OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Report from Chair of Quality and Clinical Governance Committee (Q&CGC)
Date of Committee 20 November 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 16 October 2024	Minutes **approved**	None	Refer to Audit Committee for noting	n/a
Actions & Matters Arising	<u>Aseptic Audit Update</u> Details of the risk assessment of the aseptic unit	Committee **assured**, noting the following: - Further work planned with colleagues to progress this - Risk to be escalated to Corporate Risk Register	None	n/a	n/a
Integrated Performance Report (IPR)	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance Data related to October 2024	Committee **assured**, recognising the common cause variation across quality metrics	Further detail on themes related to the clinical accreditation programme Consider whether the rise in self-neglect cases is impacting on community-acquired pressure ulcer numbers	n/a	To note Committee discussions when considering the full report
Pressure Ulcer Report	Overview of incidences of pressure ulcers during September 2024 with an update on the quality improvement action plan in place	Committee **assured**, noting: - Positive Trust performance when benchmarked locally - Use of the Quail tool to support theming of information		n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Quality & Safety Quarterly Report	Quality and safety metrics for Q2 2024/25 aligned to the Quality Priorities for the year and split into Patient Safety, Patient Experience and Clinical Effectiveness	Committee **assured**, noting the following: - This was a new and helpful dashboard - Feedback from the Executive Management Committee (EMC) on further developments including greater triangulation of information - Development of the Appreciative Inquiry approach in presenting and considering such reports	None	n/a	n/a
Patient Safety Incident Response Framework Quarterly Update	Update on progress against the PSIRF priorities and implementation plan for Q2 2024/25	Committee **assured**, noting: - Patient Safety Summit planned for January 2025 to review incident themes across the year and set 2025/26 Quality Priorities	Greater articulation of the patient voice, recognising engagement with patients and families as a key part of PSIRF	n/a	n/a
Maternity Quality & Safety Reports incl. Perinatal Quality Surveillance Model (PQSM)	Overview of current maternity quality and safety issues focussing on perinatal morality and morbidity, themes arising from litigation, complaints and compliments, colleague and patient feedback and any sources of external assurance PQSM provided as an overview of maternity issues aligning with NHS England guidance and NHS Resolution standards for Q3 2024/25	Committee **assured**, noting: - Imminent digitalisation of maternity services - Importance of culture and the improvements reported related to the culture within maternity services - The presence of an immediate internal review following any deaths ahead of the full formal external review	Further focus on health inequalities, particularly related to perinatal mortality and underrepresented groups, following the implementation of Badgernet	n/a	To take assurance from the report and Committee discussions

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Maternity Staffing Report	Six-monthly report considering staffing and workforce planning for maternity services	Committee **assured**, noting: - Recruitment of students into the department	n/a	n/a	To take assurance from the report
Picker Maternity Survey Results Results under embargo	Summary of results from the 2023 survey, undertaken in Q1-2 2024/25 and action plans developed in response to these results	Committee **assured,** noting: - Broadly positive results, achieved in a challenging context - Improvement in the diversity of participants - Small sample size and response rate	Efforts to increase sample size and support improved response rates	n/a	n/a
Safe Staffing	Overview of the nursing and midwifery workforce Q2 2024/25 aligned with National Quality Board Standards	Committee **assured**, noting: - Overall vacancy rate of 6.3% (aggregated position) - Reductions in bank and agency rates **-** Ongoing high levels of operational challenge - Developments in the use of e-Rostering	n/a	n/a	To take assurance from the report
Nutrition Report	Overview of compliance with the National Standards for Healthcare Food and Drink Verbal overview of those items of regulation/legislation related to nutrition and hydration of patients	Committee **assured**, noting: - Plans in place to achieve full compliance - BHT Food and Drink Strategy currently under development	Consider greater articulation of plant-based food items within the strategy Provision of assurance on closure of final actions	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Integrated Safeguarding Report	Overview of activities related to safeguarding during Q2 2024/25 to support the Trust meeting its legal obligations in this area	Committee **assured**, noting: - Ongoing increases in demand, particularly related to the Multi Agency Safeguarding Hub (MASH), mitigated through ICB support - Place based group reviewing referral activity and opportunities for proactive preventative initiatives - Work of the Learning Disabilities team alongside the roll out of the Oliver McGowan training to raise awareness	Consider inclusion of SPC charts within future reports	n/a	n/a
Infection Prevention & Control (IPC) Report	Overview of activity and performance metrics related to IPC for Q2 2024/25	Committee **assured**, noting: - Learning from the implementation of PSIRF - Planned implementation of EPMA and benefits to analysis of prescribing practice - Areas of non-compliance within the IPC Board Assurance Framework (BAF) with actions in place to mitigate	Presentation of rate rather than incident data for infections from Q3 report	n/a	n/a
Patient Experience Annual Report	Overview of patient experience during 2023/24 including actions in place to support future improvements	**Noted**	None	n/a	n/a
Research & Innovation Quarterly Report	Summary of key successes and challenges related to research and innovation during Q2 2024/25	The Committee were **assured,** recognising the proactive approach in seeking different ways to deliver care	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Clinical Harms	Six-monthly review of clinical harms reported due to delays in diagnosis or treatment	Committee, **assured**, noting: - Continued decline in numbers of patients experiencing harm - Plan to conduct a retrospective review of administrative processes related to long waiting patients - Ongoing work to support patients being able to easily contact outpatients should they not have a received a timely follow-up appt	None	n/a	n/a
Mortality Report	Overview of mortality metrics for the Trust including an update on HSMR calculation changes and the risk to HSMR related to coding delays	Committee **assured**, noting: - Hospital Standardised Mortality Ratio (HSMR) continuing to be 'lower than expected' at 92.7 - Increase in volume of coding requirements alongside staffing challenges - Continued use of the Clinical Frailty Score with a need to build this in electronically to support effective coding	Proposal under development to support coding capacity	n/a	To take assurance from the current position
Committee Risks	Overview of strategic and operational risks for which the Committee has oversight; those related to: - Consistently meeting/exceeding quality and performance standards - Ensuring children get the best start in life - Learning, sharing good practice and listening	The Committee were **assured**, noting the changes to the Corporate Risk Register (CRR) Greater attention to be focussed on the IPC BAF in future months	Full update to be provided to the Committee re: endoscopy decontamination risk (48)	n/a	To note alongside the Organisational Risk Report

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Patient Experience Board	Minutes of the meeting held on 19 September 2024	**Noted**	None	n/a	n/a
Patient Safety Board	Minutes of the meeting held on 26 September 2024	**Noted**	None	n/a	n/a
Clinical Effectiveness & Mortality Review Board	Minutes of the meeting held on 30 September 2024	**Noted**	None	n/a	n/a
Buckinghamshire Child Death Overview Panel (CDOP) Annual Report	Annual report considering the child death review process, activity and key findings for 2022/23 including subsequent learning points and recommendations	**Noted**	None	n/a	n/a
Committee Workplan	Committee schedule of work for the full financial year 2024/25 Draft agenda for the December meeting	**Noted**	None	n/a	n/a
AOB IPC Outbreak Updates	Verbal update on the Group A Streptococcus (iGAS) outbreak including progress with a retrospective review and mitigating actions Verbal update on rise in Carbapenemase Producing Enterobacteriaceae (CPE) cases both internally and externally Increase in norovirus cases within the Trust also highlighted	**Noted**	None	n/a	To **note** the update; further details

Areas of good practice:

- Introduction of the Quality & Safety quarterly dashboard report.
- Number of areas achieving ‘gold’ within the Clinical Accreditation Programme.
- Improvements within maternity services culture.
- Aggregated nursing and midwifery vacancy rate of 6.3%.

Emerging risks noted:

- Continued increase in caesarean section rates, noting patient choice as a key driver, and the impact of this on the demand for organisational infrastructure.
- Increasing numbers of IPC outbreaks, potential for associated patient harm and impact on both bed capacity and colleagues.

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Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Maternity Quarterly Quality Report Q2 24/25
Board Lead	Karen Bonner Chief Nurse
Author	Michelle East Director of Midwifery
Appendices	Appendix 1 Q2 PQSM report. Appendix 2 Q2 claims scorecard. Appendix 3 Q2 Improvement highlight report. Appendix 4 Q1 Saving Babies' Lives Implementation Report. Appendix 5 MNSI closed report. Appendix 6 MNVP activity highlights Appendix 7 minutes of Maternity and Neonatal Safety Champions meetings Appendix 8 Q2 PMRT report *All appendices available in the Reading Room*
Purpose	Assurance
Previously considered	Executive Management Committee 5th November 2024 Quality Committee 20 November 2024

Executive summary

This report provides an overview of current maternity quality and safety issues focusing on the following work streams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby.
- Themes relating to litigation, complaints, and serious incidents.
- Performance related to external assurance.
- Indicator of staff culture and service user feedback

This report also provides an overview of current maternity safety issues in line with NHS England (NHSE) guidance on perinatal quality surveillance, NHS Resolution (NHSR) maternity incentive scheme standards regarding reporting of perinatal mortality and Ockenden recommendations that trust boards have oversight of all maternity serious incidents' reports for scrutiny, oversight and transparency.

In Q2 a total of 1,172 babies were born, there were a total of four stillbirths and three neonatal deaths. Two of these cases were associated with significant fetal abnormality. All other cases have been subject to either local case review and after-action review or have been reviewed using the perinatal mortality review tool (PMRT) in the required timeframes, and final learning shared via the PMRT quarterly report following their closure. There were no maternal deaths or ITU admissions. There were no emergency hysterectomies.

The smoking in pregnancy element of the Start Well programme has now reached sustainability. Oversight of this data will continue via local compliance meetings and through the Health and Wellbeing Board.

Term admission rates to the neonatal unit for Q2 was 2.6%. This remains within common cause variation with respiratory related issues continuing to be the most common reason for admission.

The CQC published its national report into maternity care in September. This report highlighted the urgent need for greater oversight of incident management, improvement to estates, increased activity related to reducing health inequalities and the need for support to tackle ongoing workforce challenges.

There was discussion at EMC related to the ability to better understand how we tailor our services to meet the greatest need – particularly related to deprivation and ethnicity. The outcome of the discussion is that the additional data available as a result of the EPR implementation will support the delivery of more proportionate care.

Quality Committee considered this paper 20 November 2024 and took assurance noting the increase in caesarean rates and birthing outside of guidance.

Decision	The Board / Committee is requested to discuss and take assurance		
Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐
Relevant objective			
☐ Improve waiting times in ED. ☐ Improve elective waiting times. ☐ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life. ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying	
Implications / Impact			
Patient Safety	This paper provides updates on patient safety and maternity quality improvement work streams, issues, and any risks to compliance.		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards CRR Midwifery staffing		
Financial	NHSR Maternity Incentive Scheme: Trusts that **do not meet** the ten-out-of-ten threshold will **not** recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.		
Compliance CQC Standards Safety	Safety Person centred care Duty of candour Good governance Complaints		

Partnership: consultation / communication	Acute paediatrics- neonatal services Local Maternity and Neonatal System Maternity voices partnership Maternity and neonatal safety champions
Equality	It is essential to have an increased focus on reducing health inequalities for Black, Asian and minority ethnic women and women who are affected by social deprivation. Maternal mortality is 3 times greater for Black women and 2 times greater for Asian and mixed ethnicity women than white women (MBRRACE 2024). Perinatal mortality is greater for Black and Asian babies- the highest rates of stillbirth affect Black African and Black Caribbean babies from the most deprived areas; the highest rates of neonatal death affect Pakistani and Black African babies from the most deprived areas (MBRRACE 2024).
Quality Impact Assessment [QIA] completion required?	No

Glossary and Abbreviations

ATAIN	A patient safety programme (an acronym for '**avoiding term admissions into neonatal units**') to reduce avoidable causes of harm that can lead to infants born at term (i.e., ≥ 37+0 weeks gestation) being admitted to a neonatal unit.
BOB LMNS	Buckinghamshire, Oxfordshire and Berkshire West local maternity and neonatal system - a partnership of maternity and neonatal service providers, commissioners, local authorities and maternity and neonatal voices partnerships, who are working together to transform maternity services
CQC	Care Quality Commission
MIS	Maternity Incentive Scheme - The scheme supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST.
MNVP	Maternity and Neonatal Voices Partnership - is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care
NHSE	NHS England – leads the national health service for England
NHSR	NHS Resolution- the operating name of NHS litigation authority, is an arm's length body of the department of Health and Social Care
NNU	Neonatal Unit
PCSP	Personalised care and support plan – a holistic person-centred process that enables the person to identify their needs and outcomes
PMRT	Perinatal Mortality Review Tool
PQSM	Perinatal Quality Surveillance Model – a framework for increasing oversight of perinatal clinical quality in the NHS, England
RCOG	Royal College of Obstetrics and Gynaecology

SBAR	A communication tool to convey critical information requiring immediate action and advice
VTE	Venous thromboembolism

1 Introduction/Position

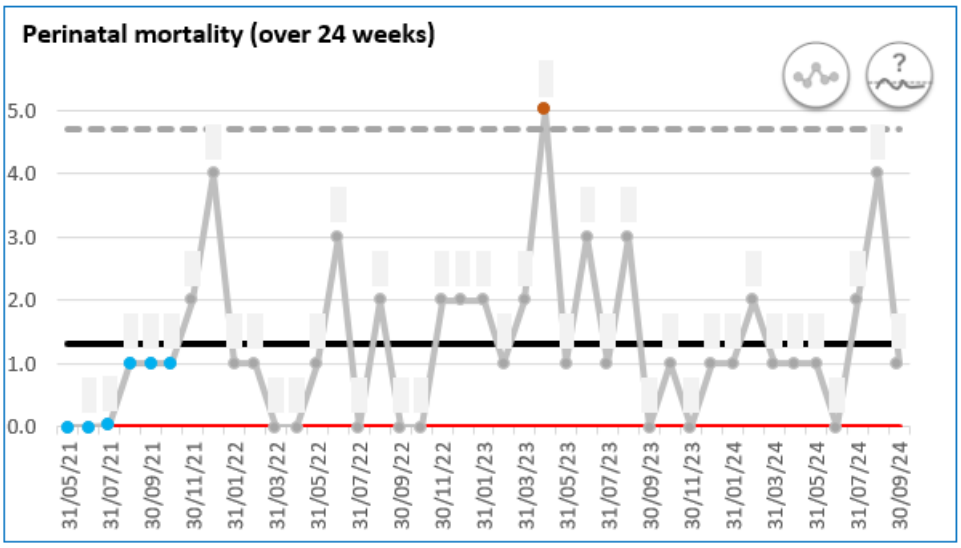
This report provides an overview of current maternity quality issues in line with NHS England (NHSE) guidance on perinatal quality surveillance and NHS Resolution (NHSR) maternity incentive scheme standards. This report will highlight performance against the key drivers to deliver and maintain a safe, high quality maternity service and will focus on the following work streams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby.
- Themes relating to litigation, complaints, and serious incidents.
- Performance related to external assurance.
- Indicator of staff culture and service user feedback.

2 Perinatal Mortality and Morbidity

The BOB local maternity and neonatal system (BOB LMNS) have a defined perinatal quality surveillance reporting model to ensure a standardised reporting process.

Buckinghamshire Healthcare NHS Trust (BHT) perinatal quality surveillance data for this reporting period is detailed in full in Appendix 1.

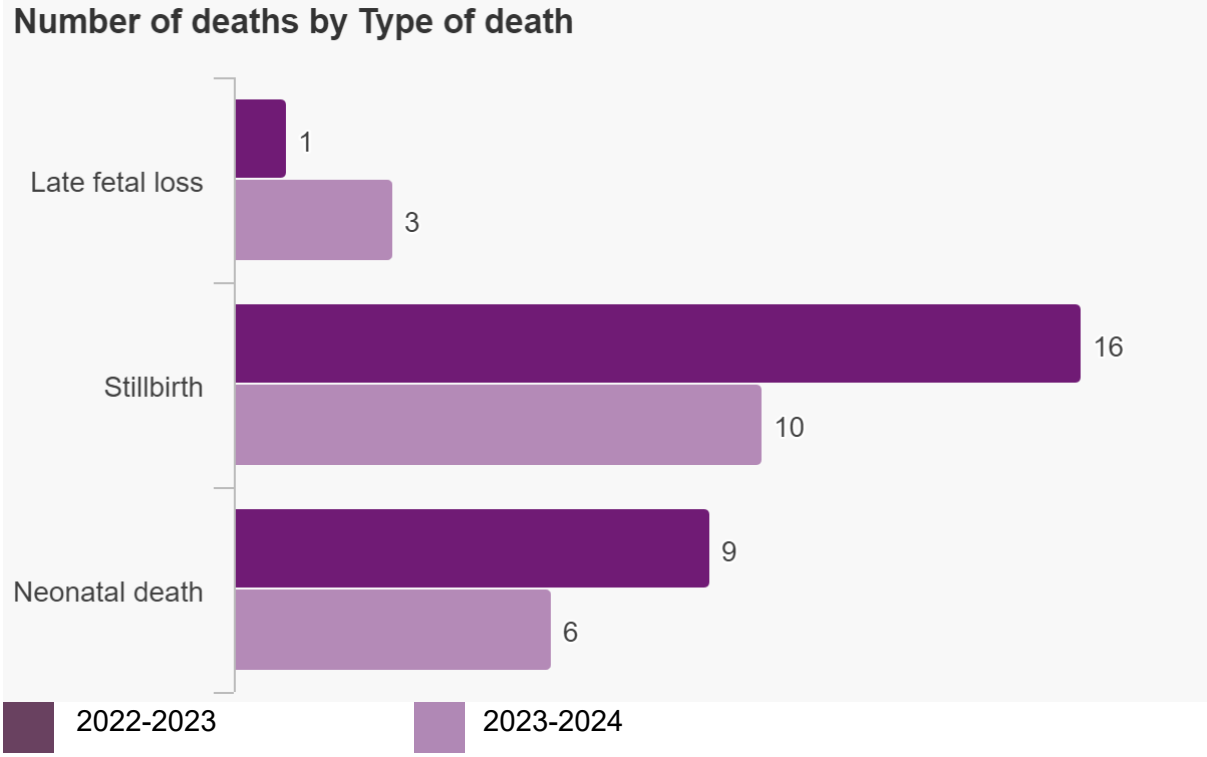


Of the women who experienced a fetal loss during this quarter:

- One of these women smoked.
- Four of these seven woman were Asian ethnicity.
- Three of these cases were from the most deprived areas of the county.

The rate of perinatal mortality is greater than would usually be expected, however does continue to fall within common cause variation. Two of these deaths were sadly inevitable.

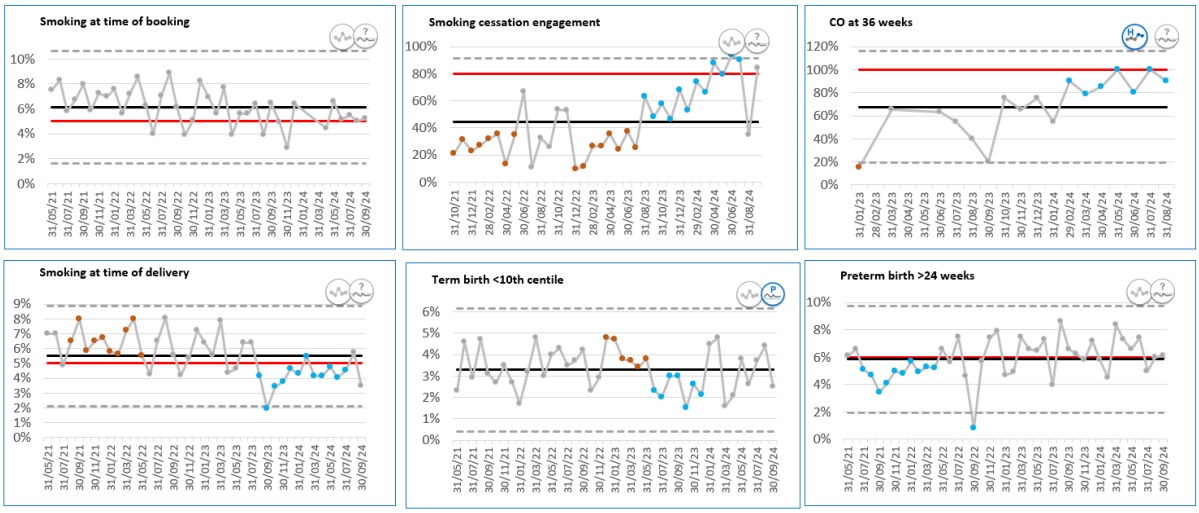
Comparing a rolling 12 month period (Sept 22-Sept 23 and Sept 23-Sept 24) shows that the overall mortality rate has decreased from 26 cases to 19.



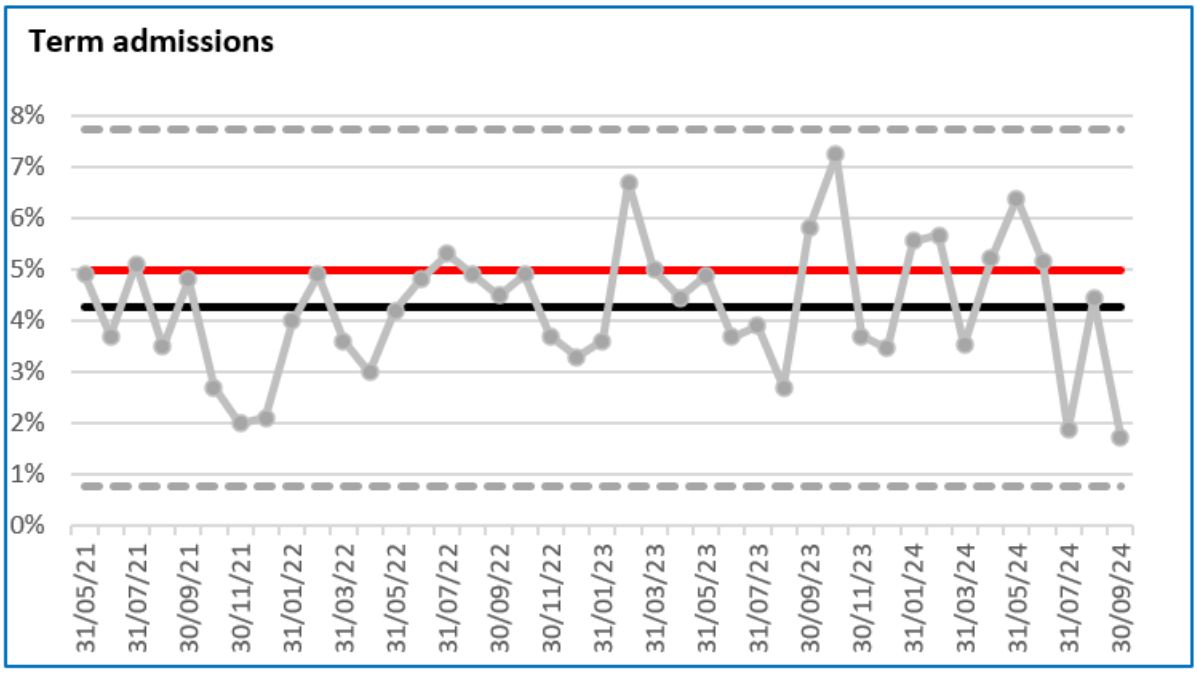
2.1 Fetal/neonatal mortality and morbidity

Indicators for possible fetal or neonatal loss include smoking, ethnicity, deprivation, and risks associated with intrauterine growth restriction (IUGR) and/or preterm birth.

During Q2 average rates of smoking at time of booking are 5%, smoking at time of delivery is 4.6%. Engagement with the tobacco dependency service and CO monitoring at 36 weeks continues to show improvement. These are important process measures to ensure greater quit success.



The ATAIN programme continues to be embedded in practice through the annual ATAIN action plan.

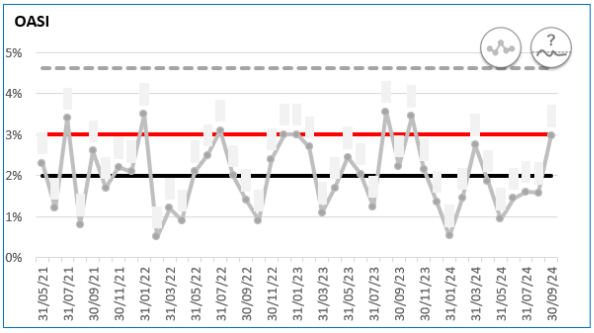


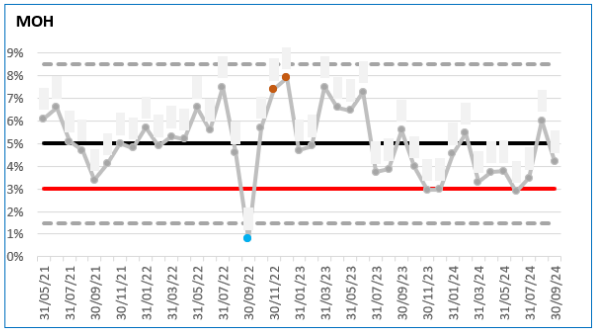
Admissions of full-term infants to the neonatal unit are reviewed at an individual level to identify themes and drive improvement. The overall rate during Q2 is 2.6% which is safely below the target of 5%. The service became an early adopter for the national neonatal early warning score (NEWTT) during this period, the tool supports early identification of a deteriorating neonate and enables timely intervention. This could be contributing to the lower admission rates during Q2, although more data collection is needed to support this hypothesis.

2.2 Maternal mortality and morbidity

Indicators for possible maternal mortality or morbidity include venous thromboembolism, massive haemorrhage, obstetric anal sphincter injury and eclampsia. During Q2 all women were risk assessed for pre-eclampsia and VTE. There was one hospital acquired VTE during Q2. This was as a result of a miscalculation of risk score in the postnatal period which led to a shorter duration of prophylaxis being prescribed. There is continued work to ensure women can continue to receive timely access to medication in instances where GPs are not providing this.

	No of days since
Eclampsia	No cases in past 3 years
ITU admission	92
Hysterectomy	No cases in past 2 years





The OASI rate remains stable within common cause variation and below target for the majority of months. The major haemorrhage rate is within common cause variation but not performing well. There is a current project underway pulling together themes that may be contributing to this.

3. CQC National Maternity Review

The Care Quality Commission's (CQC) national report into maternity services, published in September 2024, highlights several critical areas of concern that are of interest but not unexpected. The findings show that while there are pockets of good practice, there are widespread systemic issues affecting the quality and safety of care.

- No maternity services were rated as outstanding for safety, and almost half (47%) were rated as requiring improvement, with 18% rated inadequate. Factors such as staffing levels, resource allocation, and variation in training were cited as contributing to the inconsistent care. The report recommends that Trusts should ensure adequate funding, training, and resource allocation across maternity services.

- The report reveals significant leadership challenges, with a noticeable drop in ratings for leadership at multiple locations. Effective leadership is essential for driving improvement, and many services were found to lack robust oversight mechanisms. Strengthening leadership and fostering a culture of learning from incidents were critical areas of focus.

- Chronic staffing shortages, especially in midwifery, are severely impacting care. Recruitment and retention of staff are vital issues, the report recommends that Trusts must focus on improving working conditions, offering better support, and developing leadership to retain talent.

- The report raised concerns about the normalising of serious harm, with inadequate reporting and learning from incidents. This poses a significant risk to patient safety and requires better incident management and communication with families.

- Many maternity units were described as unfit for purpose, lacking space, facilities, and sometimes life-saving equipment. There was a particular focus on investment in infrastructure to improve care delivery and patient outcomes.

- Disparities in care for the global majority remains a major issue and was a focus of this report, with Black and Asian women facing higher risks of maternal death. Work must continue to focus on addressing inequalities through better data collection and targeted interventions.

3 Themes relating to litigation, complaints, and serious incidents.

Themes from litigiation cases are triangulated with complaints and serious incidents and are reflected in Appendix 2. These themes are driving improvement in multiple internal processes across maternity and neonates.

4. Performance related to external assurance.

Maternity Incentive Scheme

The period of final reporting for year 6 of the Maternity Incentive Scheme is now approaching. As referenced in Appendix 1, all safety actions are on track and the Maternity Services Data Set submissions has now been verified and reporting standards have been met.

Saving Babies Lives Care Bundle V3

Verification by the ICB has demonstrated that the service is fully compliant with all elements of the care bundle implementation (appendix 4) with stretch targets being met in certain metrics.

5.1 Responding to feedback from service users

Appendix 1 highlights service user feedback received during Q2. 'Thankful Thursdays' continues to share good news stories from women that have received care via the maternity Instagram account. Key work undertaken in collaboration with the Maternity and Neonatal Voices Partnership are highlighted in appendix 6

6. Improvement initiatives

Appendix 3 highlights the key improvements that have been implemented in Q2.

7. Maternity Transformation

Badgernet – project remains on track for go live in February 2025. Training due to commence in Q3.

Women's Health Hub – initial scoping workshop completed. Appropriate estate being assessed with plan to develop a full business case in 25/26.

Improving access in the community – pilot of mobile health hub now complete, learning shared across the South East maternity services. Current plan to move some community services to Family Hubs to achieve same objective as mobile health hubs but in a more suitable environment.

9. Action required from the Board/Committee

The Committee / Board is requested to:

a) Discuss and take assurance.

APPENDICES

Appendix 1 Q2 PQSM report.
Appendix 2 Q2 claims scorecard.
Appendix 3 Q2 Improvement highlight report.
Appendix 4 Q1 Saving Babies' Lives Implementation Report.
Appendix 5 MNSI closed report
Appendix 6 MNVP activity highlights
Appendix 7 minutes of Maternity and Neonatal Safety Champions meetings
Appendix 8 Q2 PMRT report

Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Midwifery Staffing Six Monthly Oversight Report April-September 24
Board Lead	Karen Bonner Chief Nurse
Author	Michelle East Director of Midwifery
Appendices	
Purpose	Assurance
Previously considered	Executive Management Committee 5th November 2024 Quality Committee 21 November 2024

Executive summary

This is the second 6-monthly staffing report of 2024 which reviews safe staffing levels for Maternity Services. The aim of this report is to provide assurance of an effective system of workforce planning

The report provides assurance that:

- A systematic, evidence-based process to calculate midwifery staffing establishment been completed.
- The Trust Board supports a midwifery staffing budget to reflect establishment as calculated in BirthRate+
- There is a process to compare planned versus actual midwifery staffing levels that includes evidence of mitigation/escalation for managing a shortfall in staffing.
- The midwife to birth ratio is monitored.
- The team of specialist midwives employed provides mitigation to cover any inconsistencies. (BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives)
- The midwifery coordinator in charge of labour ward maintains supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.
- All women in active labour received one-to-one midwifery care
- A midwifery staffing oversight report is produced that covers staffing/safety issues to the Board at least every 6 months during the maternity incentive scheme year six reporting period.

The information presented in this paper demonstrates that despite significant challenges within the maternity workforce, appropriate short and long term mitigation is in place which provides assurance that BHT has an effective system of midwifery workforce planning and monitoring of safe staffing levels with the appropriate escalation plans in place.

There was a request from EMC to consider the possible positive impact that continuity of carer would have on families that have the poorest outcomes. This relates to the discussion that was held in relation to accessibility of data in maternity which will improve once the EPR is launched and further data relating to caseloads becomes available.

On the 20 November 2024 Quality Committee considered this paper and noted the progress on recruitment.

Decision	The Board / Committee is requested to discuss and take assurance		
Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐
Relevant objective			
☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying	

Implications / Impact	
Patient Safety	Safe staffing levels are fundamental to delivery of maternity services
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards CRR Midwifery staffing
Financial	Midwifery establishment is set to BirthRate plus recommendations. The risk associated with maintaining safe staffing levels must be considered when developing cost improvement plans for the division. Allocating savings to the midwifery workforce cost centres in addition to trust wide cost avoidance plan associated with reduction in temporary staffing would enhance the clinical risk to maternity services and lead to further deterioration in staff wellbeing.
Compliance CQC Standards Safety	Safe Well Led Effective Responsive
Partnership: consultation / communication	NHSE/I, BOB LMNS
Equality	Safe staffing levels are integral to delivering personalised care, especially for women for whom experience poorer outcomes such as Black and Asian women and those from socially deprived areas.
Quality Impact Assessment [QIA] completion required?	No

Purpose

The aim of this report is to provide assurance to the Trust Board that there is an effective system of midwifery workforce planning and monitoring of safe staffing levels from April to September 2024. This is a requirement of the NHS Resolution Maternity Incentive Scheme for safety action 5. The report also provides an accurate account of the current workforce status. In addition, gaps within the clinical midwifery workforce are highlighted with mitigation in place to manage this. A clear breakdown of BirthRate+ or equivalent calculations is included to demonstrate how the required establishment has been calculated.

Background
The Maternity Incentive Scheme requires that the maternity service demonstrates an effective system of midwifery workforce planning using the following standards prescribed within safety action 5 of the MIS.

The report provides assurance that:

- A systematic, evidence-based process to calculate midwifery staffing establishment been completed
- The Trust Board supports a midwifery staffing budget to reflect establishment as calculated in BirthRate+
- There is a process to compare planned versus actual midwifery staffing levels that includes evidence of mitigation/escalation for managing a shortfall in staffing.
- The midwife to birth ratio is monitored
- The team of specialist midwives employed provides mitigation to cover any inconsistencies. (BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives)
- The midwifery coordinator in charge of labour ward maintains supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.
- All women in active labour received one-to-one midwifery care
- A midwifery staffing oversight report is produced that covers staffing/safety issues to the Board at least every 6 months during the maternity incentive scheme year six reporting period.

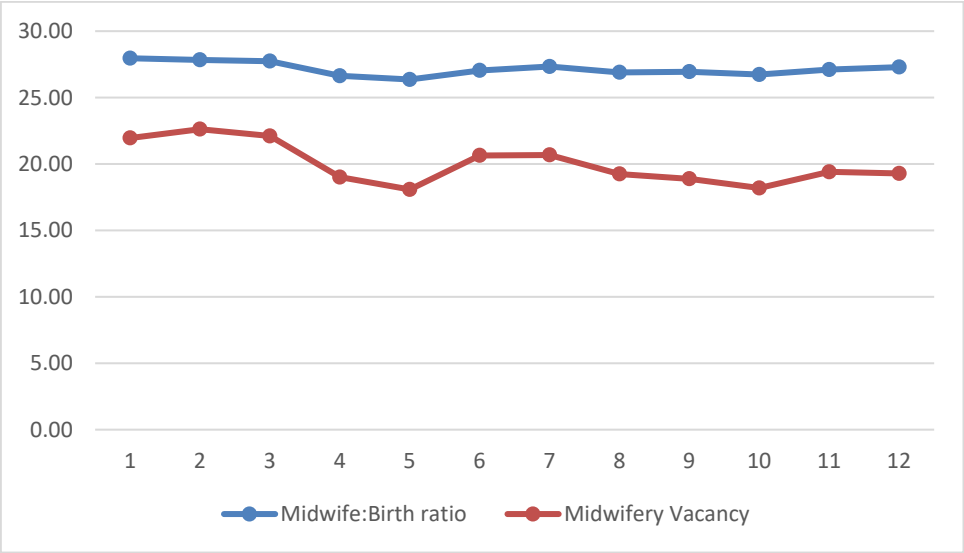
The evidence described in this paper provides assurance the BHT has an effective system of midwifery workforce planning and monitoring of safe staffing levels, with the appropriate escalation plans in place.

The activity within maternity services is dynamic and can change rapidly. It is therefore essential that there is adequate staffing in all areas to provide safe, high-quality care by staff who have the requisite skills and knowledge. Regular and ongoing monitoring of clinical activity and staffing is vital to identify trends and causes for concern, which must be supported by a robust policy for escalation during times of high demand or low staffing numbers. BirthRate+ is a proven evidence-based methodology for calculating midwifery staffing requirements and is based on the case mix for women and babies accessing the service. This staffing report will include data from the 2022 BirthRate+ Report.

NICE (2015) publishes guidance on safer midwifery staffing and identifies red flags where further action is required to ensure safety of women and babies. This maternity staffing report will highlight frequency of maternity safer staffing red flags and the reasons for the red flags. These red flags are triangulated with the Trust's incident reporting system Datix and assurance is gained from there being no link to patient or colleague harm.

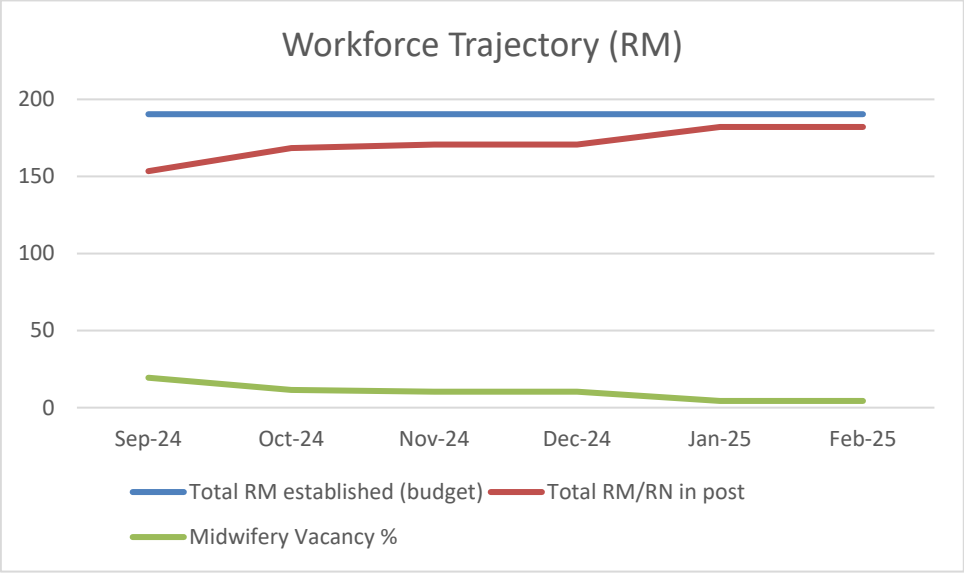
Current position
The below table presents the current workforce position for midwives, nurses, nursery nurses and maternity support workers (band 3 only) as at 30th September 2024.

	Establishment	**In post**	**Vacancy**	***Previous 6 months***
Midwives/nurses bands 5-8	190.37	153.65	19.2%	*20.8%*
Nursery Nurses	10.17	9.69	4.7%	*4.7%*
Maternity Support Workers (band 3 only)	13.29	11.36	15%	*3.9%*



Future state

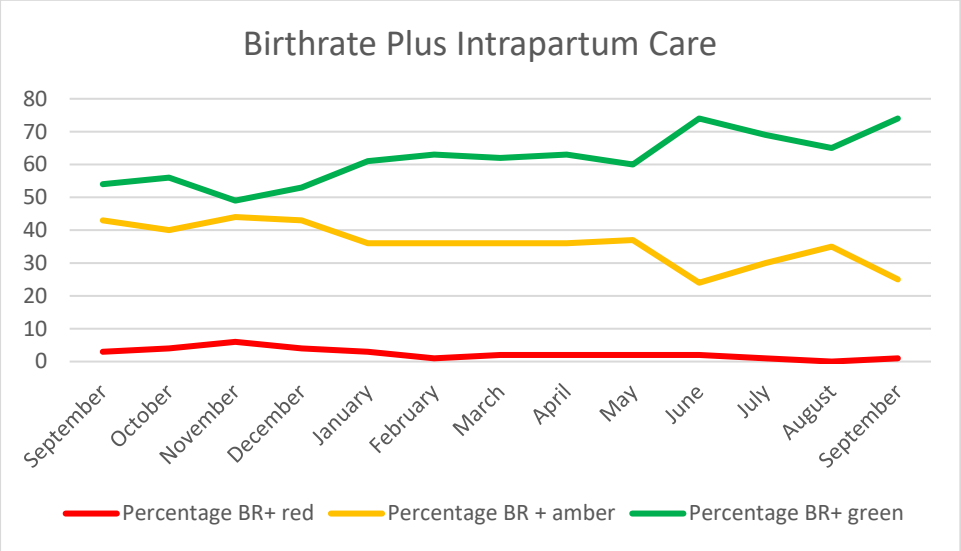
The maternity service implemented a fast-track process for newly qualified midwives (NQMs) in 2022, this was in response to the persistently high vacancy rate, and a desire to commit to students that had trained within our service. This recruitment process commences in March each year for a cohort that will qualify in September. 2024 has seen a higher than usual number of students who completed their training and chose to stay at BHT upon qualification. As a result, the vacancy rate is not predicted to fall significantly until early 2025. Three cohorts of NQMs will join the service in October and November 2024 and January 2025. There will be variation between predicted and actual numbers of the NQMs as some will fail to meet the standards of the programme requiring extension. On average approximately 50% of students will commit to posts do so with multiple organisations causing huge variation between predicted and actual numbers. At the time of this report being prepared this percentage appears to be lower than average for BHT. The chart below shows a trajectory of future midwifery vacancy rate assuming all those that have committed to posts meet the standards of their respective exam boards.



Whilst this reduction in vacancy is a significant positive move forward for the service, it creates an increased risk during the preceptorship period where there will be a significant

swing towards a more junior workforce without the ability to maintain the more experienced temporary workforce owing to financial restrictions. In acknowledgment of this, a comprehensive preceptorship support programme has been developed which will provide continued support during the preceptorship period. Despite mitigation, having a largely junior workforce places significant pressure on the clinical teams, particularly 'out of hours'. This is taken into consideration through rostering skill mixes where possible.

Acuity



BirthRate+ analysis demonstrates episodes where the acuity is greater than establishment. BR+ red represents times where the labour ward was greater than two midwives short across the shift. BR+ amber represents times where the labour ward was up to two midwives short. BR+ green represents times where staffing levels were appropriate for acuity. The assessment of acuity versus staffing is undertaken 4-hourly on the labour ward. The table below demonstrates percentage recording deadlines met. BR+ is deemed reliable when recording of acuity 4 hourly is >90%. The table below demonstrates a sustained improvement in the percentage of reporting deadlines met from a baseline of 69% 12 months ago. The percentage of BR+ red events has continued to fall, this is as a result of improved roster management which has led to greater smoothing across the roster.

	April	**May**	**June**	**July**	**August**	**Sept**
Percentage reporting deadlines met	93.3	88.2	92.2	92.5	92	92.8

Where acuity is greater than available qualified staff, a dynamic risk assessment is undertaken to redeploy staff from other clinical areas, specialist teams and management in order to maintain both supernumerary status of the labour ward coordinator and 1:1 care of women in labour.

NICE Red Flags

The service monitors NICE red flags via the morning safety huddle. The table below outlines the total number of red flags that are tracked by the service and the number of times the service is unable to maintain 1:1 care in labour or supernumerary status of the labour ward coordinator.

	Total no red flags	1:1 care in labour not maintained	Supernumerary status of LW

			coordinator not maintained
April 24	22	1	0
May 24	38	1	0
June 24	7	0	0
July 24	13	0	0
August 24	5	0	0
September 24	4	1	1

Across the six-month period there was one episode where the labour ward coodinator was temporarily unable to maintain supernumerary status. This was a brief period during the shift when direct patient care was provided whilst staff were either deployed from other areas, or an on-call midwife or midwifery manager was enroute. There were three episodes where 1:1 care in labour was not maintained, each case was discussed at the morning safety huddle and were related to either brief periods where the labour ward coordinator was providing this care whilst awaiting further support to arrive, or where labour progressed rapidly. There is a significant decrease in the NICE red flags from June 2024. Many of the red flags relate to delays of more than 24 hours in the next step of the induction of labour process. The service implemented a new schedule for the induction of labour pathway which will have impacted on these red flags. This significant drop may also relate to reporting anomalies. There will therefore be a renewed effort to ensure there is consistent reporting over the coming 6 month period.

Midwife: Birth Ratio

The table below presents the midwife to birth ratio which is determined by the number of births divided by the number of staff available each month. Based on BirthRate + analysis the midwife to birth ratio should be 24 births to 1 WTE midwife each month however the current figures are being impacted by unavailability and vacancy.

	April	May	June	July	August	September
Actual birth to WTE ratio	1:27	1:27	1:27	1:27	1:27	1:27

Mitigation

In order to support the workforce during this time of high unavailability and vacancy rates, the following measures have been introduced:

- All specialist midwives continue to provide clinical escalation which supports their clinical credibility in addition to the day-to-day workforce. This operates as an ‘on demand’ service where clinical need is identified and is managed via an escalation rota to ensure equity across the team.
- The midwifery manager on call rota is maintained as a separate rota to the trust site on call scheme. This will not only provide oversight of the service but will provide further clinical support in times of escalation.
- Midwifery Continuity of Carer remains suspended in line with the immediate and essential actions of the final Ockenden report. Further rollout will not take place until the service can support safe staffing on all shifts without the use of temporary staff, and there is evidence that this is a sustained position.
- Recruitment of all midwifery students to start to rebuild workforce.
- The commitment to support three direct entry midwifery apprentices each year and a move to the majority of our students being placed in a better performing HEI in order to improve quality of students.
- Ward managers all work clinically as part of their working week.

- Daily safety huddle across the Local Maternity and Neonatal System are well established to offer mutual aid across the system and reduce delays related to induction of labour. Reporting across the system is aligned to the OPEL framework.

In addition to the above mitigation, further support is being provided to improve the wellbeing of the team during this continued high pressure, which will hope to reduce unavailability as a result of sickness and improve staff retention. This is part of a wider culture development programme that is taking place across the maternity and neonatal service and was reported to Trust committees in October. The professional midwifery advocate continues to provide support to those involved in complex cases, restorative clinical supervision to our internationally educated and newly qualified midwives, career conversations and a confidential 'speak up' service.

The service is mindful of ensuring the diversity of workforce is representative of the local community it serves. There has been a focus on increasing diversity amongst student recruitment in order to encourage those from the global majority into the profession.

Conclusion

The maternity service remains dynamic and responsive to shifting demands, with staffing challenges continuing to impact operations. Recent efforts have prioritised building a sustainable workforce capable of delivering high-quality care, supported by evidence-based staffing assessments, including the BirthRate+ methodology. This approach, alongside regular monitoring, allows for proactive identification of staffing needs and potential safety concerns. While vacancy rates remain high, 2024 has seen an encouraging increase in newly qualified midwives (NQMs) choosing to stay with the service. Three cohorts of NQMs are expected to join by early 2025, which is projected to reduce vacancy rates over time. However, with many junior staff joining the workforce, a comprehensive preceptorship support programme has been launched to manage the transition effectively. Improved rostering and on-call support also help mitigate risks during periods of high demand, though brief gaps in one-to-one care or supernumerary status have occasionally occurred. Improvements in the induction of labour process have contributed to a notable decline in NICE red flag events, though a renewed focus on accurate reporting will be necessary to confirm these results.

To support staff during this demanding period, several initiatives have been introduced, such as specialist midwives providing clinical escalation support, an independent on-call rota for midwifery managers, and the ongoing suspension of Continuity of Carer until staffing stabilises. A renewed recruitment drive, enhanced support for direct entry apprentices, and closer ties with high-performing educational institutions aim to bolster workforce quality and diversity. Daily safety huddles and aligned reporting across the Local Maternity and Neonatal System help manage service pressures, ensuring timely escalation and cross-system support when needed. In addition, the maternity service is committed to improving staff wellbeing and retention through a culture development programme, professional midwifery advocate support, and initiatives to support diversity in student recruitment. While the service continues to navigate significant challenges, these combined efforts indicate meaningful progress toward a more resilient and sustainable maternity workforce.

The Board is requested to:

- Take assurance.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Nursing & Midwifery and AHP Safe Staffing
EMC Lead	Karen Bonner, Chief Nurse & Director of Infection, Prevention & Control
Author	Jose Loreto Facultad, Associate Chief Nurse
Appendices	Fill Rates Safe Staffing Exception Report; Maternity Staffing factors; Training modules compliance & Compliance by Staff Group; SafeCare Compliance; Staffing & Quality Metrics; M03 Ward-Level Budget Report; CHPPD
Purpose	Assurance
Previously considered	04/11/24 EMC 20/11/24 Quality Committee

Executive summary

This briefing provides the Trust Board and Quality & Clinical Governance Committee with an overview of the Nursing and Midwifery workforce between July to September 2024 as is set out in line with the National Quality Board (NQB, 2016) Standards and Expectations for Safer Staffing, Developing Workforce Safeguards guidance (NHSI, 2018), and NICE (2014) Safe staffing for nursing in adult inpatient wards.

NQB expectation 1- Right Staff: Overall vacancy rate at 6.3% at the close of Q2. The staffing metrics show a stable position on the overall staffing in post against establishment and vacancies. The safe staffing fill rates for registered and unregistered workforce are well within the national threshold of 80%-100%.

However, the high vacancy rate in Maternity is identified to be an ongoing workforce risk within the Care Group. Risk mitigations are in place to maintain safer staffing and patient safety. Quality metrics remained unaffected by the vacancy position in Maternity through utilisation of temporary staffing to mitigate workforce gaps. Delays in inductions rarely meet Red Flag criteria, patient experience is not showing any trends of increase in complaints, and the maternity dashboard is aligned with national targets for key metrics.

NQB expectation 2- Right Skills: Statutory training compliance in Q2 remained stable at 92.82%. The overall mandatory training compliance also remained stable at 94.97%. However, there are training modules currently at low compliance rates below the Trust's target such as IPC level 1, Safeguarding Adult Levels 3 and 4; Duty of Candour and PREVENT.

NQB expectation 3 – Right Place, Right Time: Resolving Red Flags remained a stable position demonstrating compliance with the CQC indicator of responsiveness to meeting people's needs. There were no staffing or patient safety risks escalated for the red flags that were left open during this period.
Upon review of the quality metrics (Appendix 5), the staffing levels during this period (September 2024) do not have a direct correlation to the level of incidents and quality metrics reported.

Key points for the Committee/Board:

1. **NOTE** information contained in this report for Q2 of FY 2024-25

2. The Q2 staffing position consistently shows a stable trend. All data supports that we are maintaining a safe sustainable productive staffing line with the NQB (2016) guidance: the Right Staff, the Right Skills, and the Right Place at the Right Time.
3. Receive **ASSURANCE** that the safe staffing monitoring and any improvement plan are on track.
4. **NOTE** the progress being made about efficiency in the reduction of bank and agency usage/spend with **ASSURANCE** of maintaining safe staffing levels.

The Executive Management Committee met on 04 November 2024 which recognised no identifiable risks escalated on this report. The Committee has received and noted assurance of safer staffing.

On 21 November 2024 Quality Committee considered this report and took assurance from this report

Decision	The Committee is requested to take assurance from the report and seek clarification if required.

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times. ☒ Improve safety. ☒ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☒ Improve the experience of our new starters. ☐ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	Safe staffing levels are paramount and one of the key priorities in N&M Workforce Planning to deliver safe, quality, and effective patient care
Risk: link to Board Assurance Framework (BAF) or relevant Risk Register	Principal Risk 9: Failure to learn, share good practice and continuously improve BAF Strategic Priority 9: Ensure our workforce is listened to, safe, and supported ('A Great Place to Work') Risk register DATIX reference 51: A shortage of registered and unregistered nursing staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact the quality of patient care, the well-being of permanently employed colleagues, and the Trust financial position.
Financial	Associated temporary staffing costs to ensure safe staffing levels are maintained. However, dependence on temporary staffing and at times high-cost agencies is a cost pressure.
Compliance NHS Regulation Safety	1. National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 &2018) 2. Developing Workforce Safeguards (2018) 3. CQC Standards Staffing 4. Regulations of the Health & Social Care Act: Safe Care and Treatment (12) Staffing (18)(1).
Partnership: consultation / communication	Consultation with NHSE Safe Staffing Faculty Work with colleagues in BOB ICB/ICS on temporary staffing

	Partnership. BOB ICB collaborative working on bench marking workforce skill-mix, ratio, modelling and Acuity Dependency data. In regular communication with Workforce Leads colleagues with BOB ICS/Regional/National NHSE/I Workforce teams regarding staffing, workforce standards, recruitment, retention, and related agenda. Linkages with the CNO England Safer Staffing Faculty and Fellows
Equality	Patients who pose known or potential infection risks are equally entitled to treatment. IPC measures to support their safe management should be in place to support this.
Quality Impact Assessment [QIA] completion required?	None Required

1 Purpose of the Report

1.2 The report provides assurance that arrangements are in place to safely staff our services with the right number of nurses and midwives with the right skills, at the right place, and at the right time.

2 Background

2.1 Safe staffing is one of the standards that all healthcare providers must meet to comply with the Care Quality Commission (CQC) regulations. The Nursing and Midwifery Council (NMC) also sets out the nursing and midwifery responsibilities relating to safe staffing.

3 NQB Expectation 1: Right Staff

3.1 Evidenced-Base Workforce Planning

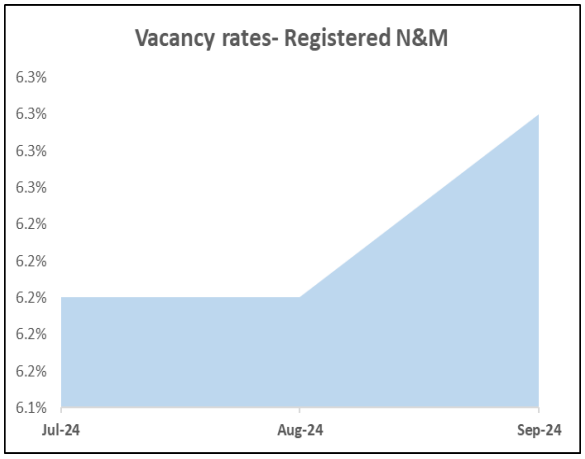
Having the right establishment and staffing in post is essential to ensuring the safe and effective delivery of patient care. The Trust meets this expectation by undertaking twice-yearly establishment reviews against which an increase in an establishment is substantiated through business planning. Table 1 below sets out the current overall nursing workforce metrics in Q2 used to monitor performance against this expectation. The metrics show stability in staffing with Fill-Rates that are well within the national threshold between 80-100%. Appendix 1 provides the overview of staffing fill rates for the month of September with the corresponding exception report.

	Staffing Measures	Jul-24	Aug-24	Sep-24	Trends
Registered	N&M Staff in Post WTE	2072.18	2071.34	2070.16	
	Vacancies WTE	136.82	137.67	144.85	
	Turnover	11.2%	10.9%	11.3%	
	Actual v Planned Hours used	91.6%	90.7%	91.3%	
HCA	Turover	15.4%	15.0%	11.3%	
	Actual v Planned Hours used	84.4%	83.1%	84.0%	

Table 1: Nursing Workforce Metrics (Source: Workforce Info and NStFil-National Data)

3.2 Vacancy and Turnover

The overall registered nursing and midwifery vacancy is at 6.3% by the end of Q2 a slight increase of 2.2% from previous quarter. Figures 1 and 2 illustrate the vacancy and turnover rates of registered N&M workforce. Turnover rates for registered and unregistered workforce by close of Q2 remained above 10% however, stable position between Q1 and Q2.



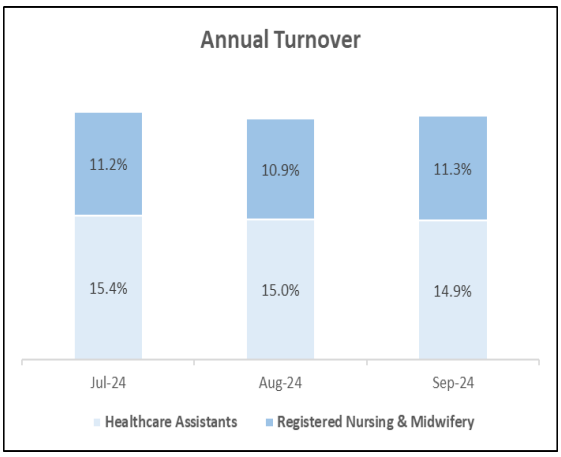
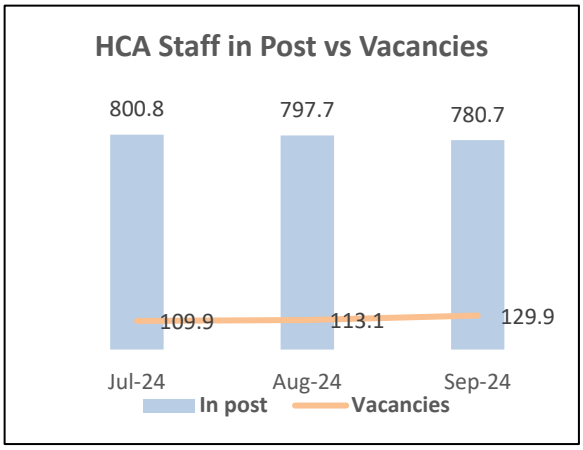


Figure 1 (Source: Workforce Informatics/PWR) Figure 2

4 Health Care Support Workers (HCSWs)

Figures 3 and 4 below illustrate the HCA vacancy position in Q2. A Trust's initiative called 'Discover Careers' after-school talks programme to reach out to younger generation in local community to have a career in the healthcare is in progress. There is continued collaborative working across HR/CNO Workforce and ELD teams in the reduction of leavers within 12 months.



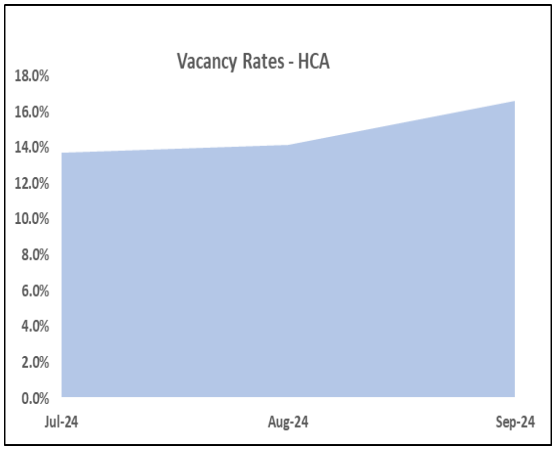


Figure 3 (Source: Workforce Informatics/PWR) Figure 4

5 Midwifery – BirthRate Plus®

BirthRate Plus® (BR+) is a nationally recognised tool to calculate Midwifery staffing levels. Maternity services undertake 6-monthly staffing review to provide assurance of an effective evidence-based process for workforce planning and establishment setting. BirthRate plus recommends a midwife to birth ratio of 1:24 with an annual predicted birth rate of 4523. BHT midwifery services achieved a ratio of 1:27 with the current available staffing. The midwife vacancy rate at close of Q2 is at 19.29%, which is 6.7% lower in comparison to previous year in September 2023.

Figure 5 below illustrates that in September 2024 the red RAG rating remained at 1% and lower than the previous quarter. The frequency wherein staffing levels met acuity (green RAG) has increased by 9% by the end of Q2. Furthermore, this has demonstrated improved roster management despite of high vacancy amongst midwives, that led to an improved and safer staffing levels on each shift.

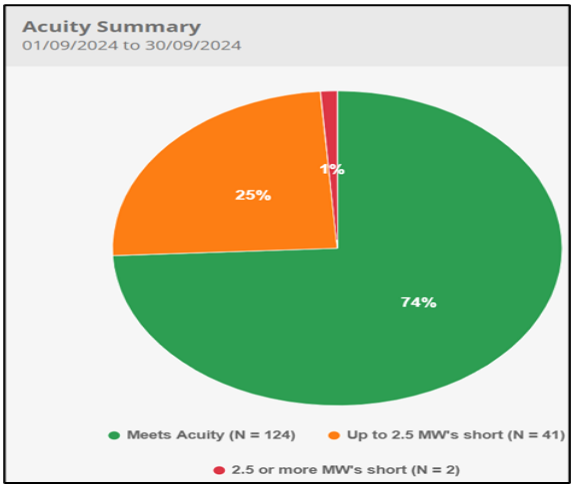


Figure 5: BR+ trend data (Source: BirthRate Plus®)

Risk associated with staffing shortages are assessed on a continuous basis and mitigated through the midwifery staffing escalation process. Quality metrics remained unaffected by the current vacancy position through utilisation of temporary staffing to mitigate workforce gaps. See Appendix 2 for Staffing Factors in September 2024 with corresponding clinical and management actions.

5.1 Maternity NICE Red Flags

The service monitors NICE red flags via the morning safety huddle. The table below outlines red flags reported in September 2024. The data is depicting low number of red flag staffing issues however, the red flag with greater frequency and percentage is effectively mitigated by use of the escalation roster and on call midwives.

Number of Red Flags recorded
01/09/2024 to 30/09/2024 — Download Results

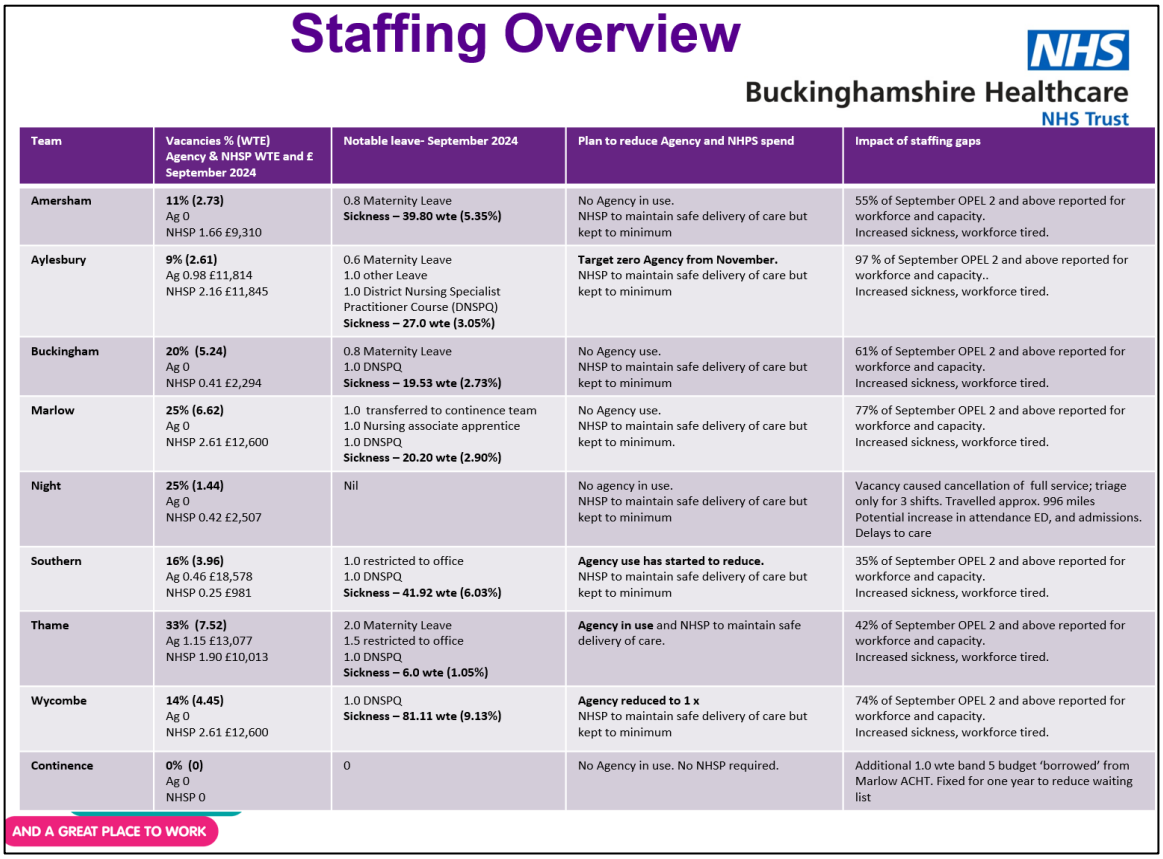
Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	1	8%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	11	92%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Coordinator unable to maintain supernumerary status	0	0%
TOTAL		12	

Table 2: Red Flags

6 Community Nursing Service

The ACHT District Nursing Teams continue to work hard in reducing the vacancies. The vacancies are due to a range of reasons including relocation of staff, career progression, and several nurses who recently retired from the service. The table below illustrates the

vacancy positions of the different DN localities, mitigations and identified impacts in the workforce gaps.



Staffing Overview

NHS
Buckinghamshire Healthcare
NHS Trust

Team	Vacancies % (WTE) Agency & NHSP WTE and £ September 2024	Notable leave- September 2024	Plan to reduce Agency and NHPS spend	Impact of staffing gaps
Amersham	**11% (2.73)** Ag 0 NHSP 1.66 £9,310	0.8 Maternity Leave **Sickness – 39.80 wte (5.35%)**	No Agency in use. NHSP to maintain safe delivery of care but kept to minimum	55% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Aylesbury	**9% (2.61)** Ag 0.98 £11,814 NHSP 2.16 £11,845	0.6 Maternity Leave 1.0 other Leave 1.0 District Nursing Specialist Practitioner Course (DNSPQ) **Sickness – 27.0 wte (3.05%)**	**Target zero Agency from November.** NHSP to maintain safe delivery of care but kept to minimum	97 % of September OPEL 2 and above reported for workforce and capacity.. Increased sickness, workforce tired.
Buckingham	**20% (5.24)** Ag 0 NHSP 0.41 £2,294	0.8 Maternity Leave 1.0 DNSPQ **Sickness – 19.53 wte (2.73%)**	No Agency use. NHSP to maintain safe delivery of care but kept to minimum	61% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Marlow	**25% (6.62)** Ag 0 NHSP 2.61 £12,600	1.0 transferred to continence team 1.0 Nursing associate apprentice 1.0 DNSPQ **Sickness – 20.20 wte (2.90%)**	No Agency use. NHSP to maintain safe delivery of care but kept to minimum.	77% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Night	**25% (1.44)** Ag 0 NHSP 0.42 £2,507	Nil	No agency in use. NHSP to maintain safe delivery of care but kept to minimum	Vacancy caused cancellation of full service; triage only for 3 shifts. Travelled approx. 996 miles Potential increase in attendance ED, and admissions. Delays to care
Southern	**16% (3.96)** Ag 0.46 £18,578 NHSP 0.25 £981	1.0 restricted to office 1.0 DNSPQ **Sickness – 41.92 wte (6.03%)**	**Agency use has started to reduce.** NHSP to maintain safe delivery of care but kept to minimum	35% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Thame	**33% (7.52)** Ag 1.15 £13,077 NHSP 1.90 £10,013	2.0 Maternity Leave 1.5 restricted to office 1.0 DNSPQ **Sickness – 6.0 wte (1.05%)**	**Agency in use** and NHSP to maintain safe delivery of care.	42% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Wycombe	**14% (4.45)** Ag 0 NHSP 2.61 £12,600	1.0 DNSPQ **Sickness – 81.11 wte (9.13%)**	**Agency reduced to 1 x** NHSP to maintain safe delivery of care but kept to minimum	74% of September OPEL 2 and above reported for workforce and capacity. Increased sickness, workforce tired.
Continence	**0% (0)** Ag 0 NHSP 0	0	No Agency in use. No NHSP required.	Additional 1.0 wte band 5 budget 'borrowed' from Marlow ACHT. Fixed for one year to reduce waiting list

AND A GREAT PLACE TO WORK

Table 3: DN continence KPI (Source: Community Nursing Monthly Staffing Report)

7 Allied Health Professionals (AHPs)

At BHT, there are 8 professional areas with a total workforce of 579.68wte and corresponding vacancy rate of 11.34% (65.74wte). The Director of Allied Health Professionals holds accountability for these 8 Professional areas. Regulatory compliance under the Health Professions Order (2001), is represented for all registered Allied Health Professionals (AHPs), by the Health and Care Professions Council (HCPC).

Table 4: Below shows the September 2024 detail for the whole-time equivalent in post of registered AHP workforce represented across all four Care Groups.

2024/2025	Month 6
Allied Health Professionals	Whole time Equivalent
Dietetics	21.98
Occupational therapy	89.62
Operating department practitioners	59.45
Orthoptics	6.40
Physiotherapy	146.09
Podiatry	17.03
Radiography (Diagnostic)	112.36
Speech and Language Therapy	61.01
Total	**513.94**

AHP professions are regulated by the Health & Care Professionals Council (HCPC).

BHT registered AHPs are accountable to the Director of AHPs and Chief Nurse.

AHP professionals re-register every 2 years.

Compliance to HCPC's standard of conduct, performance, and ethics, is monitored monthly by the Director of AHP.

Table 4: AHP workforce in-post at M06

There is currently an ongoing review of Physiotherapy and Occupational Therapy across acute and community settings. The aim of the review is to obtain an understanding of services delivering Physiotherapy and Occupational Therapy (children and adults services) across the organisation and propose recommendations for best clinical practice to deliver Physiotherapy and Occupational Therapy a workforce model required to provide services to Buckinghamshire patients. The Physiotherapy and Occupational Therapy workforce review will be presented via the Community and Rehabilitation Care Group at Executive Management Committee in December 2024.

8 NQB Expectation 2: Right Skills

8.1 Statutory/Mandatory Training, Development, and Education

Statutory training is legally reportable, e.g., Infection Control, Information Governance, Fire, Manual Handling, Health and safety, Equality and Diversity, and Safeguarding Adults and Children.

Registered Nursing & Midwifery overall compliance by the end of Q2 for Statutory Training has remained stable at 92.62%. Figure 6 below demonstrates the breakdown of compliance at Care Group levels. Throughout the quarter, all Care Group are above the Trust target of 90% except for the Care Group of Surgery & Critical Care which is slightly below the Trust target throughout the Q2 period.

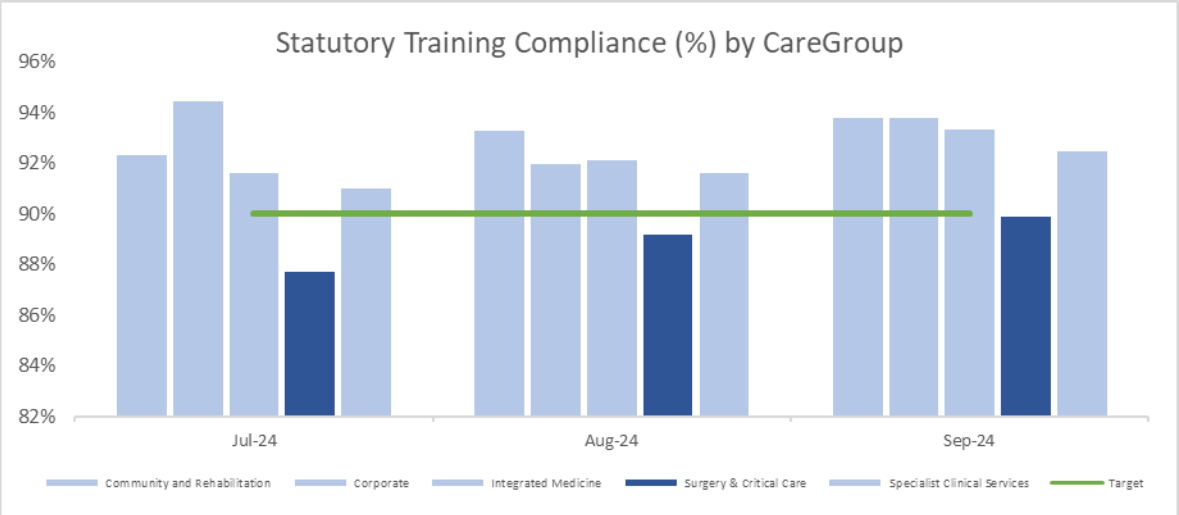


Figure 6 (Source: ELD Business Information Data)

Mandatory Training e.g., Resuscitation, Hand Hygiene, Prevent, and Dementia

Registered Nursing & Midwifery overall compliance for Mandatory Training has also remained stable at 94.97%. Figure 7 below demonstrates the breakdown of compliance at Care Group levels which meet Trust's target above 90% by end of Q2 period.

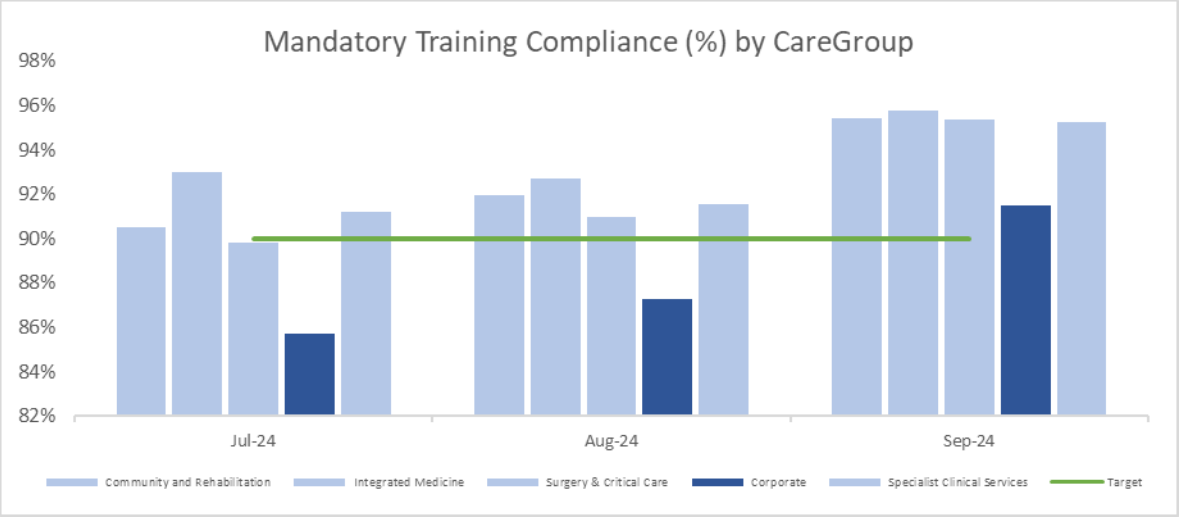


Figure 7 (Source: ELD Business Information Data)

See Appendix 3 for compliance by staff group and the breakdown the individual training modules compliance. It is clear the most significant risk is Safeguarding Adults Level3 at 79% with corresponding Level4 at 66.7%; IPC Level 1 Duty of Candour and PREVENT training modules are all at 66.7% compliance rates.

9 NQB Expectation 3: Right Place and Right Time

The Trust meets this expectation because it uses tools to support efficient and effective decision-making around the deployment of staff to meet patient needs. See Appendix 4 for Q2 SafeCare compliance report which illustrates the aggregate percentages for the completion of: ward census of staffing on duty, patient acuity dependency, and bed occupancy.

9.1 **Quality Indicators** (See Appendix 5 Safe staffing and Quality Metrics September 2024)

From the previous quarter EMC recommendation, the discussion and oversight of these metrics will part of the local Care Group governance and quality meetings. The extrapolation of the data from relevant sources (NStf-FillRate/CHPPD; Datix system; Power BI; SafeCare; HealthRoster) has finally refined, the Care Group nursing leadership is now receiving the data metrics monthly form September and onwards thereafter.

9.2 **Efficient Deployment & Flexibility**

Red Flags:

Figure 8 below presents a total of 2,974 Red Flags raised during the period of Q2, of which 2,776 and 47 were resolved and reviewed respectively. There were 90 opened Red Flags of which, and none were related to NICE safer staffing red flags. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels.

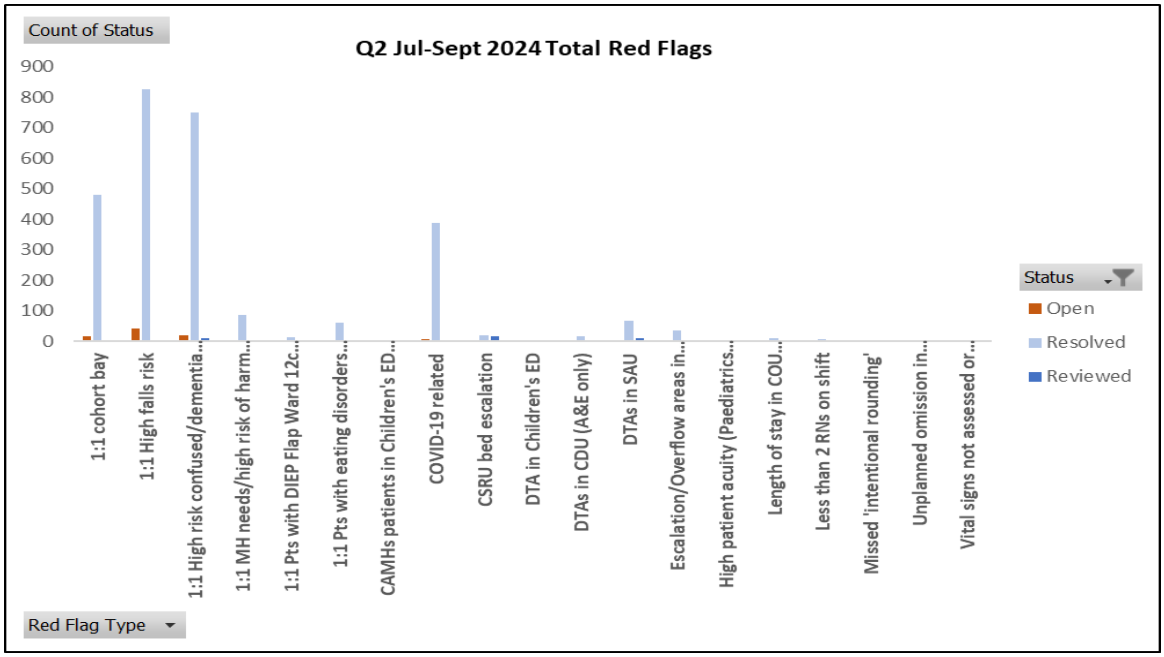
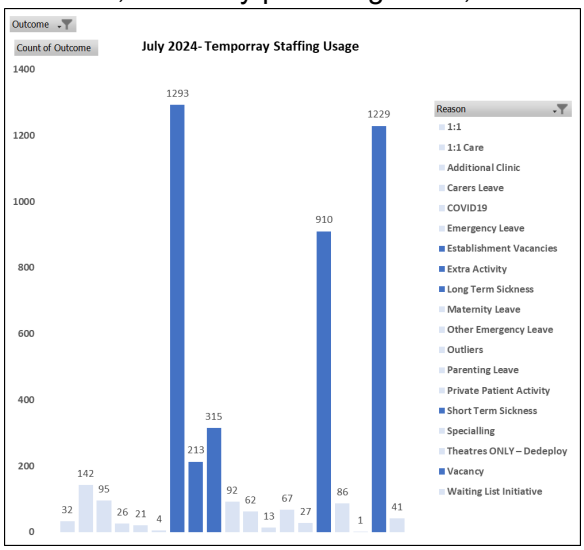
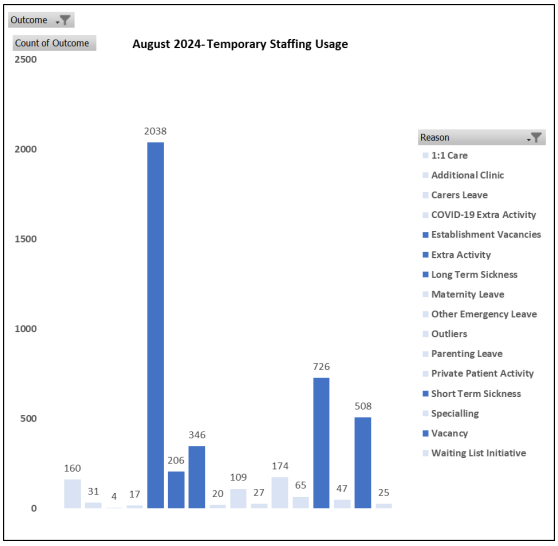


Figure 8 (Source: HealthRoster/SafeCare System)

9.3 Agency Usage and Temporary Spend

Figure 9 below shows the breakdown of temporary staffing requests and the corresponding reasons to fill the workforce gaps in Q2. The top 5 reasons for shifts cover by temporary staffing by end of Q2 are as follows: vacancies, extra activity, long term sickness, maternity/parenting leave, and short-term sickness.





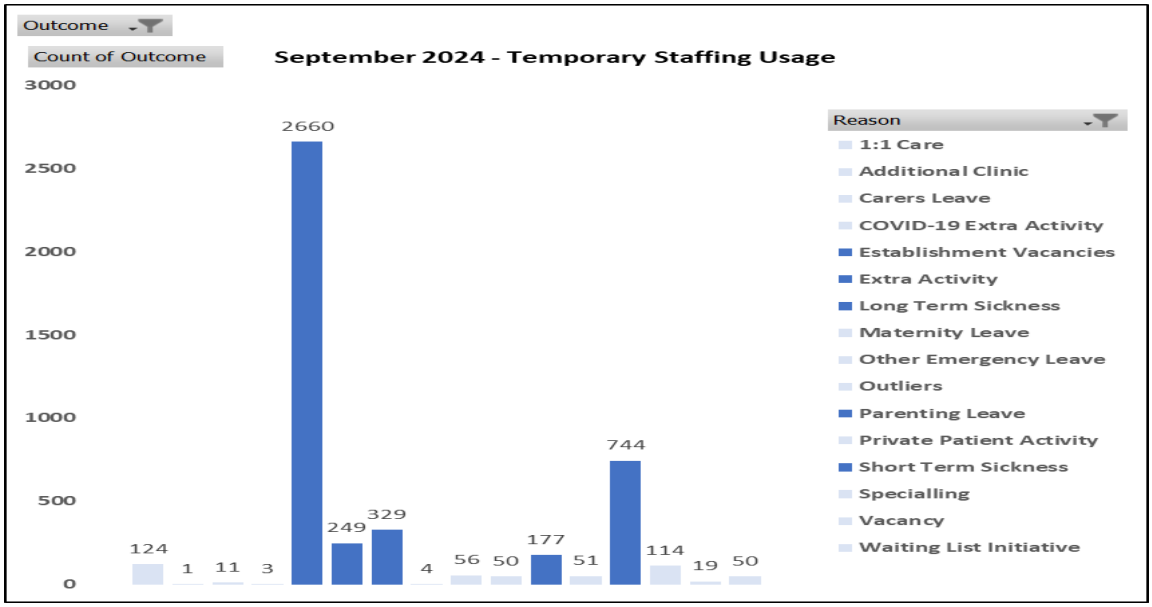


Figure 59(Source: NHSP data informatics)

9.4 **Care Hours Per Patient Day**

A measure of ward-level productivity and transparency on variation in staff-to-patient ratios across wards, specialities, and organisations. Low rates may indicate a potential patient safety risk. Very high rates may suggest the organisation has several unproductive wards or inefficient staff rostering processes. Appendix 7 (Model Hospital data) shows CHPPD (July 2024 data) for all nursing and midwifery staff, and a comparison for registered nurses and midwives alone so that we can see that the CHPPD requirement is being met by registered nurses.

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Appendix 1: Fill Rates- Safe Staffing Exception Report September 2024

BHT Safe Staffing Exceptions Report September 2024

	Beds	Percentage Day		Percentage Night		Care Hours Per Patient Day (CHPPD)			Action taken by Care Group Matron/Lead Nurse where 10% or more of nursing hours did not meet agreed staffing levels	Overall % fill
		RN /RNA	HCA *	RN /RNA	HCA *	RN /RNA	HCA *	Total		
Stoke Mandeville Hospital Site										
Florence Nightingale Hospice	12	87.9%	86.5%	98.3%	100.0%	5.8	3.8	9.5	Staffing is flexed depending on the number of patients within the ward	93.2%
Acute Medical Unit	26	97.4%	96.3%	100.2%	99.2%	4.6	3.7	8.3	Band 7 LTS cover with upgrade of bandings for Band 6 and subsequent Band 5. Band 5 HR cover.	98.3%
Birth Centre		92.9%	88.5%	95.7%	80.0%	43.6	20.3	63.8	2.0wte vacancy for MSW - The activity is low in the MLC area due to higher c section and rates of higher acuity on labour ward so therefore this vacancy has less impact and the area is still safely supported by the msw on labour ward.	89.2%
Burns Unit	6	101.3%	83.3%	100.3%	56.2%	11.7	3.7	15.3	No budget for HCA on nights so additional request put out to support with 1:1 confused patients, would not expect any HCA fill normally on a night shift.	85.3%
NNU	16	93.7%	66.7%	88.5%	100.0%	10.7	1.7	12.4	Staffing is flexed depending acurity of babies on NNU-	87.2%
Rothschild/Labour Ward		83.8%	68.5%	92.4%	79.4%	8.4	2.9	11.3	msw 4.0wte vacancy- recruited this month to the vacancy and have mitigated up to now by risk assessing acuity and redeploying staff from labour ward if needed on Rothschild.	81.1%
St Andrew	20	94.8%	160.0%	98.4%	1085.5%	7.5	4.8	12.4	3 beds closed due to bariatric patients. Use of NHSP staff to ensure establishmant staffing is met.	359.7%
St David	23	179.1%	152.8%	193.3%	71.1%	2.5	3.0	5.5	HCA vacancies, vacancy has less impact on night shift	149.1%
St Francis	9	85.6%	79.0%	80.1%	53.3%	9.5	3.8	13.2	Staffing is flexed depending on number of patients on the ward.	74.5%
St George	23	88.0%	92.7%	100.0%	73.3%	2.5	2.9	5.3	HCA vacancies, vacancy has less impact on night shift	88.5%
St Patrick	24	87.8%	92.1%	91.7%	86.5%	4.5	3.4	7.9	RN and RNA vacancies, ward supported on day shift by supervisory sister.	89.5%
SAU	10	200.4%	90.0%	100.0%	100.0%	5.4	1.6	7.0	Reg B4 included in qualified numbers hence 200%, SAU acuity is variable and is not always captured at time of census.	122.6%
Ward 1 T&O	22	91.6%	186.7%	99.0%	182.1%	4.1	3.4	7.6	1 x RN Vacancy on trac.B2 vacancy held. High at risk patient due to patient group within trauma/orthopaedics.Enhanced care and cohorted bays requiring 1 staff 24 hrs per day.1-1 patients nursed in side rooms due to medical condition requiring isolating.Patients requiring assistance of 2 staff with personal care and mobility.	139.8%
Ward 10	25	99.4%	208.2%	95.0%	99.2%	4.0	4.2	8.2	Increased level of non-registered nursing associate on LD & N – Band 4s in posts worked against Band 5 positions and balances against Band 5 hours.	125.5%
Ward 16a	27	194.7%	154.8%	98.3%	95.8%	4.3	4.1	8.4	5th RN vacancy / shortfall not covered if Reg B4 on shift	135.9%
Ward 17- Gastro	24	196.8%	90.3%	195.8%	93.3%	4.0	3.6	7.6	RMN required for a patient under section (1RMN/Shift)	144.1%
Ward 18	11	175.2%	100.9%	172.7%	60.1%	4.8	3.9	8.7	Due to change in service we are only requiering x2 HCA at night, but have a funded estblishment for 3. If one of the HCA's calls sick, we do not put the shift out to bank.	127.2%
Ward 2 Ortho Rehab	20	192.4%	153.7%	200.0%	100.4%	3.7	3.2	6.9	CSW long term sickness. Vacancies x B2 held against B6 MAT COVER.High risk of falls patient group. Cohorted bays requiring 1 staff member at all times. Patients requiring assistance with mobility and personel care requiring assistance of 2 staff members	161.6%
Ward 3 - Paediatrics	26	199.1%	0.0%	205.5%	0.0%	7.7	0.5	8.2	HCA not in budget establishment however have 1.0 WTE awaiting to start NNA training. Safe staffing levels maintained	101.1%
Respiratory Support Unit	42	95.1%	95.5%	100.0%	98.1%	5.8	4.1	9.9		97.2%
Ward 5 – Haematology/Oncology	14	95.1%	97.0%	99.0%	100.0%	6.5	1.8	8.2		97.8%
Ward 6 – Endocrine/Diabetes	24	100.1%	99.9%	100.0%	100.0%	3.4	3.9	7.3		100.0%
MFOP- Ward 8	21	174.6%	92.7%	172.5%	96.7%	3.9	3.4	7.3	Over established for trained staff on some shifts, on occassion we have reduced the HCA cover when additional trained cover is in place. RN's will also support other areas if required. Will be reviewing staffing establishment and liaise with staff about possible redeployment to OL when open.	134.1%
MFOP- Ward 9	22	99.3%	79.2%	100.0%	88.3%	3.7	3.5	7.2	Increased HCA sickness, Mitigated risks within care group. Roster buid to be reviewed.	91.7%
St Joseph- SSFU	16	97.5%	88.7%	103.3%	68.9%	3.1	2.9	5.9	Area safe with woring on minimum HCA numbers - due to LT and ST sickness. Ward Sister is available to support the ward if required.	89.6%
SM ITU	12	182.2%	291.3%	189.0%	96.7%	38.5	6.2	44.7	ICU is staffed according to occupancy and acuity based on the Intensive Society staffing Guidelines.	189.8%
SMH Total Average		126.4%	111.4%	121.9%	125.5%					

Note	
*	Incl Unregistered Band 4

RAG
79% and below = Red
80%-89% = Amber
90%+ = Green

BHT Safe Staffing Exceptions Report September 2024

	Beds	Percentage Day		Percentage Night		Care Hours Per Patient Day (CHPPD)			Action taken by Care Group Matron/Lead Nurse where 10% or more of nursing hours did not meet agreed staffing levels	Overall % fill
		RN /RNA	HCA *	RN /RNA	HCA *	RN /RNA	HCA *	Total		
Wycombe Hospital Site										
Ward 2a	22	98.2%	140.6%	100.1%	92.9%	4.2	2.1	6.3	Provsion of strict 1:1 to support the care of patient with aggressive behaviour to mitigate incidents affecting staff safety or preventing injury to staff.	107.9%
Ward 8- HASU	18	97.5%	87.6%	95.0%	90.0%	6.2	4.0	10.2	x3 (b6) SNOD vacancies 2 recrutied now. 1 unable to recruit due to overestablishment in shared budget. B6 LTS and STS. HCA ML X2 and LTS plus 1 vancancy now recruited. Mitigated with sister and specilaist nurse during the week. Vacant shifts due to established vacancies risk assessed and not sent to NHSP due to reduced patient numbers on a numbe of occasion during Septemeber. so ward was safe	92.5%
Ward 9 - ASU	23	112.8%	89.8%	223.3%	100.0%	3.2	3.2	6.5	B6 ML. B4 X3 vacancy- night shifts filled with B5 to mitigate. B5 LTS. B2 LTS X2 - mitigated with ward manager, specilist nrse during the week.	131.5%
STC Ward 12b	20	82.8%	74.2%	77.7%	78.4%	6.6	3.9	10.5	No action taken due to low patient/bed occupancy. staff redeployed where necessary	78.3%
STC Ward 12c	22	161.9%	153.1%	175.6%	102.9%	5.7	3.5	9.1	Staffing appropriate for 22 bedded area when fully occupied. Also RN 1:1 enhanced care in place to support DIEP flap pathway for first post op 24 hours. Some residual staff in post following 2 wards merging with FWA inplace, this is slowly being rectified by natural progression/development and relocation of staff.	148.4%
WH ITU	6	54.2%	95.5%	57.1%	30.0%	26.6	5.1	31.7	No action taken as ICU is staffed according to patient occupancy and acuity.	59.2%
WH Total Average		101.2%	106.8%	121.5%	82.4%					
Amersham Hospital Site										
Chartridge	22	93.5%	87.8%	88.9%	91.1%	3.0	2.8	5.8	The skill mix at night is reviewed in our safety huddles across both wards by ensuring that one of the wards always has 3 registered nurses therefore we at times cover the Registered nurse shift with an HCA instead of an RN after reviewing the safety and skill requirements of the cohort of patients at that time	90.3%
Waterside	21	214.2%	90.9%	88.5%	101.6%	3.2	3.3	6.5		123.8%
BNRU	17	95.5%	132.1%	100.2%	100.3%	2.8	4.8	7.6	Two patients requiring strict 1:1 care which cannot be covered by existing skill mix; vacancy cover	107.0%
AH Total Average		134.4%	103.6%	92.5%	97.7%					
Community										
Buckingham Hospital	12	99%	66%	98%	100%	4.1	3.1	7.2	HCA staffing flexed depending on beds requirement	90.9%
Community Total Average		99%	66%	98%	100%					

Note	
*	Incl Unregistered Band 4

RAG
79% and below = Red
80%-89% = Amber
90%+ = Green

Appendix 2: Staffing Factors/Clinical Actions/Management Actions Summary

Staffing Factors/Clinical Actions/Management Actions Summary

Standard Report | Custom Date Report

Show: 1 month Of: September 2024 Include all data entries ☑ Submit

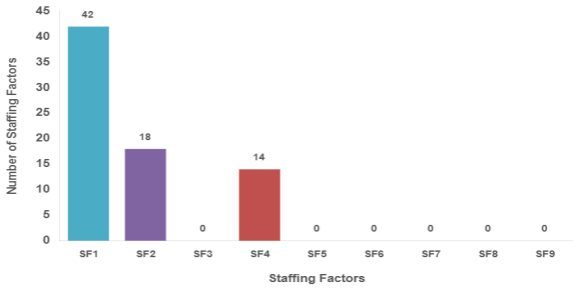
Displaying report:
Calendar month of September

Compliance 01/09/2024 to 30/09/2024	92.78%

Staffing Factors
Click to hide results

Number of Staffing Factors
01/09/2024 to 30/09/2024

Download Results



Number of Staffing Factors
01/09/2024 to 30/09/2024

Download Results

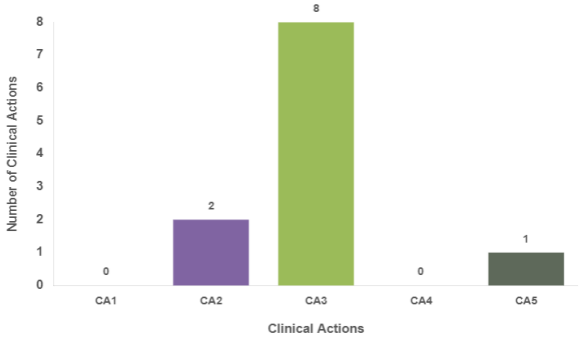
Factors	Breakdown of Factors	Times occurred	Percentage
SF1	Unexpected MW absence/sickness	42	57%
SF2	Unable to fill vacant shifts	18	24%
SF3	Midwife on transfer duties	0	0%
SF4	MW redeployed to other area	14	19%
SF5	Support staff less than rostered numbers	0	0%
SF6	Midwife scrubbed in theatre	0	0%
SF7	Caseload midwife present	0	0%
SF8	Caseload midwife unavailable	0	0%
SF9	No support staff available	0	0%
TOTAL		74	

*The % is rounded to nearest whole number

Clinical Actions
Click to hide results

Number of Clinical Actions
01/09/2024 to 30/09/2024

Download Results



Number of Clinical Actions
01/09/2024 to 30/09/2024

Download Results

Actions	Breakdown of Actions	Times occurred	Percentage
CA1	Decline in-utero transfer	0	0%
CA2	Delay in accepting transfers	2	18%
CA3	Delay/cancel planned procedures	8	73%
CA4	Delay in transfer of cases to theatre	0	0%
CA5	Delay EI LSCS	1	9%
TOTAL		11	

*The % is rounded to nearest whole number

Management Actions
Click to hide results

Number of Management Actions
01/09/2024 to 30/09/2024

Download Results

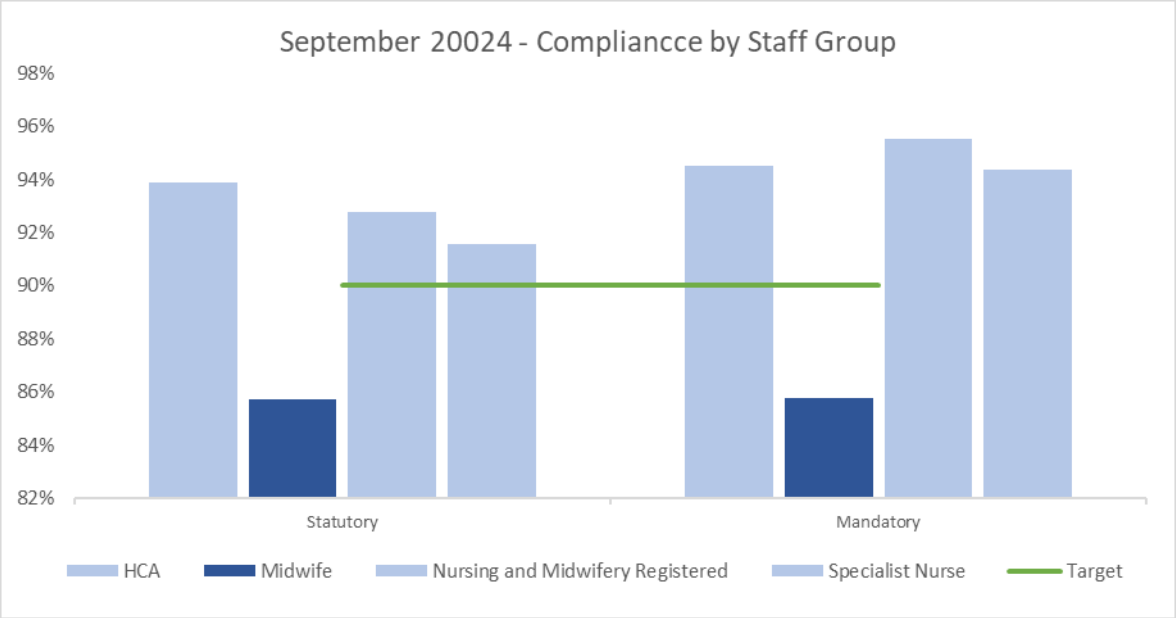
Number of Management Actions
01/09/2024 to 30/09/2024

Download Results

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	6	43%
MA2	Redeploy from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	0	0%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist MW working clinically	1	7%
MA7	Manager / matron working clinically	1	7%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call MW	1	7%
MA10	Escalate to manager on call	5	36%
MA11	Maternity unit on divert	0	0%
TOTAL		14	

*The % is rounded to nearest whole number

Appendix 3:Training Modules Compliance & compliance by Staff Group



*Maternity staff group is below Trust target at 85% Statutory and 84% Mandatory compliance

Certification Name	Compliance %
Fraud Awareness eLearning - 3 Years	96.6%
Conflict Resolution eLearning - 3 Year	96.4%
Paediatric Basic Life Support eLearning - 1 Year	96.3%
Accessible Information Standard - 3 Year	95.9%
Moving and Handling Level 1 - 3 Years	95.9%
Equality and Diversity Level 1 - 3 Year	95.9%
Duty of Candour for Clinical Staff - 2 Year	95.8%
Medical Devices eLearning - 3 Years	95.5%
Health, Safety and Welfare - 2 Years	95.2%
Hand Hygiene - 1 Year	94.6%
Safeguarding Adults Level 2 - 2 Years	94.4%
Preventing Radicalisation Level 3 eLearning - 3 Years	94.1%
Grand Total	93.5%
Adult Basic Life Support eLearning - 1 Year	92.6%
Safeguarding Children Level 4 - 2 Years	92.3%
Infection Prevention and Control Level 2 - 2 Years	92.1%
Emergency Planning and Major Incident - 1 Year	92.0%
Safeguarding Children Level 2 - 2 Years	92.0%
Summoning Emergency Help - 1 Year	91.7%
Information Governance and Data Security - 1 Year	91.4%
Safeguarding Children Level 3 - 1 Year	90.6%
Fire Safety Awareness eLearning - 1 Year	90.6%
Safeguarding Adults Level 3 - 1 Year	79.3%
Duty of Candour for Non Clinical Staff - 3 Year	66.7%
Infection Prevention and Control Level 1 - 3 Years	66.7%
Preventing Radicalisation Basic Awareness eLearning - 3 Years	66.7%
Safeguarding Adults Level 4 - 2 Years	66.7%
TOTAL	93%

(Source: ELD Business Information Data) Individual Training Modules Compliance

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Appendix 4: SafeCare Compliance Report Q2

SafeCare Compliance 01.07.24-31.07.24		
Unit	Rank	% Overall Compliance
St Joseph's Short Stay Frailty Unit	1	100%
CSRU	1	100%
Ward 5 SMH	1	100%
Ward 8 STROKE (HDSU)	1	100%
ITU SH	1	100%
Ward 12b - WH	1	100%
Ward 3 - Paediatrics SH	1	100%
MFOP Ward 8	1	100%
St. Francis Ward SH	1	100%
Ward 11 PFI Burns - SH	1	100%
Neuro Rehab Unit AH	1	100%
ITU WH	1	100%
Ward 12c Merged- WH	1	100%
Ward 2a - Cardiac Unit WH	1	100%
Ward 16a - SH	1	100%
Buckingham Hospital	1	100%
SAU - SH	1	100%
Waterside Ward	2	98%
Ward 9 STROKE	2	98%
Short Stay - AMU 2	2	98%
Florence Nightingale Hospice	3	97%
St. David Ward SH	3	97%
Ward 6 Diabetes SH	3	97%
Ward 1 T+O	4	95%
St. George Ward SH	4	95%
Assessment & Observation Unit S	4	95%
St. Patrick Ward SH	4	95%
St. Andrew Ward SH	5	94%
Chartridge Ward AH	5	94%
Ward 18 (formerly 16b)	5	94%
Respiratory Support Unit	5	94%
Ward 17 Gastro SH	6	92%
Ward 2 Ortho - Geriatric	6	92%
MFOP Ward 9	7	89%

SafeCare Compliance 01.08.24-31.08.24		
Unit	Rank	% Overall Compliance
Ward 12c Merged- WH	1	100%
Ward 11 PFI Burns - SH	1	100%
Ward 5 SMH	1	100%
St. George Ward SH	1	100%
Ward 2a - Cardiac Unit WH	1	100%
St Joseph's Short Stay Frailty Unit	1	100%
Neuro Rehab Unit AH	1	100%
Buckingham Hospital	1	100%
St. Francis Ward SH	1	100%
Ward 2 Ortho - Geriatric	2	98%
St. David Ward SH	2	98%
Florence Nightingale Hospice	2	98%
Waterside Ward	2	98%
St. Patrick Ward SH	2	98%
ITU SH	2	98%
Ward 16a - SH	2	98%
MFOP Ward 8	2	98%
St. Andrew Ward SH	2	98%
Assessment & Observation Unit	3	97%
Respiratory Support Unit	3	97%
Ward 18 (formerly 16b)	3	97%
Ward 8 STROKE (HDSU)	3	97%
Chartridge Ward AH	3	97%
Ward 6 Diabetes SH	4	95%
Ward 9 STROKE	4	95%
Ward 12b - WH	4	95%
MFOP Ward 9	4	95%
Ward 3 - Paediatrics SH	4	95%
Ward 1 T+O	4	95%
CSRU	4	95%
ITU WH	5	92%
SAU - SH	6	90%
Ward 17 Gastro SH	6	90%
Short Stay - AMU 2	7	89%

SafeCare Compliance 01.09.24-30.09.24		
Unit	Rank	% Overall Compliance
Assessment & Observation Unit	1	100.00%
Respiratory Support Unit	1	100.00%
SAU - SH	1	100.00%
Short Stay - AMU 2	1	100.00%
St. Patrick Ward SH	1	100.00%
Ward 17 Gastro SH	1	100.00%
Ward 18 (formerly 16b)	1	100.00%
Ward 6 Diabetes SH	1	100.00%
Ward 9 STROKE	1	100.00%
Ward 12b - WH	2	98.39%
MFOP Ward 9	2	98.39%
MFOP Ward 8	2	98.39%
St. George Ward SH	2	98.39%
Ward 1 T+O	2	98.39%
Waterside Ward	2	98.39%
Florence Nightingale Hospice	2	98.39%
ITU WH	2	98.39%
Ward 2 Ortho - Geriatric	2	98.39%
Ward 2a - Cardiac Unit WH	3	96.77%
Neuro Rehab Unit AH	3	96.77%
St. Andrew Ward SH	3	96.77%
Ward 12c Merged- WH	3	96.77%
Ward 3 - Paediatrics SH	3	96.77%
ITU SH	4	95.16%
Ward 11 PFI Burns - SH	4	95.16%
Ward 5 SMH	4	95.16%
Ward 16a - SH	4	95.16%
CSRU	4	95.16%
St. David Ward SH	4	95.16%
Chartridge Ward AH	4	95.16%
St Joseph's Short Stay Frailty Unit	5	91.94%
Buckingham Hospital	6	90.32%
St. Francis Ward SH	7	90.32%
Ward 8 STROKE (HDSU)	8	88.71%

Appendix 5: Staffing and Quality Metrics September 2024

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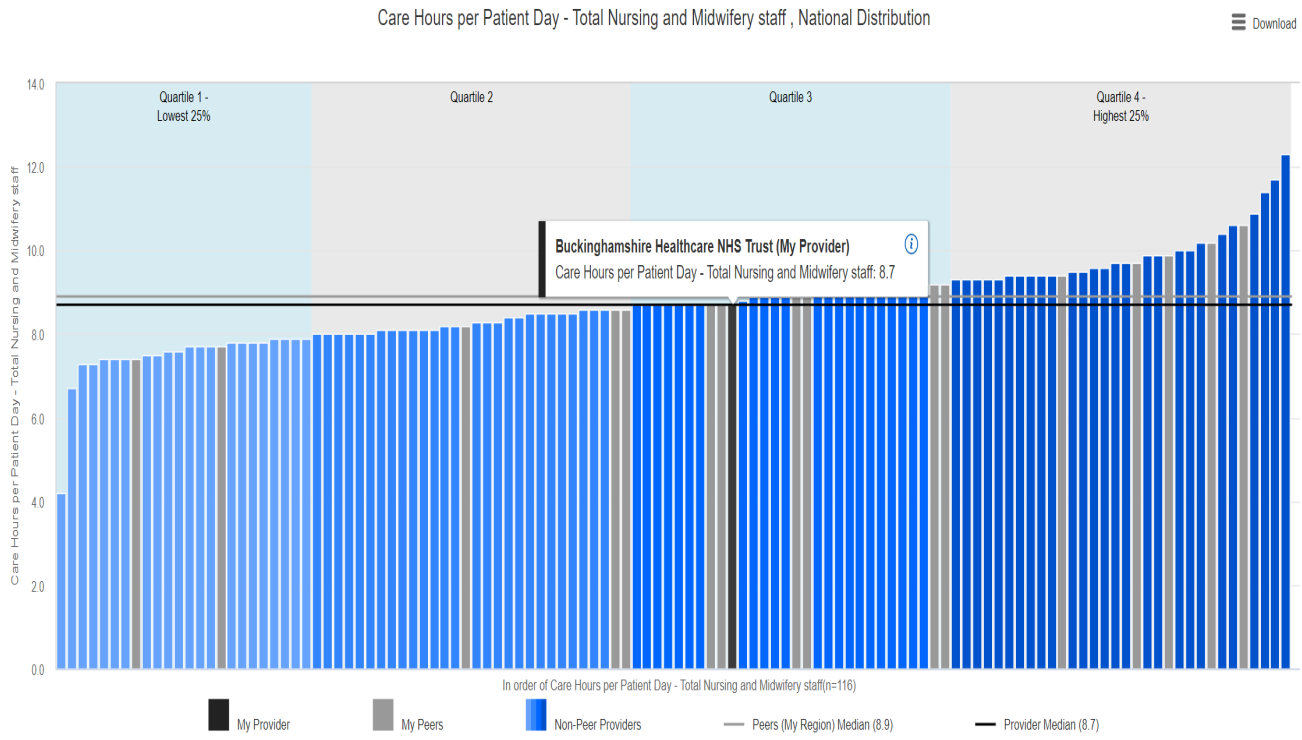
Safer Staffing and Quality Metrics Report - September 2024

Care Group	Site	Wards	Current Establishment Beds	Ward Average Occupancy (DAY) %	Day		Night		Staffing Report				CHPPD			Quality Indicators							
					Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff	Planned Rota Shifts in Hours	Actual Rota Shifts in Hours	Variance (hours) and average fill rate %		Registered midwives & nurses	Care staff	Overall	Number of New Complaints	Hand Hygiene	Environment Inspection Summary	Total Number of Incidents Reportted (DATIX)	Total Number of Incidents Reported - LOW or NO HARM (DATIX)	Falls Total	Fall with Harm	HAPU Total
Community and Rehabilitation	Amersham Hospital	AH CH Ward	18	116%	93%	88%	89%	91%	4100.5	3692.25	-408.25	90%	2.99	2.84	5.83	0	94%	100%	75	74	4	0	4
Integrated Medicine	Amersham Hospital	Bucks Neuro Rehab	17	98%	95%	84%	100%	100%	4166.5	3870	-296.5	93%	2.77	4.61	7.38	1	96%	100%	30	30	5	0	0
Community and Rehabilitation	Amersham Hospital	Waterside	18	111%	114%	84%	89%	97%	4171.5	3910.75	-260.75	94%	3.13	3.30	6.43	0	95%	98%	11	11	6	0	0
Community and Rehabilitation	Buckingham Hospital	Buckingham	12	93%	99%	70%	98%	103%	2713.75	2414.75	-299	89%	4.09	2.99	7.08	0	100%	98%	12	12	7	0	0
Community and Rehabilitation	Florence Nightingale Hospice	Florence Nightingale	12	74%	88%	86%	98%	100%	2697.5	2474.5	-223	92%	5.77	3.75	9.52	0	100%	100%	6	6	1	0	1
Integrated Medicine	Stoke Mandeville Hospital	SM Acute Medical Unit	25	106%	97%	96%	100%	99%	6287.75	6181.75	-106	98%	4.56	3.69	8.25	3	94%	100%	75	74	16	1	2
Specialist Services	Stoke Mandeville Hospital	SM Birth Centre	#N/A	#N/A	93%	88%	96%	80%	2177	1979	-198	91%	43.56	20.27	63.84	0	No Data	100%	1	1	0	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Burns Unit	6	66%	101%	83%	100%	56%	1987.5	1826.25	-161.25	92%	11.69	3.66	15.35	0	No Data	No Data	2	2	1	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM ITU	0	#DIV/0!	82%	93%	89%	97%	11035.25	9570.5	-1464.75	87%	37.91	6.11	44.02	0	99%	92%	18	18	0	0	2
Specialist Services	Stoke Mandeville Hospital	SM NNU	#N/A	#N/A	94%	67%	89%	100%	4704.33	4232.83	-471.5	90%	10.72	1.73	12.45	0	No Data	No Data	6	6	0	0	0
Specialist Services	Stoke Mandeville Hospital	SM Rothschild/Labour Ward	#N/A	#N/A	84%	69%	92%	79%	16932.66	14210.33	-2782.33	84%	8.43	2.85	11.28	1	No Data	No Data	21	22	0	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Andrew	23	86%	95%	89%	98%	100%	7604.5	7274.5	-330	96%	7.53	4.07	11.61	0	100%	100%	0	0	0	0	5
Community and Rehabilitation	Stoke Mandeville Hospital	SM St David	23	92%	81%	74%	94%	71%	4474	3508.5	-965.5	78%	2.30	2.62	4.92	0	100%	100%	0	0	0	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Francis	9	61%	86%	79%	80%	53%	2072	1602	-470	77%	9.46	3.78	13.24	0	100%	100%	0	0	0	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St George	23	95%	88%	71%	100%	73%	4450.5	3573.25	-877.25	80%	2.46	2.87	5.33	0	98%	97%	0	0	0	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM St Patrick	23	91%	88%	66%	92%	87%	6047.5	4924.5	-1123	81%	4.47	3.45	7.92	0	100%	97%	0	0	0	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM W15 Surgical Admissions Unit	10	142%	100%	62%	100%	100%	3126.5	2937.25	-189.25	94%	4.94	1.61	6.55	0	100%	93%	13	13	10	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 1	22	97%	92%	96%	99%	100%	4305.13	4719.63	-185.5	96%	4.13	2.83	6.96	0	93%	100%	16	16	3	0	0
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 10 SSW	25	100%	99%	96%	95%	104%	5937.25	5858.5	-78.75	99%	4.03	3.84	7.87	1	No Data	98%	35	35	4	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 16a	27	97%	95%	90%	98%	96%	6814.32	6445.58	-368.74	95%	4.10	3.93	8.02	2	No Data	93%	24	23	10	0	2
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 17 Gastro	24	99%	97%	91%	96%	93%	5709.25	5382.08	-327.17	94%	3.94	3.57	7.52	0	99%	100%	13	13	9	0	1
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 18	21	52%	77%	49%	74%	59%	4305.5	2751.25	-1554.25	64%	4.32	3.69	8.02	0	No Data	No Data	9	9	6	0	0
Surgery & Critical care	Stoke Mandeville Hospital	SM Ward 2	20	99%	93%	91%	100%	68%	4566	4028.25	-537.75	88%	3.42	2.97	6.39	1	100%	97%	12	12	3	0	0
Specialist Services	Stoke Mandeville Hospital	SM Ward 3	20	97%	99%	50%	105%	38%	4811.91	4562.41	-249.5	95%	7.51	0.49	8.00	1	79%	100%	11	11	0	0	0
Integrated Medicine	Stoke Mandeville Hospital	Respiratory Support Unit	42	93%	95%	96%	100%	98%	11703.16	11363.66	-339.5	97%	5.80	4.05	9.86	0	No Data	No Data	0	0	0	0	3
Specialist Services	Stoke Mandeville Hospital	SM Ward 5	14	99%	95%	97%	99%	100%	3439	3333.5	-105.5	97%	6.48	1.76	8.24	0	100%	100%	14	14	3	0	0
Integrated Medicine	Stoke Mandeville Hospital	SM Ward 6 Diabetes	24	99%	100%	100%	100%	100%	5186.5	5185.75	-0.75	100%	3.39	3.89	7.28	1	100%	95%	18	18	8	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	SM Ward 8	25	84%	76%	108%	74%	97%	5336.5	4570	-766.5	86%	3.63	3.11	6.74	1	100%	91%	12	11	4	0	2
Community and Rehabilitation	Stoke Mandeville Hospital	SM Ward 9	22	100%	99%	79%	100%	88%	5168.25	4710.75	-457.5	91%	3.67	3.53	7.20	0	97%	95%	20	20	12	0	0
Community and Rehabilitation	Stoke Mandeville Hospital	St Joseph's Short Stay Frailty Unit & Discha	15.47	98%	97%	89%	103%	69%	3181.5	2783.25	-398.25	87%	3.06	2.86	5.92	0	No Data	No Data	19	18	10	1	0
Integrated Medicine	Wycombe Hospital	WH CCU 2A	22	96%	98%	73%	100%	93%	4616.33	4211.57	-404.76	91%	4.25	1.83	6.08	1	80%	91%	41	41	11	0	1
Surgery & Critical care	Wycombe Hospital	WH ITU	0	#DIV/0!	54%	27%	57%	30%	5385	2596	-2789	48%	26.57	4.25	30.82	0	98%	91%	5	5	0	0	0
Surgery & Critical care	Wycombe Hospital	WH Ward 12B	20	43%	83%	55%	78%	78%	3611	2649.83	-961.17	73%	6.59	3.92	10.52	0	No Data	89%	8	8	4	0	0
Surgery & Critical care	Wycombe Hospital	WH Ward 12C	22	43%	63%	81%	76%	103%	3855.5	2878.5	-977	75%	5.46	3.20	8.66	0	No Data	94%	6	6	0	0	0
Integrated Medicine	Wycombe Hospital	WH Ward 8	18	86%	97%	88%	95%	90%	5058	4716.75	-341.25	93%	6.22	3.97	10.19	0	No Data	No Data	16	16	3	0	0
Integrated Medicine	Wycombe Hospital	WH Ward 9	23	97%	113%	70%	119%	86%	4711.25	4357.75	-353.5	92%	2.99	3.22	6.21	1	100%	100%	25	25	2	0	1

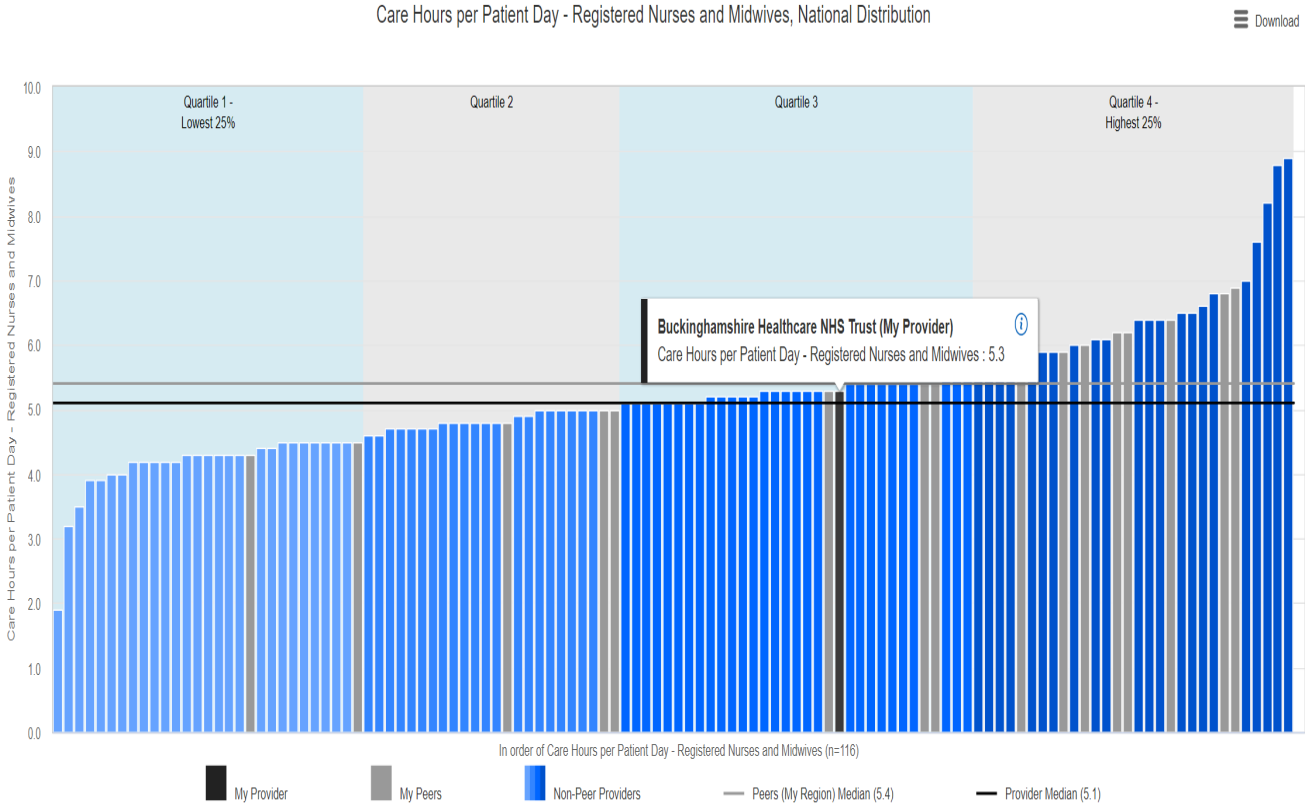
Appendix 6: M06 Ward Level Budget Report

4CCN - Level 4 Cost Centre Name	9CCN - Level 9 Cost Centre Name	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	In-month Budget (£)	In-month Actual (£)	In-month Variance (£)	WTE Budget (in-month)	WTE Actual (in-month)	WTE Variance (in-month)
Integrated Medicine	Acute Medical Unit	1,111,388	1,185,958	(74,570)	181,852	191,928	(10,076)	49.54	52.38	(2.84)
	Bucks Neuro Rehab Unit	659,620	685,613	(25,993)	107,933	114,831	(6,898)	31.32	33.47	(2.15)
	Respiratory 2 (Ward 7)	958,137	842,347	115,789	156,779	144,451	12,328	41.24	37.77	3.47
	Sm-A&E -Nursing	2,768,119	2,680,378	87,741	452,943	432,884	20,059	114.15	108.87	5.28
	Smh Diabetes Ward 6	873,864	898,801	(24,937)	142,989	149,433	(6,444)	39.44	40.95	(1.51)
	Smh Gastro Ward 17	854,733	972,115	(117,382)	139,859	159,148	(19,289)	39.44	40.77	(1.33)
	Smh Respiratory 1 Ward 4	1,137,674	1,256,036	(118,362)	186,173	195,054	(8,881)	49.10	54.45	(5.35)
	Sm-Short Stay (Ward 10)	1,015,298	1,075,453	(60,155)	166,131	179,460	(13,329)	44.59	48.84	(4.25)
	Ward 18	823,093	756,922	66,171	134,682	116,957	17,725	37.36	33.91	3.45
	Wh Cardiology Ward 2a	840,040	799,498	40,542	137,454	133,251	4,203	35.28	34.78	0.50
	Wh High Depend Stroke Unit-Wd8	898,147	896,640	1,506	146,962	149,097	(2,134)	38.45	40.65	(2.20)
	Wh Stroke Unit - Ward 9	794,929	818,736	(23,807)	130,073	131,699	(1,627)	37.07	36.85	0.22
	Wh Stroke/Cardiac Recev'G Unit	487,920	543,856	(55,936)	79,838	89,766	(9,928)	21.09	23.06	(1.97)
Integrated Medicine Total		13,222,960	13,412,353	(189,394)	2,163,667	2,187,959	(24,292)	578.07	586.75	(8.68)
Surgery And Critical Care	Day Surgery Smh	303,620	317,864	(14,244)	49,667	50,959	(1,292)	15.86	13.88	1.98
	Sm-Itu	1,974,933	2,131,900	(156,967)	322,790	361,584	(38,794)	81.68	84.08	(2.40)
	Sm-Ophthalmology Outpatients	812,718	832,569	(19,852)	96,036	116,529	(20,493)	40.68	42.30	(1.62)
	Sm-Ward 1 Trauma	765,880	927,425	(161,545)	124,903	154,686	(29,784)	36.19	40.49	(4.30)
	Sm-Ward 11 Burns	460,232	453,573	6,658	75,384	72,667	2,718	19.36	18.86	0.50
	Sm-Ward 15-Surgical Asses Unit	682,028	647,243	34,784	111,745	109,682	2,063	30.69	28.12	2.57
	Sm-Ward 2 Trauma	719,385	769,236	(49,851)	117,435	131,377	(13,942)	35.12	35.93	(0.81)
	Sm-Wd16a-Gensur/Gynae-Surg.Flr	1,002,643	1,185,629	(182,986)	163,755	192,122	(28,367)	48.97	51.23	(2.26)
	Wh Day Surgery	402,906	368,521	34,385	66,084	60,009	6,075	22.09	18.39	3.70
	Wh-Itu	917,094	847,392	69,702	150,234	137,114	13,120	37.25	30.98	6.27
	Wh-Urology Wd12c & Diagnostics	684,626	602,795	81,831	112,420	97,478	14,942	30.94	28.54	2.40
	Wh-Ward 12b	586,903	576,987	9,916	96,171	95,215	956	28.36	25.42	2.94
Surgery And Critical Care Total		9,312,966	9,661,136	(348,170)	1,486,624	1,579,422	(92,797)	427.19	418.22	8.97
Community And Rehabilitation	Acht - Amersham	652,251	617,689	34,562	107,297	97,220	10,077	25.82	25.85	(0.03)
	Acht - Aylesbury	765,448	750,307	15,141	126,186	133,628	(7,442)	31.21	32.78	(1.57)
	Acht - Buckingham	615,473	602,580	12,893	101,358	89,586	11,772	27.46	23.53	3.93
	Acht - Marlow	663,319	587,819	75,499	109,324	91,783	17,541	28.92	25.96	2.96
	Acht - Night Service	157,224	120,067	37,157	26,027	20,951	5,075	5.86	4.42	1.44
	Acht - Southern	627,162	647,025	(19,864)	103,100	97,742	5,358	27.00	23.87	3.13
	Acht - Thame	566,323	549,306	17,016	93,344	91,878	1,466	24.07	20.46	3.61
	Acht - Wycombe	724,035	762,248	(38,213)	119,056	124,995	(5,938)	33.13	32.04	1.09
	Buckingham Hospital	461,448	467,309	(5,861)	76,029	77,482	(1,452)	22.26	20.27	1.99
	Chartridge Ward	732,759	725,395	7,364	120,584	115,802	4,783	33.51	32.64	0.87
	Day Procedures & Dischrge Unit	620,933	649,302	(28,369)	102,042	102,267	(225)	28.11	28.92	(0.81)
	Olympic Lodge	280,370	129,482	150,888	45,794	629	46,423	48.06	0.07	48.13
	Palliative In House Nursing	504,422	483,698	20,724	83,066	82,879	187	21.46	21.07	0.39
	Sm - Acute Med Ward 9	838,135	833,184	4,951	138,137	140,682	(2,544)	41.92	38.38	3.54
	Smh - Mfop Ward 8	905,190	894,184	11,006	149,044	141,353	7,691	42.04	40.77	1.27
	Sm-St Andrews Ward	2,310,576	2,319,935	(9,359)	380,284	386,337	(6,053)	103.98	102.67	1.31
	Sm-St David'S & St George'S Wd	1,460,920	1,334,449	126,471	240,445	217,431	23,014	69.80	62.53	7.27
	Sm-St Francis Ward	457,963	420,168	37,795	75,430	71,027	4,403	19.15	17.67	1.48
	Waterside Ward	690,040	719,350	(29,310)	113,605	119,778	(6,173)	32.60	32.92	(0.32)
Community And Rehabilitation Total		14,033,986	13,613,495	420,491	2,310,151	2,202,190	107,961	666.36	586.68	79.68
Specialist Clinical Services	Sm - Ward 3 Paediatrics	1,025,181	1,029,866	(4,685)	167,749	168,776	(1,027)	37.63	39.26	(1.63)
	Sm-Paeds-Neonatal Unit	1,123,742	1,166,481	(42,740)	183,818	201,155	(17,336)	43.86	42.80	1.06
	Sm-Ward 5	624,569	678,973	(54,404)	102,197	113,767	(11,569)	27.06	28.86	(1.80)
	Childrens Ed & Cou	1,003,480	1,064,336	(60,856)	164,198	166,253	(2,055)	36.45	39.62	(3.17)
Specialist Clinical Services Total		3,776,971	3,939,656	(162,685)	617,963	649,950	(31,987)	145.00	150.54	(5.54)
Grand Total		40,346,882	40,626,639	(279,758)	6,578,405	6,619,521	(41,115)	1,816.62	1,742.19	74.43

Appendix 7: CHPPD – All Nursing & Midwifery Staff, Trust at 8.7 (Quartile 3)



CHPPD – Registered Nurses & Midwives (Only)- Trust at 5.3



Source: Model Hospital (July 2024 data)- [View Organisation Level CHPPD - Working Differently - Model Hospital]

Meeting: Trust Board Meeting in Public

27 November 2024

Agenda item	Mortality report
Board Lead	Mr Andrew McLaren, Chief Medical Officer
Type name of author	Mitra Shahidi, Deputy CMO, Quality & Safety Mandy Chetland, Head of Medical Quality
Attachments	None
Purpose	Assurance
Previously considered	EMC 05.11.2024 Q&CGC 20.11.2024

Executive Summary

The rolling HSMR for the 12-month period up to July 2024 is 92.7 and banded statistically 'lower than expected'.

Telstra (Dr Foster) have developed a new algorithm which will take frailty in to account more than palliative care. This is likely to increase BHT's HSMR. A full impact assessment will be provided to EMC in December 2024.

Clinical coding are still experiencing issues with staffing along with a continued increase in the volume of episodes of care which has impacted on their day 10 compliance.

This paper was considered by the Executive Management Committee on 5 November 2024 who took assurance from the report, noting the HSMR spike in June was driven by coding. On 20 November 2024, the Quality & Clinical Governance Committee considered the report and took assurance from the reported HSMR and plans to address challenges within coding including staffing and changes to coding methodology and calculations.

Decision	For assurance

Relevant Strategic Priority

Outstanding Care ☒	Healthy Communities ☐	Great Place to Work ☐	Net Zero ☐

Relevant objective

☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact

Patient Safety	Monitoring and investigating/auditing deaths and mortality rates to ensure we are providing the safe care and identifying any learning if a lapse in care is identified.
Risk: link to Board Assurance Framework (BAF)/Risk Register	The Trust's mortality rates are indicators of how well we care for our patients and may impact negatively on the Trust's reputation.
Financial	No financial implications.
Compliance Select an item.	Safety The standard for HSMR is 100.0.
Partnership: consultation / communication	Collaboration with certifying doctors, Coroners, GPs, ICB, regional and national ME leads to establish community roll out of ME scrutiny of deaths. Collaboration with all divisions and the Telstra analyst at the Mortality Reduction Group Meeting as well as when investigating/auditing specific diagnoses.

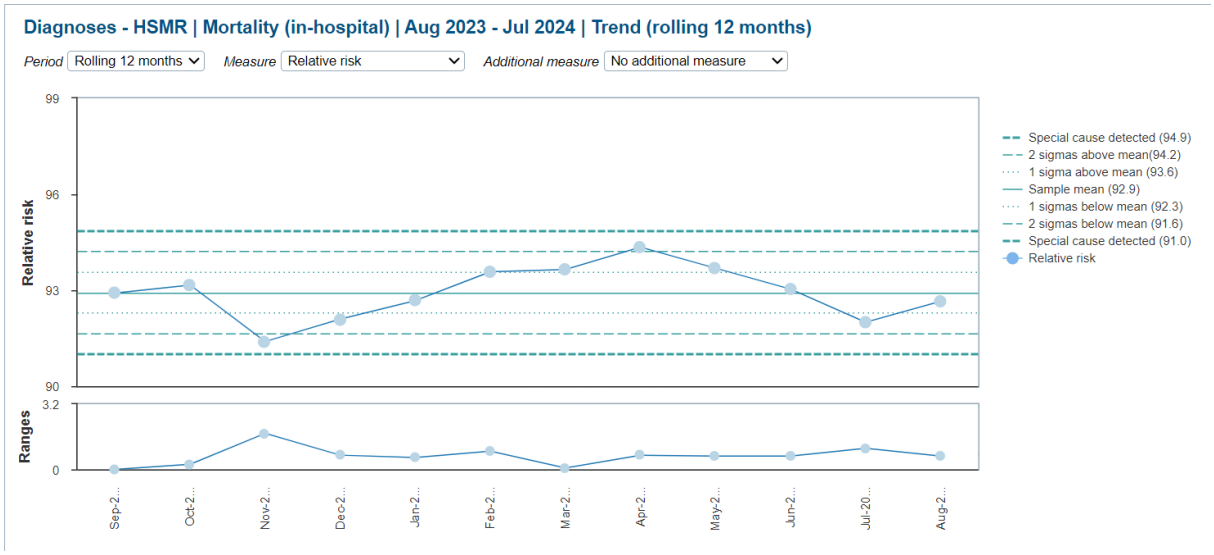
Equality	ME services engage with bereaved families to explain the MCCD, help answer any medical questions and listen to any concerns they may have regarding their loved one. The ME service also supports timely arrangements for faith communities wishing to expedite burial within 24 hours. Mortality data does not discriminate against protected characteristics but can identify inequalities if mortality is higher in a particular group of people i.e.., age, gender, ethnicity, etc.
Quality Impact Assessment [QIA] completion required?	Not required for this paper.

Mortality

Hospital Standardised Mortality Ratio (HSMR)

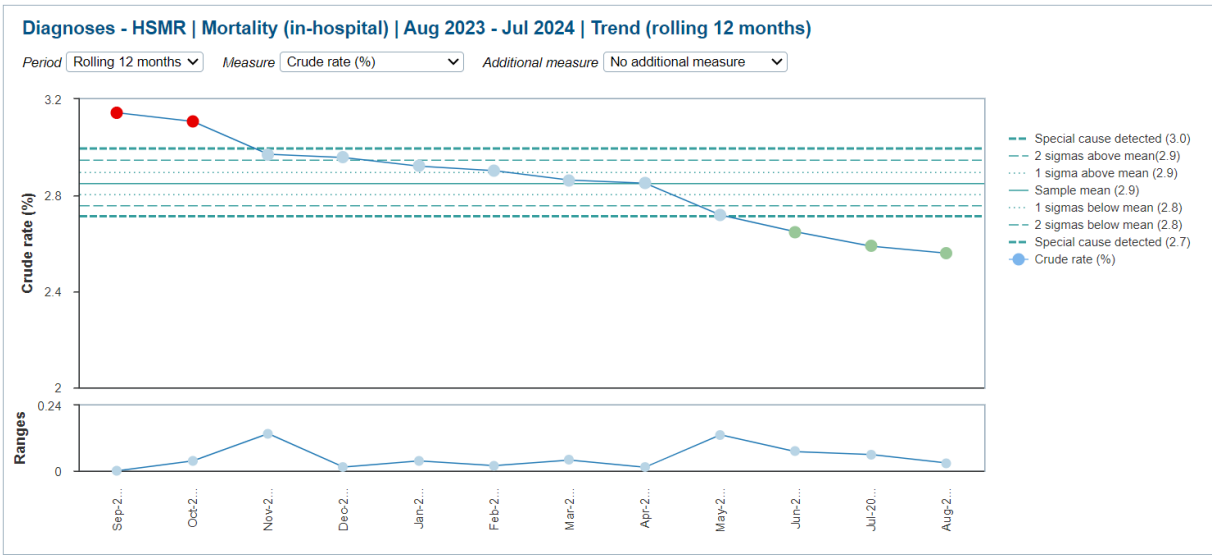
The HSMR is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in hospital deaths. Standardised rates allow comparison between organisations that deal with different patient populations.

The rolling HSMR for the 12-month period up to July 2024 is 92.7 and banded statistically 'lower than expected'. (Figure 1)



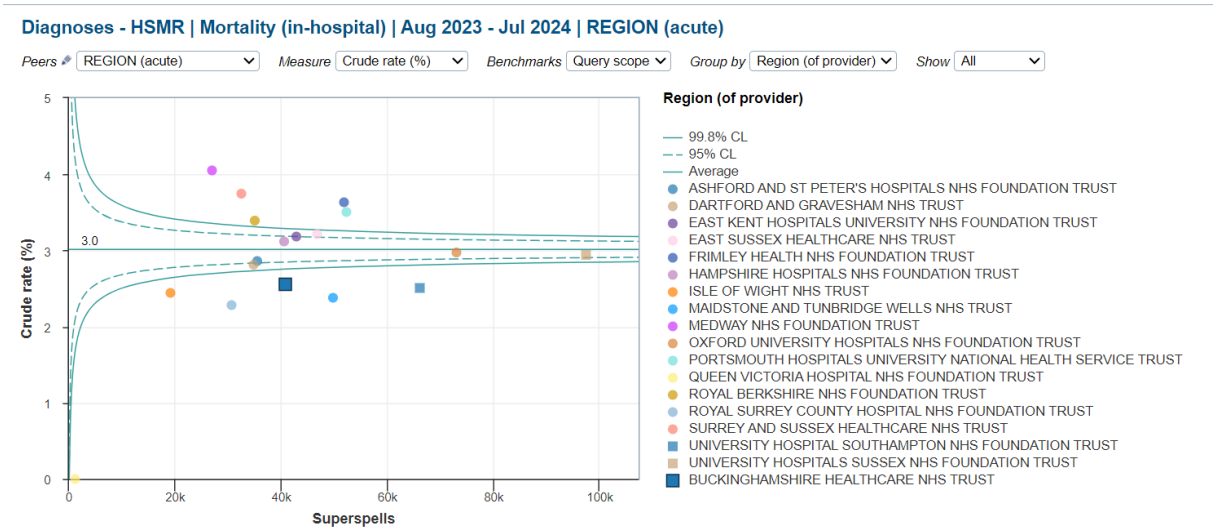
(Figure 1)

The crude mortality rate within the HSMR basket is 2.6% compared to 3.2% regional and 3.1% national averages (acute, non-specialist trusts) (Figure 2).

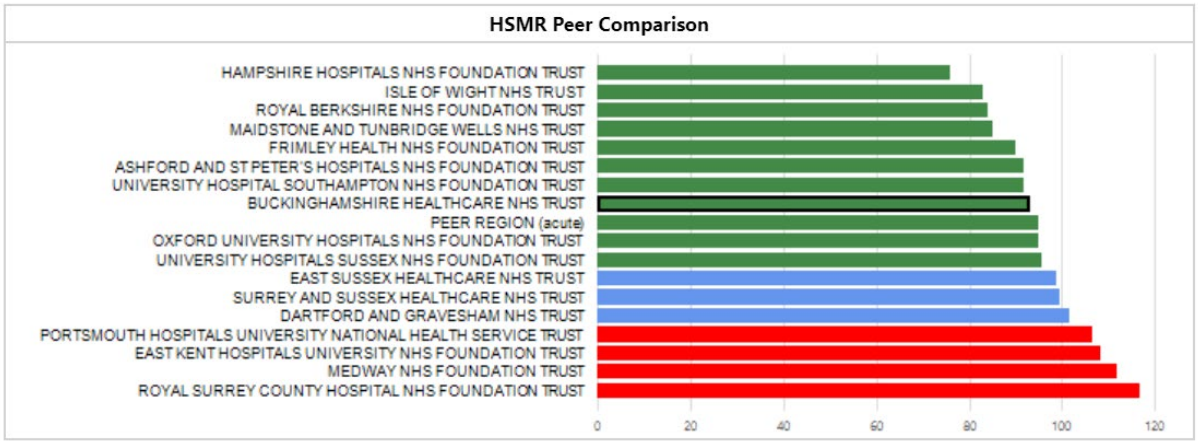


(Figure 2)

Buckinghamshire Healthcare Trust is 1 of 10 within the regional comparison (acute, non-specialist providers) with an HSMR that is banded as 'statistically lower than expected' (Figure 3 and 4).



(Figure 3)



(Figure 4)

Impact of new Telstra model on BHT's HSMR

The new methodology (HSMR+) to be used by Telstra to calculate HSMR will be launched at the end of November. The changes are listed below:

	HSMR - Old Model	HSMR - New Model
Cohort	56 diagnosis groups which made up 80% of in-hospital mortality. Still births are included	41 diagnosis groups which now make up 80% of in-hospital mortality. Still births are NOT included
Variable changes:		
Deprivation	The current model uses the Carstairs Deprivation Index	The new model will use IMD (Index of Multiple Deprivation)
Covid-19	Covid-19 currently sits in the Viral Infections diagnosis group under the subgroup 'Other and unspecified viral infection'.	The new model will place Covid-19 within its own Covid-19 subgroup within the Viral Infections diagnosis group.
Comorbidity	The current model uses Charlson Comorbidity Index to identify comorbidities.	The Elixhauser-Bottle Comorbidity Index will be used within the new model to identify comorbidities.
Frailty	Frailty is not one of the casemix factors within the current HSMR model.	Frailty WILL be included within the new model, using the Global Frailty Index,
Palliative care	Currently adjusted for in the model	Not adjusted for in the model
All other casemix factors remain the same		

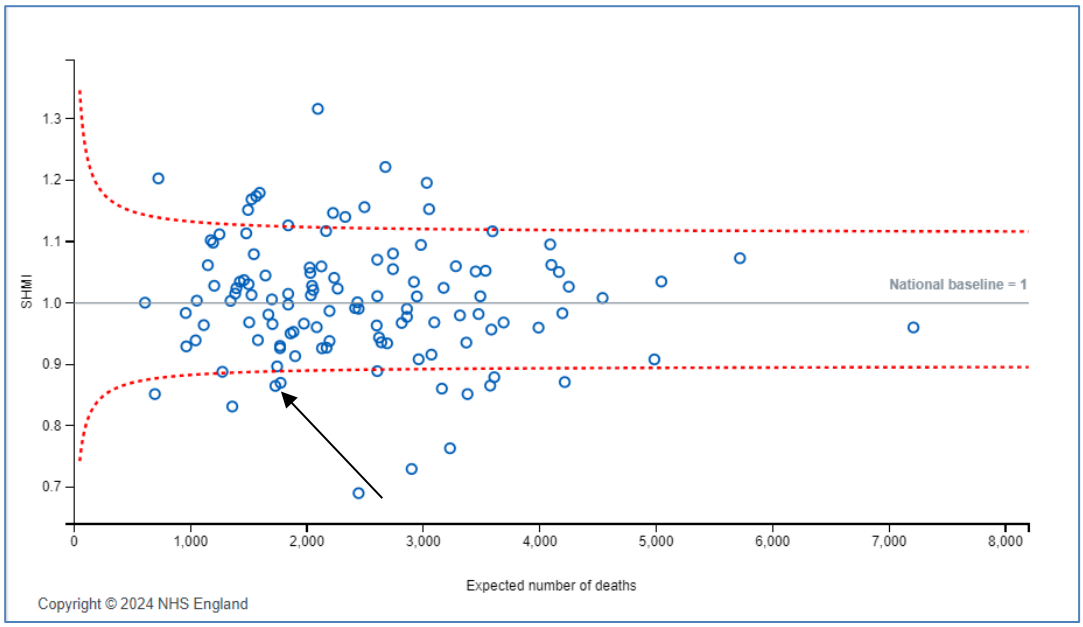
Early indications suggest BHT will be negatively impacted by the removal of the palliative care risk adjustment. A full impact assessment will produced once Telstra have provided comparison and impact data and presented to EMC in December 2024.

Removal of palliative care will impact on HSMR and SMR but will not affect SHMI.

Summary Hospital-Level Mortality Indicator (SHMI)

The SHMI is similar to the HSMR in terms of developing a ratio of expected vs observed deaths but includes all deaths up to 30 days after discharge from hospital.

For the period June 2023 to May 2024, SHMI is banded as statistically 'lower than expected' (0.87). BHT's position nationally is shown in figure 5 below (indicated with an arrow).



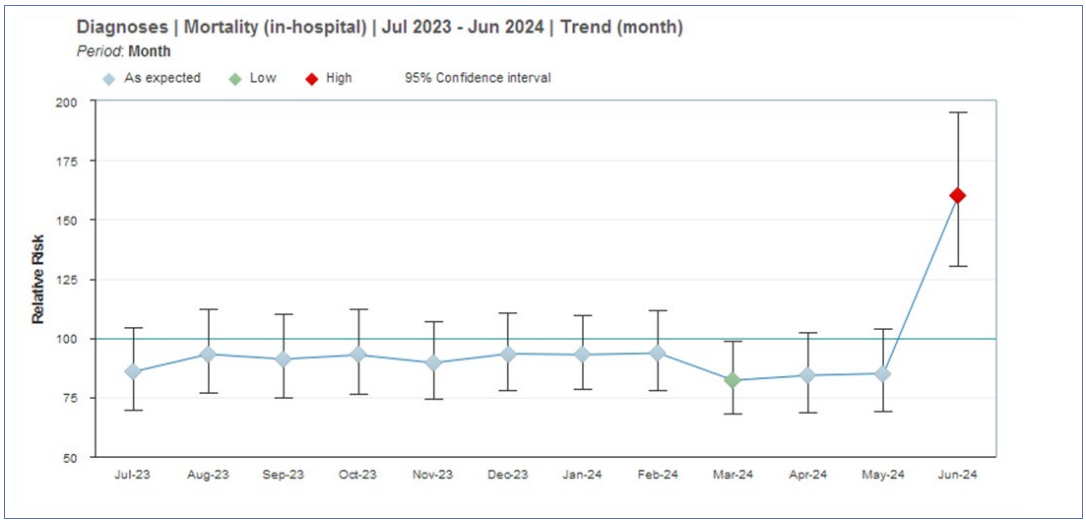
(Figure 5)

Coding update

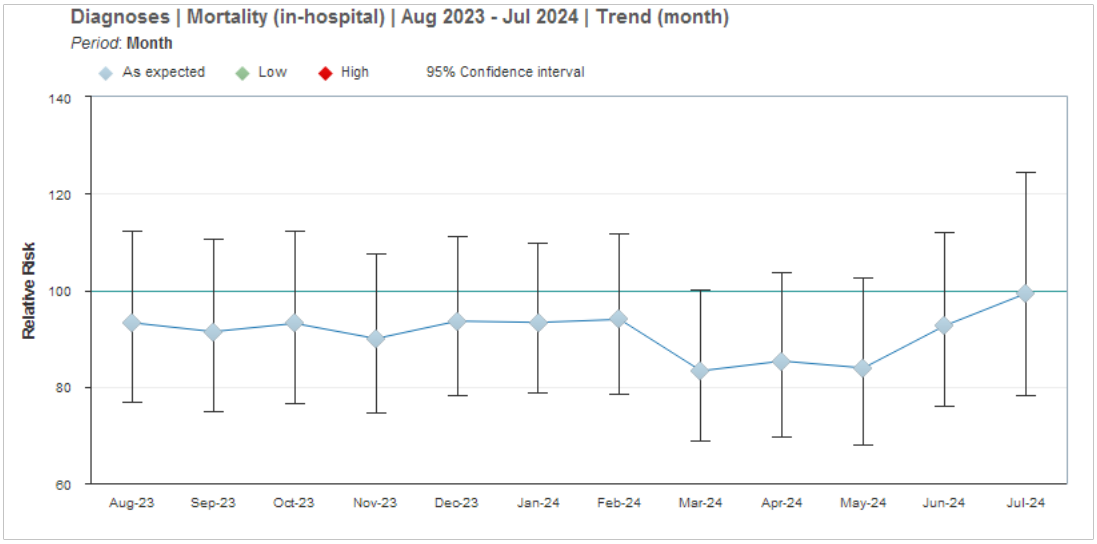
As of the end of August 2024/25, over the last 12 months, there has been an increase of 10,235 episodes of care requiring coding, compared to the same period in 2023/24. A Senior Coder typically codes approximately 6,900 episodes per year, meaning this increase already exceeds the workload capacity of one whole-time equivalent (WTE). At this rate, the total increase for the 2024/25 period could reach 24,564 additional episodes, which would require the capacity of more than 3.5 additional WTE coders.

Staffing issues has resulted in a decline in the day 10 coding performance. The 10-day target ensures the coded data is submitted via the monthly HES data which Telstra use to produce the HSMR. Delays result in an increase in HSMR due to the uncoded episodes which are correct following the next submission but creates an inconsistent monthly HSMR. In June 2024, HSMR spiked to 160.2 (Figure 6). The current data shows HSMR for June 2024 is now sitting 92.6 due to more coding being completed (Figure 7).

The coding team sits with Business Intelligence and maternity cover has been sought through agency – the issue has been compounded by the increase in spells requiring coding.



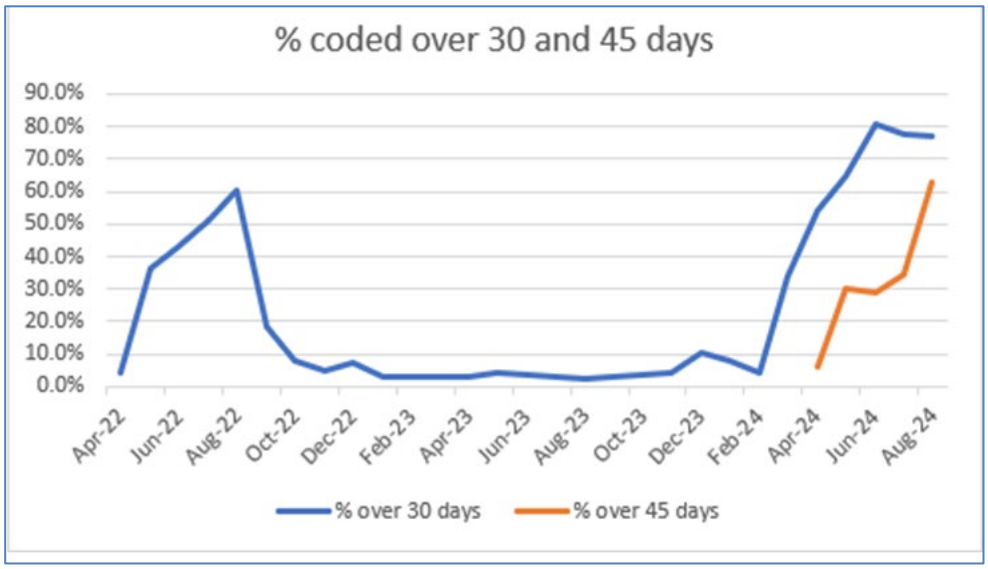
(Figure 6)



(Figure 7)

The inconsistency and spikes within the HSMR are not reflected in the 12-month rolling HSMR which BHT use to report as this reflects our mortality rates and quality of care more accurately (Figure 1).

Month	Day 10 % Coded	Target % Coded
April	52%	100%
May	38.3%	100%
June	17.2%	100%
July	28.4%	100%
August	22.3%	100%



Action required from the Board/Committee

For assurance and note risk to HSMR from coding backlog.

Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Artificial Intelligence (AI) Enabled Patient Experience Tool - Quail
Board Lead	Karen Bonner – Chief Nurse and DIPC
Author	Mitchell Fernandez – Deputy Chief Nurse
Appendices	Appendix 1: AI Enabled Patient Experience Tool – Quail
Purpose	Information
Previously considered	Executive Management Committee – 12 November 2024 Patient Experience Board- 16 May 2024 Care Group Operational Committee – 04 April 2024

Executive summary

Efficient complaint handling is crucial for patient care, fostering confidence in the NHS, and enhancing the overall healthcare experience. This report examines local issues within the Trust's complaints process, identifies limitations of the current reporting system, and explores how Artificial Intelligence (AI) technology can enhance efficiency and drive quality improvements for better patient experiences and outcomes. Additionally, it investigates opportunities for collaborative work with external AI specialists to develop bespoke programs and explores potential partnerships.

Buckinghamshire Healthcare NHS Trust (BHT) has collaborated with Quantium Health in developing a bespoke Patient Experience Tool (Quail- Quality AI & Learning) utilising AI technology to revolutionise complaints process, drive efficiency and quality improvement for better patient and staff experience. Collaboration started in February 2024 and prototype of the tool was launched on the 24 June 2024.

The Quail version 2.0 went live on the 14th of October 2024 which includes complaints, PALS and patient safety incidents data. Using Large Language Models (LLM), Quail analyses and categorises unstructured data, identifying key themes, trends and areas for quality improvement. LLM refers to an aspect of artificial intelligence (AI) related to language processing and are deep learning models specifically designed to understand and generate human-like text.

There are interests from other NHS organisations including NHSE with regards to the Quail tool as no similar programme has been developed to improve complaints process and patient experience.

There is also opportunity for continue collaboration and partnership in developing other AI enabled programmes that will benefit BHT financially, drive efficiency, productivity and quality improvement for better patient experience and outcomes, and innovative solution for better staff experience.

Executive Management Committee (EMC) discussed the report on 12 November 2024 and noted the significant benefits of using the tool, particularly related to PALS information. The Committee discussed the next steps to include improved analysis of data, validity testing, action planning and external communications.

Decision	The Board is requested to note collaborative work in developing Quail and support collaborative partnership of using AI technology in BHT.

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☒ Improve waiting times in ED ☒ Improve elective waiting times ☒ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact	
Patient Safety	Impact on quality and safety standards and patient experience
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 8: Failure to learn, share good practice and continuously improve
Financial	Financial impact of variation in process, avoidable harm and length of stay and complaints.
Compliance CQC Standards Complaints	Person centred care, safety, safeguarding, complaints, Duty of Candour compliance
Partnership: consultation / communication	Working with key stakeholders and patient partners on quality, safety and patient experience improvement.
Equality	Potential for inequality due to known health inequalities across the county. The Covid-19 pandemic has been found to disproportionately impact on specific patient groups e.g. men, over 50s and BAME. Risk of discrimination of patients from diverse backgrounds and poorer socio-economic communities.
Quality Impact Assessment [QIA] completion required?	No All policies impacting on activity referred to in this report have undertaken Equality Impact Assessments including Duty of Candour and Being Open and Incident reporting and complaint handling.

Buckinghamshire Healthcare NHS Trust

Artificial Intelligence (AI) Enabled Patient Experience Tool (Quail)

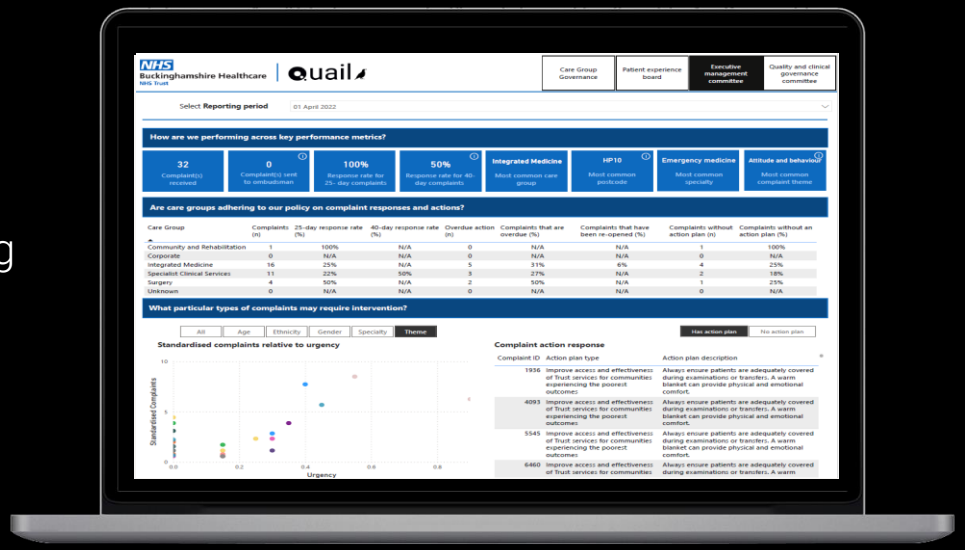
27 November 2024

Mitchell Fernandez
Deputy Chief Nurse

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Quail – Quality AI & Learning

Putting patients at the centre of care, by designing and delivering improvements based on patient experience and feedback.



Introduction: We developed Quail in collaboration with **Quantium Health** and went live in 2024. It is an artificial intelligence (AI) powered tool designed to transform patient experience management by providing insight from a diverse patient feedback sources such as complaints, PALS, compliments and incident reports. Using Large Language Models (LLM), Quail analyses and categorises unstructured data, identifying key themes, trends and areas for quality improvement. LLM refers to an aspect of artificial intelligence (AI) related to language processing and are deep learning models specifically designed to understand and generate human-like text.

Main users: The primary users of Quail are Quality Managers, Patient Experience Teams, Nursing Leads, Governance Leads, Complaints Managers, Clinical Teams and Executive Leadership.

Main Benefits: Quail enables a proactive approach to managing patient feedback by automating deeper insights into patient experience data. This allows organisations to identify and address emerging concerns, streamline reporting, reduce administrative burdens and by integrating insights across different datasets, provides a holistic view of patient feedback. This is to help foster a culture of continuous improvement and support delivery of more responsive, patient centred care.

Why did we do this? Analysing Patient Feedback is often manual, time consuming and siloed

01 Fragmented Understanding of Patient Feedback

Challenges exist in consolidating and interpreting feedback from multiple sources like complaints, compliments, PALS, and incidents, leading to missed opportunities for improvement and targeted interventions.

02 Delayed Identification of Emerging Patient Safety Issues

Difficulty in detecting patterns and trends in patient experience data early enough to prevent escalation and ensure timely interventions. Difficulty in tracking data trends to evidence positive effect of interventions and targeted quality improvement in response to feedbacks.

03 Unclear Links Between Feedback and Departmental Performance

Inability to efficiently identify trends related to specific staff members or departments, reducing accountability and opportunities for targeted development and support. Inefficient oversight and tracking of performance on patient experience by specialties and themes.

04 High Administrative Burden in Managing Issues

Manual processes for categorising, summarising and responding to patient safety events consume valuable time and resources that can delay resolution and action. Manual process in tracking actions completions, tracking of performances by specialty and extracting themes for quality improvement

The Quail Journey: Since February 2024 Quail has been iteratively updated; Transforming data into actionable insights for improved healthcare delivery

Quail Phase 1

Built and released version one of Quail. Utilising Natural Language Processing (NLP) on complaints.

Generative AI integration

Migrated to Azure cloud platform enabling Buckinghamshire to be the first Trust to implement generative AI for comprehensive complaint analysis.

Quail Insight Phase 2

Incorporated user feedback and design improvements. Expanded use cases: AI summarisation, theme identification and clinician identification.

Updated AI Insights

Improved AI outputs with enhanced reasoning capabilities. Added new data sources: PALS and Incidents.

Quail 2.0

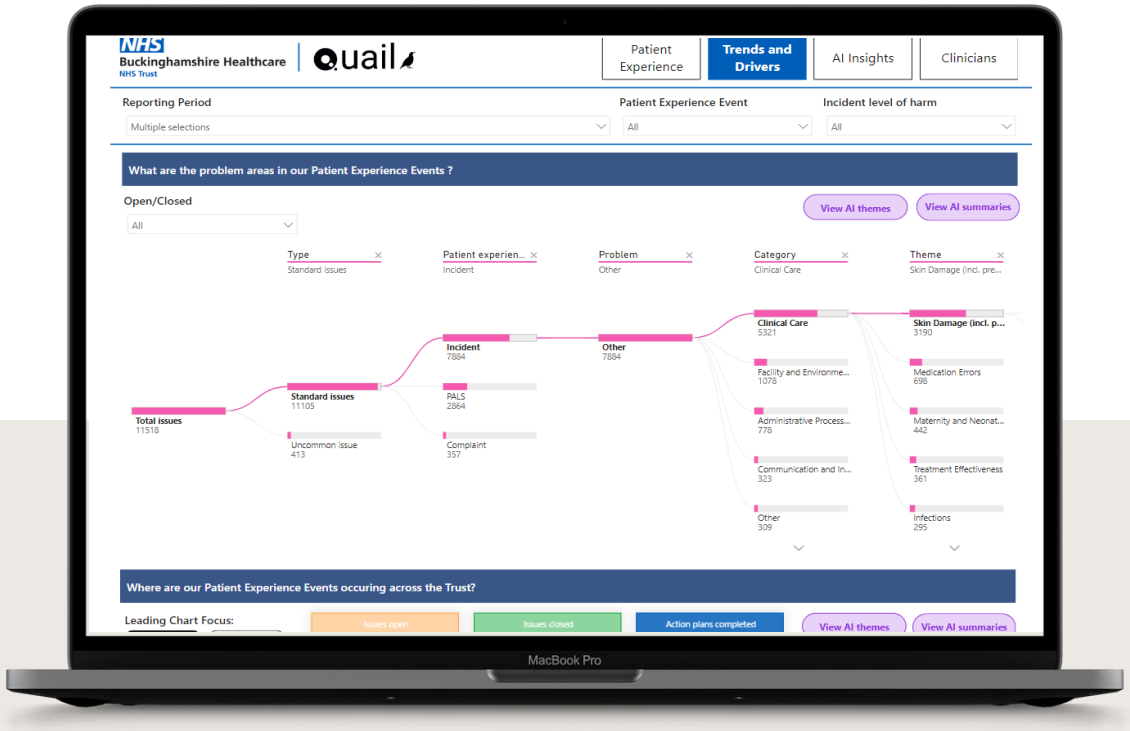
Updated BI visualisations for ease of use. Implemented daily data refresh for real-time insights. Expanded access to live patient experience data for all users

1 Natural Language Processing (NLP) is a broad field of AI that focuses on the interaction between computers and humans using natural language. It involves understanding, interpreting, and encompasses a variety of tasks such as text classification and sentiment analysis.

2 GenAI refers to use of Large Language Models (LLM), which are notable for their ability to achieve general-purpose language generation and will be used for theme identification. The model is known for its ability to produce coherent and contextually relevant text over extended passages, These models are trained on massive dataset

Quail 2.0 went live: on 14th October and is the **most viewed** BI report across Buckinghamshire NHS Trust

We currently have 63 unique users.



Rolled out to 100+ persons and all Care Group governance leads, who are actively using it in their governance meetings.

Working with the Care Groups and corporate team to continuously drive adoption, collect feedback and utilise data and themes to support continuous quality improvement.

On average

40,000+
Issues across complaints, PALs, and incidents

946
Words per complaint (range 2 – 12,000 words)

3+
New themes per complaint

Data as of 17/10/2024

NHS
Buckinghamshire Healthcare
NHS Trust

What are the benefits? Enhance efficiency, drive improvement, ensure regulatory compliance, improve care.

01

Increased Productivity and Efficiency: there should be significant reduction in the manual effort required to analyse patient experience feedback allowing staff to focus on resolving issues more efficiently. Automation in some of the complaints officer administrative task.

02

Improved Patient Satisfaction and outcomes: the tool allows for patient feedback to be swiftly acted upon addressing key concerns effectively which in turn should boost patient satisfaction, the insights should also help to optimise care pathways.

03

Enhanced Quality of Care: real time insights into patient feedback should enable these to be more promptly identified and addressed and by uncovering hidden patterns and trends, the tool helps in recognising areas in needing improvement, leading to targeted interventions.

04

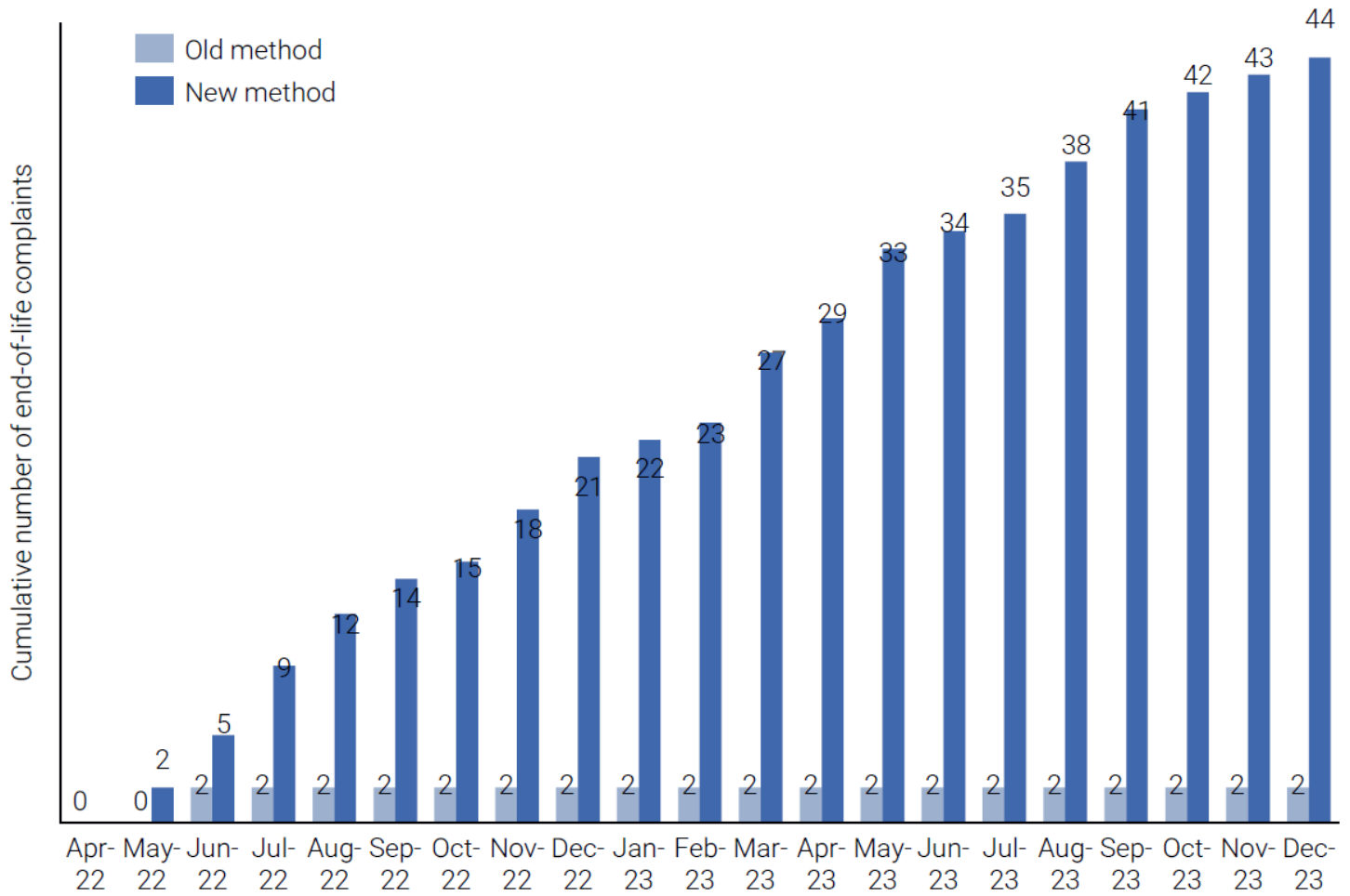
Enhanced regulatory compliance: Automated compliance tracking and reporting ensure all necessary data is accurately captured helping to meet core key performance indicators (KPI's) attainment more effectively.

What have we found?

Quail Insights

Insights – Identifying Issues: An additional 42 complaints associated with ‘End of Life’.

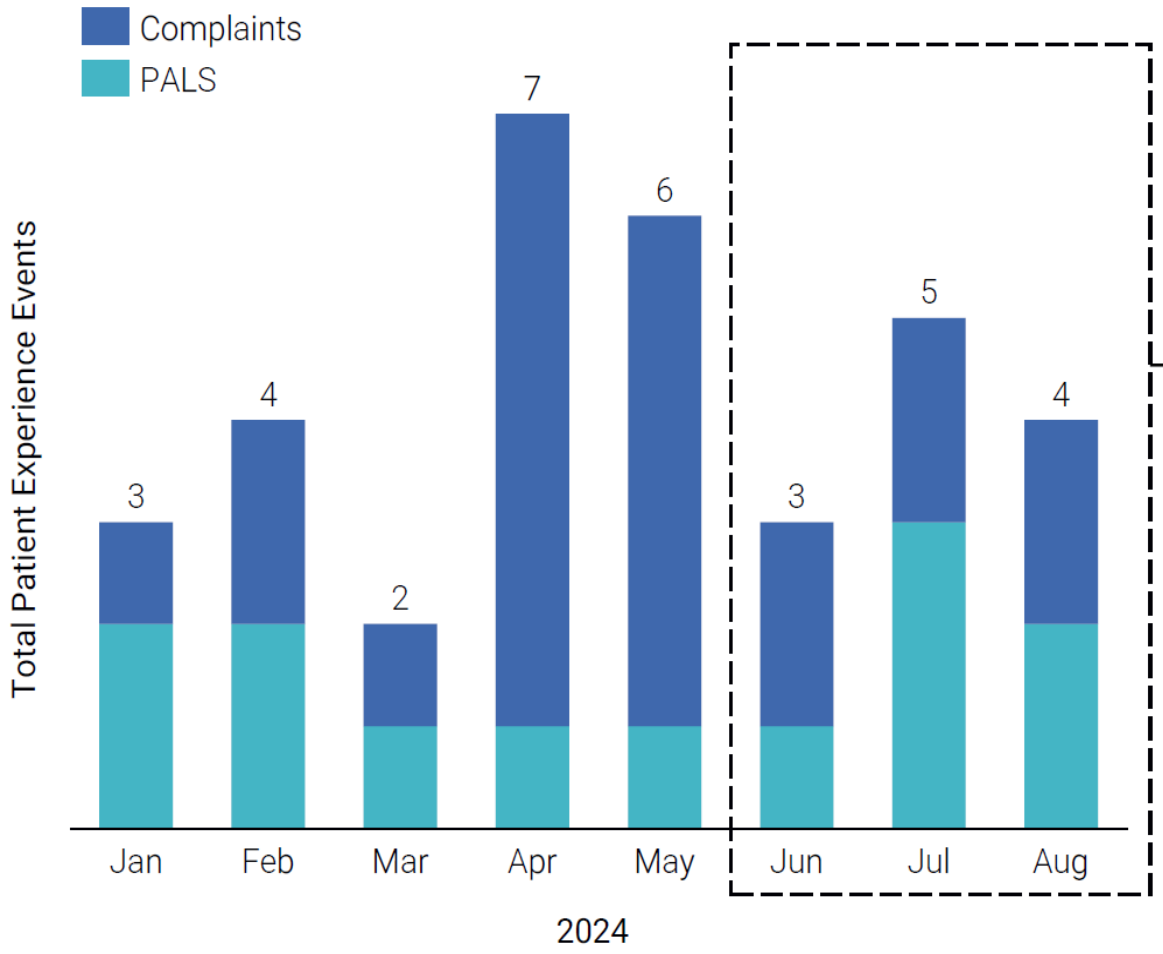
Original theme identification **only identified 2** end-of-life complaints over a 21-month period.
Our analysis indicates that this theme has in fact grown by +40 complaints



Lead Nurse for Palliative and End of Life Care started utilising data and themes from Quail at the End-of-Life and Palliative Care Steering Group for ***quality improvement discussion*** and ***targeted interventions***

Key Findings: In 2024, End-of-Life issues predominately mentioned do not resuscitate forms not being correctly used

End-of-Life issues in 2024 by Patient Experience Event



AI Reasoning analysis

In 2024 there has been a total of **34 End-of-Life issues** reported across Complaints and PALS.

In the **Last 3 months** the detailed issue with End-of-Life complaints sat specifically with **DNR CPR consent forms**. We are working with a **Palliative Care Specialist (Liz Mongahn)** to take this data to working groups in order to reflect changes across the Trust.

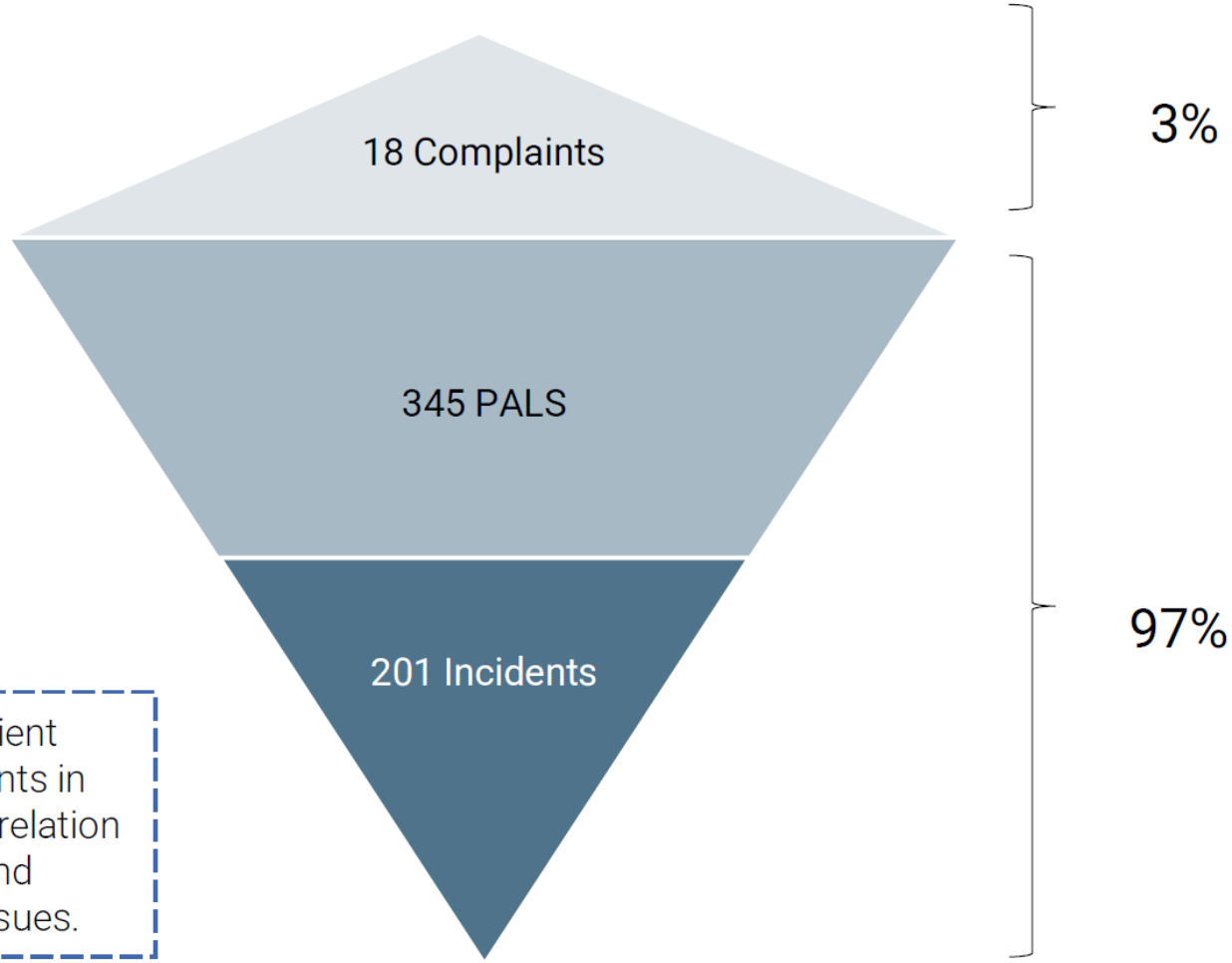
Data for Jan-August 2024, as of 17/10/2024

Cardiology: PALS and Incidents data account for 97% patient events associated with Cardiology

By combining **Formal complaints, PALS and incidents from 2024** we are able to uncover more of the story and understand what is the root problem in Cardiology, being driven by Service and Accessibility

The 18 Formal Complaints Cardiology has received most commonly report **patient neglect.** However, in conjunction with PALS and Incidents there is a clear issue with the **Service and Accessibility** within Cardiology.

By combining Patient Experience Events The Trust is able to identify service areas that require support **before they translate to a Formal Complaint**

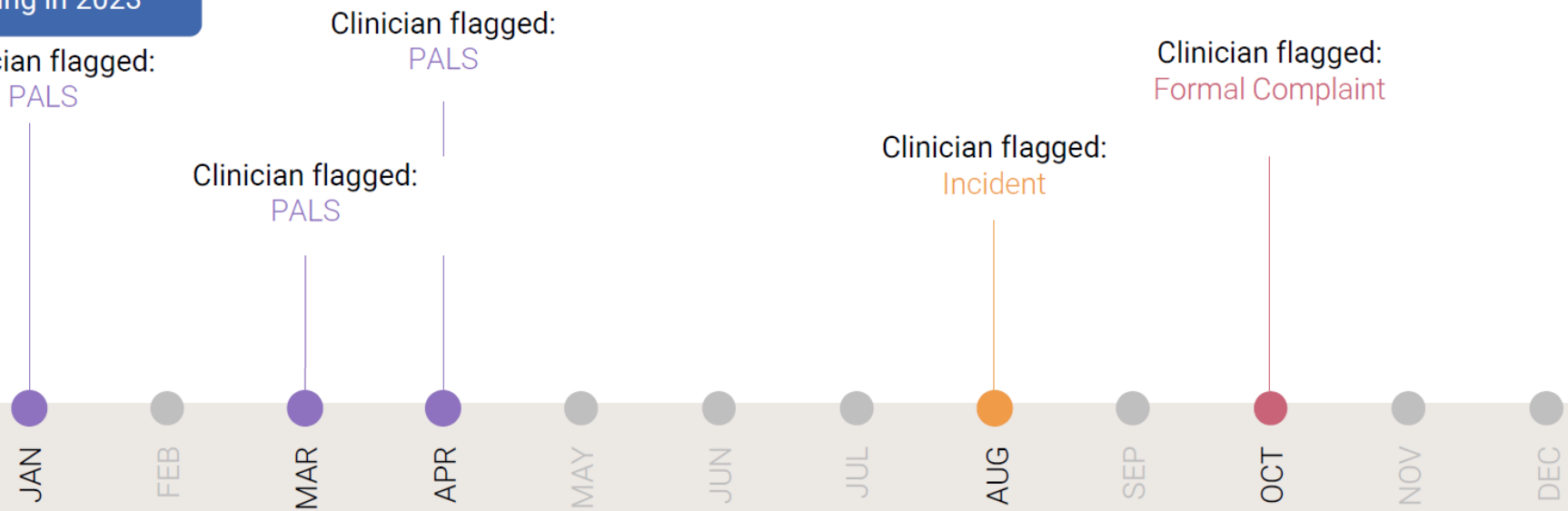


45% of all Patient Experience Events in Cardiology are in relation to Service and Accessibility issues.

Data for Jan-August 2024, as of 17/10/2024

Clinician identification for Medical Appraisals: By triangulating data sets Buckinghamshire is able to identify clinicians who are negatively mentioned in complaints earlier

Example finding in 2023



Clinician X

Speciality: Respiratory medicine
Hospital: Stoke Mandeville Hospital
Most common themes: Long wait times (3), cancellations (3), no or slow response (3) and attitude and behaviour (2)

Engagement:

The tool was developed in collaboration with the following stakeholders:

- clinical staff (medics, nurses and AHPs)
- non-clinical staff including patient representatives
- clinical governance leads
- Patient experience team (complaints and patient advisory liaison service)
- Patient experience group (patient partners)
- Digital and information governance team
- Executive team

Communications:

- Weekly project meetings
- Briefing emails, intranet guides.
- One to one and group sessions
- Drop in sessions
- Presentation in existing trust forums and meetings
- ICS Awareness: presentation in the BOB ICB senior nursing, midwifery and AHP forum

Adoption and data validation:

User acceptance testing and data validation was conducted by the patient experience team and clinical governance leads prior to Go Live. Data in the tool has been utilised and validated by the corporate team, Care Group and clinical governance leads as part of the Care group/SDU report and corporate performance report. Check and challenge of data and patient experience performance are conducted in the following Trust quality governance meetings:

- SDU/Speciality governance meeting
- Care Group monthly quality governance meeting.
- Care Group performance review.
- Patient Experience Board
- Quality and Clinical Governance Committee
- Integrated Performance Report (IPR) and Executive Management Committee

Further objectives:

Next Steps

Promoting and embed the Tool

- Ensure that all Trust users are trained and can use the tool appropriately.
- Embed the tool in Care Group Performance Reviews and in SDU Oversight Meetings to drive quality improvement
- Track interventions that positively influence patient experience.

Move Insights to Action

- Improvement Programmes: Create an improvement task force to drive adoption across the Trust and implement improvement initiatives based on Quail insights.

Support Medical Appraisals

- Utilise the tool to support staff in their appraisal based on patient feedback

Future development

- Improvements: Develop a roadmap that details further improvements on the tool, including automated reporting and the inclusion of broader datasets.
- End goal ultimately is to deliver and 'end to end' AI led risk management system to capture and resolve patient feedback effectively.

Appendices

Ensuring Governance Compliance with Quail

Our Approach to IG Governance measures implemented in Quail

Data Protection Impact Assessment (DPIA)

A comprehensive DPIA was conducted in collaboration with the client to assess and mitigate risks associated with data processing activities. This ensures that all potential data protection issues are identified and addressed in compliance with GDPR requirements.

De-identification of Data

Data sent to OpenAI in Azure is de-identified before processing. This means that any personal identifiers are removed from the data, rendering it anonymous and ensuring compliance with data protection regulations.

Use of OpenAI Large Language Model

Quail utilises the OpenAI Enterprise version of LLM's, which is designed to prioritise data privacy and security. The enterprise version processes queries and deletes the data immediately after providing the response ensuring no data is retained or used for training of the model.

Data Sharing and Transfer

Quail has been developed within Buckinghamshire Healthcare's data environment and is hosted on our Azure cloud, utilising the LLM functionality within the cloud. This means that no data leaves the Trust technical environment.

Technical Definition

Concept	Definition	Key Features	Relation to Quail Features
Large Language Models (LLMs)	AI trained on vast amounts of text data to understand and generate human-like language.	• Trained on diverse datasets • Capable of language tasks such as translation, summarisation, question-answering	• Analyses and interprets unstructured patient feedback • Provides deep insights and categorises data effectively
Generative AI (GenAI)	AI systems that create new content based on training data, including text, images, and music.	• Generates new data mimicking training data • Applications: content creation, design, synthetic data generation	• Generates insightful summaries and responses to patient feedback • Enhances efficiency and quality of complaint management
Data Integration	Combining data from different sources to provide a unified view.	• Ensures data consistency, accuracy, accessibility • Involves ETL (Extract, Transform, Load) processes	• Integrates data from systems like DATIX and object storage • Ensures comprehensive dataset for analysis and reporting

Difference between LLM and GenAI in the context of Quail: Large Language Models (LLMs) in Quail focus on understanding and generating text to analyse patient feedback and provide insights, whereas Generative AI encompasses creating new content, such as automated responses and summaries, enhancing the overall efficiency and quality of the complaint management process.