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Dear Councillor MacBean,

BHT Quality Account 2020/21 - Health & Adult Social Care Select Committee Statement

On behalf of Buckinghamshire Healthcare NHS Trust, I would formally like to thank members of HASC for taking the time to review the 2020/21 BHT Quality Account and for your positive feedback regarding this year's report.

I would like to take this opportunity to respond to the questions posed by members:

1. *The quality account refers to 2,700 cataract operations since May 2020 but how does this compare to previous years. Also, how many patients are waiting for operations and what is the timescale to reduce the backlog to normal waiting times?*

Before COVID, we averaged c. 390 cataract operations a month. Our current waiting list is c. 1,700. Some of those waiting for an operation reside in care homes and due to care home policies, have been unable to come in for surgery during the pandemic. We are working with our infection prevention control team to create a new pathway specifically for this group of patients, and those who have difficulty self-isolating prior to admission, which will start later this month.

We expect that it will take at least 9 months to reduce the backlog to normal waiting times but are pleased to report that we have reduced the waiting time from referral to first outpatient appointment to 6 weeks for cataract referrals.

2. *Whereabouts is the Trust in terms of delivering its 5-year IT strategy? Linked to this, whilst the increase in virtual appointments offers benefits for some patients, how will the Trust manage the appointment system for those who do not have access to the necessary technology?*



The 5-year strategy (2019-2024) identified three pillars – Technology, Digital and Information that provided the IT organisation and programme structure required to deliver against our strategic objectives. It was recognised in the strategy that our initial focus needed to be on the Technology pillar which would enable the Trust to deliver a resilient, reliable, scalable, secure and performant technology infrastructure that additionally would provide the platform needed to meet the requirements of the Digital and Information pillars. Significant progress made in this during 2020/21, with over £23m in capital funding secured. With this funding, four major technology multiyear programmes were approved and are now either completed or underway:

- Mobile working – the move to new PCs and Windows 10 for all staff across the Trust. This project successfully completed in May 2021.
- Networks – in partnership with the council, the end to end transformation of our entire voice and data network, now underway with major implementations scheduled starting Q3 2021/22.
- Data Centre – again in partnership with the council, the transformation of our server and storage estate with the move to the cloud, again now underway with implementation starting Q3 2021/22.
- Telephony – the replacement of our legacy and aging telephony infrastructure with a new cloud-based telephony solution supporting the increasing requirement for agile working across the Trust. This project is underway and is scheduled to complete by the end of 2021/22.

This commitment and progress allows us to now begin to focus on the Digital pillar. Like much of the health and care system there has been an acceleration in the adoption of digital technology such as video consultation to continue provision of safe care while many patients were spending their time at home. Highlights of our digital transformation include:

- Hospital digitisation – critical patient information is now captured digitally which is improving our ability to improve safety and outcomes. We are now establishing a programme to rapidly adopt best practice use of our core systems, such as System-C CareFlow Electronic Patient Record, which will improve our ability to plan and deliver the best possible care to all patients.
- Shared Care – working with partners across Buckinghamshire we have established myCareRecord. This provides GPs, mental health services, ambulance, hospital and social care staff with appropriate access to patient data. This essential capability helps staff to access previous diagnosis, test results and more in order to help provide the best quality care.
- Supply chain management – We have implemented real-time digital monitoring of oxygen levels to ensure continued safe supply throughout the hospital sites.
- Care at home – we have implemented virtual wards which provide the ability to medically monitor patients while in their own homes – in order to help those who can stay at home safely to do so. We are investing in video consultation and plan to launch

this in Q3 2021/22 which will help those who are confident to do so receive timely care in a safe and efficient manner. This will continue to protect face to face capacity for those who prefer to receive care in that way.

3. *The account refers to a temporary suspension at the Wycombe Birth Centre to maintain the safety of both patients and staff and the implementation of the continuity of carer midwifery model for those choosing Aylesbury Birthing Centre. What are the plans for the Wycombe Birth Centre based on the above comments in the Quality account?*

Delivering Better Births is a key priority for Buckinghamshire Healthcare NHS Trust. In line with the NHS Long term Plan, the Trust is committed to providing safe personalised care, choice and continuity of carer to women and birthing people

The suspension of some services at Wycombe Birth Centre during the pandemic has been essential in order to maintain safe staffing across all maternity services at BHT. This has meant that Wycombe Birth Centre has not been available as an option for place of birth and we know that this has affected about 130 women over the year. We continue to offer antenatal and post-natal care at Wycombe Birth Centre and we have continued to offer three options for place of birth at home, alongside midwifery led birth centre and the main labour ward at Stoke Mandeville Hospital.

The Trust will be aiming to recruit new midwives over the summer. This, combined with the students who will complete their training in October, will enable us to implement continuity of carer as part of the Trust's commitment to delivering Better Births in Buckinghamshire:
<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

It should also enable us to re-open Wycombe Birth Centre as an option for women due to give birth – hopefully from December 2021,

The new community-based continuity of carer midwifery teams will include teams based in Wycombe providing care to women and birthing people at their planned place of birth including Wycombe Birth Centre. What this means is that a team of midwives will be assigned to support an individual so that the same individuals will provide support throughout the pregnancy, birth and postnatal period.

4. *Will the “Getting to know your Baby” support groups return to being in person? If there are plans to carry on delivering these virtually, have new mothers who have been receiving them virtually been asked for their feedback. There were concerns that this service should be delivered in person.*

Whilst the Trust had to move to virtual sessions during the pandemic for safety reasons, we agree that this service should be delivered in person and the take-up of virtual sessions was much lower than we would normally see. We are currently liaising with Family Centres and as soon as venues are confirmed, we will move back to delivering the “Getting to know your baby” sessions in person.

5. *We have commented on concerns about staffing levels in the statement but there are also concerns about the CQC imposed conditions on staffing levels at Amersham Hospital and Buckingham Community Hospital. We would like to receive an update on how this is currently being handled and what the plans are for both these sites.*

Whilst the Trust received a Good rating following its inspection in 2019, with Outstanding for Caring, the Care Quality Commission (CQC) imposed conditions regarding staffing levels in its community inpatient wards. The Trust was unable to meet these conditions due to a shortage of nurses and therapists so took the difficult decision to temporarily close one of three inpatient wards, Chartridge, at Amersham Hospital. This enabled the Trust to concentrate staff across two wards instead of three, ensuring safe staffing at all times and providing a better experience for patients.

Recruitment for staff to work at Amersham Community Hospital has remained difficult but we have recently been successful with the appointment of 12 nurses – including six from overseas. As a result, we will be able to reopen Chartridge Ward towards the end of August. Buckingham Community Hospital is almost fully recruited to in all posts.

We continue to report on staffing, quality and safety in our community hospitals to the CQC on a monthly basis.

6. *When will the new build in A&E for vulnerable patients with mental health needs be completed and what will the KPIs be for measuring the quality of this service?*

The current completion date is by the end of August 2021, which incorporates a separate area for patients with mental health needs that require urgent medical attention as well as those with mental health needs that are medically stable but need to be reviewed by the Psychiatric Liaison Service (provided by Oxford Health), or who are waiting to be transferred to a psychiatric inpatient facility such as Whiteleaf.

There are no specific KPI's for this service but as with all referrals, we monitor referral to treatment times as well as measuring satisfaction through the Friends and Family Test and reviewing formal complaints.

7. *Within the clinical audit information, we noted that the Trust had withdrawn from the National Asthma and COPD Audit Programme and would like to know what the reasons were for this.*

The Trust suspended data submission during the early part of 2020/21 due to the pressures of COVID-19 on the respiratory team. Since publication of the Quality Account, the team has been working hard to enter data retrospectively and 35 asthma audits and 156 COPD audits have now been submitted for 2020/21.

8. *Page 93 of the quality account provides details on C. difficile infections and we wanted to query the data in the table. It states the reporting period for 2019/20 but last year, due a reporting algorithm, the data was missing so wanted clarification on whether this data related to 2020/21. The number of cases were the same for 2019/20 and this year (27 cases were avoidable in both reporting periods) so we would like some clarity around this section of the Quality Account.*

The data stated from Public Health England per 100,000 bed days is up until 2019/20, as Public Health England has not yet published this data for 2020/21. In 2020/21 there were 36 cases of healthcare associated C. difficile infection, three of which were avoidable.

9. *The Trust provides examples of learning from complaints but we were surprised to read about the dedicated cleaners appointed to ensure A&E is thoroughly cleaned during the night. We would have expected 24-hour cleanliness of A&E to be a core task for the Trust so would like to understand this issue in more detail.*

Thank you for pointing out what was a misleading statement in the draft Quality Account which has since been corrected. 24-hour cleaning has always been in place in A&E. The dedicated cleaners referred to in the draft Quality Account is in addition to the usual cleaning regime. This allows specific areas to be deep cleaned after one patient has been discharged and before the next is treated as part of our rigorous infection prevention control procedures.

10. *Whilst recognising the CQC rating of Outstanding in the caring category, we would like to know what work is being undertaken to improve the Requires Improvement rating in the Well-Led category.*

Buckinghamshire Healthcare NHS Trust's CQC Report in June 2019 provided the Trust with an overall rating as 'good' and 'outstanding for caring'.

The report can be found here [Buckinghamshire Healthcare NHS Trust \(cqc.org.uk\)](https://www.cqc.org.uk/location/buckinghamshire-healthcare-nhs-trust)

The CQC report outlined the following strengths under the Well Led domain:-

- The Trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the services promoted a positive culture that supported and valued staff.
- In general services had a positive, inclusive and collaborative culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with said they were proud to work at the hospital.
- Services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Services was committed to improving by learning from when things went well and when things went wrong.

Below is an update on the Trust's progress against each of the CQC's recommendations:

Recommendation	Progress July 2021
At the executive level some essential roles, key to the trust moving forward were being covered by interim appointments.	As at July 2021 all Executive posts except for the Chief Medical Officer (CMO)are filled with permanent posts. Following the retirement of the substantive CMO, the CMO post is currently being filled by an internal secondment with a national search process currently being conducted for a replacement.
Some of the Trust's enabling strategies were still under development which would	The Trust has subsequently approved enabling strategies for People, Digital and

be key to turning the plans into action.	Estates areas.
<p>At Board level (the governance framework) these had not always been effective, for example the Trust's current financial position had been contributed to by the board and executive team not being fully sighted on the risk relating to a change in contract and the impact of this.</p>	<p>Revision of governance mechanisms has taken place and been implemented since the CQC report.</p> <p>In May 2019 the Trust received enforcement action by NHSE/I due to the state of its finances at the time. The Trust met with NHSE/I through undertakings meetings throughout 2019/20 and succeeded in meeting the financial requirements set and achieving its revised financial plan.</p>
<p>Services collected, analysed, managed and used information well to support all its activity, using innovative and best practice electronic systems and processes. Although information was not always presented and used in an informative way.</p>	<p>The Trust has revised the way it presents its information including a revised integrated performance report which is presented at the Trust Board in public.</p>
<p>The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, whilst there was a governance structure in place some aspects were reactive rather than proactive.</p>	<p>The Trust has revised its risk management approach to ensure we are better at predicting future risks. A new Board Assurance Framework enables the board to assess risks proactively and understand actions and mitigations as a result.</p>

Please do not hesitate to contact me if you have any questions regarding the information provided above.

Yours sincerely,



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