to improve their experience of discharge from our care, outpatients and A&E. To achieve this goal we aim be in the top 20% of performing trusts in the country for overall patient experience by 2020 in line with the Patient and Carer Experience Strategy 2017 to 2020.

Quality component	Key deliverables	Monitoring and reporting
Improving the patient experience in response to what patients have told us from surveys, complaints and Friends and Family	Year 1 1. Recruit and train volunteer patient representatives to become members of Patient Forums across the Trust	Recruit and train volunteers: Monitored via the Patient Experience Group and reported to the Quality and Patient Safety Group
	2. Reduce 12hour and more waiting times in A&E by 40%	Reduction of 12 hour waiting times in A&E: Monitored via Integrated Medicine divisional clinical governance board and reported to the Urgent Care Programme Board.
	3. Improve the turnaround time for TTO medicines (this will form part of the Singles Transfer of Care project)	Turnaroud time: monitored via the SAFER group and reported to the Urgent Care Programme Board.
	4. Reduce the number of cancellations in the outpatient department by 40%	Cancellations: monitored in each divisional clinical governance board and reported to the Quality and Patient Safety Group

3. Develop a learning organisation

Our key focus is to ensure the organisation learns when patients deteriorate or die within our care. To achieve this goal we aim to establish the provision of a Learning Organisation Framework from Serious Incidents, Deaths and Avoidable Harm. We already have a 'Freedom to Speak Up' Guardian to allow staff a way to raise concerns in addition to the line management route, which we acknowledge some staff may not feel comfortable doing, and has been implemented as part of a national programme following the Francis Inquiry into 'Mid Staffs'.

Quality component	Key deliverables	Monitoring and reporting
Improving the patient experience in response to what patients have told us from surveys, complaints and Friends and Family	Implement a training and development programme that provides staff at all levels the understanding of quality improvement and the tools to reduce the occurrence of avoidable harm	Monitored via the Strategic Workforce Committee and reported to the Quality and Patient Safety Group

Mandatory declarations and assurances

All NHS Trusts are required in accordance with the statutory regulations to provide prescribed information in their quality accounts. This enables the Trust to inform the reader about the quality of our care and services during 2017/18 according to the national requirements.

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

Statements of assurance

Review of services

During 2017/18 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted seven NHS services. These are:

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

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

The income generated by the NHS services listed represents 93% of the total income generated by Buckinghamshire Healthcare NHS Trust for 2017/2018. The trust received the other 7% of its income for other aspects of work, for example research and development, education and training, sustainability and transformation funding and other miscellaneous income.

Participation in national clinical audits and national confidential enquiries 2017/18

During April 2017 – March 2018 40 national clinical audits and 5 national confidential enquiries covered relevant health services that the Buckinghamshire Healthcare NHS Trust provides.

During that period Buckinghamshire Healthcare NHS Trust participated in 95% (38/40) national clinical audits and 100% (5/5) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Buckinghamshire Healthcare NHS Trust was eligible to participate in during April 2017 to March 2018 are detailed in the table below. The table below shows which audits the Trust participated in and the percentage of eligible/requested cases submitted.

Audit	Applicable overall	Data collection Yes/No	2016/18 status	% eligible/requested cases submitted or reason for non-participation
CANCER				
Bowel Cancer (NBOCAP)	applicable	yes	Participating	100%
National Lung Cancer Audit	applicable	yes	Participating	100%
National Prostate Cancer Audit	applicable	yes	Participating	319 cases in 2015/16
Oesphago-gastric Cancer (NAOGC)	applicable	yes	Participating	Data submitted through the Oxford Regional Network
National Audit of Breast Cancer in Older Patients (NABCOP)	applicable	yes	Participating	100%
WOMEN AND CHILDREN'S				
Diabetes (Paediatric) NPDA	applicable	yes	Participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	Participating	100%
Neonatal Intensive and Special Care (NNAP)	applicable	yes	Participating	100%
National Maternity and Perinatal Audit	applicable	yes	Participating	100%
Pain in Children (Care in emergency departments)	applicable	yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/18 status	% eligible/requested cases submitted or reason for non-participation
HEART, DIABETES AND VASCULAR				
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	applicable	yes	Participating	100%
Cardiac Rhythm Management (CRM)	applicable	yes	Participating	100%
Coronary angioplasty/ National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	Participating	100%
National Cardiac Arrest Audit (NCAA)	applicable	no	Not participating	Data is collected and reviewed via a monthly local audit
National Heart Failure Audit	applicable	yes	Participating	100%
Inflammatory Bowel Disease (IBD) Programme	applicable	yes	Participating	19 cases
National Diabetes Audit – Adults	applicable	yes	Participating	100%
National Vascular Registry	applicable	yes	Participating	Data submitted by the Regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis	applicable	yes	Participating	100%
OLDER PEOPLE				
Falls and Fragility Fractures Audit Programme (FFFAP)	applicable	yes	Participating	100%
National Audit of Dementia – Spotlight Audit of Delirium Assessment & screening	applicable	yes	Participating	100%
Sentinel Stroke National Audit Programme (SSNAP)	applicable	yes	Participating	100%
National Audit of Intermediate Care	applicable	yes	Participating	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	applicable	yes	Participating	100%
UK Parkinson's Audit	applicable	yes	Participating	1 of 3 eligible services participated - 20 cases submitted

Audit	Applicable overall	Data collection Yes/No	2016/18 status	% eligible/requested cases submitted or reason for non-participation
BLOOD AND TRANSPLANT				
National Comparative Audit of blood Transfusion – Use of Blood in Haematology and Management of Patients at risk of Transfusion Associated Circulatory Overload	applicable	yes	Participating	100%
ACUTE				
National Emergency Laparotomy Audit (NELA)	applicable	yes	Participating	100%
Dec '15 to Nov '16	applicable	yes	Participating	100%
Case Mix Programme (ICNARC)	applicable	yes	Participating	100%
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	100%
National Ophthalmology Audit	applicable	No	Not participating	Awaiting approval and installation of required software
Nephrectomy Audit	applicable	yes	Participating	100%
Cystectomy Audit	applicable	yes	Participating	100%
Percutaneous Nephrolithotomy Audit	applicable	yes	Participating	100%
Radical Prostatectomy Audit	applicable	yes	Participating	100%
Stress Urinary Incontinence Audit	applicable	yes	Participating	100%
Procedural Sedation in Adults – Care in emergency Departments)	applicable	yes	Participating	100%
Fractured Neck of Femur – Care in Emergency Department	applicable	yes	Participating	100%

Audit	Applicable overall	Data collection Yes/No	2016/18 status	% eligible/requested cases submitted or reason for non-participation
OTHER				
Learning Disability Mortality Review Programme (LeDeR Programme)	applicable	yes	Participating	9 cases submitted

National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Chronic Neurodisability	Applicable	Participated	4 out of 4 cases
Young People's Mental Health	Applicable	Participated	3 out of 7 cases
Cancer in Children, Teens and Young Adults	Applicable	Participated	2 out of 2 cases
Acute Heart Failure	Applicable	Participated	9 out of 10 cases
Perioperative Diabetes	Applicable	Participating	Study on-going

Table 2 – National confidential Enquiries

The reports of 21 national clinical audits were reviewed by the provider in April 2017 to March 2018 and Buckinghamshire NHS Trust has or will take the following actions to improve the quality of healthcare provided;

- **National Audit of Rheumatoid and Early Inflammatory Arthritis Actions** - The results of this audit informed various changes including the development and implementation of quarterly GP education sessions which include teaching on the identification of early inflammatory arthritis and local referral pathways. To support this work an early arthritis proforma has been introduced to facilitate identification and early referral of patients, this has been circulated by the local CCGs and is now in routine use by local GPs. There has been an increase in the availability of early arthritis slots across the Trust sites to ensure patients are seen within 3 weeks. Monthly departmental patient education sessions have been set up to inform and support patients.

- **National Pregnancy in Diabetes Audit Actions** – Following review of the results of this audit the clinic structure for pregnant women with diabetes has been changed and all clinics are now consultant led. Processes have been standardised with a dedicated endocrinologist. Education sessions have been provided for GPs and a new pre-conception leaflet produced. There is also increased breast feeding support for mothers and training for staff. Staff from the Trust are participating in the Preconception Care Collaboration run by the National Diabetes in Pregnancy Audit team.

- **National Diabetes Audit (Adult) Actions** - A new database called DIAMOND has been introduced to facilitate the accurate recording of patient data. This will also help to flag when patients have missed care processes. Other service improvements include the introduction of Type 1 Diabetes Only clinics and multidisciplinary clinics for patients with challenging Type 1 Diabetes. GPs are being supported in the care of patients with Type 2 Diabetes via training sessions and virtual clinics.

The reports of 108 local clinical audits were reviewed by the provider in April 2017 to March 2018 and Buckinghamshire NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Prevention and Emergency Management of Neutropenic Sepsis Actions Following review of the results of this audit Alert Cards are now given to all vulnerable patients, highlighting the symptoms they need to be aware of and providing a 24 hour helpline. Training has been provided for staff in A&E and a pathway devised for them to fast track patients who have recently received chemotherapy. A poster has been designed and is now displayed in key clinical areas highlighting the pathway and alerting staff to Trust guidelines.

- Audit of Management and Outcomes for Babies who are Small for Gestational Age Actions– Following completion of this audit the Trust's local guideline has been updated and a new system for requesting scans is being trialled.

- Radiology WHO Checklist Actions– Following completion of this audit a training session was provided for all staff explaining the correct way to compete the WHO checklist. This included an example of how completion of the WHO checklist had impacted on the outcome of a procedure. A re-audit will be carried out to check correct processes are being followed.

- Audit of Management of Patients with Fractured Neck of Femur in A&E Actions- The results of this audit together with details of the RCEM standards for hip fracture management were presented to all ED clinicians. Hip fracture management, including the RCEM standards for care, is now part of the induction training for all junior doctors starting work in the Emergency Department. A poster has been developed and is displayed in the RAT room reminding clinicians of the RCEM standards and to fast track patients where appropriate.

Participation in clinical research

Clinical research involves gathering information to help understand the best treatments, medications or procedures for patients. It also enables new treatments and medications to be developed. Research involving patients must be approved by an ethics committee within the National Research Ethics Service.
The number of patients receiving NHS services provided or sub-contracted by Buckinghamshire Healthcare NHS Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 4330. This is a reduction from the previous year due to a number of studies being put on hold by the sponsors.

Implementing the Priority Clinical Standards for Seven Day Hospital Services

The delivery of seven day services across England is a priority for NHS England (Keogh 2013). There are 10 Quality Standards and four priority clinical standards that Trusts must implement to have an impact on safety and quality. The aim is to deliver the following standards:

- Clinical standard 2 - Time to first consultant review
- Clinical standard 5 - Diagnostics
- Clinical Standard 6 – interventions / key services
- Clinical standard 8 – On-going review

BHT has been identified as one of the Trusts whose 7DS survey results indicates compliance with the 7DS priority clinical standards and likely to meet the standard again in April 2018. A survey in March 2017 showed the Trust was compliant with the four priority clinical standards for stroke services, which is the only specialist service applicable to BHT. The Trust also met the 4 priority clinical standards in March 2017 and in the survey in Oct 17 was compliant with Clinical Standard 2.

Commissioning for Quality and Improvement (CQUIN) 2017/18

A proportion of Buckinghamshire Healthcare NHS Trust in 2017/18 income was conditional on achieving quality improvement and innovation goals agreed between Buckinghamshire Healthcare NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available on request from: Patient Experience Team's advice and liaison service on: email: **Pals@buckshealthcare.nhs.ukamework.**

What others say about us

The Care Quality Commission

Buckinghamshire Healthcare NHS Trust is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008 and its current registration status is 'Registered'. Buckinghamshire Healthcare NHS Trust is registered with the CQC with no conditions attached to registration.

Buckinghamshire Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period

Buckinghamshire Healthcare NHS Trust underwent an unannounced, focussed CQC inspection between 6 -7 September, 2016. The inspection was undertaken using the new CQC framework which assessed whether services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

The following sites were inspected: Stoke Mandeville Hospital, Wycombe Hospital, and Buckingham Community Hospital.

The overall Trust rating of Requires Improvement has not changed from the comprehensive inspection in 2015. The chart below depicts the Trust's overall rating.

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

The following themes for improvement arose from the inspection areas:

- Safe management of Medicines
- Pharmacy workforce resourcing
- Embedding end of life care plans for all patients – some variability
- Variation in documentation- medical and nursing
- Infection control- clean equipment in 2 areas

The CQC noted areas of concern, for which it issued compliance notices regarding Regulation 12 –Safe care and treatment and Regulation 18- Safe staffing. A compliance action plan has been submitted to the commission by the required deadline and the Trust has already achieved several improvements in respect to these

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

Data quality

The percentage of records in the published data relating to admitted patient care which included the patient's:	The percentage of records in the published data relating to out-patient care which included the patient's:	The percentage of records in the published data relating to accident and emergency care which included the patient's:
Valid NHS Number was 99.6% (National Average 99.4%) General Medical Practice code 99.9% (National Average 99.9%)	Valid NHS Number was 100% (National Average 99.5 %) General Medical Practice code 100% (National Average 99.8%)	Valid NHS Number was 99.6% (National Average 97.1 %) General Medical Practice code 100% (National Average 99.3%)

Information Governance Toolkit attainment level

Information governance means keeping information about patients and staff safe. The Information Governance Toolkit is an annual assessment that all NHS organisations are required to complete.

The Buckinghamshire Healthcare NHS Trust overall percentage score for the financial year 2017/18 for its performance on information governance assessed using the Information Governance Toolkit version 14.1 was 88% and was graded "green".

Clinical coding error rate

Clinical Codes are a way of recording patient diagnosis and treatment. NHS hospitals are paid different amounts for different groups of codes. The system is called Payment by Results

Buckinghamshire Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during the reported period by the Audit Commission.

Statement on relevance of data quality

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

- Working closely with primary care clinicians to resolve differences in data collected
- Continue the ongoing collaboration between clinical coders and clinicians across all specialities to ensure that data are accurate and coded consistently.
- Improving coding depth through audit and clinical engagement.
- Improving the current clinical coding process and developing enhanced data quality reporting to allow errors to be detected earlier in the data submission cycle.

The Department of Health Core Quality Indicators

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

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

The table below details performance against the Summary Hospital level Mortality Indicator (SHMI):

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-level mortality indicator (SHMI)for the Trust for the reporting period	2016/17	0.930	1.003	0.690	1.164
	2017/18	0.972	0.91	0.727	1.137
The banding of the SHMI for the Trust for the reporting period	2017/18	2 (as expected)	2	2	2
The percentage of patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	2016/17	42.7%	29.6%	0.4%	56.3%
	2017/18	44.6%	31.6%	11.5%	59.8%

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

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

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

- Focusing on and improving sepsis care specifically related to screening and "door to needle times"
- Learning from mortality reviews through multi-professional forums
- Identifying avoidable mortality to continue as a quality improvement project on the 2018/19 quality improvement plan. It will continue to implement and embed the new structured review method to ensure it develops into an essential service tool to allow the reduction of avoidable death.

The table below details performance against the Patient Reported Outcome Measures (PROMS):

Patient Reported Outcome Measures (PROMS) measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses before and after surgery.

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
Groin hernia surgery	2015/16	0.084	0.088	0.13	0.08
	2016/17	0.118	0.08	0.14	0.06
Varicose vein surgery	2015/16	0.042	0.1	0.13	0.037
	2016/17	0.073	0.099	0.152	0.016
Hip replacement surgery	2015/16	0.43	0.45	0.52	0.36
	2016/17	0.398	0.44	0.53	0.33
Knee replacement surgery	2015/16	0.301	0.334	0.412	0.207
	2016/17	0.28	0.32	0.39	0.24

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

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

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

- Intensive education and training with the pre-operative assessment team with regard to PROMS data capturing

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	October 2017	10.75%	9.11%	3.62%	15.93%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	October 2017	6.18%	7.75%	1.37%	38.46%

NHS Digital has not provided data on this for the reporting period, so we have provided the latest data from Dr Foster which runs to October 2017. The indicator from NHS Digital was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review. An update was expected in August 2016 but its release was cancelled.

The table below details performance against the Friends and Family Test for staff- would staff recommend the Trust as a provider of care to their friends and family

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	2016/17	67%	68%	95%	45%
	2017/18	67%	69%	87%	60%

The Buckinghamshire Healthcare NHS Trust considers that this data is as described for the following reason: the figure from the National NHS Staff Surveys 2016 and 2017 published by the Department of Health. This annual survey is a poll of NHS Trust staff each year.

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

- All staff have direct access to the Trust Occupational Health services , including staff well- being programmes
- Encouraging staff to talk to the Freedom to Speak Up Guardian to escalate concerns

The table below details performance against the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2016/17 Quater 3	95.4%	95.64%	100%	76.48%
	2017/18 Quater 3	96.02%	95.3%	100%	76.08%

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

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

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

- Inclusion of VTE for junior doctors at their induction
- Inclusion of VTE assessment and prescribed VTE prophylaxis as mandatory section on the Trust patient drug chart
- Completion of a full root cause analysis for all hospital acquired VTEs
- Continued training and support to ward administrators to improve data capture of VTE assessment

The table below details performance against the C. difficile infection rate per 100,000 bed days

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	2015/16	15.1	14.9	66	0
	2016/17	17.06	13.2	82.7	0
	2017/18	17.47	Not Avail*	Not Avail*	Not Avail*

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

- 13 avoidable cases,
- 30 unavoidable cases,

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

- Developing an easy to follow flow chart for sending specimens, antibiotics for relevant staff.
- Carrying out Root Cause Analysis for each C diff case to highlight any lessons to be learnt via the Scrutiny Panel Meeting. This is a Multi-Disciplinary approach and findings are discussed at the Infection Prevention Control Committee by a Divisional representative.
- Instigating a deep cleaning process across the Trust in all in-patients areas. This will commence with Accident and Emergency, Assessment areas and Short Stay Ward, then roll out across the rest of the Trust.

The table below details performance against the Trust's responsiveness to the personal needs of our patients

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the NHS Trusts of NHS foundation Trusts by NHS Digital with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.	2014/15	65.1	68.7	84.2	54.4
	2015/16	63.3	68.9	86.1	59.1
	2016/17	66.8	69.6	86.2	58.9
	2017/18	68.0	68.1	85.23	60.02

The most recent data on the indicator for responsiveness to inpatients personal needs is the NHS outcomes framework indicator 4.2 and was released in Aug 2017.

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

- In 2016-17 the inpatient survey showed the Trust to be 100th out of 148 hospital Trusts and foundation Trusts in England. In 2015 /2016 the inpatient survey showed the Trust to be 113th out of 148 hospital Trusts and foundation Trusts in England.
- Our ranking this year was higher than the previous four years and higher than the Trust 10 year average score of 65.2.

A more recent survey published in January 2017 looked at the patient experience. A questionnaire was sent to 1,250 of our inpatients. Responses were received from 501 patients at Buckinghamshire Healthcare Trust giving us a response rate of 42%.

Patient Survey 2016	Score out of 10 2015/2016	Compared with Other Trusts
Emergency A&E Department	8.6/8.5	7.7/9.0
Planned admissions	8.8/8.4	8.2/9.6
Waiting for a bed on the ward	8.0/7.4	5.8/9.6
The hospital and the ward	8.1/8.0	7.3/9.0
Doctors	8.5/8.6	8.0/9.5
Nurses	8.5/8.0	7.3/9.1
Care & Treatment	7.8/7.9	7.1/8.9
Operations & Procedures	8.4/8.5	7.9/9.1
Leaving Hospital	7.0/7.0	6.3/8.5
Overall view of care & Services	5.4/5.5	4.8/6.9
Overall Experience	7.9/8.1	7.4/9.2

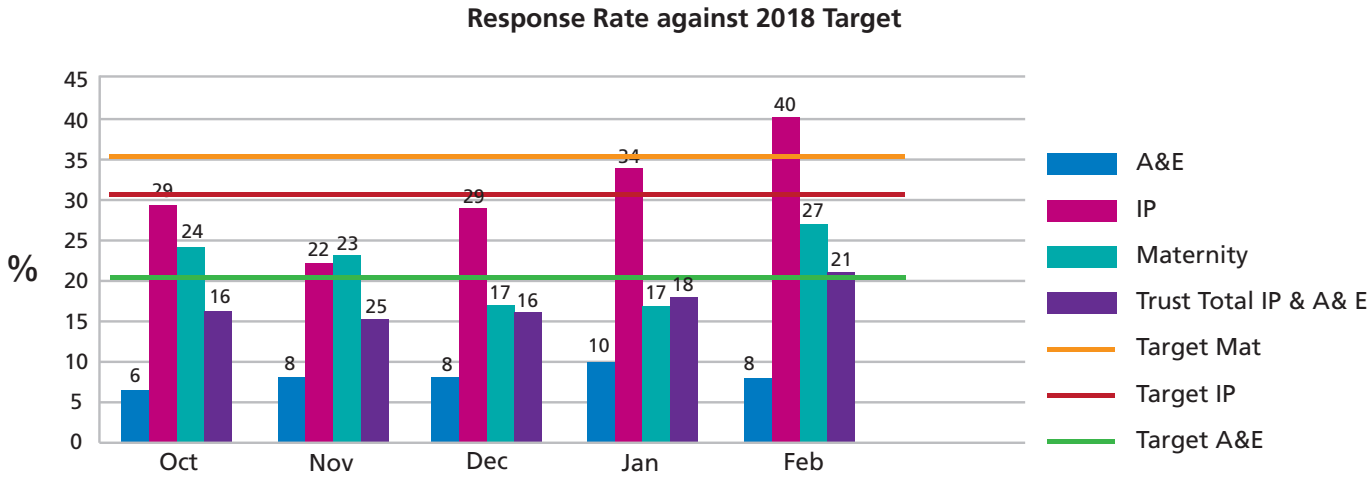
At the time of writing this Quality Account, the 2017 national in-patient survey results have yet to be published by the CQC.

Buckinghamshire Healthcare NHS Trust has taken the following actions to improve its performance in these surveys and in turn the quality of the services through:

- Implementing people values that embrace collaboration, aspiration, respect and enabling.
- Implementing the 2017-2020 patient / carer experience strategy across the trust
- Delivering the eight Buckinghamshire Healthcare promises including the launch of 'hello my name is'….

- Development of local divisional patient experience action plans
- Introduction of free magazines to waiting areas across the trust using patient PSUK services. These magazines will be changed on a monthly basis and will provide new and interesting material for patients and carers to read whilst waiting for appointments / treatments.
- Procurement of a Trust wide IT patient experience solution which will include a real-time dashboard, trending of positive and negative comments to immediately alert staff and an ability to convert surveys into numerous languages, easy read options and custom designs to ensure that every patient can offer feedback via their preference.
- Implementation of the Perfect Ward app that includes a series of questions specifically focused on the patient's experience of care whilst in our inpatient wards. These questions are asked on a monthly basis to three patients on every ward.

The majority of improvements will be delivered within current resources however; we are committed to reviewing the situation on the basis of new proposals from our service leaders for investments that improve our performance beyond the goals set in the strategy.



- Response rate performance improved against 2017 data
- A programme of internal performance reporting on a shared platform has been developed to enable all services to track performance and deliver improvements in performance in response rates and approval ratings

The table below details performance against the number of patient safety incidents reported and the level of harm

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
Rate of patient safety incidents (per 1000 bed days) when benchmarked against medium acute trusts	2016/17	33.71	40.02	71.81	21.15
	2017/18 (1/4/17-30/9/17)	37.63	46.2	111.69	23.47
Percentage of patient safety incidents resulting in severe harm or death when benchmarked against medium acute trusts	2016/17	0.2%	0.4%	1.7%	0%
	2017/18 (1/4/17-30/9/17)	0.5%	0.3%	2%	0%

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

- The Trust is committed to reducing harm and pro-actively encourages staff to report incidents and near misses and,
- This is evident in the much improved number of incidents uploaded in this time period.

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

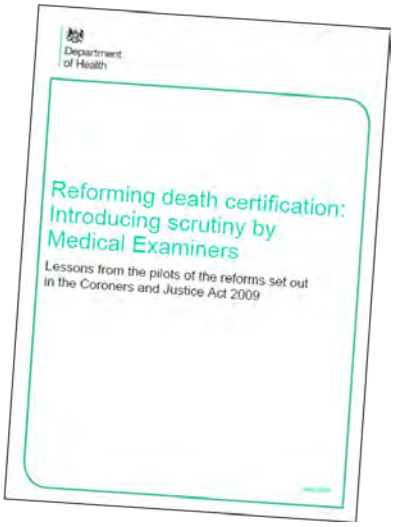
- Analysing and learning from its mistakes encouraging an open and transparent reporting culture with incident reporting discussed from ward to board.
- The promotion of Near misses as 'good catches' when discussed in meetings and in the Staff Induction Handbook where reporting is aligned to the trusts' CARE values.
- Promoting feedback from investigations to staff reporting incidents in a timely manner as part of the Quality and Safety Performance Framework, and to ensure timely application of Duty of Candour. Duty of Candour fields on the current electronic risk management system have been revised to enable staff to provide assurance through increased detailed recording on how Duty of Candour is applied.
- Moving towards a mature patient safety culture which values openness, transparency and quality, the Corporate Patient Safety Team continues to facilitate the development of patient safety subject matter expertise amongst the Divisional Clinical Governance Leads.
- Scheduling regular meetings with Divisional Clinical Governance Leads to build inter Divisional relationships for the benefit of joint investigations and shared learning.
- Aspiring to achieve a continual reduction in the proportion of incidents that result in death and severe harm in comparison to the proportion of incidents that are near misses or result in no or minor harm.

Additional information according to NHS Quality Account Amendment Regulations 2017

The additional information required under this amendment relates to mortality reviews.

Learning from deaths

Improving Patient Safety for Future Populations



Following the publication of the learning from deaths quality standard (2017) Buckinghamshire Healthcare NHS Trust (BHT) have embraced the new national requirements. On Dec 1st 2017 BHT launched a new role of medical examiner (ME) amongst a group of consultants to provide independent scrutiny of all deaths and ensure meaningful engagement with bereaved relatives.

The benefits of medical examiners (ME) have been clearly evidenced at pilot sites to include increased accuracy in death certification, local engagement with the coroner, reduced rejection rates at registry and support for junior doctors.

Eleven consultants were selected and recruited into the role culminating in a one day training programme supported by ME pilot sites and the local authority.

Following the introduction of medical examiner at BHT local agreement with the coroner has led to a reduction in referrals speeding up the process for bereaved relatives. The role of medical examiner has also provided support to junior doctors in accuracy of death certification, DOCGEN GP notification of death, and referral to coroner when required.

The Medical Examiner conducts an independent screen of all deaths in conjunction with discussion with bereaved relatives to inform future learning and actions thereafter.

The role of medical examiner has brought additional support to the bereaved at this difficult time and is a rich source of learning regarding the quality of care received at BHT.

We have received overwhelming positive feedback from relatives reporting of their experience of BHT. Compliments received are relayed to ward teams in the form of rapid audit feedback reinforcing good practice and ensuring recognition for a job well done.

10% of all compliments have led to excellence reporting to ensure learning from exemplary practice is measured and understood.

198 phone calls were made to bereaved relatives in the first ten weeks following introduction of medical examiner

Relative's narratives and patient stories relay a very powerful message and are used in training and education to support change. This feedback is key to BHT as a learning organisation to ensure the experience of bereaved relatives is captured and provides valuable insights into the care received.

Where learning has been identified cases are selected against a nationally set criteria and then reviewed using the Royal College of Physicians Structured Judgement Review (SJR) methodology as recommended by NHS Improvement. On average 10% of cases are selected for SJR review in line with national expectations.

These cases are subject to a full case note review and discussed within each speciality's mortality and morbidity (M & M) meeting. This is consultant led and allows themes to be identified for learning and trust wide reporting linked to work streams such as deteriorating patient and end of life care.

Royal College of Physicians

BHT is a pilot site using the Datix SJR platform so all cases are centralised onto one platform linked to the national mortality case note review programme run by the royal college of physicians. This allows BHT to benchmark with other Trusts nationally in the future.

Learning disability deaths are a priority with all such cases being subject to SJR review support is provided from our learning disability specialist nurses with regional cross agency review via the Learning Disabilities Mortality Review (LeDer) Programme.

As an integrated care system we have worked with the local authority, coroner's office and registrar to promote the new role of medical examiner. Learning from deaths has involved partnerships within the community whereby learning has been identified beyond BHT and with our regional partners. We have linked with our Clinical Commissioning Group (CCG) and disseminated relatives feedback to ensure the patient journey is improved within the community as well as in hospital.

Learning and actions have led to improvements in end of life care. Promoting family discussion and patient choice for those at the end of life and formulating care plans which are personalised and supported in hospital and the community. Sepsis recognition is targeted on improvements in sepsis screening within our emergency department to ensure the sickest patients get priority treatment. Care of the deteriorating patient is focused on the importance of vital signs monitoring and early senior medical review. ME screen has led to identification of inherited disease with paramount importance to the ongoing care of family members.

ZERO avoidable harm

BHT also has a multi-disciplinary review panel for all cardiac arrests outside of critical care leading to a reduction of 14% of all cardiac arrests over the previous year.

The BHT mortality review process links with our existing clinical governance process and where required serious incident investigations take place focusing on root cause analysis and contributory factors. Relatives' feedback informs the enquiry with duty of candour throughout. Learning from incidents is disseminated via Lessons learnt a trust wide monthly seminar which is video conferenced across the Trust to front line staff to promote shared learning across the organisation. Reporting takes place within our mortality reduction group to provide surveillance of themes and diagnostic groups to ensure a proactive response to patient safety.

BHT is now a regional lead with external interest from our partners learning from our experience. Our lead Medical Examiner is the regional clinical lead for the Oxford academic health science network mortality group which meets quarterly to co-ordinate learning and improvements for this patient safety initiative. The introduction of a national medical examiner is proposed to commence April 2019. This is likely to be a phased approach via hospitals with BHT already best placed for this national initiative.

BHT Mortality Data- Previous Reporting Period Apr 2016- March 2017

Number of Deaths in Apr 16- March 17 reviewed/ or investigated after previous reporting period	For those still awaiting review number due to problems more than likely than not to have been due to problems in care	Overall percentage of deaths due to problems more than likely than not to have been due to problems in care
51	0	1 (0.07%)

Apr 2017-March 2018

	Quarter 1	Quarter 2	Quarter 3 Medical Examiner introduced to BHT Dec 2017	Quarter 4	Totals
Number of BHT Deaths	314	358	Oct/Nov 253 Dec 129	363	1417
Number of Deaths Reviewed- Mortality A Form April-Nov 2017 **(ME review from Dec 2017)**	290	327	Oct/Nov 177 Dec 127	342	1263
Number of Deaths underwent 2nd review using Mortality B Form April-Nov 2017	50	46	Oct/Nov 28 Dec N/A	N/A	124
Deaths Subject to Case Note Review (SJR) from **Dec 2017**	N/A	N/A	Dec 2017 19	35	54
SI investigations	0	1	1	3	5
Deaths due to problems more than likely than not to have been due to problems in care	0	1	0	0	1
Overall percentage of deaths due to problems more than likely than not to have been due to problems in care	0	0.3 %	0%	0%	0.07%

Part 3

Further aspects on Quality Improvement

Patient story

A personal experience of sepsis and a long stay in ICU

We don't normally like to see patients who've been seriously ill return to the Trust, but when Judy Kennedy visited at the end of last month it was a special opportunity to hear first hand what it feels like to be a patient in intensive care.

In June 2015 Judy was admitted to Wycombe Hospital intensive care unit (ICU) after presenting to the hospital with renal infection. Within 24 hours of admission, sepsis ensued leading to serious illness. Judy spent a total of seven weeks in ICU recovering from septic shock.

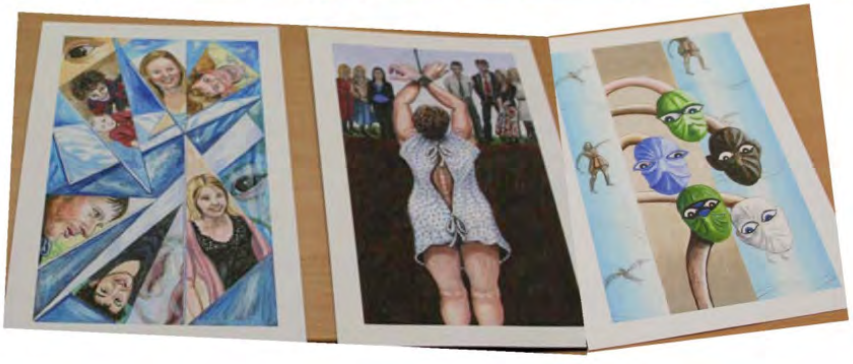
Sepsis recognition is key to time-critical treatment and averting intensive care admission and serious illness. Screening for sepsis should be carried out if a patient has a National Early Warning Score (NEWS) of 5 or more and/or other symptoms and signs of infection. If sepsis is diagnosed, the protocol, called Sepsis Six, should be triggered and appropriate treatment given within one hour. Use of the Sepsis Six protocol saves lives and increases survival rates by 25% (national figure).

Judy recorded her experience in a personal diary after leaving hospital which formed part of her psychological recovery while progressing with her physical recovery. The diary was pieced together from notes, and phone messages passed between her children while their mother was in intensive care. Following discharge Judy was able to use these notes to piece together her recollections, and emotional responses to the treatment and care she received while in ICU.

The frightening impact of bed curtain designs, the despair caused by the reticence of some staff to share personal everyday details, and the de-humanising effect that professionals reluctant to establish eye contact can have, were all movingly related by Judy. ICU is a highly technical environment the importance of ensuring a personal touch was reinforced by Judy's experience.

To effectively communicate her emotions and feelings Judy had commissioned a series of paintings by a close artist friend to convey the frightening, often terrifying emotions she'd experienced whilst a patient. This is consistent with the experience of some other ICU patients nationally.

The care of the body was never in question, but the care of an individual with a name, a history and a strong personality is as important in providing holistic compassionate care every time.



Top left: Jo Elliott, ICU sister at Wycombe Hospital; Judy Kennedy and Julia Phillips, clinical nurse lead for sepsis.

Top right: Judy presents a copy of her story and artwork to (from left to right): Jo Elliott, Matthew Sames ICU consultant (with Judy on his right) and Julia Phillips.

Illustrations from Judy's diary: Loved ones appeared as if seen through shattered glass and were out of Judy's reach and the terrifying impression of curtains and clinicians.

Quality Rounds and Perfect Ward

Following a successful pilot using the Perfect Ward app to support a more efficient and effective way of completing quality rounds we formally launched the app with our in-patient wards in February 2018.
The Perfect Ward App has been designed to include five audits that the wards will complete on a monthly basis as part of a more detailed quality round. The audits are all aligned to the Care Quality Commission (CQC) Key Lines of Enquiry (KLOEs) and include the following:

- Environment
- Medicines management
- Documentation
- Patients
- Staff

The structured questions provide an opportunity for all wards to compare performance, share best practice and support for areas requiring improvement in a collaborative way.

The app provides instant report results for wards to be able to view, discuss and own at a local level.
There will be auditable history for the trust and the CQC.

The wards will have a clear view of their progress and a standard operating procedure (SOP) has been produced to ensure standardisation of completion, The SOP will indicate at what point to complete a local peer review that will bring a 'fresh pair of eyes' to completing the questions and observation of the ward environment. This approach will ultimately drive improvements in the quality of care that we provide to our patients and reduce any unwarranted variation.

Future work includes the introduction of the Perfect Ward app to our community teams, theatres, endoscopy, outpatients and our Accident and Emergency department.

We will also be working alongside our patient involvement and engagement manager to involve patients in the completion of quality rounds with reference to the environment and patient audits.

Duty of Candour

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

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

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

The Trust has produced written information for patients to explain duty of candour and what the patient/relative should expect. This includes details of investigation process and providing contact details of a senior member of staff who will the patient/relative informed of the progress and who can be contacted with any questions.

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

Freedom to Speak Up

The Trust continues to strengthen opportunities for staff to speak up and raise concerns, with the introduction of the new Freedom to Speak Up Guardian (FTSUG), in post since May of last year. Face to face outreach to promote the role in person has resulted in more than 1000 contacts alone. Staff can raise any concerns confidentially or anonymously via a dedicated phone line, email, text, in person or via a letter. Focus has been given to establishing the role and raising awareness throughout this inaugural period. Just under 70 members of staff have accessed the guardian raising more than 46 cases which is very positive.

The FTSUG helps to identify barriers to speaking up that may exist thus improving the development of positive speaking up cultures. After only 5 months in post, the staff survey showed 46% of staff said they were already aware of the post and 41% said they knew how to locate contact details. A Trustwide lessons learnt session was held in December, just one of the ways we share the anonymised learning, another is planned for July of this year.

Our FTSUG has also recently become a trainer via the programme run by the National Guardian Office and has become the lead for the Thames Valley and Wessex FTSUG Regional Network for this forthcoming year. The FTSUG has a level of independence reporting to a number of Trust committees and to Trust board in person. For more information please see our inaugural Trust FTSUG Annual Report via our website and the May Trust Board papers.

Safeguarding

The BHT Safeguarding Team continues to develop in order to provide a service that reflects the needs and upholds the responsibilities of the organisation. To enable this Divisional Safeguarding Leads (DSLs) have been allocated to each division of the Trust from within the team; these roles are embryonic but it is anticipated that they will mature over the coming year to show clear evidence of effectiveness.

DSLs will work across their given division in order to form strong links with senior clinicians in order to provide support and guidance as well as acting as a champion for safeguarding. The relationship with the allocated division will be reciprocal in that learning and information flow will be in both directions.

The key areas of safeguarding work include:

1. Adult Safeguarding

Work in this area has included reinforcing learning in clinical practice in respect of recognising adult abuse and referring accordingly. A key area of focus has been on improving staff awareness of how to apply the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) in everyday practice and to this end greater links are being developed with clinicians, especially in dementia and older people's services.

This part of the Safeguarding Team also takes a lead on domestic abuse, modern slavery/exploitation and the PREVENT programme and works in cooperation with partner agencies in order to recognise and address these growing areas of concern.

Training compliance in all areas of safeguarding adults has steadily improved throughout the past year as set out in table 1 below. The team objectives for the coming year include improving training compliance where it is below 90% and sustaining where it is already high. Evidence of the effectiveness of learning from training will be shown in rising numbers of safeguarding adult, DoLS and PREVENT referrals.

Table 1 – training compliance adult safeguarding

	Safeguarding adults awareness	MCA	DoLS	PREVENT
April 2017	74%	84.71%	83.93%	90.8%
May 2018	87.73%	89.89%	91.84%	97.05%

2. Children's Safeguarding

Children's safeguarding continues to focus on supporting the Emergency Department (ED) in improving recognition and reporting child protection concerns. ED has successfully implemented the Child Protection Information Sharing Project (CP-IS) which has been operational since April 2017.

The Child Protection Information Sharing (CP-IS) programme is an NHS England sponsored nationwide initiative that helps clinicians in unscheduled care settings identify vulnerable children. Data relating to children (including unborn children) with a Child Protection Plan (CPP), or with Looked After Status (LAS) is securely transmitted to and stored in CP-IS on the NHS Spine and is presented as a flag indicating the patient is a vulnerable child.

Training data for safeguarding children is set out in table 2 below. Whilst improvement in compliance is evident at all levels, the objectives for the coming year will be to attain 90% and above at all levels.

Table 2 - training compliance children's safeguarding

	Level 1	Level 2	Level 3
April 2017	78.23%	65.56%	86.5%
May 2018	90.14%	82.59%	94.57%

Learning Disability Liaison Nurses

The LDLNs within the BHT Safeguarding Team demonstrate a high level of expertise and skill in their understanding of the needs of people with learning disabilities and their carers. They have an increasing level of visibility within acute hospital services and they provide much needed support to frontline clinicians so as to enable them to better support learning disabled.

The key areas of focus in the work of the LDLNs are:

- to ensure BHT services are meeting the needs of people with a learning disability and/or autism;
- to facilitate access to acute healthcare services by people with learning disabilities and/or autism;
- to facilitate reasonable adjustments to support the often complex care needs of LD patients so as to avoid preventable harm or untimely deaths within this vulnerable group;
- to adopt a consultative and advocacy role to facilitate inter-agency and inter-professional communication in primary care and mainstream services
- to participate in and advise on death reviews for LD patients.

Karen Howsam - Learning Disabilty Liason Nurse

Nichola Edmonds - Learning Disabilty Liason Nurse

Learning from never events

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

Definition of a Never Event
NHS England provides technical guidance on the specific criteria for inclusions and exclusions of what constitutes a Never Event. They are '…a subset of serious incidents.' NHS England Revised Never Events Policy and Framework 2015 – definition extract from p.7 &8

The Never Events List was updated in February 2018, with the list and supporting documentation accessible on the NHS England website, and with the inclusion of two new Never Event categories – although one category is currently suspended by NHS England, pending clarifications.

During 2017/18 Buckinghamshire Healthcare NHS Trust reported 3 Never Events :-
The date, number and categories of Never Events were :

Quarter 1 (Q1) - Retained swab in surgical pressure ulcer debridement (1)
Q1 - Incorrect size of cup liner used during a total hip replacement (1)
Q4 - Wrong lens inserted during a complex cataract procedure (1)
Q2 and Q3 2017/18 – (zero)

In all cases Duty of Candour was applied in a timely manner to meet statutory and contractual requirements.

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

- Trust wide Human Factors Training was a focus in 2016/17 and with the learning now being applied within teams and referenced in Serious Incident reports with a deeper understanding of how individuals function within teams and systems, with further discussion needed on the different types of Human Factors.

- The WHO (World Health Organisation) checklist process needs to be reinforced in theatre environments, and clinics where invasive procedures are undertaken, with an emphasis on the importance of articulating checks out loud to other clinicians within the team.

- Peer review of current practice will provide assurance that correct safety checks are being followed, and identify areas for improvement.

- Daily Safety Huddles have been introduced across the trust to highlight any lists that are 'at risk', for example, with inexperienced staff, and any specific additional actions required by the theatre staff, and teams on wards to ensure patient and staff safety.

- Robust swab and instrument checks are essential and should involve early recognition of the size and type of swab to be used, with the Theatre Leadership Team advocating for uninterrupted swab counts regardless of the time it takes.

- Where teams are familiar with each other's practice, assumptions can be made in regard to decisions and instructions which can introduce risk into a task. High performing teams will articulate decisions and instructions, for example, when requesting an implant for a procedure the cross referencing between the size and dimensions of the implant required, and the labelling on the package should be verbalised by both team members.

Public engagement and involvement

Following extensive engagement during 2016 with patients, GPs, staff, other health and social care organisations, voluntary organisations and local communities, the community hubs pilot was launched in Marlow and Thame in April 2017 to develop and test our vision of providing more care closer to home. The community hubs are part of our plans to provide more care closer to home to:

- Support people to keep themselves healthy and live well, age and stay well
- Enable more people to live independently for longer
- Create the right health and support in the community in order to reduce pressure on our hospitals and GPs.

Initial results from the implementation of the hubs are as follows:

- The community assessment and treatment service at Thame and Marlow has seen 1027 people from April 2017 to March 2018 which is in line with the proposal estimate.
- Less than 1% of patients seen by the community assessment and treatment service were subsequently referred to A&E.
- 2,439 patients seen in the multidisciplinary day service assessment (MUDAS) at Wycombe Hospital in 2017/18 - an increase of 25% on the previous year.
- There have been no overnight packages of care required so far during the pilot, other than transitional beds already commissioned as part of the 'discharge to assess' project.
- There has been a 60% increase in outpatient appointments offered at the two sites.
- We have worked with a range of stakeholders to develop and refine the pilot; they are supportive of the work achieved to date and the continued development of the hubs model as part of the wider community transformation programme.

Central to the development of the hubs has been the co-design with local people through the stakeholder engagement group. The stakeholder engagement group is chaired by our system wide chief nurse and director of communications. It comprises of representatives from Healthwatch, Marlow and Thame Community Hospitals' Leagues of Friends, Thame and District Day Centre, Marlow and Thame town councils and patient participation groups of local practices. The group acts as a critical friend to the pilot, helping us to review how the new services are working and performing against key indicators, as well as helping us to shape how we can engage and involve people in the on-going development. The group has been meeting every six weeks since the pilot began, reviewing the activities of the hubs, the feedback we have had from people that have used the services and they have made suggestions to refine and improve the model. All information, KPIs and minutes from the meetings are published on the Trust's website.

Between September 2017 and March 2018 the Trust conducted further public and stakeholder engagement. The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county
- To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance
- To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development

Methodology

The involvement and engagement team gathered the views of 352 stakeholders, using a mixed methodology tailored to different groups:

- Focus groups with 28 hub patients
- Appreciative enquiry workshops with 7 hub staff
- 3 telephone interviews with staff from Healthy Minds, Alzheimer's Society and Age UK
- Public engagement workshops in Buckingham, Chalfont, Marlow, Wycombe, Thame, Aylesbury, and Iver, attended by 191 members of the public
- Sessions with 123 members of voluntary sector service user groups, and a patient participation group

This was in addition to the public and community group meetings the Trust was invited to present at and the open days at both hubs. The Trust engaged with over 1000 members of the public through its community hub open days, and meetings of organisations including parish councils, University of the third age, PPG's and stalls at community markets in which there was more general discussion and information giving.

Key findings:

- The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review
- Patients and the public wished to see the current hubs continue and to see the model rolled out across Buckinghamshire, with provision tailored to needs in different areas
- All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential

These findings and the detailed recommendations from the stakeholder engagement will inform the future development of the community hub programme across Buckinghamshire.

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

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

Between October and December 2017 the trust participated in the annual NHS National Staff Survey, together with all NHS Trust's in England. All 5782 staff colleagues were invited to participate and received a paper survey questionnaire, some 2846 surveys were returned having been completed realising a 49% response rate. This compared favourably with other combined acute and community trusts where the response rate was 43%.

The annual national staff survey reviews a number of key areas of NHS activity. In 2017 the trust reported one statistically significant improvement and three deteriorations compared with 12 statistically significant changes in 2016 across a number of areas of the 32 areas measured. The key findings are themed under 9 areas including equality and diversity.

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

The trust is ranked above average for this key finding with a score of 87%. The national average is 85%. There were slight deteriorations in this key finding for both BME and White staff. The picture is somewhat different when we look at different staff groups, healthcare assistants and support staff scored lower than the trust's score while the highest scoring staff group was managers and medical and dental staff. Four out of the five clinical divisions scored above 87% for this finding.

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

The Trust is ranked better than average for this key finding with a score of 20% compared against the national average of 24% and has been improving since 2015. However, the picture is somewhat different when we look at this key finding in relation to different staff groups; managers score the highest in terms of experiencing these unwanted behaviours and support staff score the lowest and two out of the five clinical divisions scored 20% or lower for this key finding.

Fewer BME staff experienced harassment, bulling and abuse from staff in 2017 when compared with 2016 whereas there was a slight deterioration for White staff over the same period, 20% in 2016 compared with 22% in 2017.

In this key finding we're looking for the lower the score the better.

Triangulation with Staff survey and patient survey data

2017 has been a year of consolidation for the Trust and given the scale of the improvement between 2015 and 2016 it was unlikely that we would be able to improve on this significantly. Unsurprisingly we remain average when compared with other combined and acute organisations with 19 key finding being ranked average and 9 better than average and 4 worse than average, despite working in a very challenging landscape. In relation to staff satisfaction with the quality of work and care they are able to deliver (KF2) we scored average and above better than average in the finding relating to staff agreeing their role makes a difference to patients and service users (KF3). These results echo the findings nationally where both of these indicators have dipped slightly from 2016.

The Trust's top 5 ranking scores are positive indicators of our continued focus and commitment as an organisation to support staff with their health and wellbeing and cope with the many challenges they face daily. For all of the indicators around health and wellbeing (KF17, 18 and 19) we scored just below better than average when compared with similar trusts. Added to that we have continued to invest in our leadership and management programmes and KF10 - support from immediate managers - was the only statistically significant improvement we made in 2017.

Extra Information

Staff advocacy as measured by the quarterly staff friends and family test have mostly been improving every quarter.

Recognising great professionalism and care

Monthly CARE awards

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

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

Recipients of **CARE** awards are invited to a special ceremony that's a part of each public board meeting to collect their award from the Chief Executive.

Annual CARE awards

Our annual staff awards recognise and celebrate the achievements and commitment of individuals and teams working for Buckinghamshire Healthcare NHS Trust. Award winners are staff, volunteers and contractors who demonstrate safe, compassionate care and who embody our values and behaviours; Collaborate, Aspire, Respect, Enable.

Excellence reporting

For many years now the Trust has utilised incident reporting as a way to learn from the errors that we manage during our working lives. However, it's important that we learn from positive experiences too, the times of outstanding care and service. We need to know about these examples as much as we need to know about the adverse incidents that occur and here is your opportunity to help.
Staff are invited to submit their experiences of excellence at work to become part of the organisation's shared learning. Examples could be anything from positive outcomes for patients following effective escalation of deteriorating conditions to a particularly helpful member of staff going out of their way to ensure that someone's care pathway runs smoothly. Excellence reports identify specific examples the Trust can learn from and replicate elsewhere across the organisation.

Thank you cards

Our Trust thank you cards can be used by all managers to make it a little easier to acknowledge good work as it's being delivered. They are not as formal as nominating someone for a CARE award, or submitting an excellence report, and are used for acknowledging effort 'in the moment', as part of our day to day activities.

The premise for the "thank you" cards is simple – managers, going about their day to day activities, if they spot someone "going the extra mile" or clearly exemplifying our CARE values, someone who just gets on and does their job quietly and effectively, or indeed if a staff member does something "out of the ordinary" then they use the supply of "thank you" cards to acknowledge this there and then on the same day.
Managers are encouraged to write a personal message on the card about what they witnessed and then give the card personally to the member of staff concerned.

Who we have involved in the Quality Account

1. We invited colleagues within the Trust to contribute to this Quality Account. The Quality Account was drafted by a Trust manager from the Quality Management team.

2. We wrote to the local Clinical Commissioning Groups, the local Health Watch and the Buckinghamshire Health and Social Care Committee chair inviting their contribution. The report draft is circulated giving 30 days for their comments on the report to be added in this section.

3. These are added as appendices.

Statement from Clinical Commissioning Group

Statement from Clinical Commissioning Groups (CCGs)

NHS Aylesbury CCG, NHS Chiltern CCG, (in new organisational form as of the 1st April 2018 Buckinghamshire CCG) response to Buckinghamshire Healthcare NHS Trust Quality Account 2017/2018

Chiltern, Aylesbury Vale Clinical Commissioning Groups (CCGs) have reviewed the Buckinghamshire Healthcare NHS Trust Quality Account against the quality priorities for 2017/2018. There is evidence that the Trust has relied on both internal and external assurance mechanisms, to provide a comprehensive Quality Account review.

The Quality Account demonstrates the Trust has made some progress in the quality priorities identified for the year under review, of the 13 areas identified as requiring quality improvement 4 areas met the quality priorities, 2 areas were partially met and 7 areas were not met, the areas that are considered to be partially or not met are to be carried over into the 18/19 Quality priorities.

Quality Priority 1 – Reducing Mortality

The CCG is pleased to note that the Trust has achieved a further reduction in Hospital Standard Mortality Ratio (HSMR) from 92 to below 90. Commissioners are assured that the mortality review process is being successfully embedded within the clinical teams, the observed and expected mortality rates still continue to fall and remain under monitoring and review.

The CCGs recognise the Trust has been working hard to improve the management of the deteriorating patient and there is further work to improve clinical escalation.

The Trusts target for patients to go to theatre within 36 hours following an emergency admission with a fractured neck of femur has achieved a 71% result we look forward to seeing the results of the trauma demand and capacity review with an expected improvement in results in excess of 80% during 2018/19.

The Trust has highlighted Improving door to needle time for patients presenting with sepsis within an hour has not met the 75% standard. Commissioners will continue to review this area with the Trust during 2018/19 with the expectation of achievement of the required standards in 2018/19.

Quality Priority 2 – Reducing Harm

The CCGs recognise the Trust has achieved a reduction of 7.4% in all falls in inpatient settings and has achieved a reduction in falls with moderate or severe harm (7 falls).The Trust continues to roll out the local initiative 'Stay in the Bay 'across the Trust, the CCGs would like to see further improvements in this area during 2018/19 and will continue to support the Trust with this improvement activity.

The Quality Account highlights the Trust is working to reduce avoidable grade 3 and 4 pressure ulcers across both acute and community services, during this year, the incidence of avoidable pressure ulcers has increased. The root cause analysis for these cases revealed within the Quality Account that there was late identification of pressure ulcers.

There was a recognition that some of these patients were nursed in A & E trolleys for prolonged periods of time that contributed to the occurrence of pressure ulcers. In some cases, the documentation was poor with regard to patients' pressure areas. The CCG would like to see improvements in these areas for 2018/19 and to see that the learning from these root cause analysis are utilised to inform planning for the Trust during times of increased pressure.

The Quality Account highlights the Trust was not compliant in reducing avoidable MRSA bacteraemia or Clostridium difficile infections. The CCGs note that the Trust has developed a deep cleaning process across all in-patient areas, the Trust will monitor implementation and expect to see the Trust achieve improved performance in this area during 2018/19, it should be noted this will remain an area of focus for both commissioner and the Trust during this period of review.

During 2017/18 Buckinghamshire Healthcare NHS Trust reported 3 Never Events:-

The date, number and categories of Never Events were:

Quarter 1
Retained swab in surgical pressure ulcer debridement (1)
Incorrect size of cup liner used during a total hip replacement (1)
Quarter 2 and Quarter 3 2017/18 – (zero)
Quarter 4 - Wrong lens inserted during a complex cataract procedure (1)

The Trust highlights in its Quality Account that that there was important collective learning to be undertaken and this is covered in detail within the quality account with example areas of focus on action planning and improvement work from an external review conducted within the Trust, focussed activities around Human Factors and The World Health Organisation (WHO) checklist to include reviews of process and embedding safety huddles for list areas that are considered to be at risk.

Quality Priority 3 – Great Patient Experience

The CCG are pleased to identify that the Friends and Family Test (FFT) for the Trust has seen an improvement in response rates by 9% and a sustained approval rating at 95% for the Trust.

Furthermore the CCG looks forward to seeing the Trusts Patient Experience Strategy embedded across the Trust and reported progress on implementation during 2018/19 to the CCG demonstrating improvements in the patient's experience.

Quality Improvement Programme 2017/18

The CCG would like to highlight that previously submitted areas of focus as detailed below and in our letter of the 8th March 2018 were not commented on within the Quality account for 2017/18:

- Reducing perinatal mortality
- Use of the workforce resource planning tool to support the 'Care Hours per Patient Day' programme
- Embedding and sustaining retired CQUINs from the 2016/17 financial year
- Progress of the Safeguarding Strategy implementation

The Quality Improvement Programme 2018/19

The CCGs would like to confirm its commitment to the Trusts agreed core delivery areas to maintain a culture of continuous improvement in delivering high quality patient care as detailed in the areas outlined below; and additionally the areas carried over from the 2017/18 Quality Improvement Programme.

1. Implement a Culture of Safety – includes establishing and embedding the SAFER bundle and a single transfer of care process.
2. Listen to Our Patient Voice – A focus on improving three main areas, 12 hour waits in A&E, Outpatient cancellations and turnaround time for To Take Out medicines (TTOs).
3. Develop a Learning Organisation – A focus on reducing Hospital Standardised Mortality Ratio, Sepsis and cardiac arrests.

The Quality Account provides a detailed overview of the Trust's performance over the last 12 months and clearly identifies the achievements within the period reported, but also areas within service delivery where improvements could be made. We are grateful to the Trust for working in such an open and transparent way with Commissioners and wider stakeholders. The Trust has demonstrated a commitment to working collaboratively with commissioners and we will continue to work together to support the Trust on its improvement journey

Yours sincerely,

Lou Patten
Chief Executive
Oxfordshire and Buckinghamshire Clinical Commissioning Groups

Statement from Healthwatch Bucks

Response to Buckinghamshire Healthcare Trust Quality Account 2017-18

The structure of this document is explained on page 4. It says it will be in three parts. Before Part 1 there is a long section on "divisional achievements". This looks at the many successes of some areas of the Trust over the last year. It is not clear how this helps provide a balanced picture to the public of the quality of service delivered over the last year. The document is also difficult to read and very long.

Healthwatch Bucks would welcome the opportunity to work with the Trust over the next year to look at how quality accounts are presented by other trusts and how this document could be made clearer and more accessible to the residents of Buckinghamshire. We would also like to understand more about how patients can be involved in reviewing the quality of the service provided.

Part 1
This was not available for comment.

Part 2
The results presented in Part 2 are mixed. We note that:

- the Friends and Family Test (response rates/approval rating) objectives have been met. But, we don't think this is a useful way of measuring of patient engagement or making sure patients have a great experience.

We also said this in our response to last year's quality accounts;

- We note that complaint response times have got much better;
- There is no change in staff recommending the Trust from 2016/17 to 2017/18;
- The C. difficile infection rate has increased since 2015/16;
- the "responsiveness to personal needs" is still improving and approaching the national average;
- The Patient Survey results for 2017 are not shown.

We know that it is important to show that the Trust is improving in the way the Care Quality Commission has asked it to. But we find that progress is difficult to track because the priorities change from year to year. For example, there are no "Falls per 1000 bed days" statistics provided this year. And next year, falls and pressure ulcers are not part of the Quality Improvement Plan.

Part 3
We note the reduction in the proportion of BAME staff reporting that they had experienced harassment, bullying or abuse from other staff members. At Healthwatch Bucks, we think staff who are happy at work are more likely to provide patients with a good experience. We would have liked to see more information from the staff survey.

Overall, we would like to congratulate everyone who works for the Trust on the achievements of the last year. There has clearly been significant progress in many areas.

Thalia Jervis
Chief Executive

Phil Thiselton
Head of Data & Intelligence

Statement from Health and Adult Social Care Select Committee

Buckinghamshire County Council's Health and Adult Social Care (HASC) Select Committee holds decision-makers to account for improving outcomes and services for the residents of Buckinghamshire. The Committee scrutinises issues in relation to NHS services, including how services are commissioned and the overall performance of the services.

As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for 2017/18.

We note the following particular successes:

- Improvements in sepsis awareness and screening;
- Opening of a second cardiac catheter Lab;
- Appointment of an Innovation Manager to drive further innovation projects;
- Introduction of an Eye Clinic Liaison Officer in the region;
- Developing the community hubs as part of the Trust's "Developing Care Closer to Home" vision;
- The work with the local authority, coroner's office and registrar to promote the new role of the medical examiner highlighting integrated working across the system.

Part 2 - Quality Priority (A) – Reducing mortality and maximising best possible outcomes
The draft quality account was missing performance data for 2016/17 for 3 targets. Nevertheless, the status showed that the target was "not met" for these 3 which is disappointing. We will be reviewing the performance data in more detail over the coming months to seek reassurance that improvement plans are in place to meet all the targets in this area.

Quality Priority (B) – Keep people safe and protect them from avoidable harm
Again, it was disappointing to see that the four targets in this area have not been met with one target showing an increase from last year (in the incidences of avoidable pressure ulcers). We note the actions identified to improve the situation and will be closely monitoring this.

Quality Priority (C) – Engage people in their care and ensure a great experience
We note that the targets in this area have all been met but would like to see an even greater increase in the response rate in the Friends and Family Trust. It would also be useful to know how many complaints have been received as the target around response time to those who complain can only be understood if the numbers of complaints is also reported.

Part 3 – The Care Quality Commission
We were disappointed to read that the CQC's unannounced, focussed CQC inspection in September 2016 resulted in the Trust's overall rating of "Requires Improvement" remaining unchanged. We acknowledge the challenging times facing the Trust in its journey to bring services out of "Requires improvement" and we note the themes for improvement which arose from the inspection. We look forward to reviewing and challenging the improvement plans around these areas over the coming months. We note that the caring rating remains "Good".

Conclusion
As our role is to ensure Buckinghamshire residents receive high quality services and a good patient experience, we will be reviewing and monitoring the performance data against targets over the coming months and we hope to see an improvement in the priority areas identified above.

Over the last 12 months, the Health & Adult Social Care Select Committee has been reviewing the community hubs pilot taking place in Marlow and Thame. The Committee recently agreed to support the continued development of these hubs as part of the Trust's vision for developing care closer to home. Whilst supporting it, the Committee had a number of concerns, particularly around patient and public engagement and would like to see this as central to any future plans. Transport to and from the hubs also needs to be considered at the outset of any future development. We will be monitoring the progress over the coming months.

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

Submitted by County Councillor Brian Roberts, Chairman of the Health and Adult Social Care Select Committee

Date: 11 June 2018

Statement by Directors

Statement of directors' responsibilities in respect of the Quality Account 2017/18

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

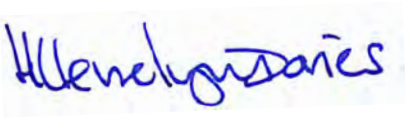
In preparing the Quality Account for 2017/18, directors are required to take steps to satisfy themselves that:

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

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

By order of the Board

29 June 2018



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Chair

29 June 2018

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Chief Executive

Appendix 2- Auditors Limited Assurance Report

Independent Practitioner's Limited Assurance Report to the Board of Directors of Buckinghamshire Healthcare NHS Trust on the Quality Account

We have been engaged by the Board of Directors of Buckinghamshire Healthcare NHS Trust to perform an independent assurance engagement in respect of Buckinghamshire Healthcare NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- Rate of Clostridium difficile infections ("CDIs") per 100,000 bed days for patients aged two or more on the date the specimen was taken during the reporting period.
- Percentage of reported patient safety incidents resulting in severe harm or death during the reporting period.

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

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

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

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

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period April 2017 to June 2018;
- papers relating to quality reported to the Board over the period April 2017 to June 2018;
- feedback from the local commissioners;
- feedback from Healthwatch Bucks;
- feedback from the Health and Adult Social Care Select Committee;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009;
- the national patient survey;
- the national staff survey;
- the Head of Internal Audit's annual opinion over the Trust's control environment for 2017/18 2018; and
- the 2017/18 annual governance statement

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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

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

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

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the

precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

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

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

Our audit work on the financial statements of Buckinghamshire Healthcare NHS Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Buckinghamshire Healthcare NHS Trust's external auditors. Our audit reports on the financial statements are made solely to Buckinghamshire Healthcare NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Buckinghamshire Healthcare Health NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Buckinghamshire Healthcare NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Buckinghamshire Healthcare NHS Trust and Buckinghamshire Healthcare NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion
Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018

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

Grant Thornton UK LLP
Chartered Accountants
30 Finsbury Square
London
EC2A 1AG

29 June 2018

Appendix 3 – Glossary

A&E	Accident and Emergency department
BCCR	Buckinghamshire Care Co-Ordination Record
BHT	Buckinghamshire Healthcare NHS Trust
BTS	British Thoracic Society
CARE	Collaborate, Aspire, Respect and Enable
CCGs	Clinical Commissioning Groups
C.diff	Clostridium Difficile
CCS	Clinical Classification System
CEM	College of Emergency Medicine
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CRM	Cardiac rhythm management
CURB	Pneumonia severity score calculator
CYP	Children and Young People
DAHNO	Data for National Head and Neck Cancer Audit
DFI	Dr Foster Intelligence
ED	Emergency Department
EoLC	End of Life care
ERP	Enhanced Recovery Programme
ESD	Early Supported Discharge
FFFAP	Falls and Fragility Fractures audit
FFT	Friends and Family Test
GI	Gastro-intestinal
GPs	General Practitioners
HbA1C	HbA1c is a term commonly used in relation to diabetes
HCAs	Healthcare assistants
HSCIC	Health and Social Care Information Centre
HSMR	Hospital Standardised Mortality Ratio
IBD	Inflammatory Bowel Disease
ICNARC CMP	Adult Critical Care Case Mix Programme
ICU	Intensive Care Unit
IM&T	Information management and technology
IV	Intravenous
JAG	Joint Advisory Group accreditation
LOS	Length of stay
MBRRACE-UK	Maternal, Newborn and Infant Clinical Outcome Review Programme
MINAP	Acute coronary syndrome or myocardial infarction audit
MDT	Multi-disciplinary team
MQEM	Macmillan Quality Environment Mark
MRSA	Methicillin Resistant Staphylococcus Aureus
NAOGC	National Oesopghago-Gastro audit
Nat Av.	National Average
NBOCAP	National Bowel Cancer Audit Programme
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into patient outcomes and deaths
NDA	National Diabetes Core Audit
NDFA	National Diabetes Foot Care Audit
NELA	National Emergency Laparotomy Audit
NEWS	National Early warning signs
NHS	National Health Service
NICE	National Institute of Clinical Excellence
NIV	Non-invasive ventilation
NJR	National Joint Registry
NLCA	National Lung Cancer audit
NLMS	National Learning and Management System
NNAP	Neonatal Intensive and Special Care audit
NPDA	National Paediatric diabetes audit
NRLS	National reporting and Learning System
PAS	Patient Administration System
PCs	Personal computers
PEST	Psoriasis epidemiology screening tools
PFI	Private Finance initiative
PLACE	Patient Led Assessment of the Care Environment
PROM	Patient related outcomes measures
RCPCH	Royal College of Paediatrics and Child Health
RPS	Royal Pharmaceutical Society
SHMI	Summary Hospital-level Mortality Indicator
SSNAP	Sentinel Stroke National Audit Programme
TARN	Trauma Audit & Research Network
TEP	Treatment Escalation Plan
TMC	Trust Management Committee
T&O	Trauma and Orthopaedics
VIP	Visual Infusion Phlebitis Score
VTE	Venous Thrombo-embolism
WHO	World Health Organisation