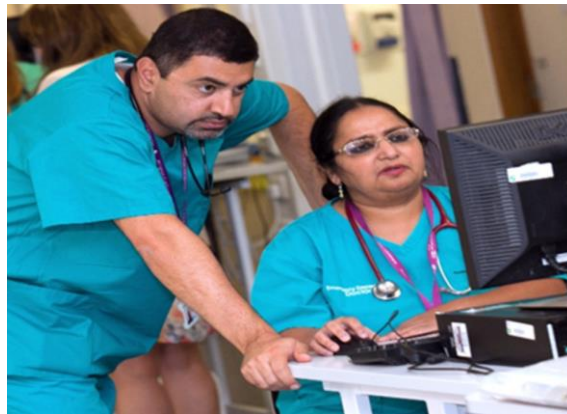


Annual Patient & Public Sector Equality Duty Report

2020/21

Buckinghamshire Healthcare NHS Trust



A Message from our Director of Strategy

Buckinghamshire Healthcare NHS Trust is committed to promoting Equality, Diversity, and Inclusion (ED&I), creating a diverse, accessible and inclusive organisation where everyone feels like they belong. We aim to ensure that respect for diversity and inclusion are embedded in all areas of the community we serve.

Our role is to ensure everyone working, living and visiting Buckinghamshire Healthcare NHS Trust has equal access to fair and inclusive services and opportunities. As part of our own objectives, core values and strategy, we are committed to:

- the elimination of discrimination
- reducing health inequalities by building community partnerships
- promoting equality of opportunity
- dignity & respect for all our patients, service users, their families, carers and our staff
- listening to our patients; and
- being a great place to work.

The pandemic has brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability or with underlying health conditions being disproportionately impacted by COVID-19. There has also been a significant impact on our children and young people.. One of our key objectives is for the Trust to take a leading role in the local community, not just in terms of delivering healthcare but also in terms of health education, prevention and providing local employment.

It is evident that parts of our communities find it more difficult to access health care and prevention services but also that they have a worse experience when they do so. A priority for us in the coming year is to work with our partners across Buckinghamshire to look at what more we can do to address these inequalities.

David Williams
Director of Strategy



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Director of Strategy

“It is evident that parts of our communities find it more difficult to access health care and prevention services but also that they have a worse experience when they do so. A priority for us in the coming year is to work with our partners across Buckinghamshire to look at what more we can do to address these inequalities.”

Executive Summary - How we met the PSED this year

As a publicly funded organisation, Buckinghamshire Healthcare NHS Trust (BHT) is required to publish information annually on how it has met the Public Sector Equality Duties (PSED) and taken steps to eliminate unlawful discrimination, advance equality of opportunity for people with protected characteristics and foster good relations between those who share protected characteristics and those who do not.

This report provides assurance to the Trust Board and to the Public that BHT is meeting its PSED obligations and continuing to promote an inclusive culture across the organisation. The report summarises our patient and public equality, diversity and inclusion activity in 2020/21. The Trust has a legal obligation, (under the Public Sector Equality Duty, as set out in the Equality Act 2010), to deliver equal access to fair and inclusive services and opportunities, but over and above our legal obligations, we as a Trust want to ensure that these basic principles are embedded in everything we do.

In 2019 the following equality objectives were set by our Trust Board for 2019-2023, in line with our PSED requirements. These are the equality objectives set for public and patients only:

- Reduce inequalities for patients with protected characteristics
- Engage isolated patient groups in Buckinghamshire
- Listen and act upon the patient voice

These objectives were developed following our EDS2 assessments undertaken in 2019.

Introduction

Our current Trust strategy was approved in 2016. It supported us on our journey to achieve a CQC rating of 'good' in 2019 ('outstanding' for caring) and to be part of one of the first wave integrated care systems in England.

Our organisation and system have moved on, not least in responding to the largest global pandemic for a century. We are updating our strategy to reflect the ways we have changed how we deliver care and how we want to change in the future to meet the needs of the population.

Our new Trust vision is **Outstanding Care, Healthy Communities and a Great Place to Work.**

It encapsulates our aspirations to be outstanding and reduce health inequalities. It is also clear on our focus on people. We are continuing to develop our compassionate culture valuing diversity and inclusion, involving and enabling everyone to be proud of the care we provide.

Introduction

A Buckinghamshire Integrated Care Partnership Plan linked to reducing health inequalities is being developed.

A Health and Well Being Strategy for Buckinghamshire has now been approved under three themes; Start, Live Well and Age Well with addressing health inequalities at the heart of the strategy Implementation plans and outcomes will be developed with partners over the next few months which will align with the actions outlined.

At a Trust level, a group has been established – the Public and Patient Equality, Diversity and Inclusion Group – to agree priorities, develop action plans and to monitor progress as we strive to reduce health inequalities and ensure all Buckinghamshire residents have equal access to fair and inclusive services and opportunities.

This reports outlines how the Trust has met its Public Sector Equality Duty, highlights some of the successes from 2020/21 as well as areas of focus for the year ahead.

What is the Public Sector Equality Duty?

The [Public Sector Equality Duty](#) (PSED) came into force across the UK in 2011, and is related to the Equality Act 2010. It means that public organisations have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. It requires that public bodies have due regard to the need to:



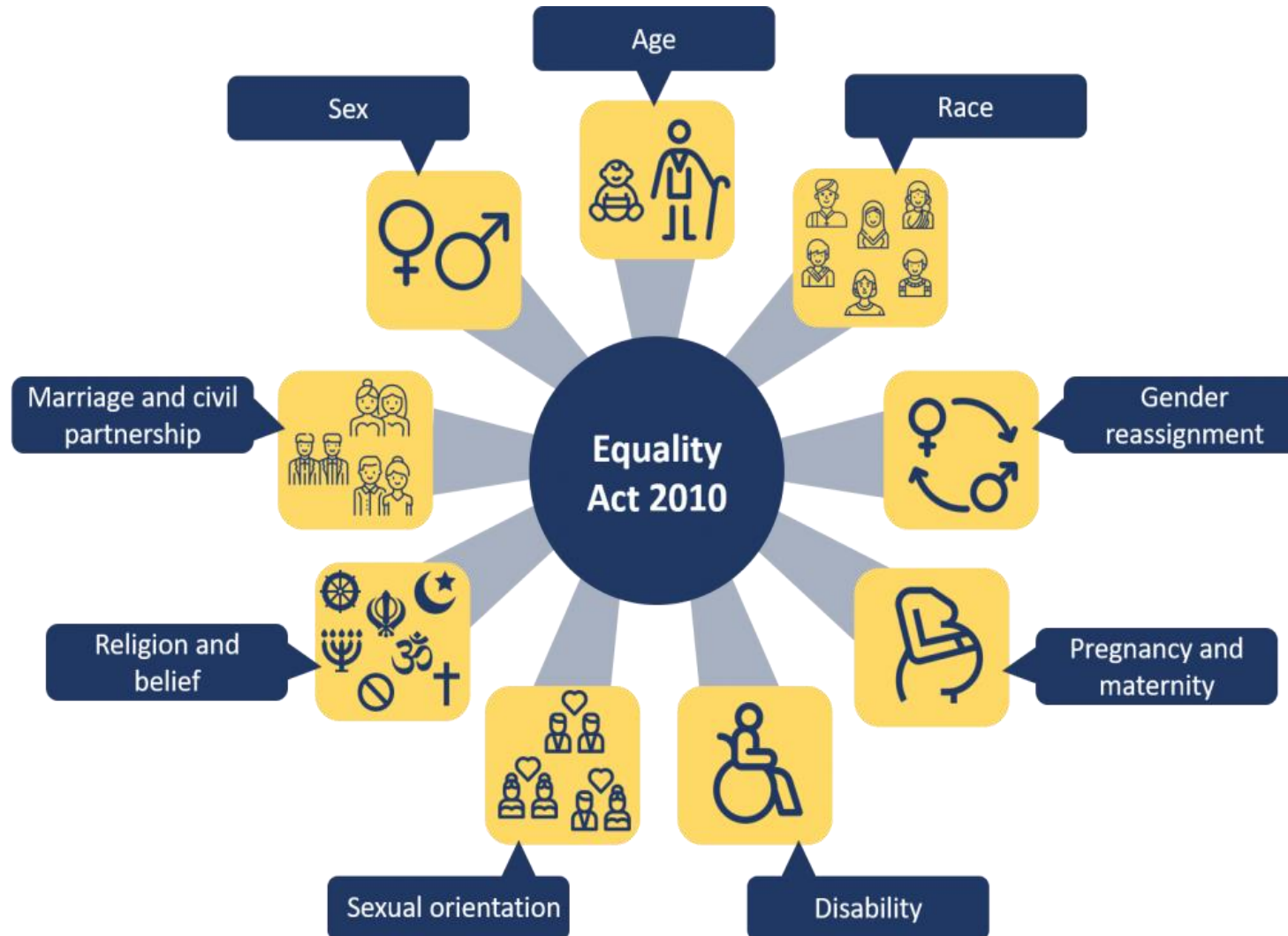
Special Duties

To ensure transparency, and to assist in the performance of this duty, PSED Special Duties also require public organisations to publish:



Protected Characteristics

There are 9 Protected Characteristics which are covered by the Equality Act 2010 and the PSED. Our report will provide an overview of our data and activities in relation to some of these characteristics.



Our Equality, Diversity & Inclusion Objectives

In 2019 the following equality objectives were set by our Trust Board for 2019-2023, in line with our PSED requirements.



Reduce inequalities for patients and service users with protected characteristics



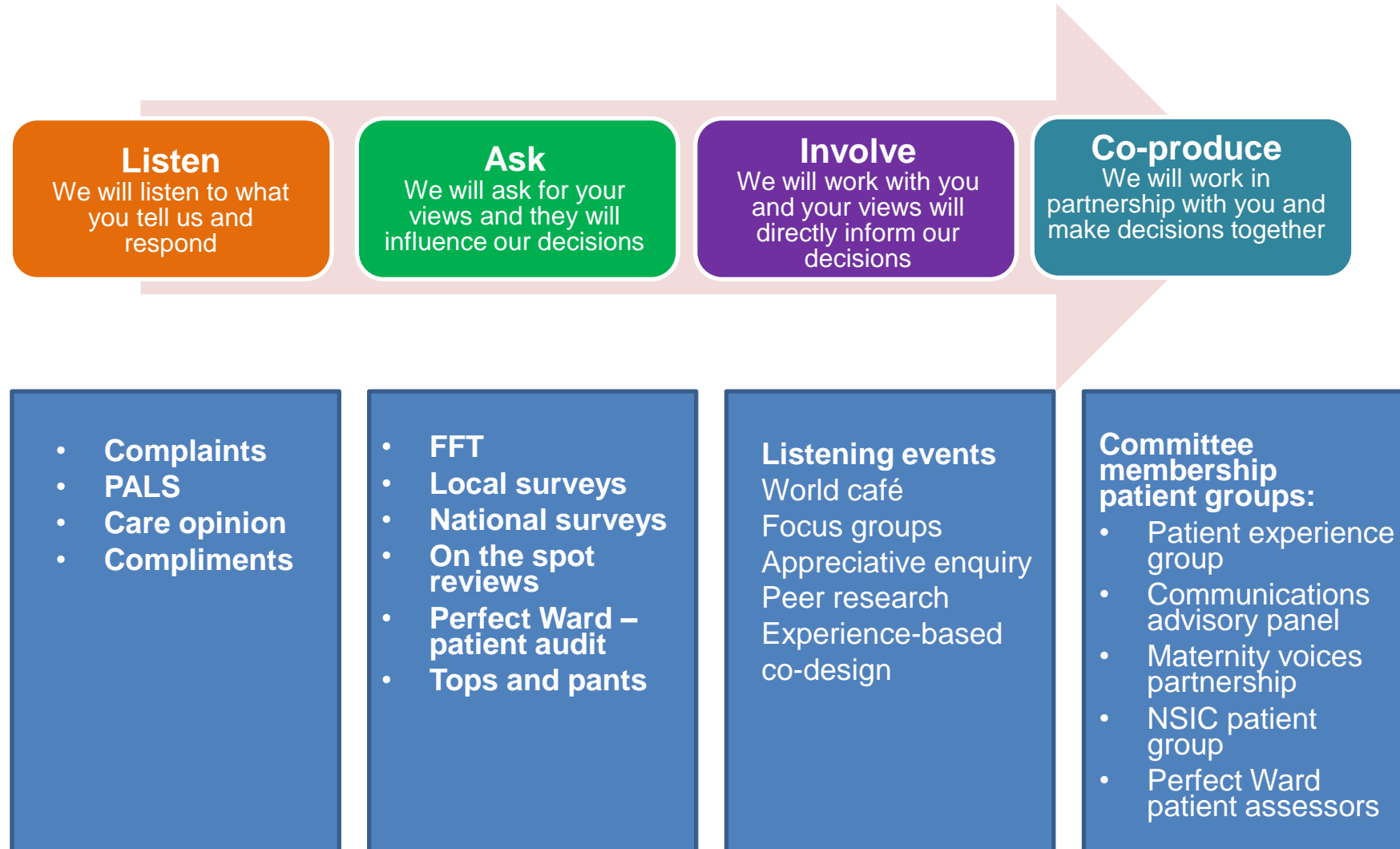
Engage isolated patient groups in Buckinghamshire



Listen to and act on the patient voice

These objectives were developed following our EDS2 assessments undertaken in 2019. EDS2 is a national tool designed to help NHS organisations in partnership with local stakeholders (patients and staff), to review and improve their performance for people with protected characteristics and to support them in the Public Sector Equality Duty. Its use is mandated by NHSI and the CQC and must then be used, in conjunction with the other information to inform the Trust's equality objectives.

Working in partnership with the public, our patients and service users



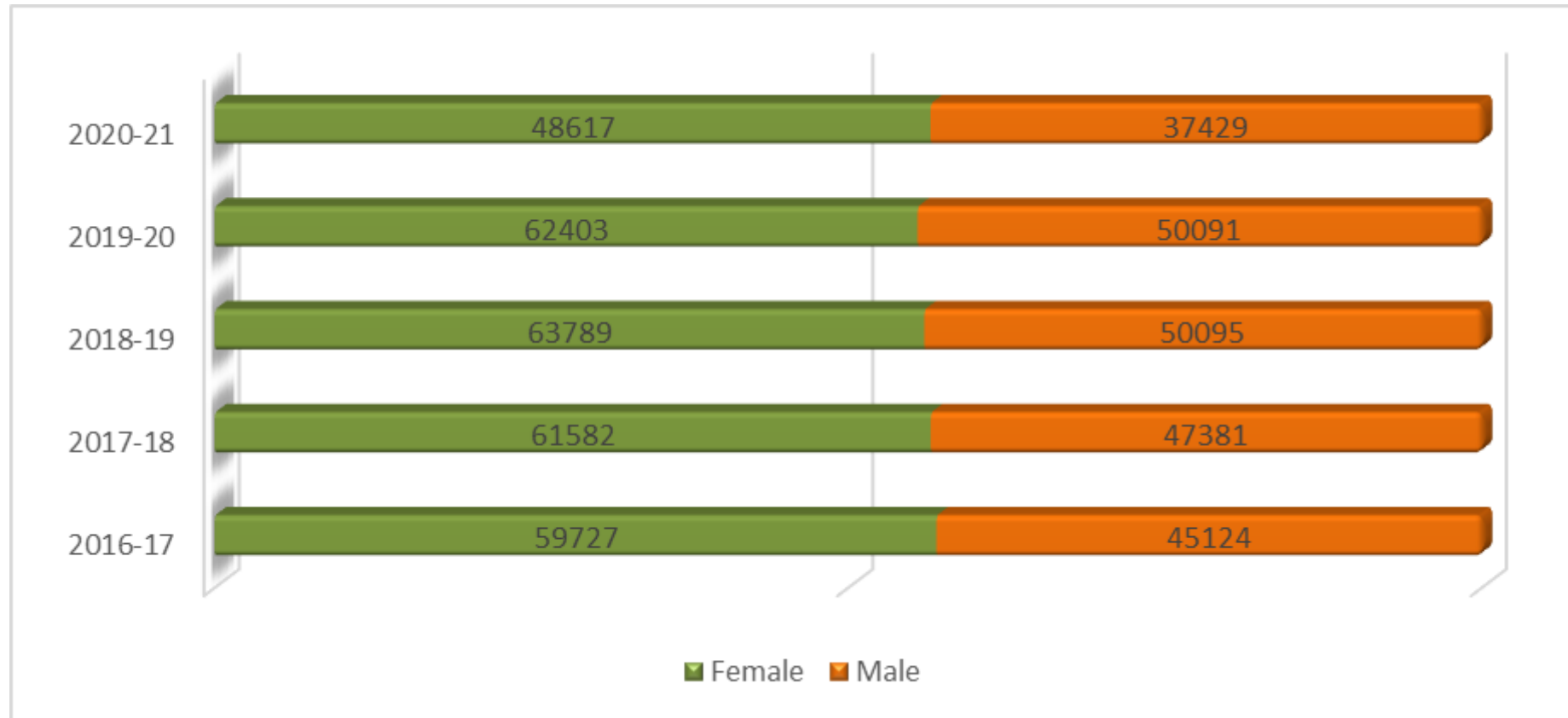
Section 1: Patient and service user profiles



Patient and service user profiles

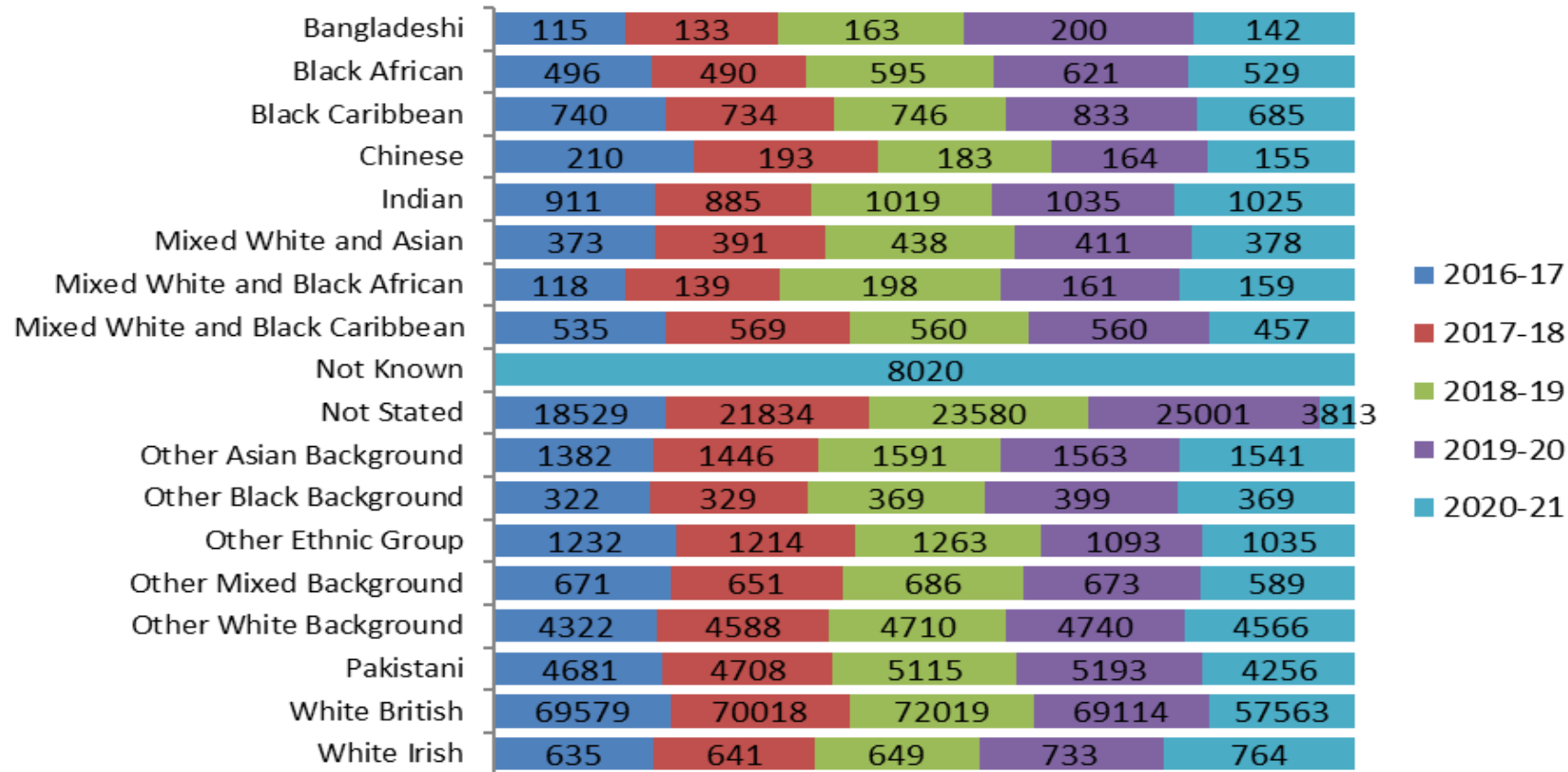
- By looking at our patient and service user profile by protected characteristic we can look at which groups are accessing our services.
- It enables us to look at patterns of service uptake and understand our patient flows. This can help us identify and understand any potential inequalities of access. A heightened awareness can help us to take a more proactive approach in ensuring equity of access across all the protected characteristic groups.
- There is clear evidence that COVID-19 does not affect all population groups equally and as the nation received this information, the Trust responded, as part of a system wide campaign, to ensure we increased our ethnicity recording.
- Over the last year, the Trust has made progress in the accurate recording of patients' ethnicity. Whilst the number of admitted patients has reduced by 23.5% the volume of patients (change to positive –that do) that do not have an ethnic group recorded has been reduced by 54% to a total of 11,833. We still have work to do to increase ethnicity recording in outpatients, A&E and community services and this will be a priority in 2021/22.

Inpatients by gender



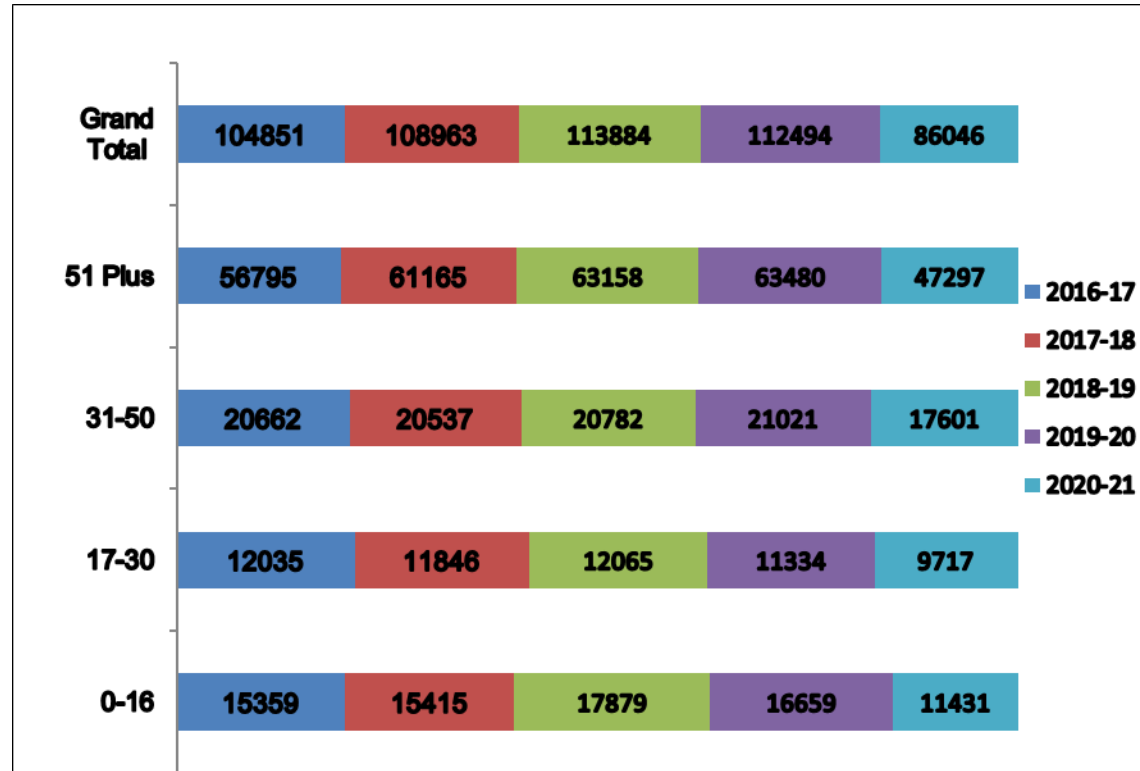
The proportion of female Inpatient activity has once again risen within the financial year 2020/21 to 56.5%. Maternity services during the pandemic remained open and may have contributed to this variance.

Inpatients by ethnicity



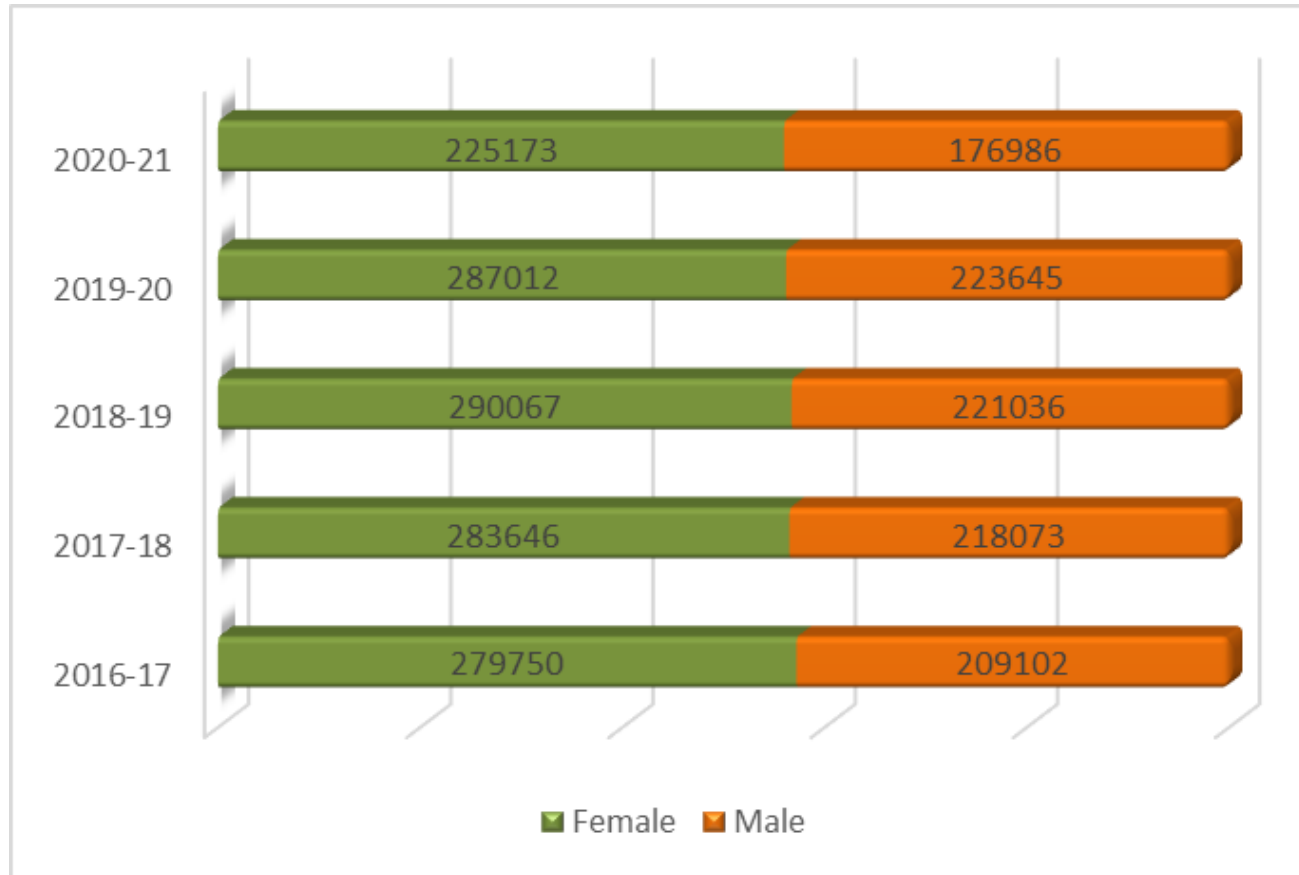
Over the last year, the Trust has made progress in the accurate recording of patients' ethnicity. Whilst the number of admitted patients has reduced by 23.5% the volume of patients that do not have an ethnic group recorded has been reduced by almost 54% to a total of 11,833.

Inpatients by age



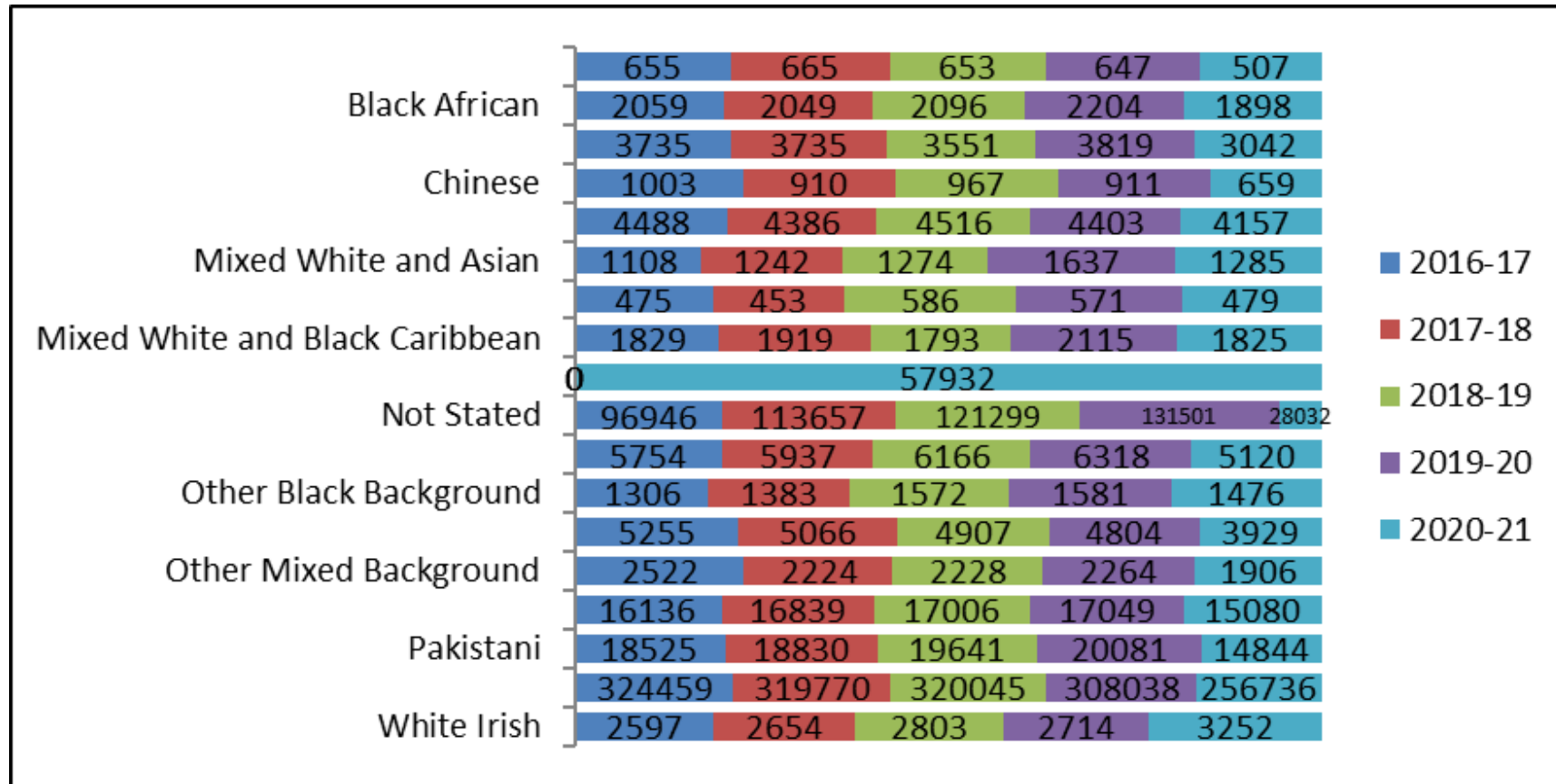
Following historic patterns, splitting the Trust admissions by age shows little variance across the years. During last year there has been a slight movement from both the paediatric and 51 plus age bands in to the two central groups. This follows understandable patterns of different service pathways during the pandemic.

Outpatients by gender



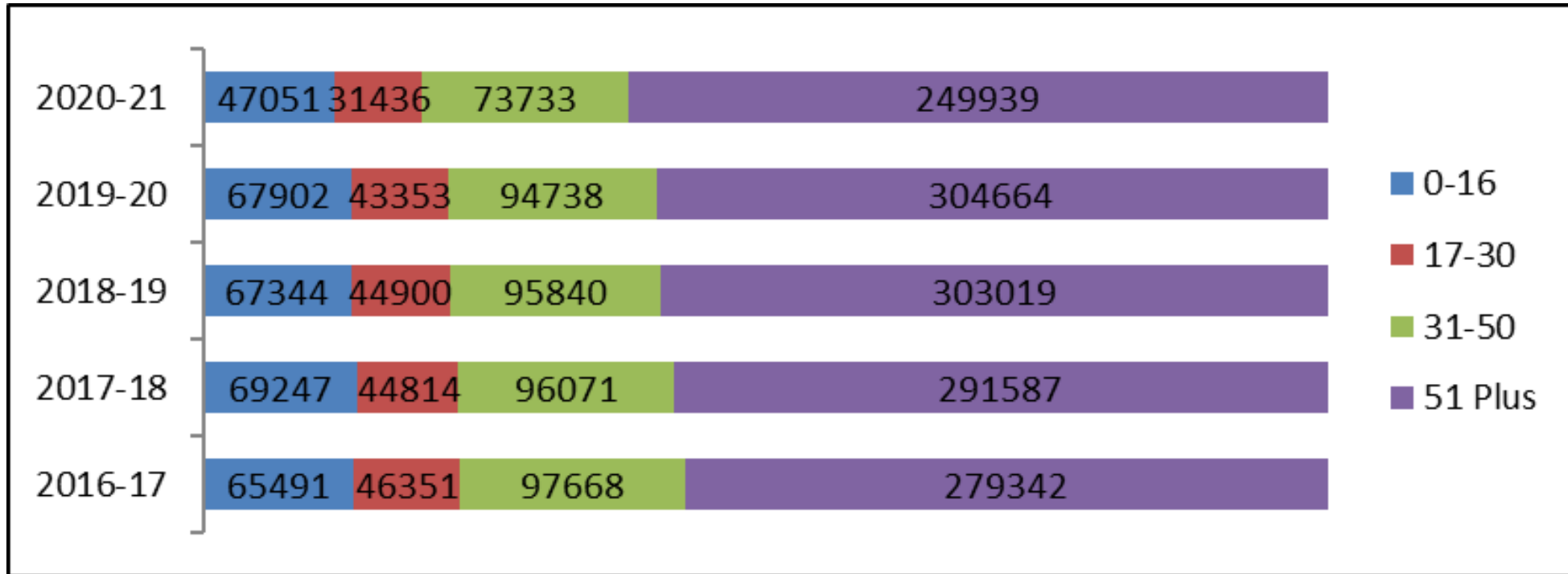
As with inpatient activity, female attendances make up the larger part of outpatient activity, accounting for 56.2% of the Trust's outpatient activity. This is driven by the services provided within the Trust.

Outpatients by ethnicity



Patient volumes within ethnic groups are staying in line with previous years. This year shows a slight increase in almost all groups as a result of the ongoing work to better record ethnicity information. Overall, whilst the volume of patient appointments has dropped by 21% during the pandemic year, the Not Known and Not Stated groups have dropped by almost 35%.

Outpatients by age

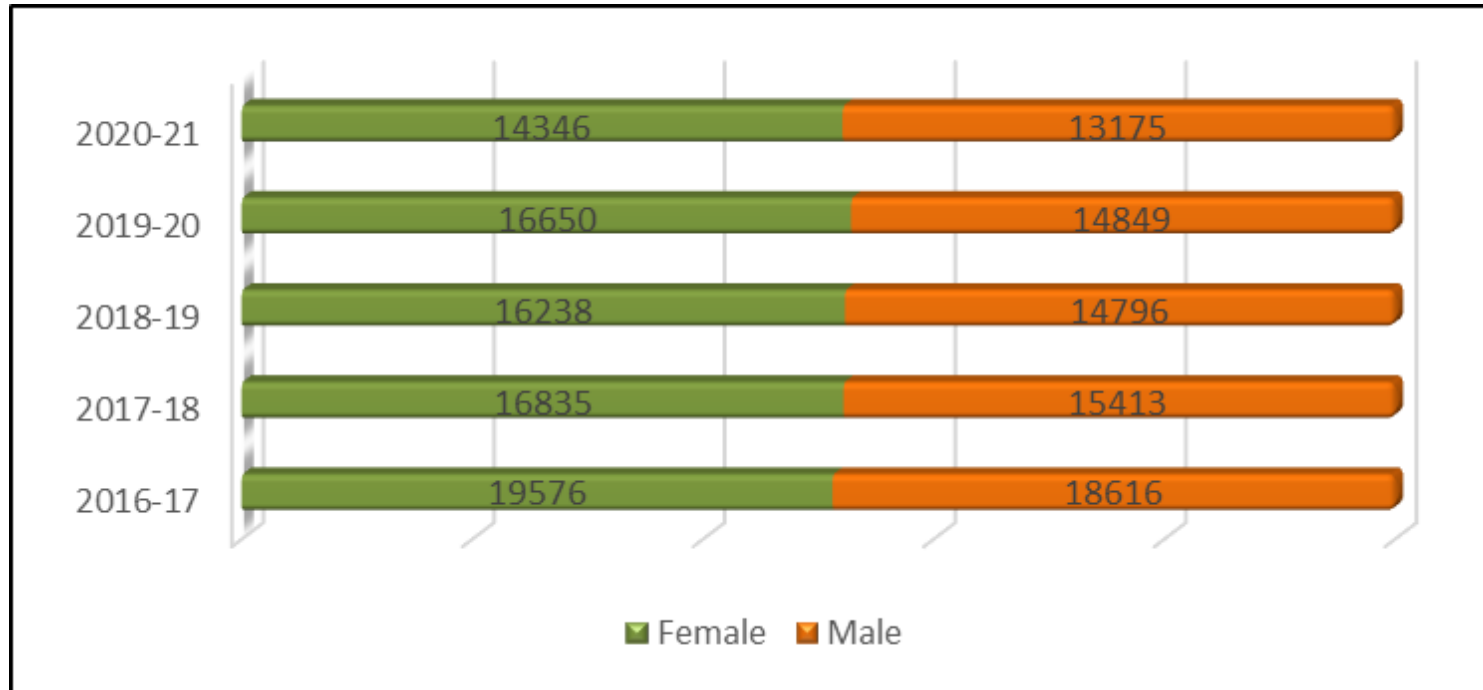


There are slight movements in the overall age profile over the last five years with the 31-50 group dropping consistently and the over 51 age band increasing at a similar rate.

Patients who did not attend (DNA)

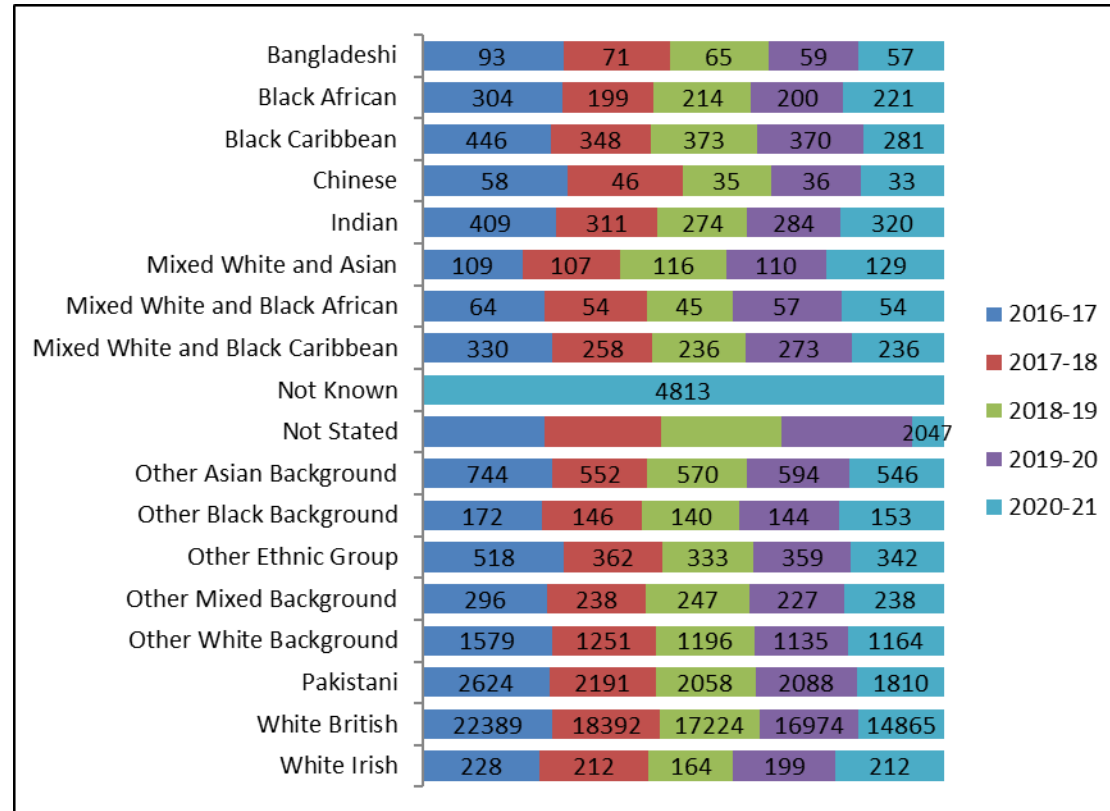
A DNA is defined as those patients who do not arrive for an appointment and do not notify the Trust in advance. This is different to cancellations which are recorded when patients notify the Trust in advance that they cannot attend and many of these appointments can be reallocated to other patients. These definitions remain the same as for previous years.

Outpatient DNAs by gender

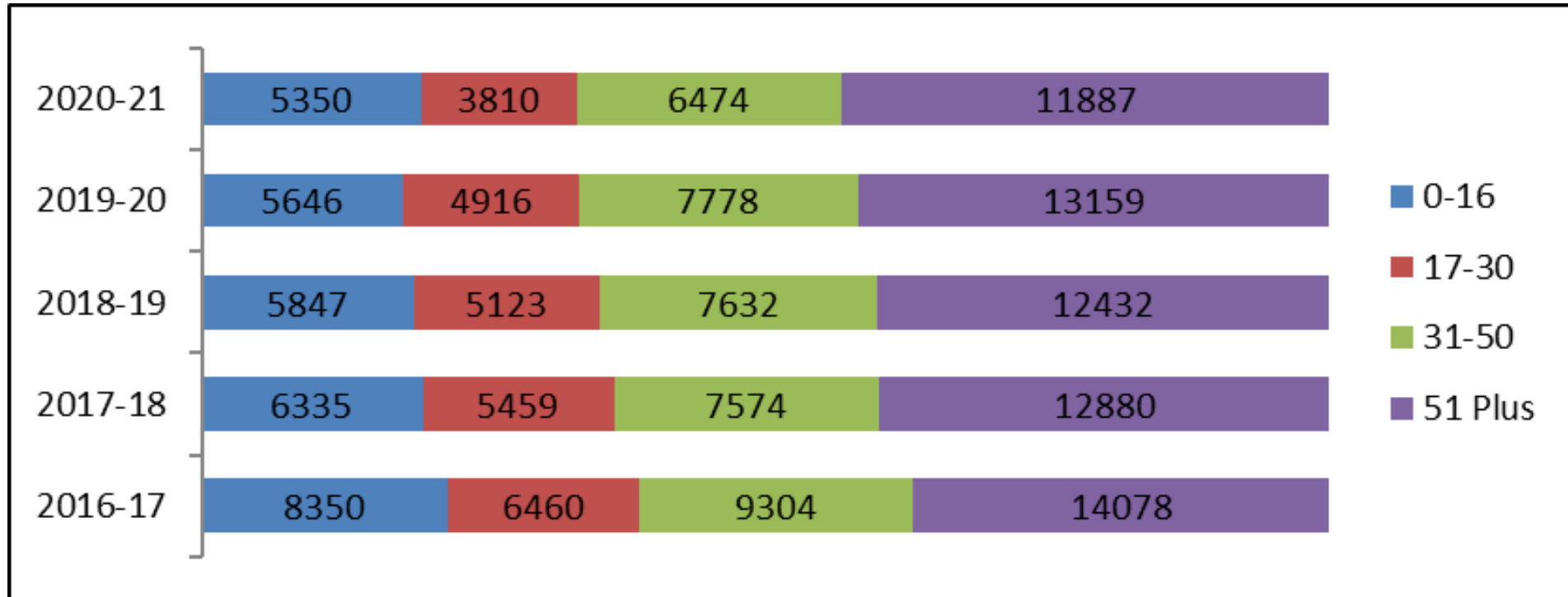


Within the gender analysis, the gap remains the same with female DNA's still being slightly higher than male but in line with the appointment volume for each gender.

Outpatient DNAs by ethnicity



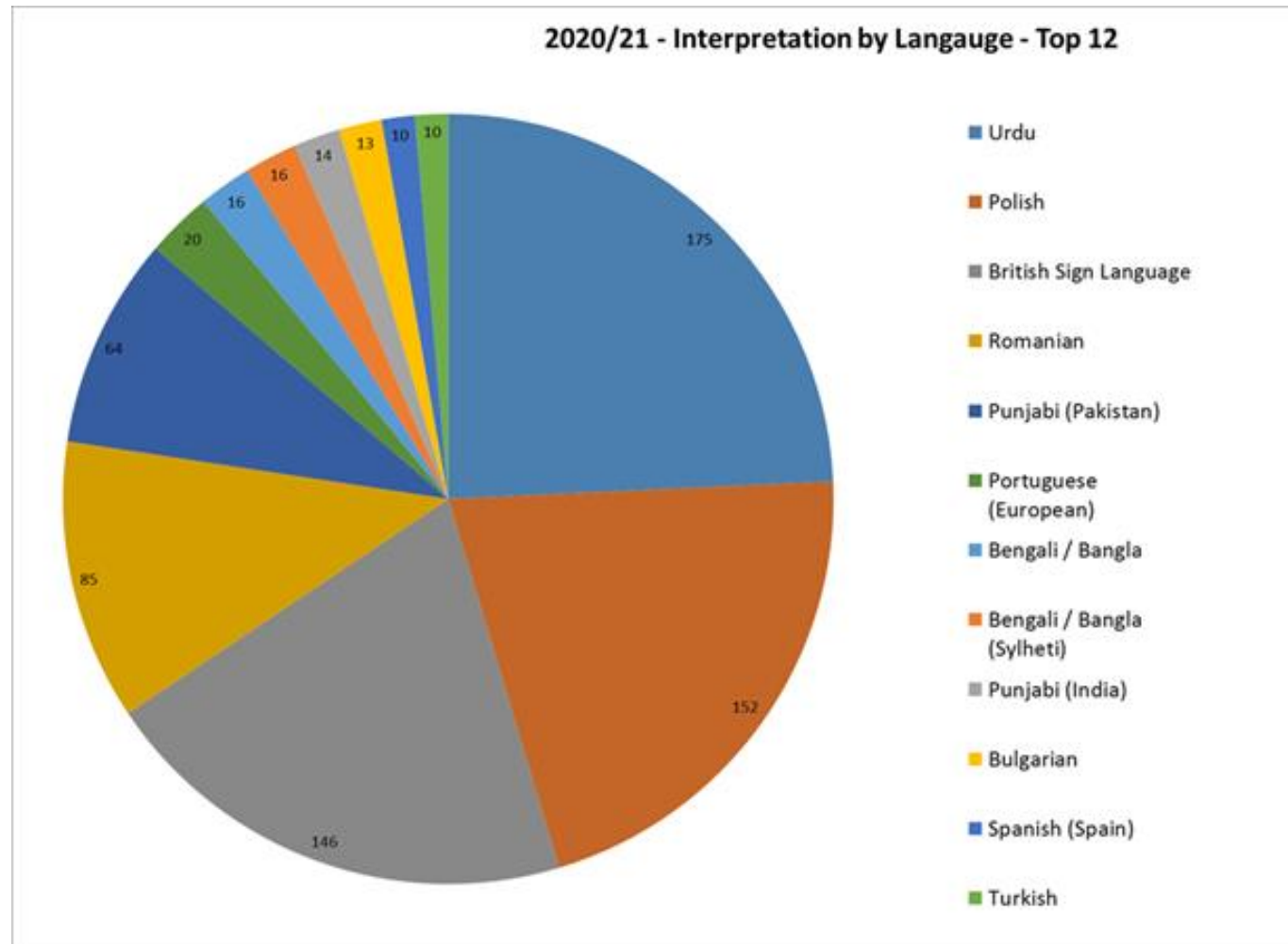
Outpatient DNAs by age



Interpretation service

- During 2020/21 we have translated over 43 different languages for patients; ensuring that they received full access to our services and clarity of understanding of their healthcare.
- There was a total of 3,062 requests for interpretation that were met during 2020/21 compared to 2,590 requests in 2019/20.
- Urdu, Polish and British Sign Language (BSL) are the top three most requested languages in the county.
- There was continued demand for interpretation into the Romanian language which was fourth.

Interpretation service



Section 3: Patient & Service User Experience



Patient experience groups

BHT's patient groups continued to meet virtually throughout the pandemic working with staff to ensure that excellent patient experience remained a priority throughout the pandemic.

National Spinal Injuries Centre (NSIC) Patient Forum

The NSIC Patient Forum was pleased to support the centre's transformation programme which reflected the priorities of the group.

Maternity Voices Partnership

The Maternity Voices Partnership helped us to ensure that the voice of women and birthing people has been heard throughout the year and kept our parents and families updated with any changes and support available. Going forward we will continue to work collaboratively to co-design services and will prioritise reaching out to lesser heard parents to ensure we provide inclusive, personalised maternity care.

Patient experience groups

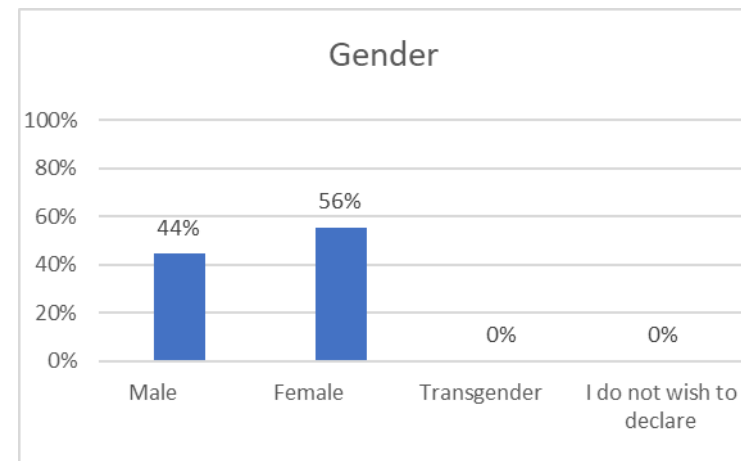
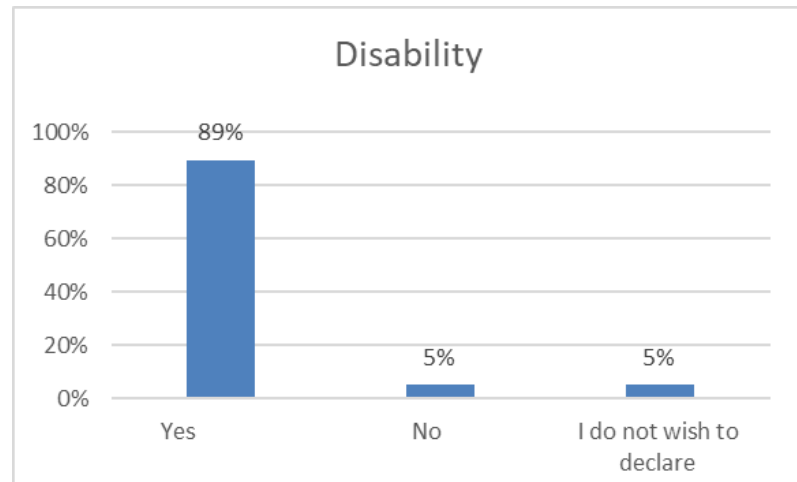
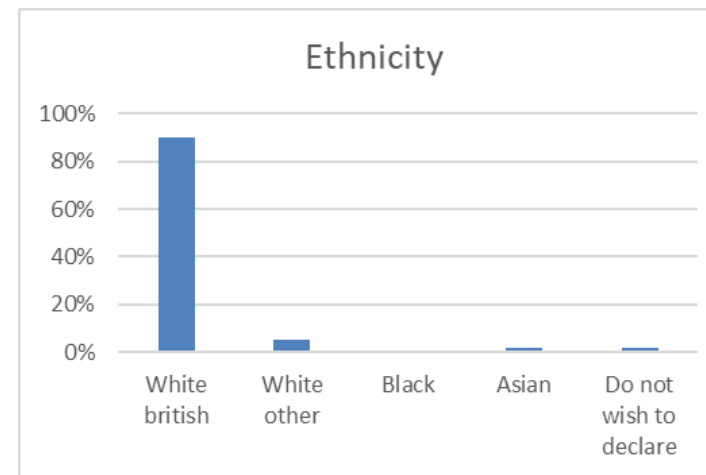
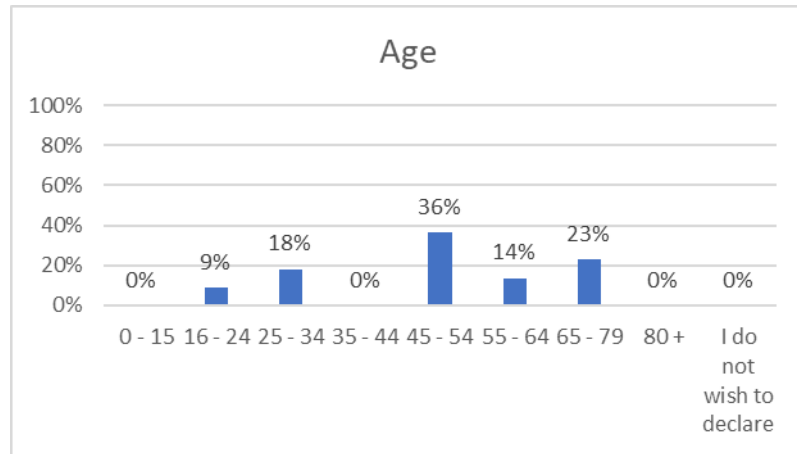
Patient Experience Group

The Trust's Patient Experience Group moved from quarterly to weekly meetings. They were involved in co-producing the support package developed for patients. This included:

- 63 iPads and tablets were procured and enabled for video calls to allow for 'virtual visits' for patients and families
- A 'Letter to a Loved One' service was set up to allow friends and family to email in letters and photos which were colour printed and hand delivered to patients in our hospitals; over 600 have been delivered to date
- Over 2,000 comfort packs including toiletries, comb, ear plugs and non-slip socks were distributed to patients
- A priority for the year ahead is to ensure that our patient groups better represent the diversity of the communities we serve.



Equality monitoring of patient groups

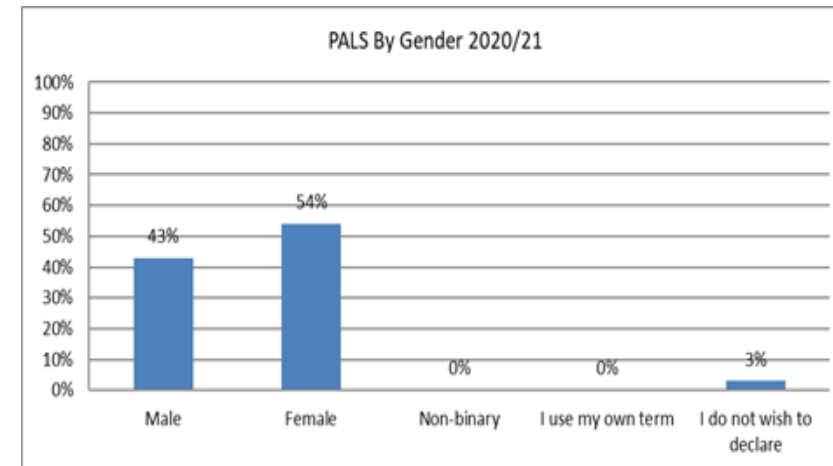
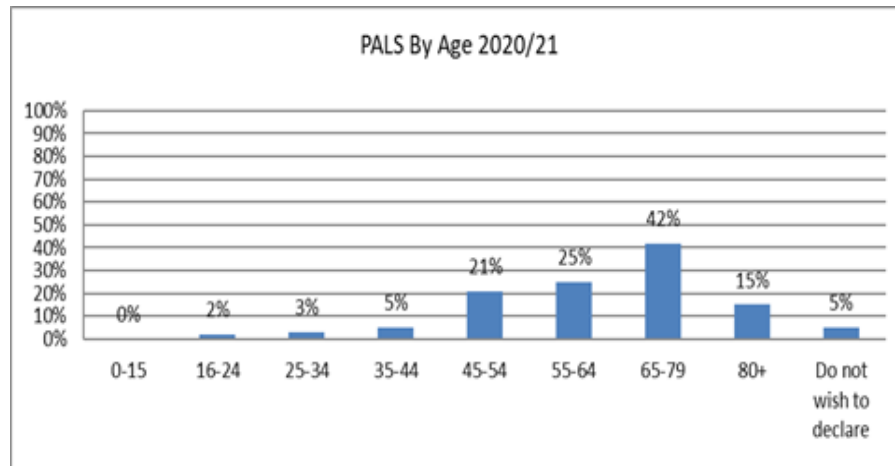


Patient Advice & Liaison Service (PALS)

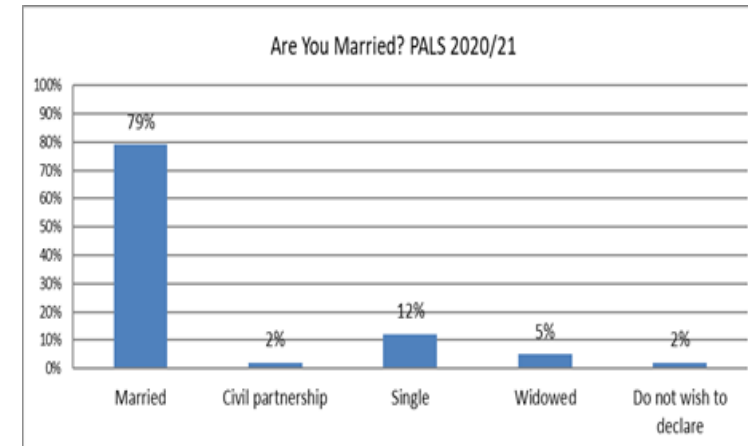
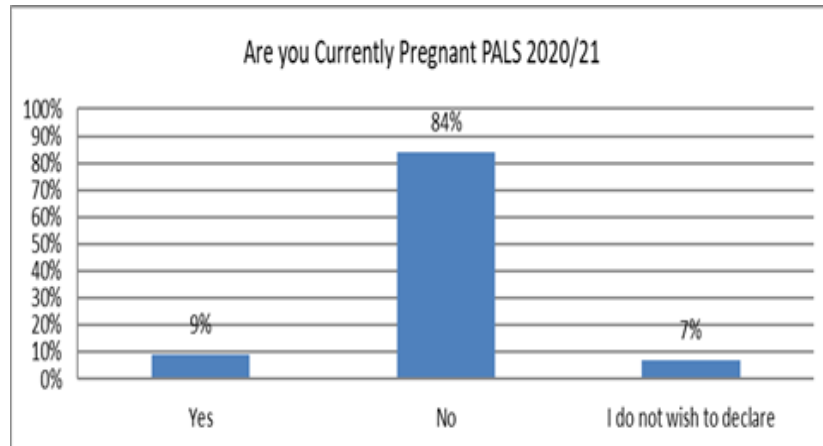
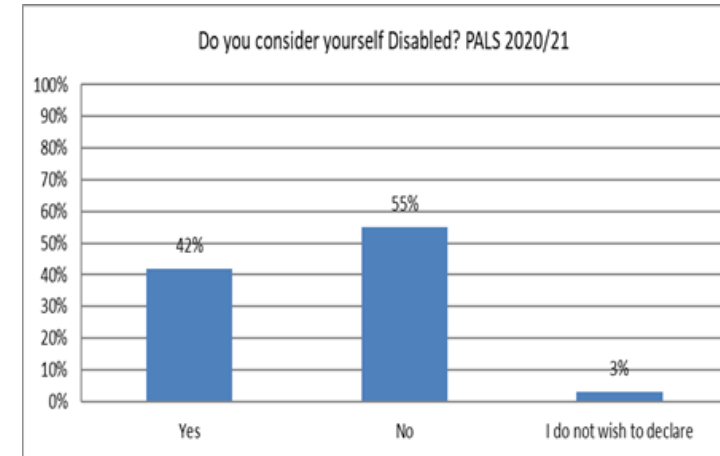
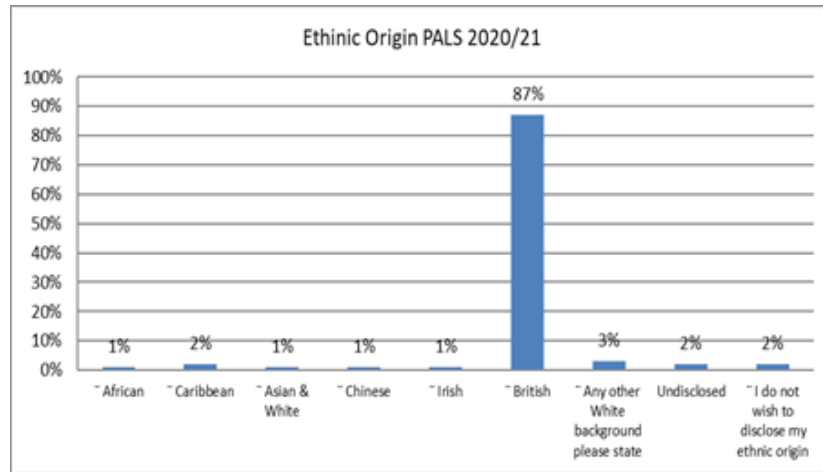
- PALS is a 'one-stop-shop' for patients, carers and relatives seeking advice and support on all aspects of healthcare. PALS aims to deal with concerns promptly and efficiently wherever possible, preventing matters escalating into formal complaints.
- Ensuring equity of access for enquirers is key for BHT, so our PALS and Complaints Officers are trained to be aware of any accommodations that may be needed to support enquirers with protected characteristics or additional needs.
- When complaint meetings are arranged, we ensure our meeting rooms are accessible to all and if mobility is severely reduced, we offer to meet in their homes. During the COVID pandemic we moved meetings to on-line.
- We have an “easy-read” leaflet for PALS to assist complainants in accessing our services and translation of PALS leaflets are offered on request.
- Every effort is made to signpost complainants to “The Advocacy People” (the local complaints advocacy service). This can be particularly helpful for complainants who may have a disability and have difficulty understanding or expressing themselves.
- Claims of discrimination relating to any of the protected characteristics outlined in any formal complaints are monitored via our subject coding and communicated to the Chief Executive, Chief Nurse and to divisional leads both at the time of the complaint and via monthly detailed Trust and divisional reports.

Equality monitoring PALS

- The service works on the principle that people can also contact anonymously, which makes robust equality monitoring more difficult. There are some system limitations which led to the implementation of an annual retrospective survey of those who have contacted the PALS service and provided contact details. The audit is no less than 300 as a sample group.
- The survey is made up of the equality monitoring questions shown below. This is undertaken annually and commenced in 2015. The survey for 2020/21 went out to 327 people and 121 (37%) people responded.



Equality monitoring PALS



Friends and Family Test

BHT patients and service users are given the opportunity to feedback on their care via an SMS which asks the question:

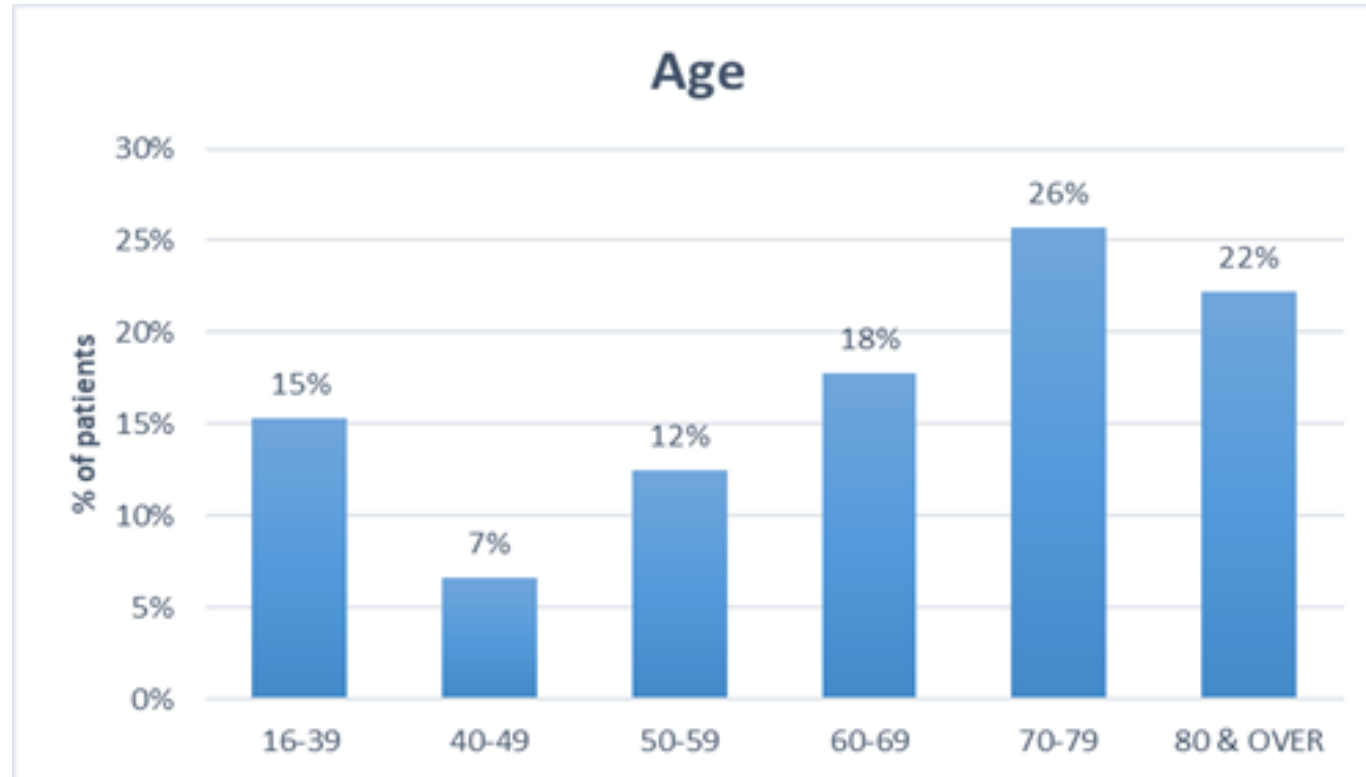
‘Overall, how was your experience of our service?’

This year, as a result of the pandemic, the mandatory national requirement to collect the Friends and Family Test (FFT) data was suspended. Whilst many trusts ceased collecting FFT feedback, BHT continued to ensure patients were able to continue to give their views through this challenging period.

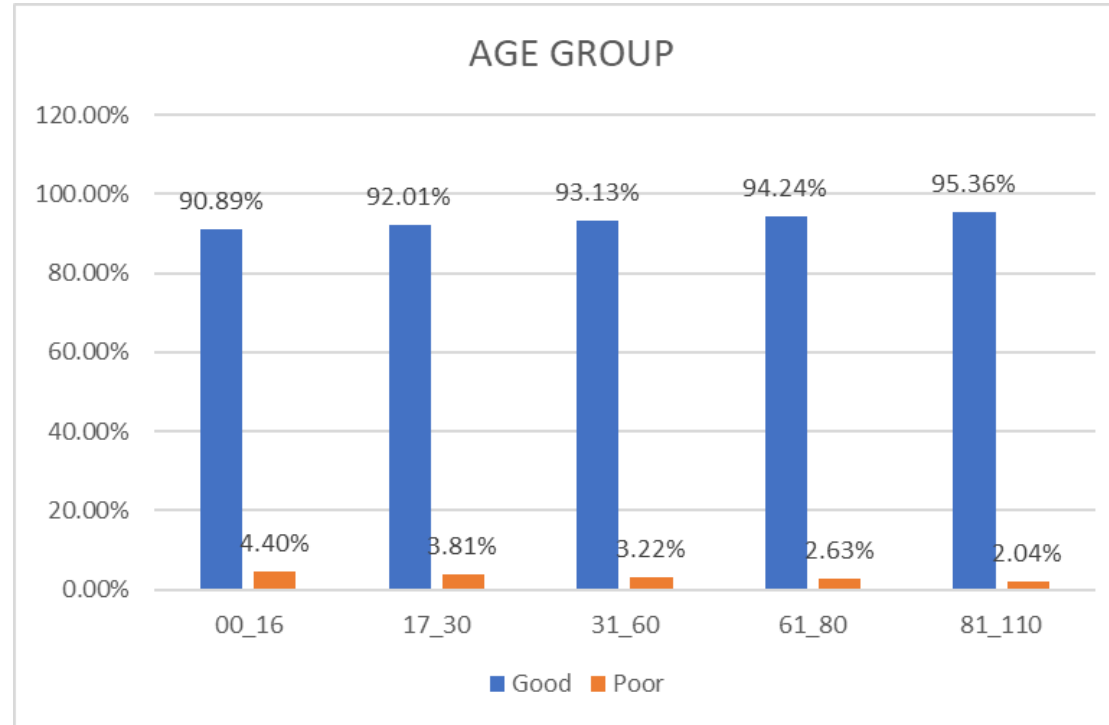
One of the questions asked is ‘Overall how was your experience of our service?’. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics.

The following charts show the response rates and satisfaction in 2020/21 by gender, age and ethnicity. Please note that they do not include the percentage of people who rated their experience as neither good nor poor.

Friends & Family Test respondents by age

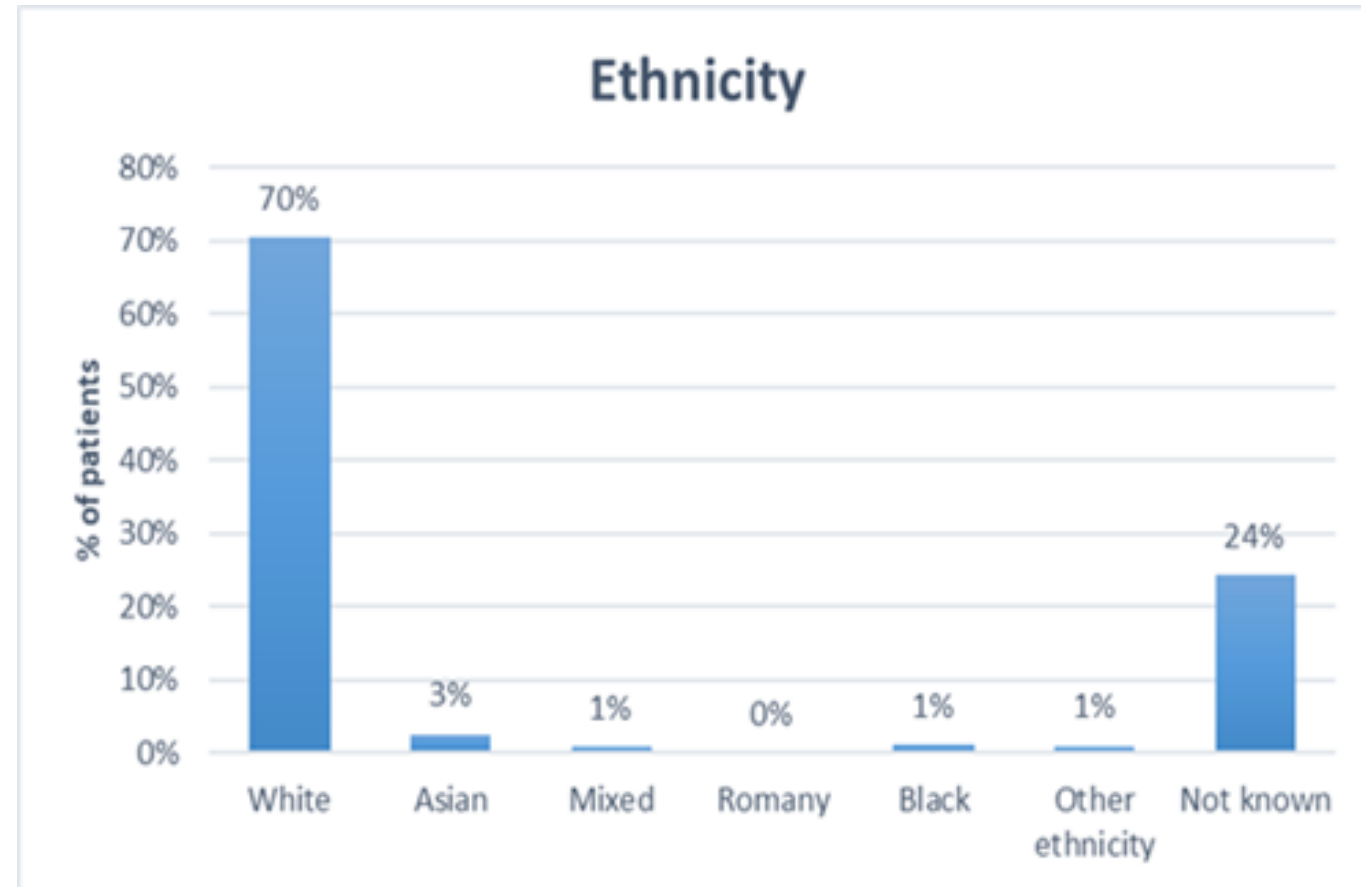


Friends & Family Test satisfaction by age

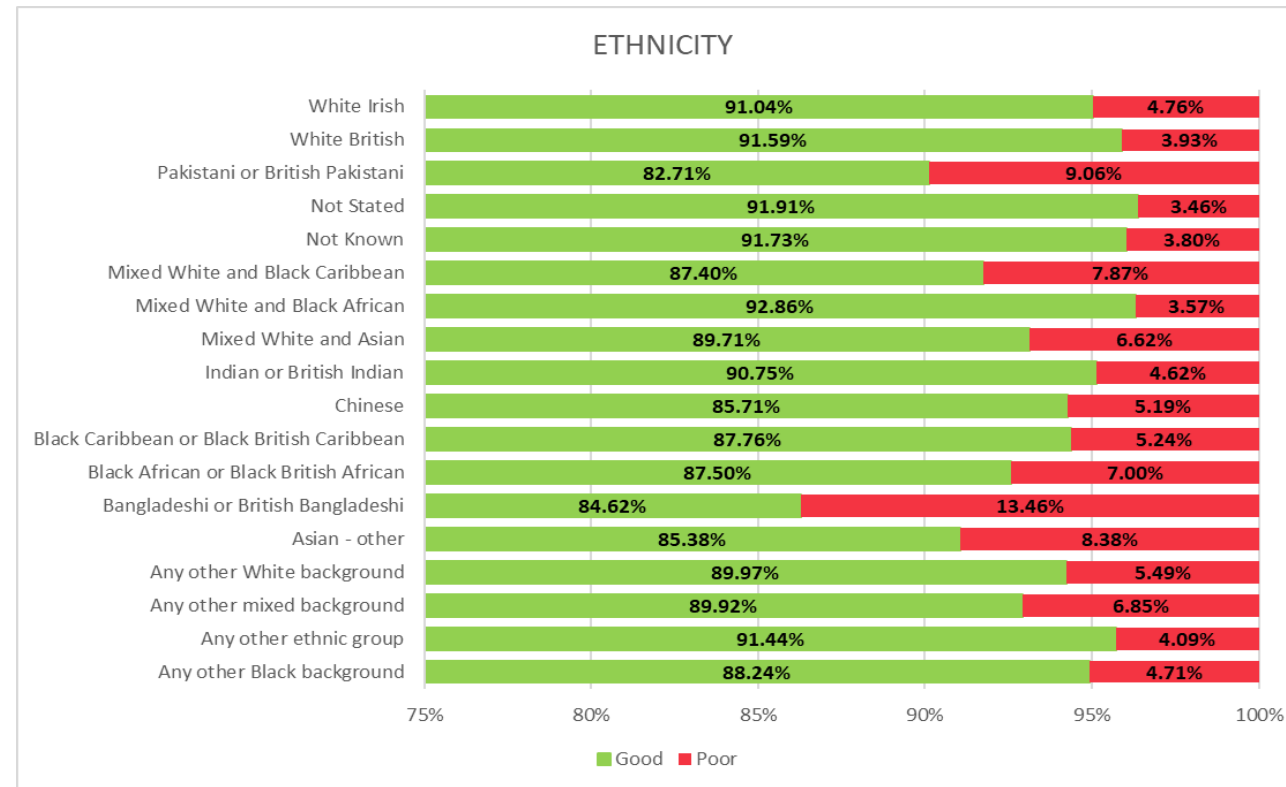


The highest response rate was from the group aged 61 to 80 at 36.9% whilst the lowest was from those aged 17 to 30 with only 11.66% responding. Those in the older age groups were most satisfied; however, 4.4% of those aged under 16 rated their experience as poor.

Friends & Family Test respondents by ethnicity



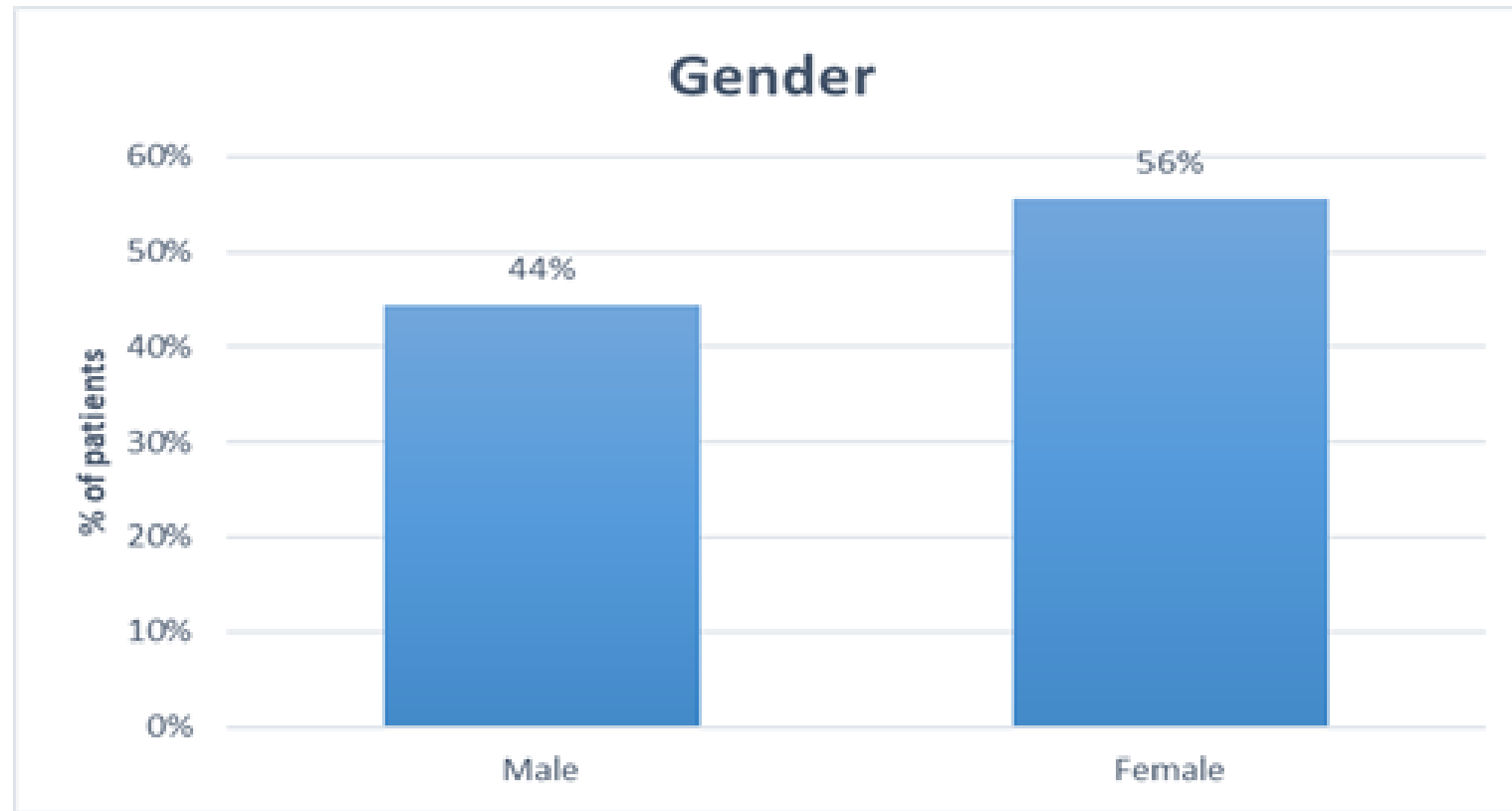
Friends & Family Test satisfaction by ethnicity



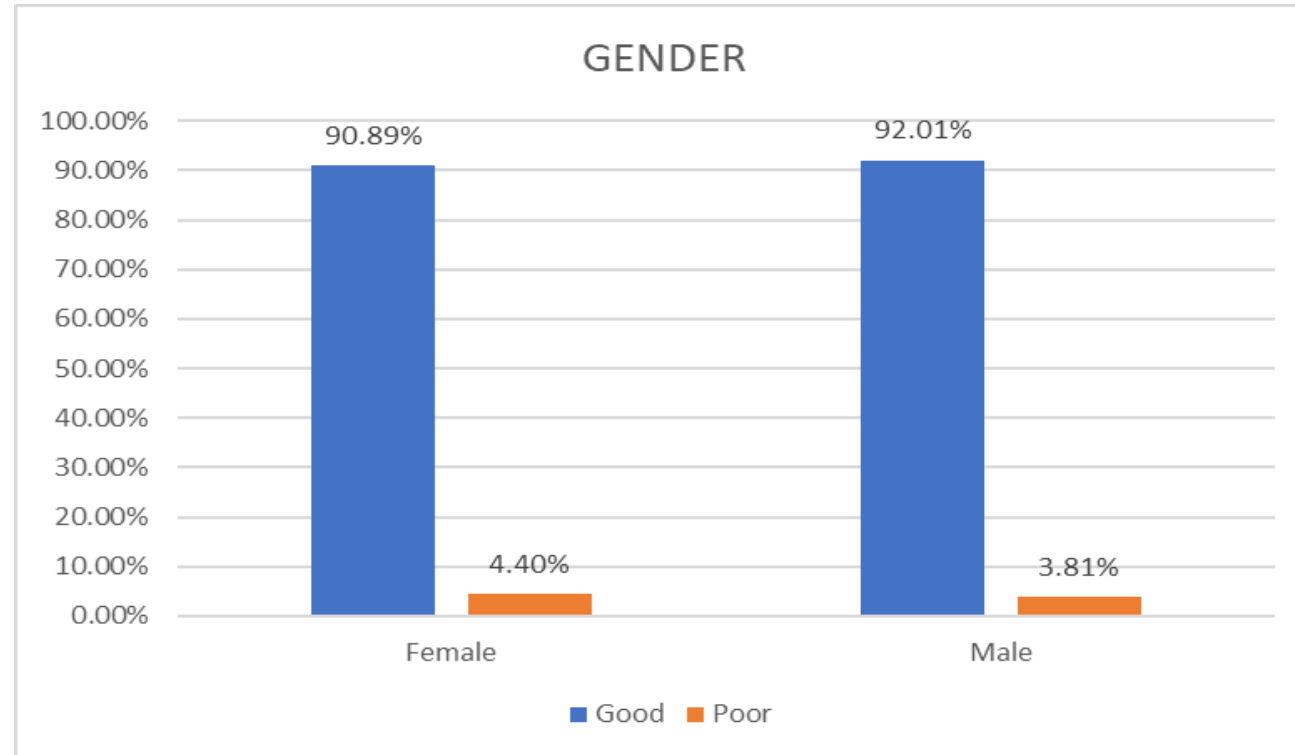
White British & Irish patients and service users had the highest response rates, the lowest response rate at 9.44% is from those recorded as Pakistani or British Pakistani.

Of those patients who gave their ethnicity, the most satisfied were White British with Bangladeshi or British Bangladeshi patients reporting the lowest satisfaction with 13.46% saying that their experience had been poor or very poor followed by Pakistani or British Pakistani at 9.26%. Further work will be undertaken to try to understand why this is the case and to develop action plans to address any issues identified which has contributed to these scores.

Friends & Family Test respondents by gender



Friends & Family Test satisfaction by gender

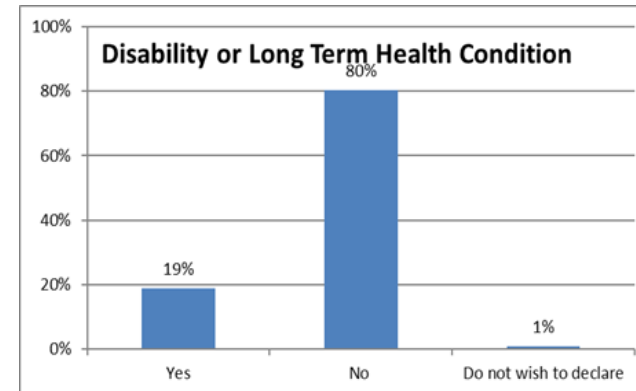
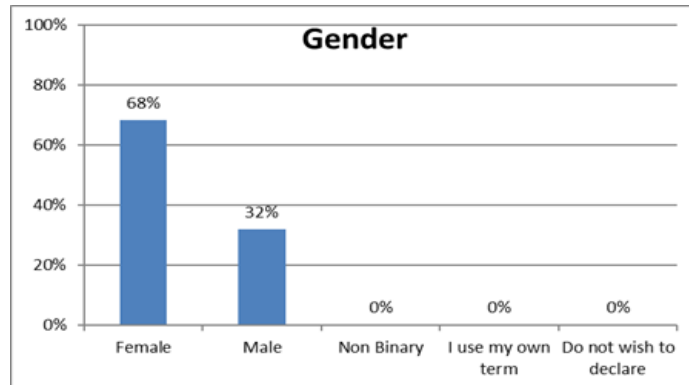
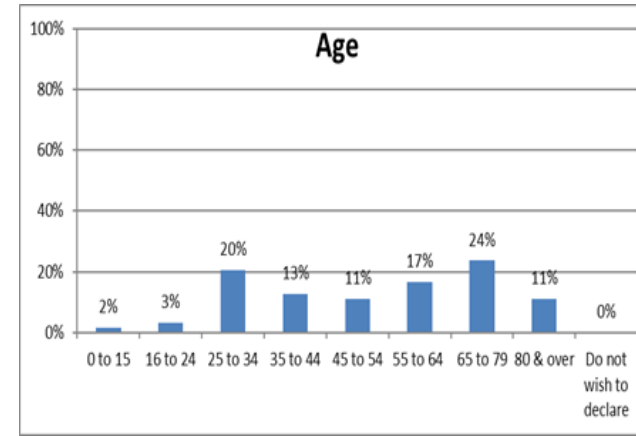
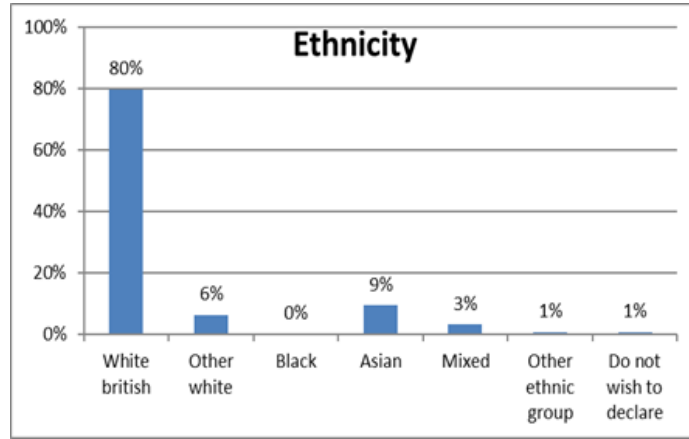


The response rate from male and female patients was broadly similar at just under 27%. Male patients were slightly more satisfied with their experience with 92% rating their experience as good or very good compared to 91% of the female patients who responded.

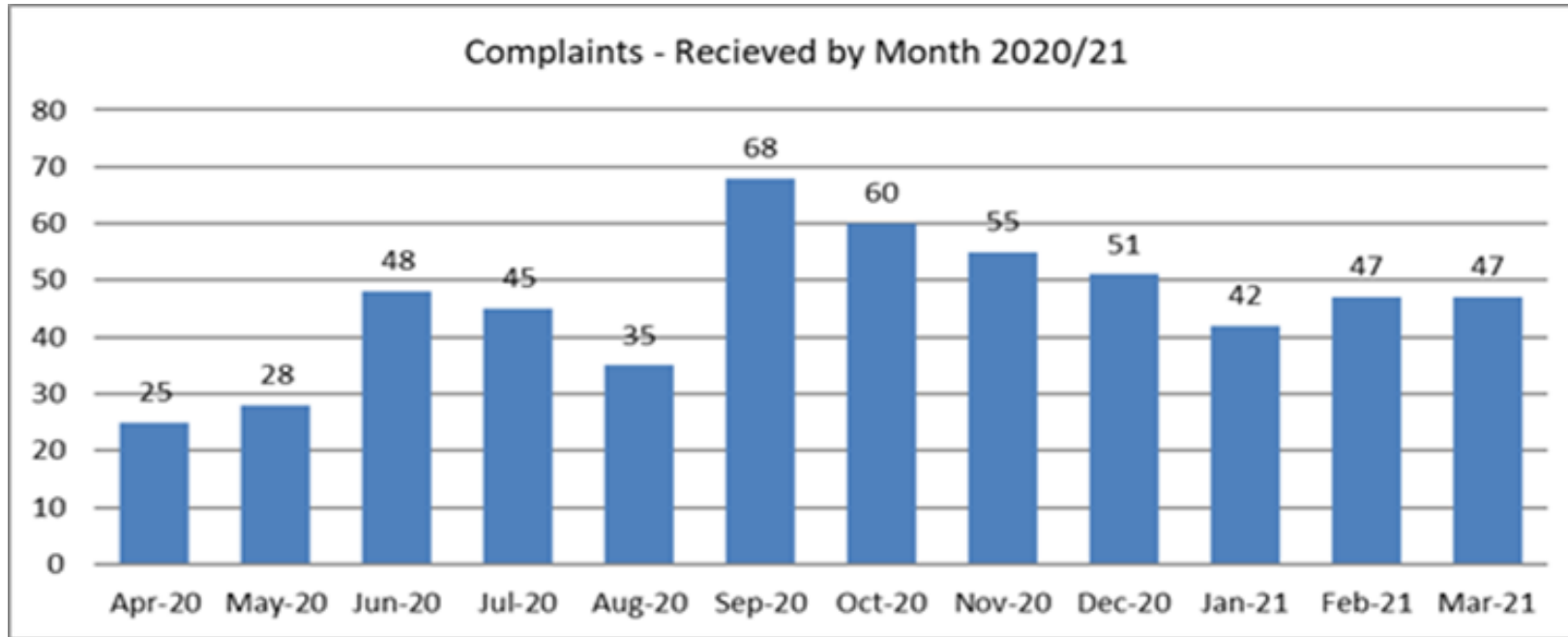
Local surveys

- Each year the Trust conducts a number of local patient experience surveys to obtain feedback on specific services. These surveys may just focus on one aspect of a service e.g. the quality of verbal and written information provided or the whole care pathway from diagnosis to discharge.
- In 2020/21 thirteen of these local patient experience surveys were completed. Areas surveyed included:
 - Plastics Trauma Service
 - Endoscopy services
 - Women's Health – Physiotherapy service
 - Dermatology - Phototherapy
 - General Surgery – patient information
 - Paediatric Diabetes Services – Education sessions
 - Antenatal Screening
 - Voice Therapy
- Where appropriate these surveys collect data regarding the gender, age, ethnicity and long- term health of respondents.

Equality monitoring for local surveys

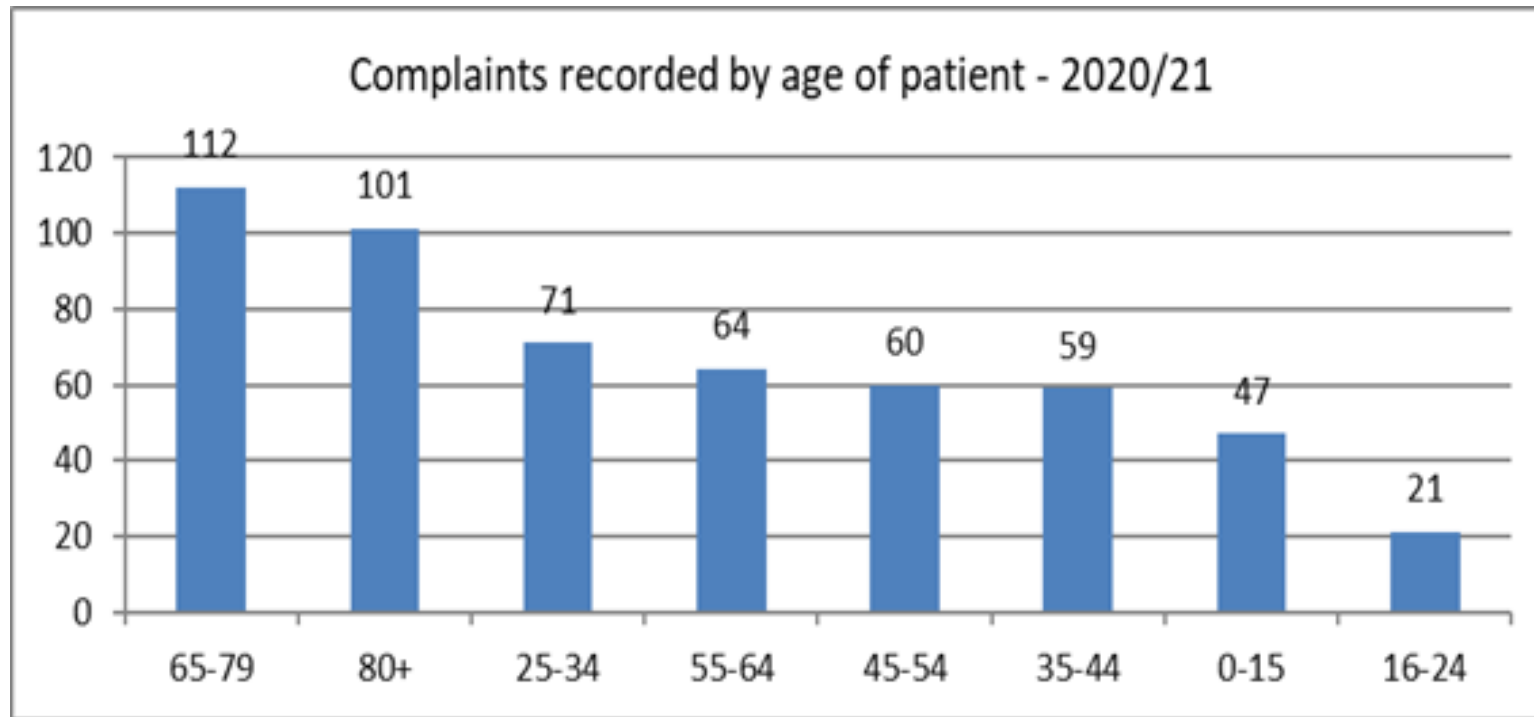


Formal complaints



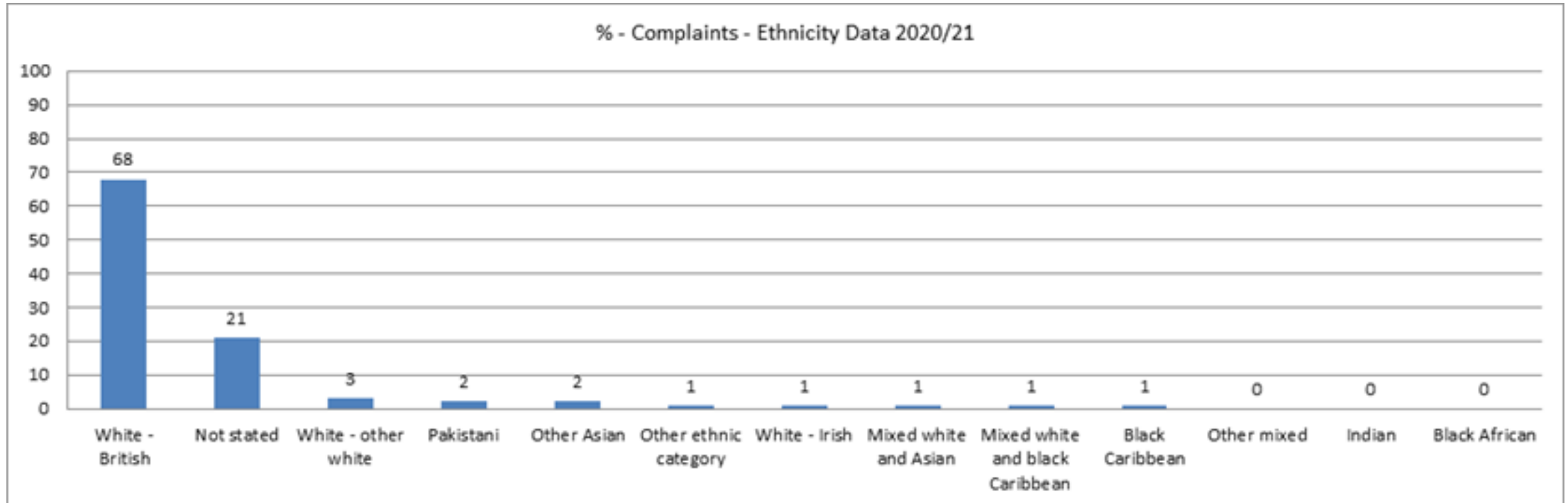
In 2020/21 the Trust received 551 formal complaints compared to 643 in 2019/20 – a 14.4% decrease.

Formal complaints by age



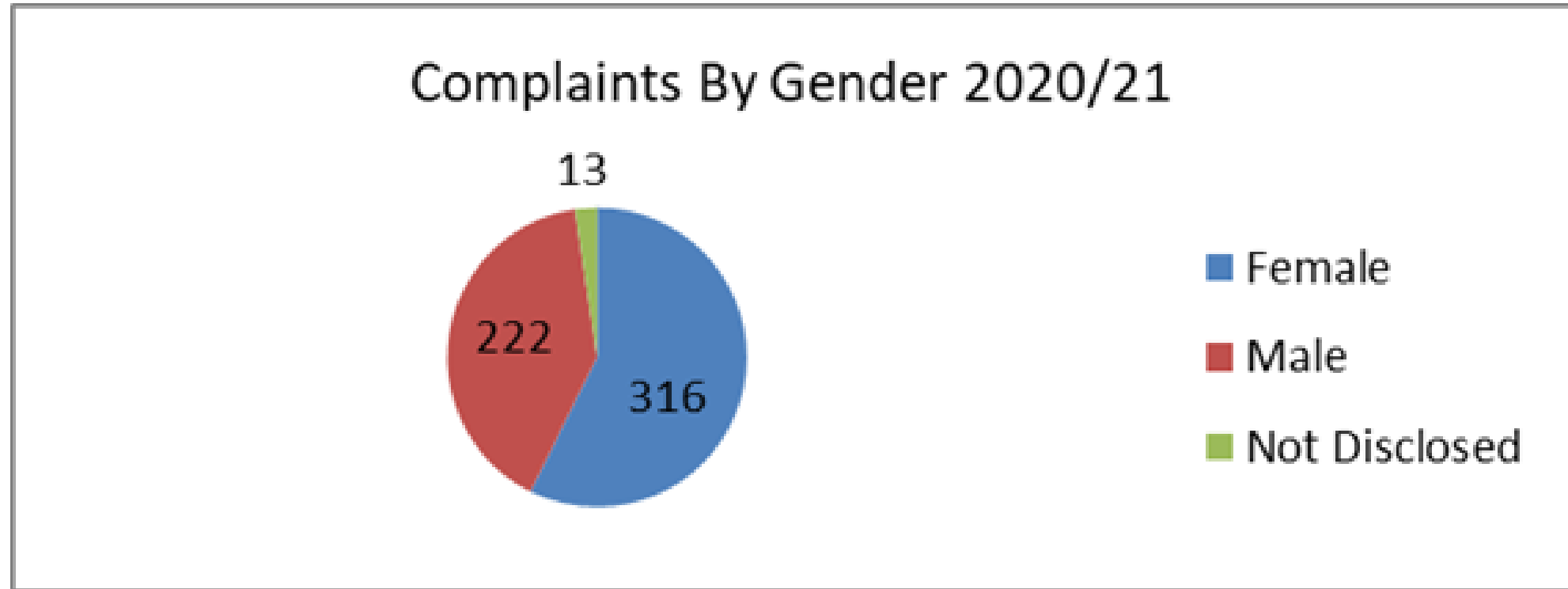
The largest group of complaints in 2020/21 were received from those in the 65-79 age group. When a complaint is made by a visitor, patient or carer, we do not have access to age and so this is not recorded. 16 formal complaints did not have an age for the patient disclosed.

Formal complaints by ethnicity



The largest proportion of formal complaints were for White-British patients, in-line with the population the Trust serves. Just over 21% of patients who raised a complaint did not have their ethnicity recorded on their patient record.

Formal complaints by gender



Section 4: Public, Patient & Service User Involvement and Engagement



Public, patient and service user engagement and involvement

- The Trust is committed to involving the public, patients and service users in developing its services and influencing the strategic direction of the organisation.
- Equality monitoring for our corporate led public and patient engagement and involvement activity has helped us to:
 - demonstrate the representation of our engagement and involvement activity and the range of feedback from patients and the public
 - better evidence our outreach to seek people's views and the efforts made
 - identify which groups are underrepresented

Public engagement groups

Community Hub Stakeholder Group meetings

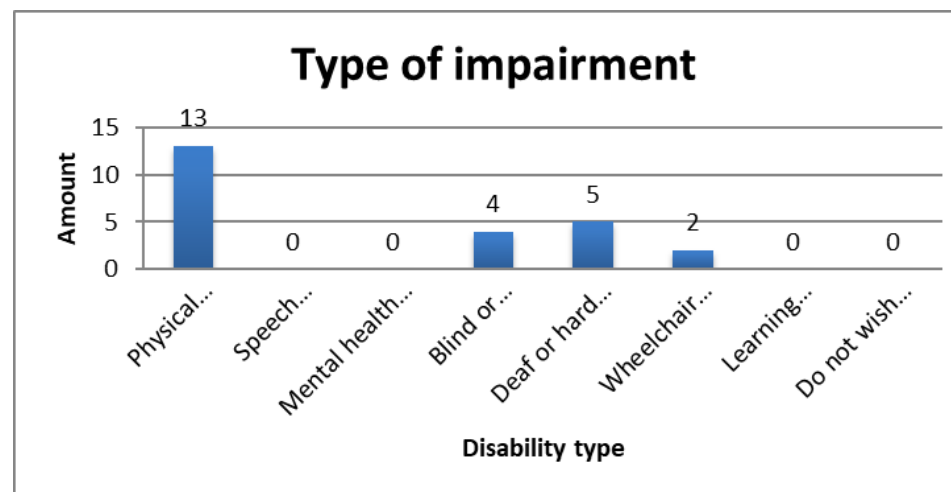
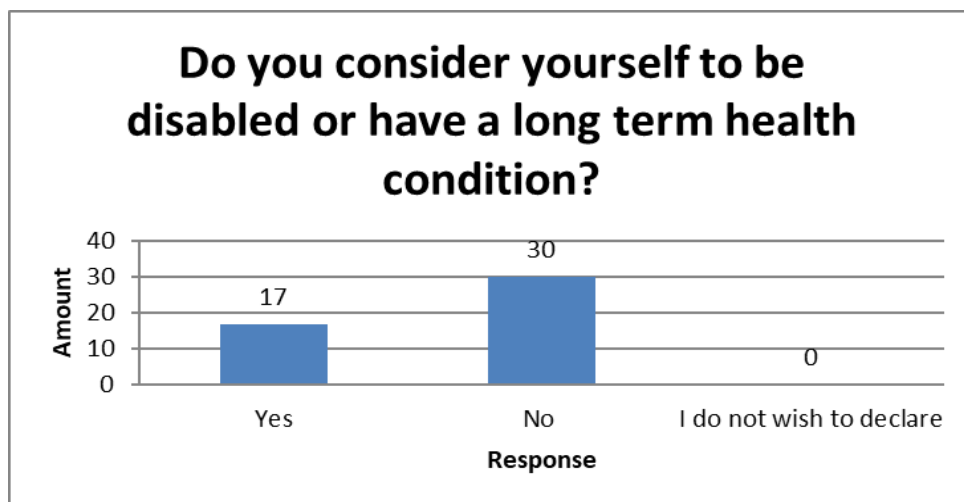
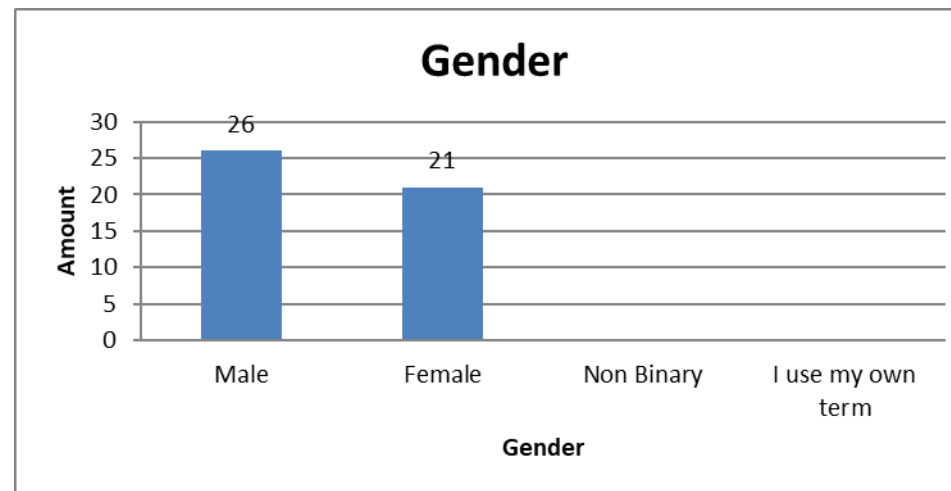
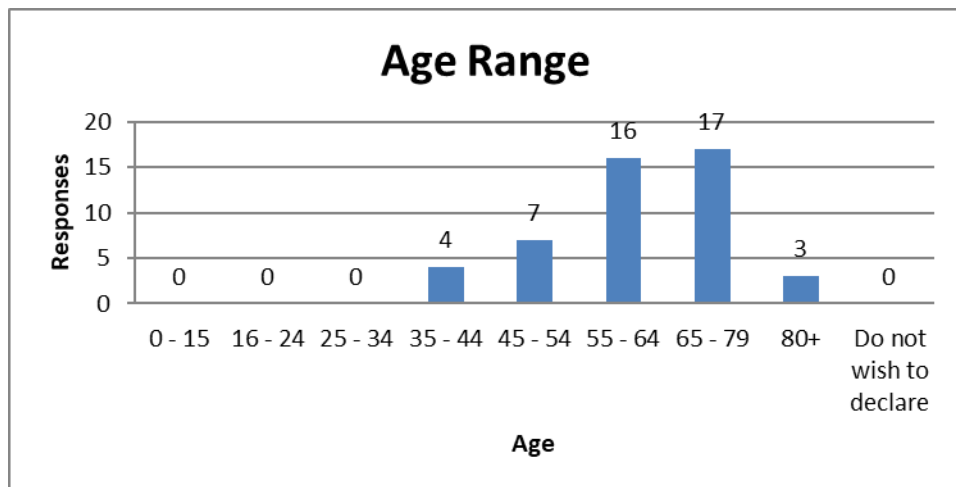
- The purpose of the Community Hub Stakeholder Group is to ensure experiences and feedback from patients, carers, service users and the public inform the development of community hubs so that they evolve in line with the needs of local residents.
- This group meets every 6 weeks and is chaired by the Chief Nurse from Buckinghamshire Healthcare Trust. We have 22 stakeholder members within the group with representatives from both Marlow and Thame Community hubs.
- During COVID-19 this group supported and helped the Trust further communicate key messages into the local communities they each represent. The Trust used these meetings during the pandemic to advise of changes in services both within the community hubs and acute hospital sites.

Public engagement groups

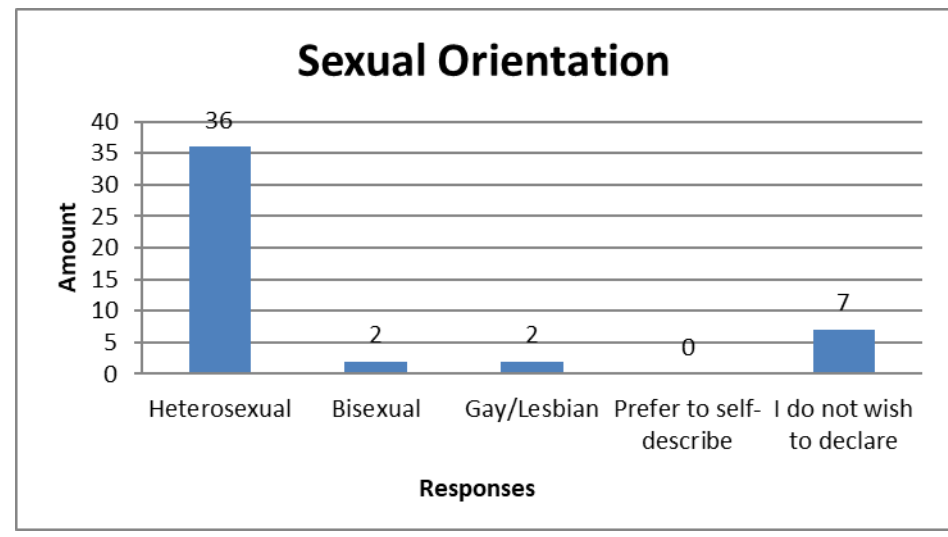
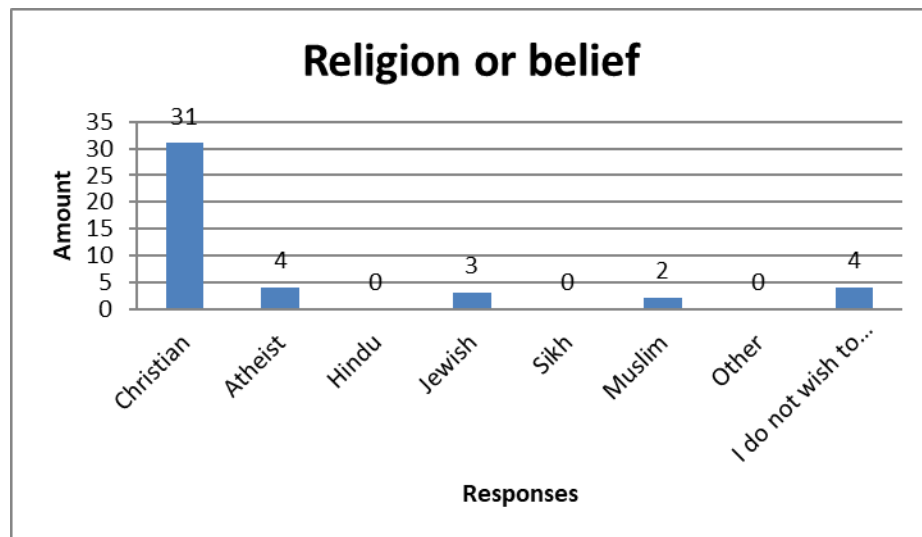
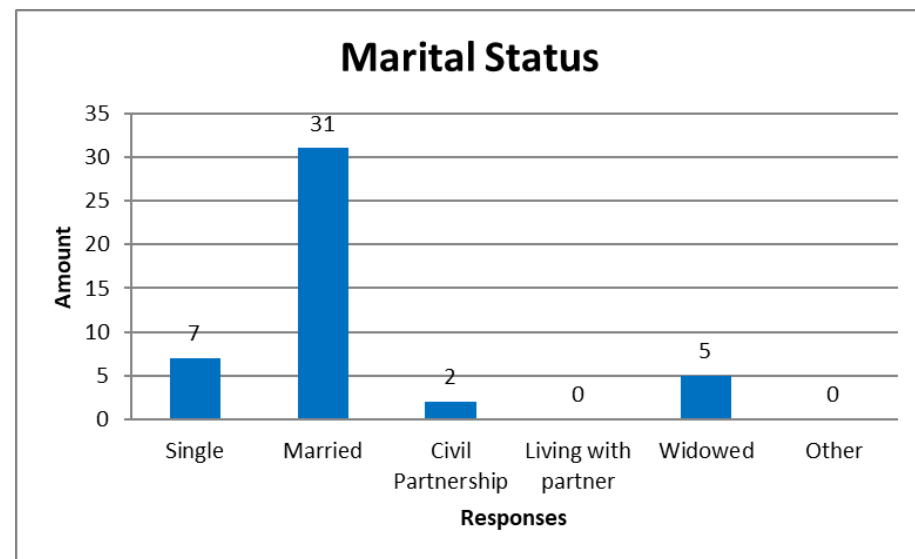
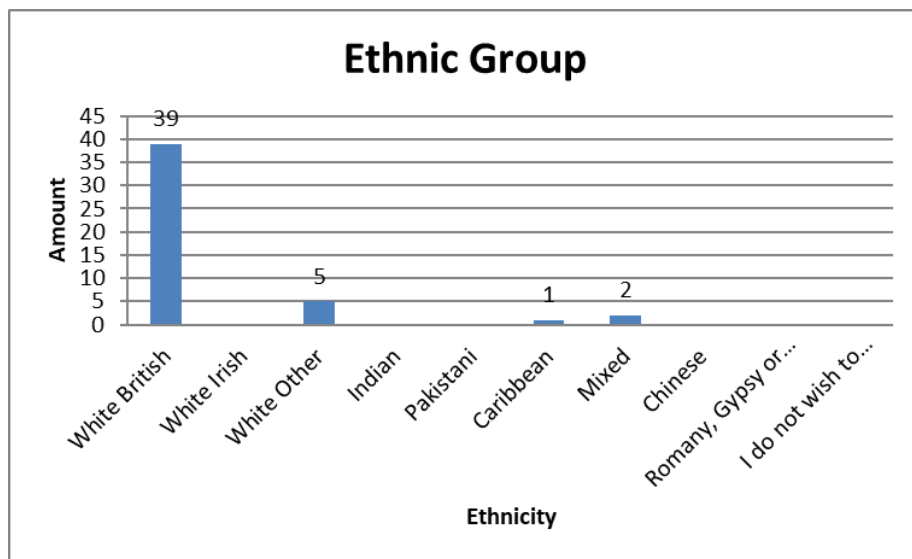
Communications Advisory Panel (CAP)

- CAP has 30 members in total and meet once a quarter. Patient information leaflets are sent to this group for approval every month.
- Objectives of CAP:
 - To scrutinise patient communication published by the Trust via online and offline channels (e.g. in print and on websites).
 - To provide constructive feedback and appropriate challenge to help improve the standard of public information provided by the Trust
 - To help shape the design and development of Trusts public publication templates and tools
 - To contribute ideas and suggestions in discussions with the Communications team about public/patient communication developments
 - To ensure all communication is: clear, written in plain English, contains helpful images or diagrams (if required), is easy to understand and navigate
- During 2020/21, CAP has reviewed 55 leaflets and has provided invaluable feedback on the development of the Trust's new website, which was launched in June 2021.

Equality monitoring for public engagement groups



Equality monitoring for public engagement groups

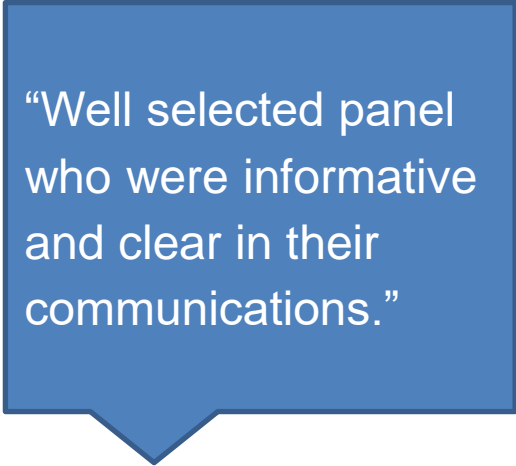


Public engagement programme


- In August 2020 we, along with our partners from the Integrated Care Partnership, launched phase 1 of a public engagement programme to ask people what they thought about changes we have made, or are considering, in health and social care. The engagement was designed with support from the Getting Bucks Involved Steering Group which includes members of patient participation groups, representatives from local charities and Healthwatch as well as members of the public.
- Engagement has focused on the following four themes:
 - **Digital Services:** accessing routine appointments by telephone, video or online
 - **Keeping People Safe:** delivering services differently to prevent the spread of infections
 - **Community services:** organisations working together to promote independence and deliver care in people's homes and communities
 - **Reducing health inequalities:** improving health for vulnerable groups and people living in deprived areas.
- Phase 1 was a survey which gathered data from over 2,800 respondents; the majority of whom were white females with an average age of 60. Phase 2 was designed to actively seek representation from a diverse range of Buckinghamshire residents, especially groups who are not often reached by such research, such as people living in areas of deprivation.
- The findings from the engagement programme have been shared and presented to the Health & Wellbeing Board and the Buckinghamshire Health & Adult Social Care Select Committee and will be used as the basis for further engagement with Buckinghamshire residents in the summer.

Public webinars

- In partnership with Healthwatch Bucks, the Trust hosted two free online events to keep the public informed during the pandemic for two areas which were of particular concern – cancer and surgery
- The aim for both events was to give people a chance to hear from a range of specialists and to ask them questions.
- A recording of the full presentation including slides and questions and answers were recorded and published on the Healthwatch and BHT websites
- Over 100 people attended and feedback was extremely positive:



“Well selected panel who were informative and clear in their communications.”



“Very informative speaker who covered a wide range of information in an accessible way.”

Research

- Research has been at the forefront of the COVID-19 pandemic driving national policy and providing much needed evidence for novel treatments and preventative measures. Colleagues quickly adapted to delivery of the COVID-19 urgent public health studies, supporting critical care activity and vaccine studies. Since March 2020, the R&I Department has supported nine COVID-19 urgent public health research studies including RECOVERY, CCP-UK and GenOMICC studies.
- We have consistently been in the top 15 recruiting sites nationally thanks to the support of an excellent research team. Over 1,900 patients and 550 healthcare colleagues have willingly participated in COVID-19 studies playing a vital role in the fight against this disease.
- The Trust has sponsored six COVID-19 studies contributing to improved patient outcomes and has continued to support innovation projects through its partnership with Bucks Health and Social Care Ventures and Oxford Academic Health Science Network.
- The COVID-19 oximetry Co@H project enabled patients at risk across Buckinghamshire to safely self-monitor at home using pulse oximeters. Through this programme we successfully reduced mortality, hospital length of stay and pressure on critical care beds during the pandemic.

Heart of Bucks

- We know that certain communities are less likely to access our services, particularly preventative screening programmes that could identify cancer at an early stage.
- In November 2020, the Trust launched a new health initiative to improve cancer outcomes in partnership with Heart of Bucks (a community foundation which awards grants and loans to support essential local charities and community groups) and the Buckinghamshire Clinical Commissioning Group.
- The target areas for the project are central Aylesbury, High Wycombe and Chesham. This is a great opportunity for local grassroots organisations who really know their communities to demonstrate how important they can be in improving public health for all.
- Not for profit groups can apply for a grant of up to £7,500 to help them to develop and deliver innovative and creative solutions to improve cancer outcomes, particularly for groups that traditionally have poorer health outcomes including the homeless, people with learning disabilities, BAME communities and people with long-term mental illness. The first grant applications are currently being reviewed and successful applicants will be informed soon.

Antenatal newborn screening programme

- To gain a better understanding of specific inequities within antenatal screening services, the Trust's maternity unit was the first in the country to undertake a piece of work to look into the impact of age, ethnicity and language on accessing its services.
- Retrospective data from over 6,000 women was gathered from the Trust's electronic patient records systems looking at the period from 1 April 2018 to the 31 March 2019. Patient demographic factors were reviewed and compared against timeliness of initiation of antenatal care, timeliness of the fetal anomaly scan and consent for infectious diseases screening.
- This review showed that age, ethnicity, and language proficiency have an impact on attendance at antenatal screening appointments. Overall, women with ethnicities other than White British, women with a limited understanding of English, and mothers younger than 20 years old had larger proportions of late bookers (women initiating antenatal care after 13 weeks) and later attendance at anomaly scans. Late booking is a known risk factor in pregnancy.
- Amongst the 19 women who we have recorded as having declined screening, there was a higher proportion of women with a Mixed White and Black African, Bangladeshi, Chinese or Pakistani background.
- We will be working with local community groups to see more what we can do to promote the benefits of early access to maternity services,

Section 5: Priorities for 2021/22



Priorities for 2021/22

The Trust's has continued to make good progress towards achieving the equality objectives as set in 2019. However, the pandemic has brought to the forefront the issues of health inequalities. To address health inequalities in Buckinghamshire, the Trust will be focusing on the following key priorities during 2021/2022:

- Supporting system wide health prevention and promotion activities linked to reductions in cardio-vascular disease in specific areas and communities where inequalities are most apparent
- Supporting the '**Start Well**' action plan to promote maternal and child health and well being including prioritising support for vulnerable children and families
- Developing the Trust's role as an **anchor institution** to encourage wider employment opportunities for Buckinghamshire residents, promote health and well being and developing an inclusive, diverse and compassionate workforce
- Ensuring we evidence that we are recovering services from the COVID-19 pandemic inclusively and that no particular group or community is disadvantaged
- Improving our recording of ethnicity across all our services and actively use ethnicity data to assess the inclusiveness of all our services and target services to those most in need
- Ensuring that our patient groups better represent the diversity of the communities we serve.