

Public Sector Equality Duty Report Summary 2021/2022



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Introduction

Buckinghamshire Healthcare NHS Trust sits at the heart of our community and plays a huge part in people's daily lives, be those colleagues, patients or members of the public.

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

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 encompass the patient voice

These objectives were developed following our Equality Delivery System (EDS2) assessments undertaken in 2019.

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 Duty (PSED) and the progress it has made in achieving its equality objectives including steps taken 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.

Four patient/public reports have been produced covering the following key areas:

- Business Planning
- Patient Profile
- Patient Experience and Involvement
- Public and Patient Engagement

Last year, we committed to improving our recording of ethnicity across all our services. Over the last year, the Trust has continued to make significant progress in the accurate recording of patient Ethnicity. The number of inpatients who have not answered and the

number not being asked the ethnicity question during their admission has dropped significantly from 11,833 in 2020/21 to 4048 in 2021/2022.

The Trust also committed to 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. In 2021/2022 the communications team used various forms of media to support over 30 public health campaigns which have included: Stoptober, Diabetes Awareness week, World blood donor day, World heart rhythm week, Healthy eating week etc.

Supporting the ‘Start Well’ action plan to promote maternal and child health and well being including prioritising support for vulnerable children and families

2. Business Planning

During 2021/22 our principal focus has inevitably been the COVID-19 pandemic - keeping our patients and colleagues safe and adapting to new ways of working as we learn to live with the virus.

During this time, we have also taken the opportunity to look afresh at our long-term strategy. We worked with our colleagues, thousands of patients and members of the public, as well as our partners in health and social care to develop our plans. We developed a new mission and an exciting new vision for Buckinghamshire of **outstanding care, healthy communities and a great place to work.**



Clinical Strategy

We are unique in our region. We provide hospital services alongside community and specialist services like the National Spinal Injuries Centre (NSIC). In March 2022, the Care Quality Commission (CQC) rated us good, with outstanding for caring. We are proud of our achievements.

We are now focussed on how we move to being outstanding. We are working with our colleagues, partners and the local community to transform our services to ensure they meet the changing needs of a growing and ageing Buckinghamshire population. To achieve this, subject to appropriate engagement and consultation, we aim to:

- Strengthen our emergency and critical care services by ensuring we have the capacity to meet the needs of Buckinghamshire’s growing population.

- Separate emergency services from planned care services to help us deliver routine care uninterrupted, whilst adopting new technologies to give residents greater access to specialists.
- Work with colleagues in Buckinghamshire Council and General Practice and integrate community and social care services, making it easier for people living with long-term conditions and frailty to avoid unnecessary visits to hospital.
- Speed-up access to tests and test results and improve outcomes in major illnesses like cancer and cardiovascular disease.
- Build on the heritage of the Paralympics, bringing all therapy and neuro-rehabilitation services together to create a centre of excellence for rehabilitation at Stoke Mandeville.

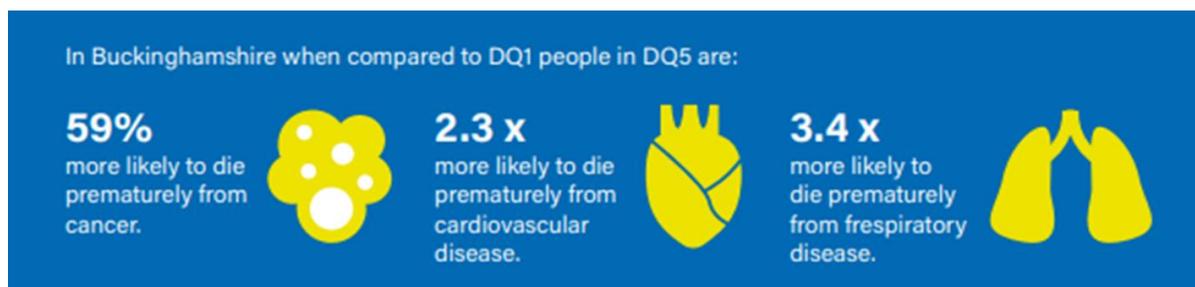
All this is underpinned by an investment in our digital future, where more people are supported to have control over their health.

Operating Plans

We have aligned our operating plan with our new strategy. The operating plan aligns individual workstreams and national operating plan guidance with our strategic priorities. It contains the following sections:

- Delivery Plans: including high level objectives and milestones.
- Activity plans: showing high level planning assumptions informed by activity plans.
- Workforce plans: including a narrative required for the ICS and workforce numbers.
- Finance plan: including assumptions, risks and sensitivities with our financial plan for 2022/23.
- Improvement, investment and efficiency plans: demonstrating area or improvement or investment to delivery efficiency targets.

COVID-19 shone a light on the inequalities that exist in our communities. In national, regional and local strategy and planning there is an increased focus on reducing health inequalities. While we intend to improve health and life expectancy for everyone, we are focussing on reducing the gap in health for people living in deprived areas and for minority groups. The population is divided into fifths known as quintiles based on the deprivation score of the area (shown below as DQ1 and DQ5) in which they live according to a nationally derived measure called the Index of Multiple Deprivation. The most deprived areas make up Quintile 5 and the least deprived Quintile 1.



Our focus will be:

Start Well including actions in maternity and system-wide plans for school readiness and prevention.

Reducing Major Illnesses focussed on cardiovascular disease (smoking cessation, BP monitoring, actions to improve healthy behaviours), cancer and 'making every contact count'.

Information and Digital to meet our legislative responsibilities, ensure we are recording and reporting data (including ethnicity coding), Equality Impact Assessments and using population health management approaches to target interventions for vulnerable people.

Our Role as an Anchor Institution improving the health and wellbeing of our colleagues, offering great careers and offering opportunities for long-term unemployed as well as delivering our carbon net zero commitments.

3. Patient Profile

By looking at our patient 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.

Volume of activity increased during 2021/22 compared to the previous year as part of the recovery from the COVID-19 pandemic and the effect that had on the ability to provide the required non-emergency services.

Over the last year, the Trust has continued to make significant progress in the accurate recording of patient ethnicity. The number of inpatients who have not answered and the number not being asked the ethnicity question during their admission has dropped significantly from 11,833 in 2020/21 to 4,048 in 2021/22.

The proportion of inpatient activity has stayed fairly static with female admissions accounting for 56.3% compared to 56.5% in 2020/21.

Attendances by age grouping shows that the return to near normal activity is fairly evenly spread across all age groups with the age group 31-50 returning to 96% of the 2019/20 activity levels.

As with inpatient activity, female attendances make up the larger part of outpatient activity at 56.2%. 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.

Did Not Attends (DNAs)

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. 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. Overall the volume of patients that did not attend has increased at a similar level to the overall attendances.

The data we have collected is consistent with the demographic profile of Buckinghamshire.

4. Patient Experience

As part of our commitment to improving the patient experience we collect feedback on a patient's personal experience of the quality of care and services they receive, and act upon it to improve services. We look at the demographics of the patients who provide us with feedback to better understand if they are representative of the communities we serve and whether the patient experience varies by ethnicity, age and/or gender. We also work together with patients to design and develop services and the Trust's plans.

Friends and Family Test (FFT)

The Trust's patients and service users are given the opportunity to feedback on the care they received through 'The Friends and Family Test (FFT)'. The overall aim of the FFT is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England. The feedback is captured via a text message which asks the question:

'Overall, how was your experience of our service?'

Throughout the pandemic the Trust has continued to collect patient feedback via FFT ensuring all our patients were able to continue to give their views through this challenging period.

Within the Trust, the FFT survey is currently live within the following areas:

- ED
- Inpatients
- Maternity
- Outpatients
- Day Case
- Community Services

We are currently reviewing our capture methods in those areas where we receive low response rates such as maternity and community services.

The ethnicity of respondents was overwhelmingly from white patients, 82%, with much fewer responses from Asian, mixed race, black and other ethnicities. Following a review of the diversity of our respondents combined with the satisfaction scores from those who did respond, we have been working with our Healthwatch Bucks partners to gather experiences of using a hospital in the county from Bangladeshi, Indian, Nepalese, Pakistani, or Sri Lankan communities. Greater links and relationships with these communities is vital to better understand the views and feelings of our service users as we have previously had very little

understanding of what matters to them. These will continue to be captured through surveys run by Healthwatch Bucks.

In 2021/22 nineteen local patient experience surveys were conducted to obtain feedback on specific services from patients, parents and carers. Areas surveyed included:

- Cancer Services
- Endoscopy Services
- Children & Young People
Community Services
- Critical Care (ICU)
- General Surgery
- Maternity Services
- Gynaecology Services
- Acute Paediatrics

Patient Representative Groups

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

- Representatives from the Trust's Patient Experience Group were involved in several recovery projects including the Elective Care Recovery Design group -looking at how we restart services, Outpatient Recovery Group – looking at alternative ways of delivering outpatient appointments and the ED Recovery Group – looking at what was bringing people into the hospital in the first instance and the space in which this was being delivered.
- The Maternity Voices Partnership have continued to support and constructively challenge the Trust during the pandemic and assist the maternity team in reshaping things following the easing of restrictions.
- The NSIC group has not met over the last year due to transformation work taking place within the services and restrictions during the pandemic however patients have been involved in recruitment activities, developing a concierge service and have worked with BHT's estate's department to open up a hairdressing salon within the unit for the benefits of the patients.

Across the patient experience groups we have a good representation across age ranges with 27% aged 16-34, 36% aged between 45-54 and 37% aged 55-79. Most members have a disability or long-term health condition. However, 90% of participants are from a white British background and therefore we need to focus on encouraging diversity within our groups.

Over the last year we have begun to address the lack of diversity across our feedback and involvement groups.

- Our Patient Experience Group is trialling holding meetings in the evenings to accommodate patients who may not be able to participate during the day.

- The Maternity Voice Partnership has new members on the committee, and has also begun holding focus groups, to ensure we capture feedback from our black and Asian communities.

Further work needs to be undertaken to ensure that the Trust effectively captures the voice of children and young people and we are currently working with our paediatric team to establish the best way of capturing their feedback.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) is a 'one-stop-shop' for patients, carers and relatives seeking advice and support on all aspects of healthcare. Ensuring equity of access for enquirers is key for the Trust, 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.

In 2021/22 the Trust received 663 formal complaints compared to 551 in 2020/21 - a 17% increase compared to the previous year.

5. Public and Patient Engagement

The Trust is committed to involving the public, patients and service users in developing our services and striving to address health inequalities within our local communities. Addressing health inequalities within our local community is not going to be easy and will take time. Relationships and trust need to be developed which will be ongoing but need to be continuous and genuine.

Helping Buckinghamshire Residents to Live Well and Stay Well

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 were 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.

Four projects are being supported including the Karima Foundation, which supports the Pakistani/Kashmiri Muslim community in Wycombe. They have appointed two health champions to support activities including:

- Cancer awareness workshops - three have already taken place
- School outreach programme
- Cancer Awareness Workshops
- Promoting health awareness in several languages.
- Subsidising HPV vaccines

In addition, funding has been awarded to the Healthy Living Centre in Aylesbury to run cancer awareness campaigns aligned to the specific national weeks, e.g., lung, prostate and breast and to the Chilterns Prostate Cancer Support Group to offer PSA testing, primarily in disadvantaged areas.

Frailty

The UK population is ageing at an increasing rate and frailty is becoming a more prevalent condition, which is why the Trust has worked closely with other local health providers and patients to develop a new frailty strategy which will support the population of Buckinghamshire in ageing well by staying well and living independently for longer.

The population in Buckinghamshire is expected to grow by 14% by 2033 with a 44% increase in people aged 60+ years and a 140% increase in people aged 90+ years. But these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. Ageing well is a key part of the NHS Long Term Plan nationally and in Buckinghamshire the new frailty strategy is an essential part of delivering the ageing well programme locally.

The frailty strategy will:

- Improve NHS Care in Care Homes
- Identify and provide proactive support to old people living with frailty in the community
- Enhance rapid community response at times of crisis

The new strategy focuses on prevention, early identification of health needs and improving the urgent community care available. This pro-active approach, alongside greater collaboration between primary, community, acute and social care, will support frail and elderly people to live independently for longer and receive treatment more quickly in the most appropriate location and by the most appropriate health professionals.

We now have a well-established a dedicated frailty service for GP practices, care homes or the ambulance service which provides urgent same day advice and support from our hospital consultants. Since the service was launched in August 2021, we have now supported over 1000 calls.

A hospital admission can have a significant impact on frail patients, who are twice as likely to be readmitted within 7 days of discharge, beginning a cycle of admissions which affect their ability to live independently and their continued wellbeing.

Finally, the third part of the strategy focusses on urgent community response (UCR). This means that the Trust's multi-disciplinary team of health professionals aim to respond to urgent referrals for frail patients within 2 hours, putting in place an appropriate programme of support with care and rehabilitation if required.

Energise Learning Disabilities Weight Management Pilot

It has been recognised for many years that people with learning disabilities are at increased risk of being overweight or obese compared to the general population. The most recent data indicates nationally that 37% of people living with learning disabilities are obese compared to 30.1% of people without learning disabilities. Shockingly, the NHS Long term plan identified that on average adults with a learning disability die 16 years earlier than the general population.

To address this, dietitians from Buckinghamshire Healthcare NHS Trust and Hertfordshire Partnership University NHS Foundation Trust teamed up with Talkback, an autism and learning disability charity, to run a pilot weight loss programme. Starting in November in Aylesbury and Wycombe, the pilot ran until March 2022. It was funded by Public Health at Buckinghamshire Council. Led by dietitians and learning disability experts the programme ran over 24 weeks. It combined in-person groups covering topics such as balanced meals, portions, snacks, take-aways, triggers to eating and food groups with exercise sessions on Zoom. Participants set their own goals each week, supported by specially designed easy read resources including trackers, handouts and recipes. Learning was practical and experiential with games, quizzes, role play and dancing!

The aim was to give clients, carers and homes the knowledge and resources to make positive changes to their diets. 14 people completed the project and lost a total of 36.8kg/ 5st 11lb. On-line support will continue for the next couple of months to ensure progress is maintained.

Feedback has been excellent. One care home worker commented that their residents, "came back really excited with their [resources folders]! It was lovely to see. The staff will continue to encourage and support them". One participant said at the end of the programme: "I examine the labels; I love using the food scanner. I look for things that are low in sugar as it can give me diabetes. My portions are smaller, I have cut down on cake and crisps and I think more about what I am eating." Talkback manager Helen Krauze said that "working with BHT staff has been one of the best partnerships Talkback has ever had".



Participants in the Energise weight management programme

Hospital Navigator Scheme

The Hospital Navigator Scheme, commissioned by Thames Valley Police, was setup in September 2021 in five participating trusts in the area including in our Emergency Department (ED) at Stoke Mandeville Hospital. The scheme aims to direct young people and adolescents to support and advice that can help steer them away from further injury resulting from self-harm, assault, maltreatment or intoxication.

The scheme is in support of the national violence reduction programme which promotes a public health-based approach to reducing violence among disadvantaged young people. Volunteers work alongside staff in ED who refer patients to the navigator scheme who have come into the department as a result of a violent incident or due to self-harm. In the period September 2021 to January 2022 the Trust has vetted and trained four volunteers who have supported 23 people, directing them to the most appropriate help and support.

Vaccinations

The Trust also continued to support the COVID-19 vaccination offer for the public and by the end of March 2022 had delivered approximately 50,000 vaccinations to the local community of Buckinghamshire, including inpatients in our hospitals.

As part of the Trust's commitment to tackle health inequalities in Buckinghamshire, the Trust hosted a number of informative webinars for the public, with a panel of experts, including myth busting webinars for those who were pregnant or planning to start a family. By the end of March 2022, 75% of pregnant women in Buckinghamshire have had first and second doses of the vaccine with 50% also having the booster – one of the highest uptake levels in the south-east.

The Trust also ran specialist vaccination sessions for the LGBTQ+ community and those with learning disabilities or autism. Feedback from the sessions was extremely positive with

one grateful parent commenting, “Thank you for the amazing job you did with our kids today. Neither of them batted an eyelid because of the lovely way you had set things up for them. In a world where we fight so hard for accommodations for our kids, it was a joy to see them so easily and skilfully accommodated today.”

It was also an extremely busy year for the School Immunisation Team. As well as vaccinating 13,500 students for COVID, they also immunised 51,257 school aged children against flu – the biggest cohort ever. The team is currently seeing students in Years 8 and 9 for their HPV vaccinations before starting on the boosters for Year 9 students to protect against diphtheria, polio, tetanus and meningitis ACWY.

Research

The ‘Lollipop’ study was launched in January 2022 aiming to understand why some health conditions are more common in the South Asian community. As part of the research, the Trust is offering free health checks.

South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans. These differences are not explained by ‘classic’ risk factors, including insulin resistance and obesity, or known genetics factors.

Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to take part to provide information, undergo tests and give samples during a 90-minute assessment carried out by Wycombe Hospital’s clinical research team. They will receive a report about their results and be referred to NHS care if the assessment identifies any concerns.

Since the research launched in January 2022, 379 people have already signed-up to take part. Researchers will follow participants’ health through NHS and other health-related records over the long term for 20 or more years to give a fuller picture of disease prevalence.

The study – which aims to recruit 200,000 people over the next three years – is funded by the Wellcome Trust and overseen by Imperial College, the Medical Research Council and National Institute for Health Research.

Communications Advisory Panel (CAP)

The Communications Advisory Panel (CAP) was developed by the Trust to work with us to support improvements in patient and carer communication, ensuring all communication is clear, written in plain English and is easy to understand and navigate. This group has a membership of current patients, ex-patients, representatives from the local community patient participant groups and members of the local community. During April 2021 to March 2022, 121 patient information leaflets have been reviewed by the CAP. This panel has also advised on COVID-related communications including patient and visitor guides, anti-bullying and harassment posters as well as other Trust policies.

CAP has also been instrumental in providing feedback on the development of the Trust’s new website, which was launched in June 2021.



New external website for the Trust

Community Hub Stakeholder Group meetings

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.

6. Next steps – The year ahead

The Trust 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 2022/2023 -

- Continue to develop the Trust's role as an **anchor institution** to encourage wider employment opportunities for Buckinghamshire residents
- Improving **ethnicity recording** to 100%
- Continue to develop relationships within the community with key stakeholder organisations to create "speaker" opportunities which will help promote **healthier lifestyles** and prevent long-term health conditions
- Work with the Trusts outpatient depts to **increase the ethnicity** of patients being asked and being recorded
- We need to **address the lack of diversity** within some of our patient groups potentially through an external recruitment campaign or by attending local support groups and presenting the importance of these groups and the importance of listening to the whole local community and not just sections of it
- **Working alongside our Children and Young People's** services to find alternative ways of capturing feedback to ensure we hear the voice of the child

Appendix 1 - E, D & I requirements and legislation explained

Introduction

Legal and regulatory framework

Along with our moral obligation to ensure all staff, patients and visitors are treated equitably and with respect and dignity, there are several legislative and regulatory frameworks that Buckinghamshire Healthcare NHS Trust must follow.

These include:

- Human Rights Act 1998
- Equality Act 2010
- Public Sector Equality Duty- section 149 Equality Act 2010
- Health and Social Care Act 2012
- Health, public health and social care outcomes frameworks
- CQC key inspection questions 2013
- Workforce Race Equality Standard
- The NHS Constitution – revised 2013
- The Care Act 2014

Protected Characteristics

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are.

It's worth noting, while this legislation doesn't offer protection for revealing a protected characteristic, it's still unlawful to treat an employee differently after revealing one.

The Equalities Act 2010 nine Protected Characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex / gender
- Sexual orientation

Each of us fall into one or more of these characteristics at any one point in our lives. And which characteristics you fall under, could change throughout your life.

Public Sector Equality Duty

Under the Equality Act 2010, all public sector employers must abide by the Public Sector Equality Duty (PSED). The PSED has three key aims, which are:

1. Eliminate discrimination, harassment, victimisation
2. Advance equality of opportunity between people who share a protected characteristic and people who do not
3. Foster good relations between people who share a protected characteristic

and those who do not

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

The broad purpose of the duty is to ensure consideration of equality and good practice in day-to-day Trust business. The organisational benefits of diversity and inclusion are found to include:

- improved resourcing of talented personnel
- enhanced services offered to patients
- improved creativity and problem-solving
- better decision making
- innovation
- greater flexibility
- increased productivity
- improved organisational performance and efficiency
- enhanced trust in relationships
- satisfaction and commitment within the workforce
- improved patient relations and service delivery

Compliance with the equality duty is a legal obligation. Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective. This can lead to increased satisfaction with public services.

Equality impact assessment

When implementing service change and/or policy review, we are required to assess how these will affect people across the protected characteristic and human rights. If we do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes.

The Equality Duty requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be regularly reviewed.

To undertake this, those leading change should ensure they undertake an Equality Impact Assessment to understand how the proposed change will affect those using the service / policy.

We need to ensure we provide accessible services to our community (be they staff, patients, visitors, carers, general public etc.)

In 2021/2022 a review of the Trusts EqIA and Quality Assessment was discussed and reviewed. The idea is to have one document which covers both the EqIA and Quality Assessment. This will be delivered in 2022/2023.

Equality Objectives

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 encompass the patient voice

These objectives were developed following our Equality Delivery System (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 (from Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the workforce and public/patient Public Sector Equality Duty (PSED)) to inform the Trust Equality Objectives.

Appendix 2 - Business Planning

This information is relevant to all three aims. Staff engaged in the business planning process are reminded that:

- An Equality Impact Assessment (EQIA) should be undertaken before any service changes are made. An Equality Impact Assessment should be undertaken for all service developments and include links to the Equality Impact Assessment process flow chart and Equality Impact Assessment toolkit.
- Equality Impact Assessments help us to promote equality and assess the impact on any particular groups as a result of proposed changes and so helping us to check for and prevent disadvantage or discrimination.
- It is equally important that when making service changes, the views of the patients, service users, the public and stakeholders are taken into account and this document highlights the need for patient engagement and involvement to be taken into consideration before any decisions are made.

BUSINESS PLANNING 2021/22

Buckinghamshire Healthcare NHS Trust Context

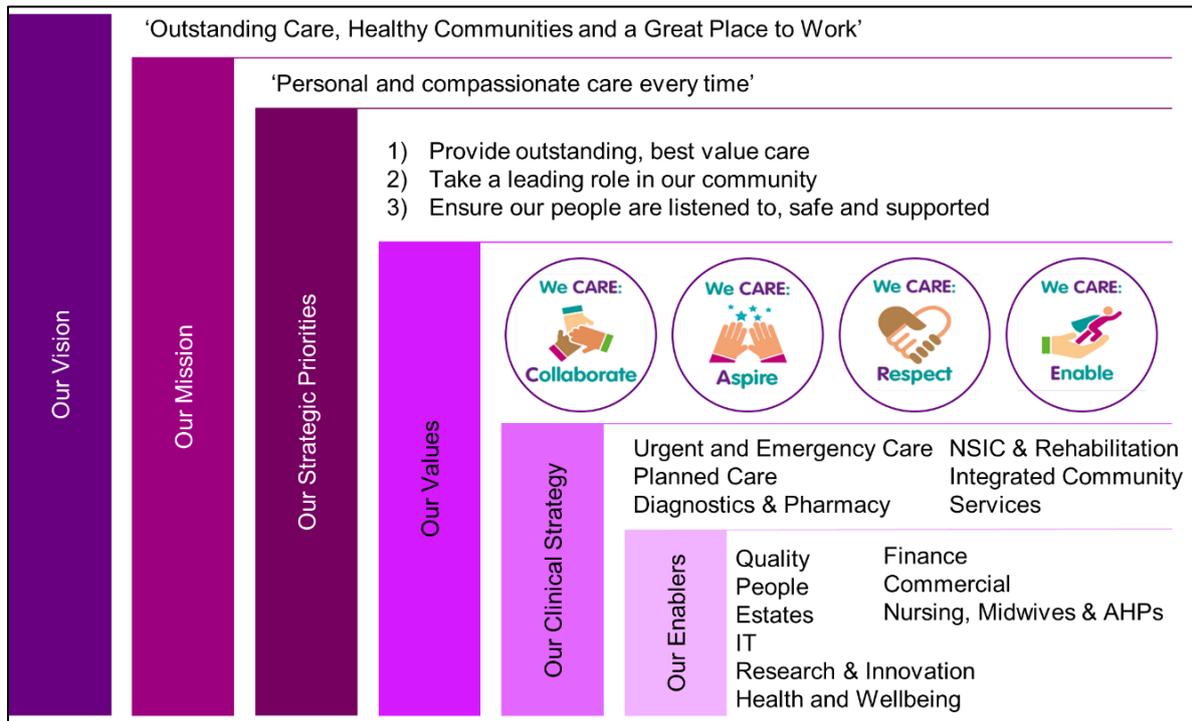
Our Corporate Strategy

Over the last 18 months our principal focus has inevitably been the COVID-19 pandemic. Keeping our patients and our colleagues safe and adapting to new ways of working as we learn to live with the virus.

During this time, we have also taken the opportunity to look afresh at our long-term strategy. We worked with our colleagues, thousands of patients and members of the public, as well as our partners in health and social care to develop our plans. We developed a new mission and an exciting new vision for Buckinghamshire of **outstanding care, healthy communities and a great place to work**.



The strategic framework (below) shows the different elements of our strategy and how we will deliver our vision through 3 strategic priorities, each with joint executive leadership. Our strategy also reflects our continued focus on developing a compassionate culture that values diversity and inclusion, involving and enabling people to be proud of the care we provide.



Our Clinical Strategy

We are unique in our region. We provide hospital services alongside community and specialist services like the National Spinal Injuries Centre (NSIC). In 2019, the Care Quality Commission (CQC) rated us good, with outstanding for caring. Along with our partners in Buckinghamshire we were one of the first Integrated Care Systems in England. We are proud of our achievements.

We are now focussed on how we move to being outstanding. We are working with our colleagues, partners and the local community to transform our services to ensure they meet the changing needs of a growing and ageing Buckinghamshire population. To achieve this, subject to appropriate engagement and consultation we aim to:

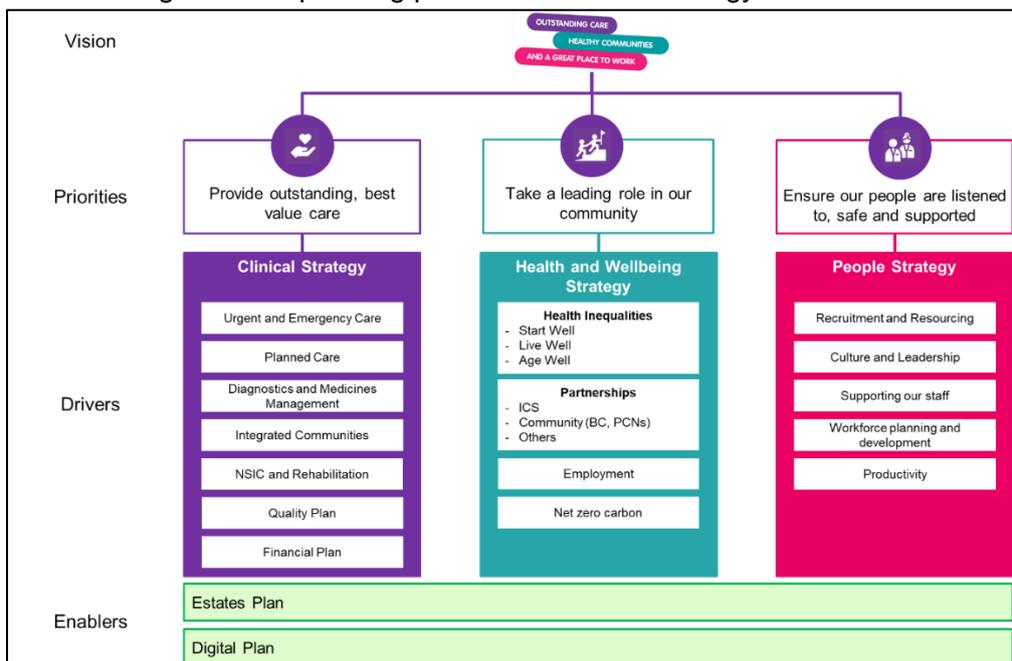
- Strengthen our emergency and critical care services by ensuring we have the capacity to meet the needs of Buckinghamshire’s growing population.
- Separate emergency services from planned care services to help us deliver routine care uninterrupted, whilst adopting new technologies to give residents greater access to specialists.
- Work with colleagues in Buckinghamshire Council and General Practice and integrate community and social care services, making it easier for people living with long-term conditions and frailty to avoid unnecessary visits to hospital.
- Speed-up access to tests and test results and improve outcomes in major illnesses like cancer and cardiovascular disease.
- Build on the heritage of the Paralympics, bringing all therapy and neuro-rehabilitation services together to create a centre of excellence for rehabilitation at Stoke Mandeville.

All this is underpinned by an investment in our digital future, where more people are supported to have control over their health. We will also invest in new, modern, welcoming facilities and hospitals to provide better experiences for our patients, service users and colleagues.



Our 2022/23 Operating Plan

We have aligned our operating plan with our new strategy.



The operating plan aligns individual workstreams and national operating plan guidance with our strategic priorities. It contains the following sections:

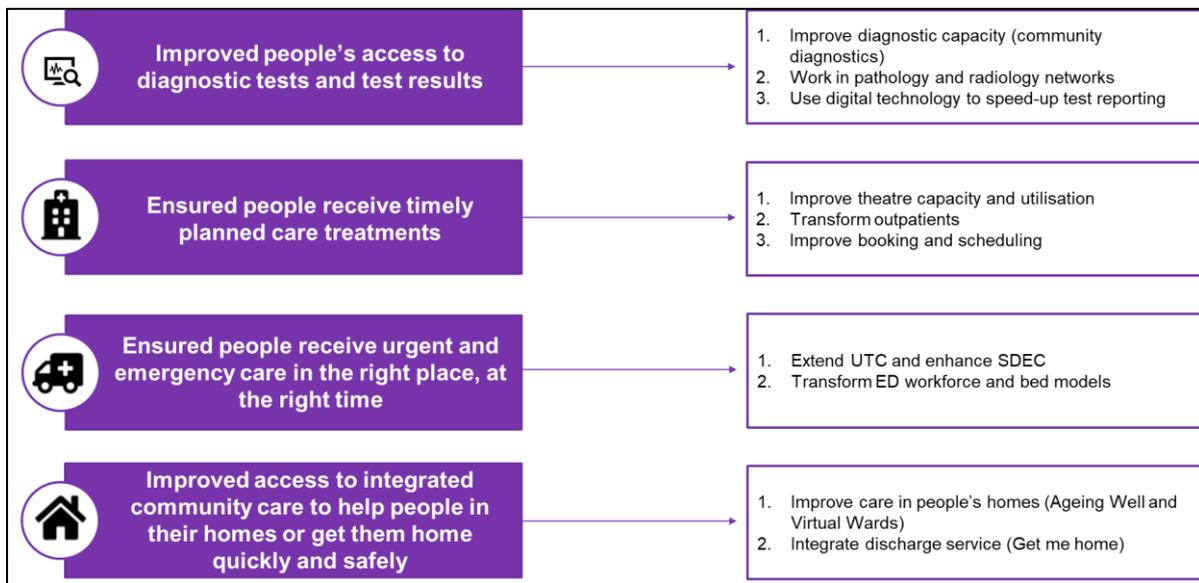
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- Workforce plans: including a narrative required for the ICS and workforce numbers.
- Finance plan: including assumptions, risks and sensitivities with our financial plan for 2022/23.
- Improvement, investment and efficiency plans: demonstrating area or improvement or investment to delivery efficiency targets.

The final operating plan is due for approval at 27/04/2022 at our Board in Private prior to final submission to the Integrated Care System on 28/04/2022.

Our plans have been developed in collaboration with divisional teams. We have coordinated routine operating planning meetings to ensure activity, finance and workforce plans are aligned. The ICS has coordinated individual workstreams to ensure they receive the narrative and technical template data they require for our national submission.

Aims of our Operating Plan

By March 2023 we will have:



We will monitor our progress against the below key performance metrics both in our Integrated Performance Report and as part of our Transformation Programme:

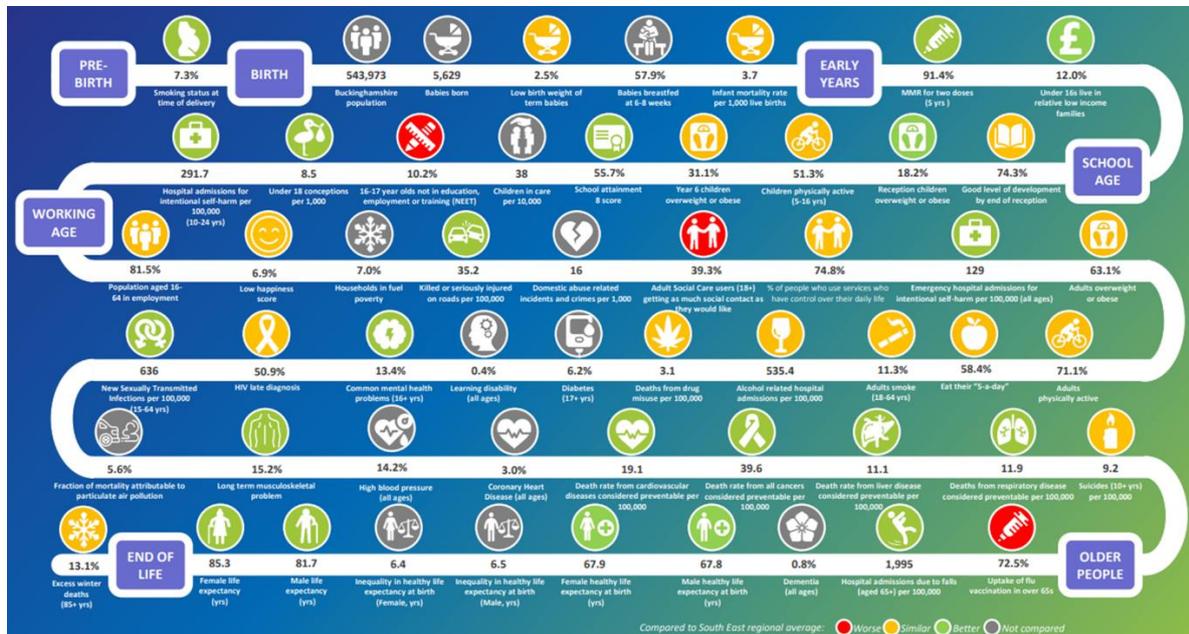
Programme	Performance Measures
Urgent and Emergency Care	<ul style="list-style-type: none"> Reduce 12 hour waits in ED (<2%). Eliminate ambulance handover delays of over 60 mins. 95% handovers within 30 minutes. & 65% handovers within 15 mins. Urgent treatment centre attendances and SDEC Attendances. Reduce delayed discharges (at least 50%) See also integrated communities.
Programme	Performance Measures
Planned Care	<ul style="list-style-type: none"> 30% more elective activity by 2024/25 10% more elective activity by March 2023. Eliminate 104 week waits by July 2022. Zero 78 week breaches by March 2023. Zero 52 week breaches March 2025. Reduce outpatient follow-ups by minimum 25% by March 2023. 5% outpatient attendances moved to Patient-initiated follow-up (PIFU) pathways by March 2023. Deliver 16 advice and guidance requests per 100 outpatient first attendances. Increase utilisation of iS to improve outcomes and reduce waiting lists (% utilisation of core contract)
Programme	Performance Measures
Planned Care (Cancer)	<ul style="list-style-type: none"> Improve performance against cancer standards: 62-day urgent referral to first treatment 28-day faster diagnosis standard 31-day decision-to-treat to first treatment. Extend coverage of non-specific symptom pathways to at least 75% population coverage by March 2023. 65% of urgent cancer referrals for prostate, colorectal, lung, oesophago-gastric, gynaecology and head/neck meet time pathway milestones. Maximise uptake of targeted lung health checks and low dose CT scans to meet agreed trajectories. Cancer screening compliance with three-year cycle.
Programme	Performance Measures
Diagnostics and Medicines Management	<ul style="list-style-type: none"> Diagnostic activity level 120% of 19/20 activity. Pathology and imaging productivity improvement of at least 10% by 2024/25. Endoscopy waiting times. Diagnostic compliance <1%
Programme	Performance Measures
Integrated Communities	<ul style="list-style-type: none"> Virtual wards (40-50 per 100k population by Dec 2023). At least 70% of Urgent Community Response within 2 hours (by Q3). Reduce community waiting list. Anticipatory care plan in line with national model by Q3 2022.

Maternity

Better Births: Improving Outcomes of Maternity Services sets a vision for Local Maternity Systems to improve outcomes and reduce inequality by becoming safer, more personalised, kinder, professional and more family friendly. The Ockenden Review of maternity services at Shrewsbury and Telford NHS Trust also made system-wide recommendations. These included ensuring there is a non-executive with responsibility for ensuring women and family voices are represented at board level. It also made specific recommendations about staff training and working together, continuity of carer and managing complex pregnancy and monitoring foetal wellbeing.

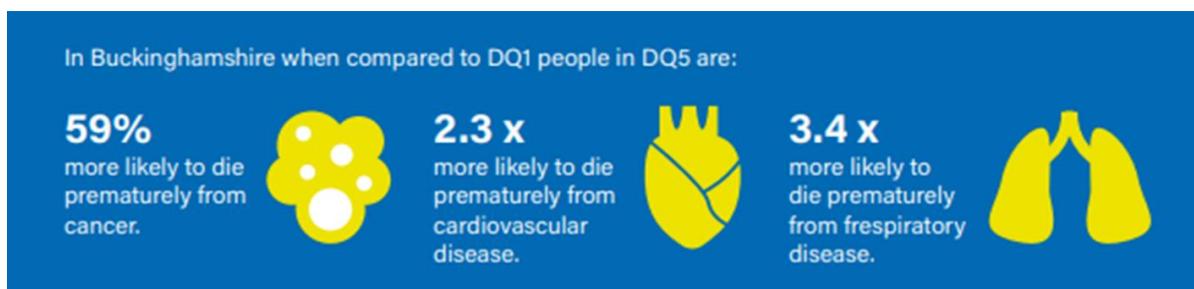
Across the region we will continue to transform maternity care as part of our Local Maternity System transformation. By the end of this financial year we will have implemented all of the recommendations set out in Ockenden as well as made significant progress delivering continuity of carer.

Health inequalities

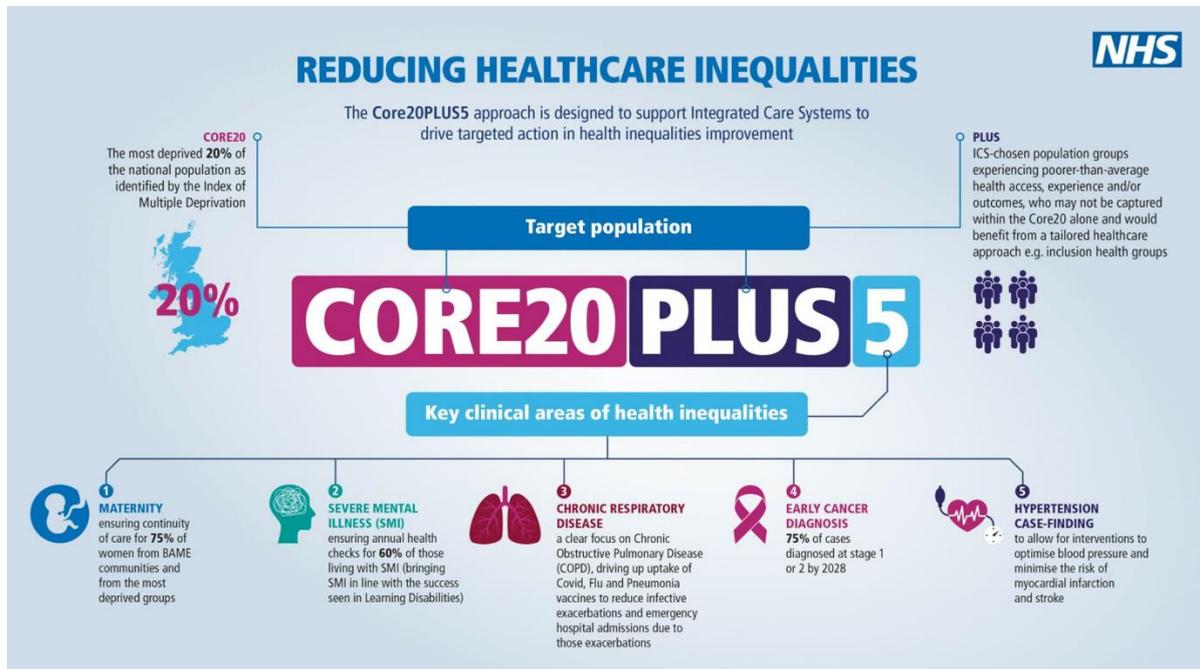


COVID-19 shone a light on the inequalities that exist in our communities. It is over 10-years since Michael Marmot’s original review ‘[Fair Society Healthy Lives](#)’. In that time for the first time in a century life expectancy has failed to increase in the UK. Life expectancy for women living in the most deprived parts of our country have declined. Health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.

In national, regional and local strategy and planning there is an increased focus on reducing health inequalities. While we intend to improve health and life expectancy for everyone we are focussing on reducing the gap in health for people living in deprived areas and for minority groups.



The national CORE20 Plus 5 approach to reducing health inequalities is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement. At BHT we are refreshing our approach, structures and strategies alongside our county’s health and wellbeing strategy. We will align new structures (replacing the previous Public and Patient Equality, Diversity and Inclusion) with our workforce equality plans, our place plans and our ICS plans.



Our focus will be:

Start Well including actions in maternity and system-wide plans for school readiness and prevention.

Reducing Major Illnesses focussed on Cardiovascular disease (smoking cessation, BP monitoring, actions to improve healthy behaviours), cancer and Making Every Contact Count.

Information and Digital to meet our legislative responsibilities, ensure we are recording and reporting data (including ethnicity coding), Equality Impact Assessments and using population health management approaches to target interventions for vulnerable people.

Our Role as an Anchor Institution improving the health and wellbeing of our colleagues, offering great careers and offering opportunities for long-term unemployed, delivering our carbon net zero commitments.

Appendix 3 – Patient Profile

By looking at our patient 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.

Data presented in this document covers the period from 1 April 2021 to 31 March 2022.

Volume of activity increased during 2021/22 compared to the previous year as part of the recovery from the COVID-19 pandemic and the effect that had on the ability to provide the required non-emergency services.

Section One – Inpatients

Inpatient activity includes all admissions and day case attendances.

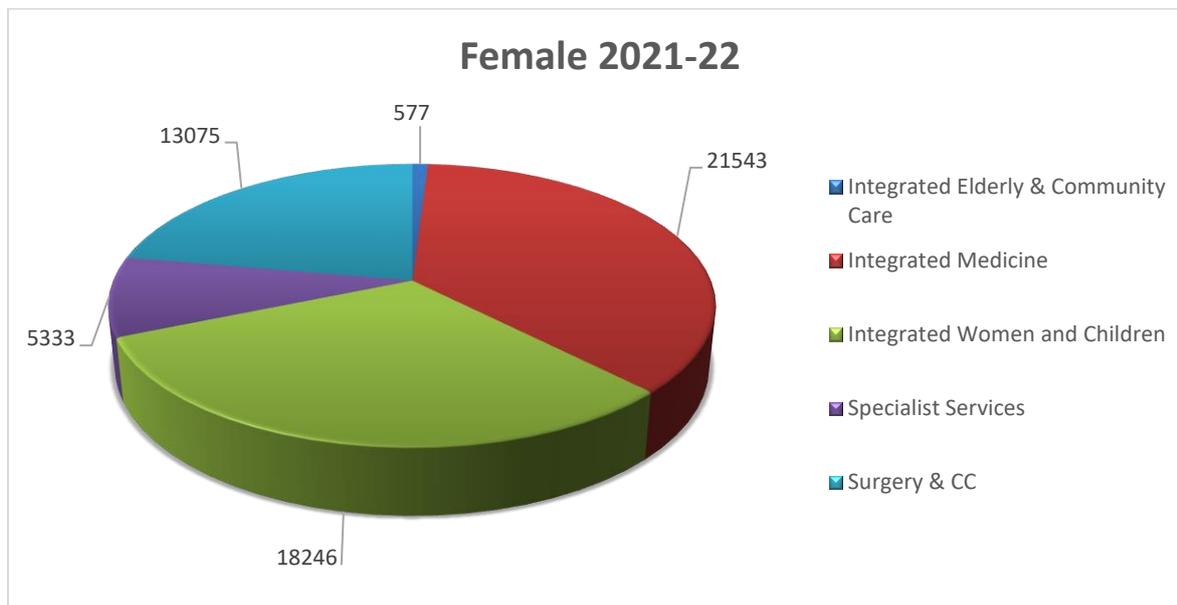
INPATIENTS BY GENDER

The proportion of Inpatient activity has stayed fairly static within the financial year 2021/22 where female admissions accounted for 56.3%, moving just 0.2% from the previous year’s 56.5%.

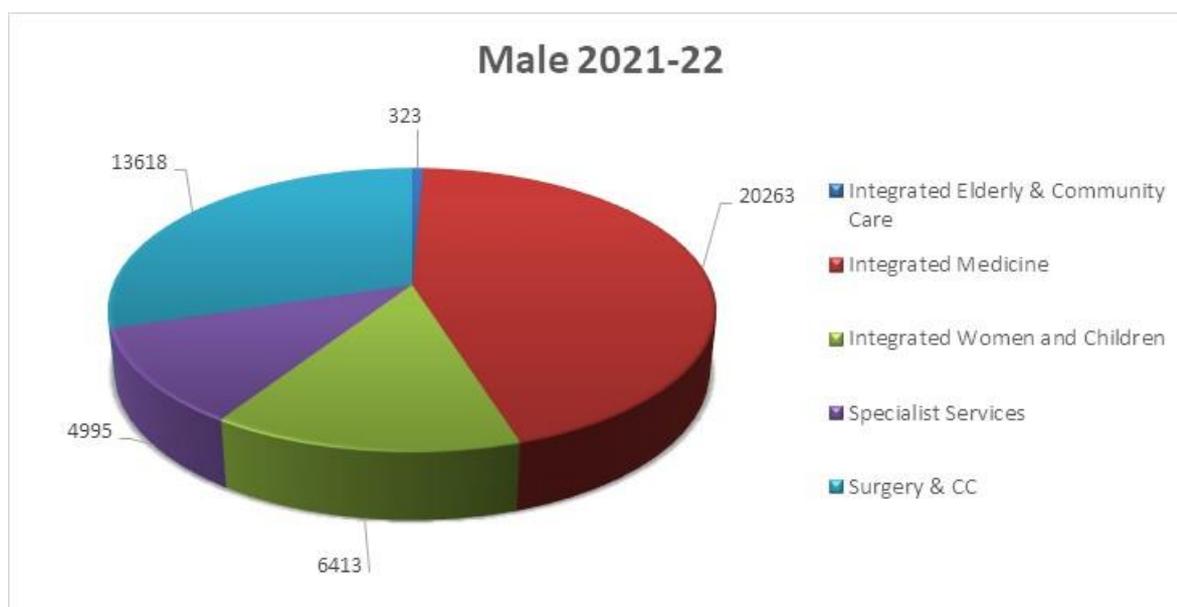
Inpatients	2017/18	2018/19	2019/20	2020/21	2021/22
Female	61582	63789	62403	48617	58774
Male	47381	50095	50091	37429	45612
Total	108963	113884	112494	86046	104386



Female by Division



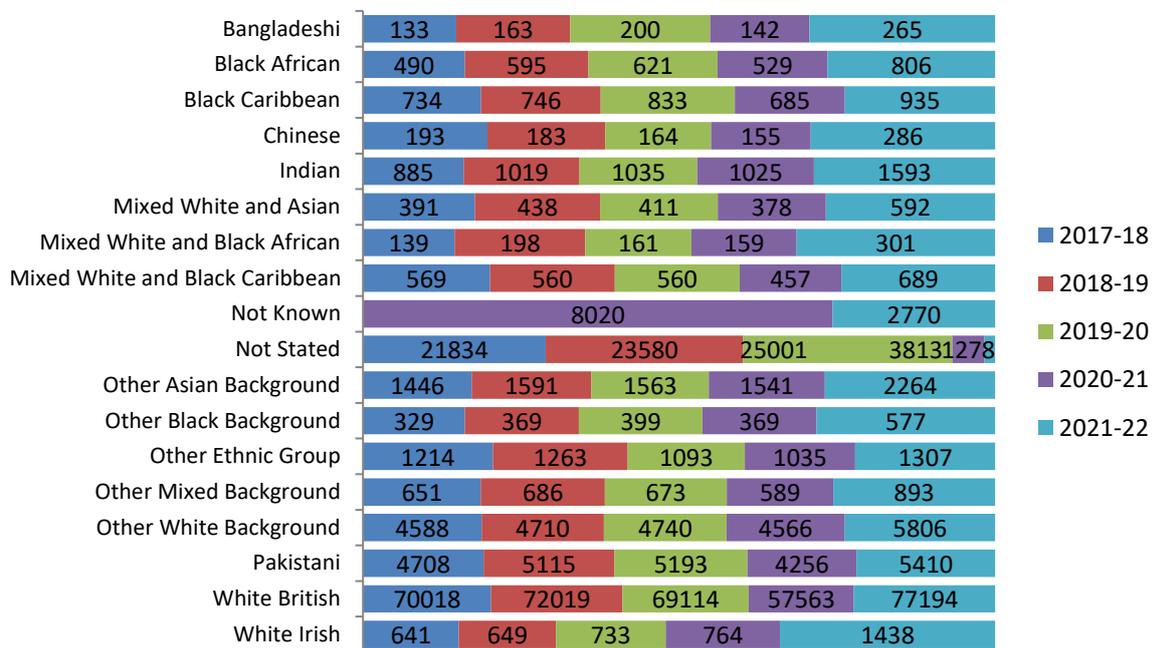
Male by Division



Inpatients by Ethnicity

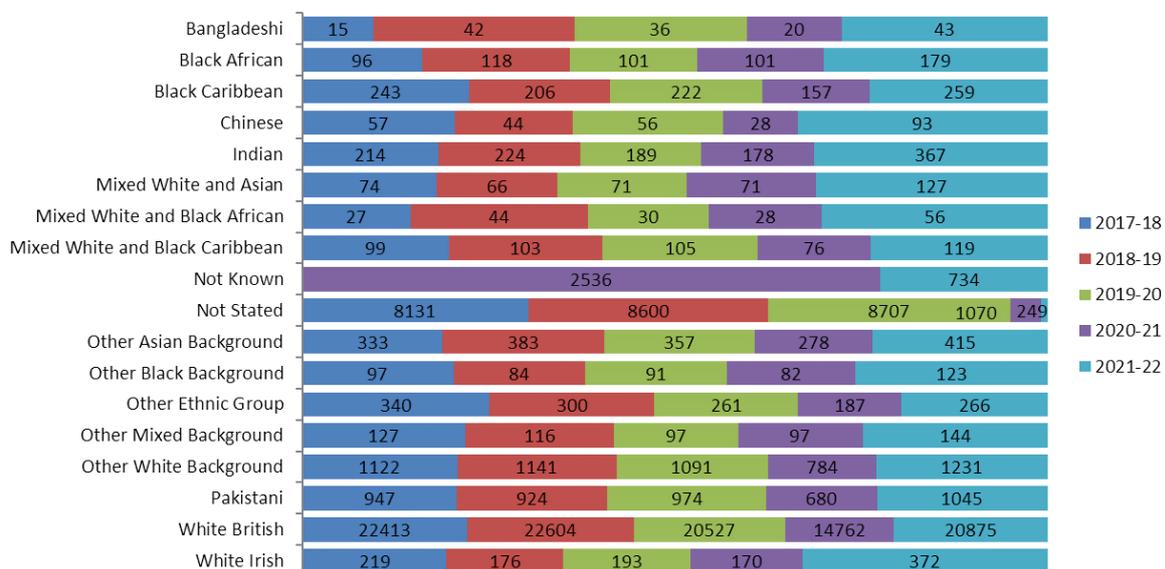
Over the last year, the Trust has continued to make significant progress in the accurate recording of patient Ethnicity. The number of inpatients who have not answered and the number not being asked the ethnicity question during their admission has dropped significantly from 11,833 in 2020/21 to 4048 in 2021/22. This is against the volume in 2019/20 that stood at 25,001

Ethnic Group	2017/18	2018/19	2019/20	2020/21	2021/22
White Irish	641	649	733	764	1438
White British	70018	72019	69114	57563	77194
Pakistani	4708	5115	5193	4256	5410
Other White Background	4588	4710	4740	4566	5806
Other Mixed Background	651	686	673	589	893
Other Ethnic Group	1214	1263	1093	1035	1307
Other Black Background	329	369	399	369	577
Other Asian Background	1446	1591	1563	1541	2264
Not Stated	21834	23580	25001	3813	1278
Not Known	0	0	0	8020	2770
Mixed White and Black Caribbean	569	560	560	457	689
Mixed White and Black African	139	198	161	159	301
Mixed White and Asian	391	438	411	378	592
Indian	885	1019	1035	1025	1593
Chinese	193	183	164	155	286
Black Caribbean	734	746	833	685	935
Black African	490	595	621	529	806
Bangladeshi	133	163	200	142	265
Total	108963	113884	112494	86046	104404

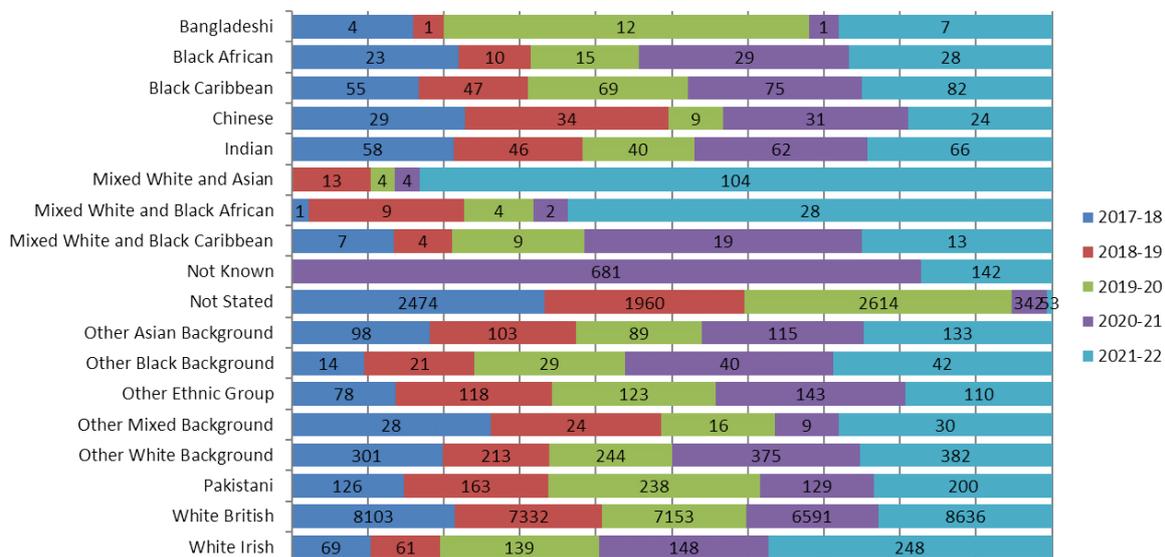


Inpatient Ethnic Group by Division

Surgery and Critical Care Division



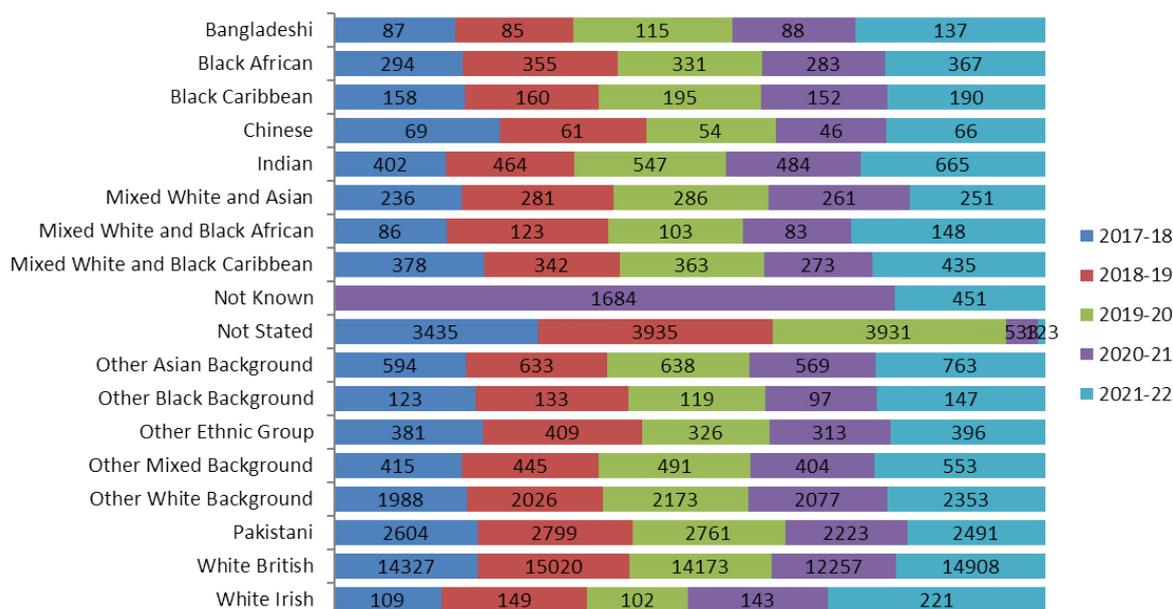
Specialist Services Division



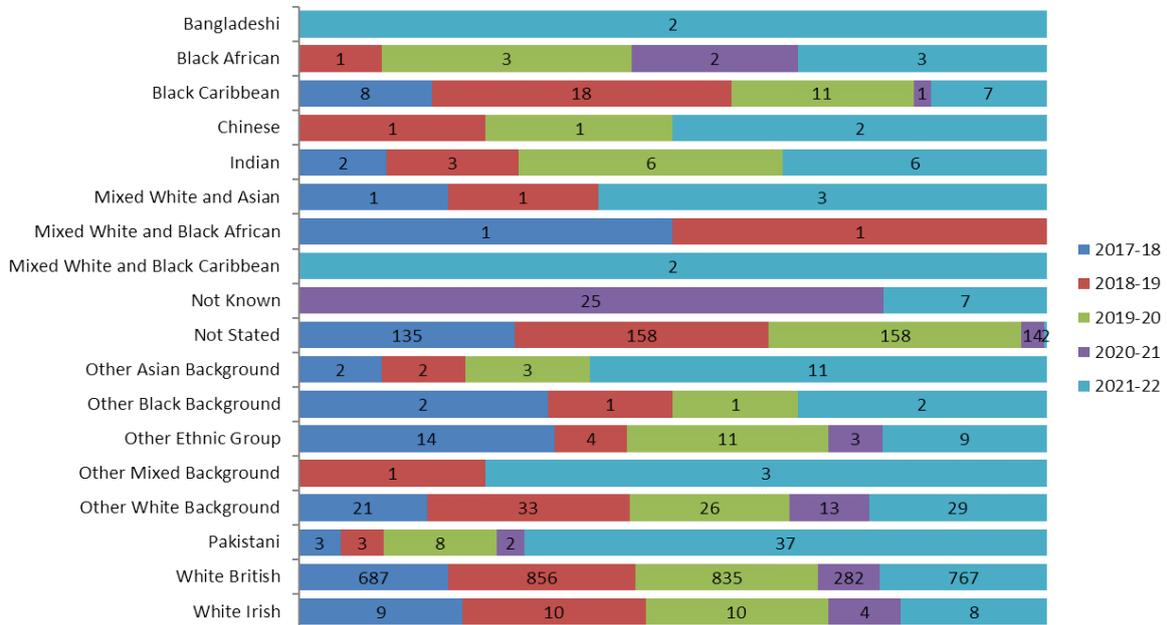
Integrated Medicine Division



Women & Children Division



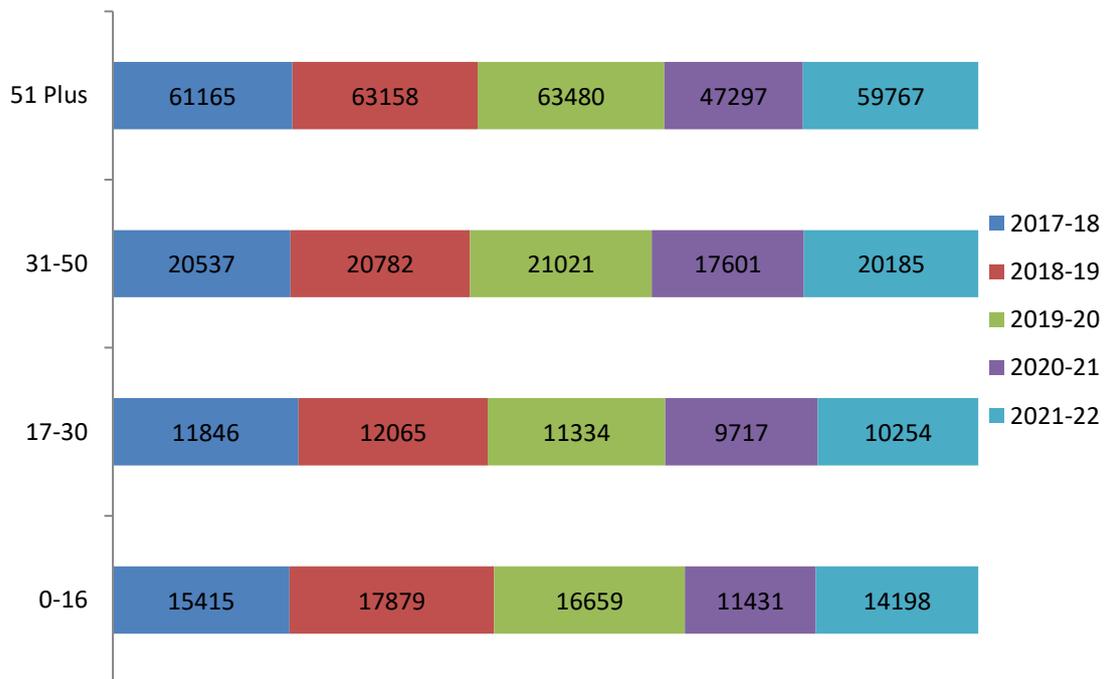
Elderly & Community Care



Inpatients by age

Attendances by age grouping shows that the return to near normal activity is fairly evenly spread across all age groups with the age group 31-50 returning to 96% of the 2019/20 activity levels.

Inpatients by Age	2017/18	2018/19	2019/20	2020/21	2021/22
0-16	15415	17879	16659	11431	14198
17-30	11846	12065	11334	9717	10254
31-50	20537	20782	21021	17601	20185
51 Plus	61165	63158	63480	47297	59767
Grand Total	108963	113884	112494	86046	104404



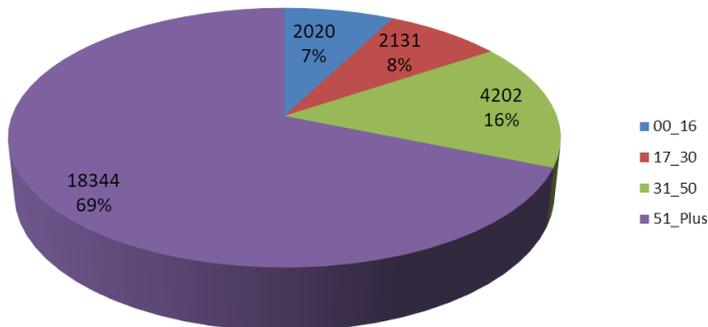
Inpatient Age by Division

The information below is a breakdown of age groups by division using only the 2021/22 activity and the age groups shown in table above each chart.

Surgery and Critical Care Division.

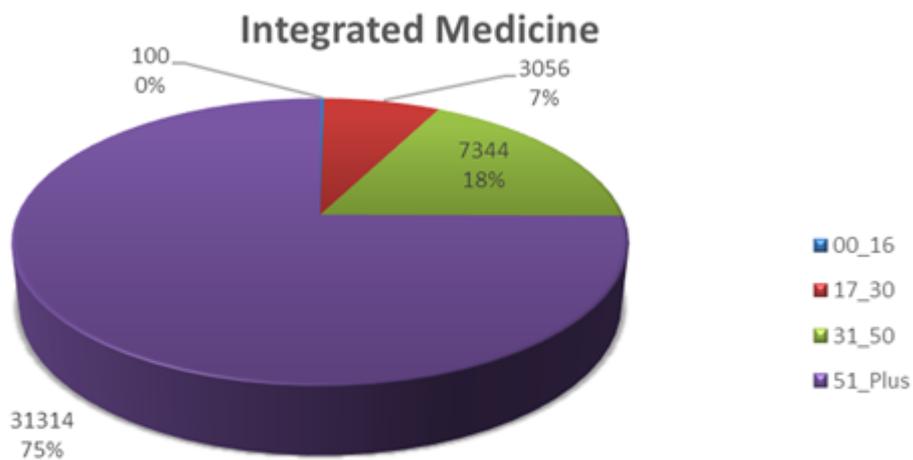
Inpatient Age Groups	%	Total
0-16	8%	2020
17-30	8%	2131
31-50	16%	4202
51 Plus	69%	18344
Total		26697

Surgery & Critical Care



Integrated Medicine Division

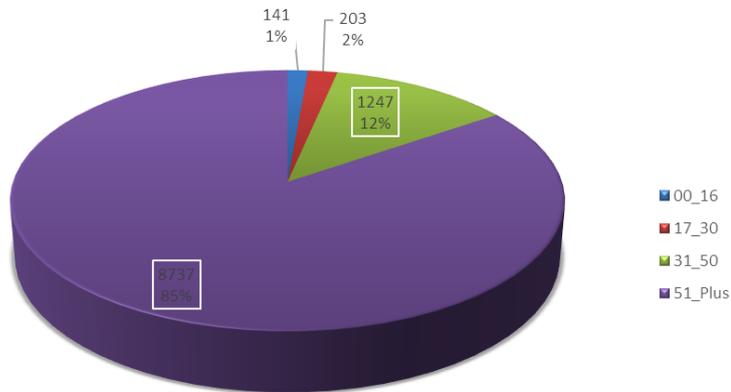
Inpatient Age Groups	%	Total
0-16	0%	100
17-30	7%	3056
31-50	18%	7344
51 Plus	75%	31314
Total		41814



Specialist Services Division

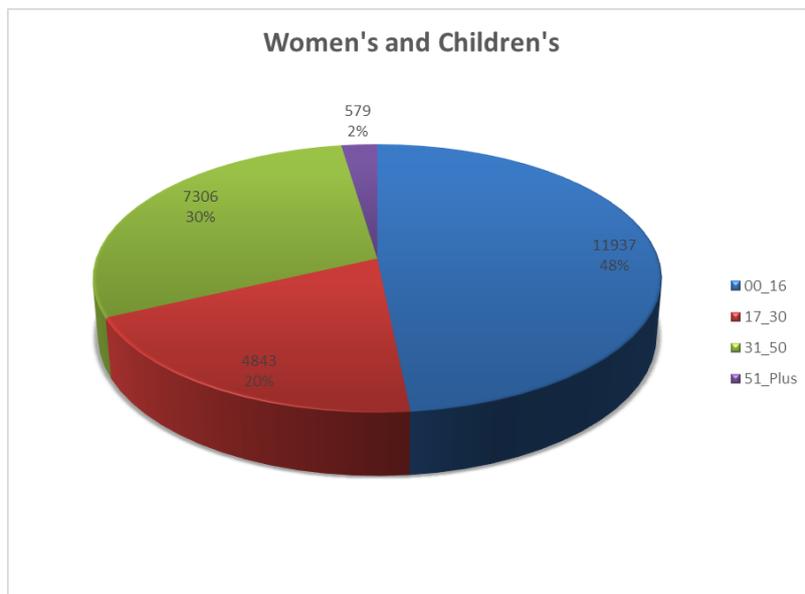
Inpatient Age Groups	%	Total
0-16	1%	141
17-30	2%	203
31-50	12%	1247
51 Plus	85%	8737
Total		10328

Specialist Services



Women's and Children's Division

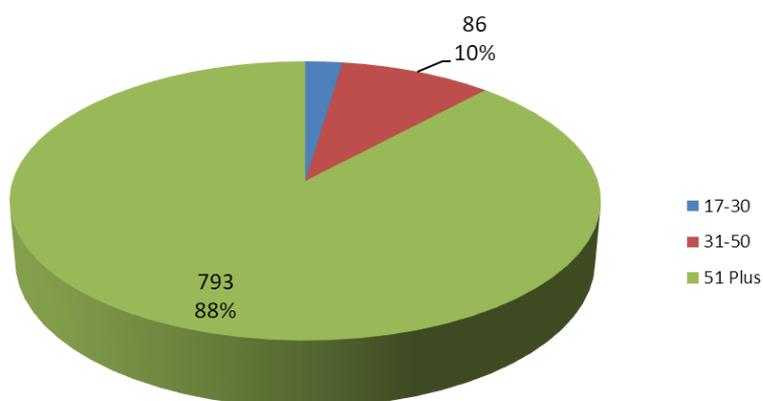
Inpatient Age Groups	%	Total
0-16	48%	11937
17-30	20%	4843
31-50	30%	7306
51 Plus	2%	579
Total		24665



Elderly & Community Care

Inpatient Age Groups	%	Total
17-30	2%	21
31-50	10%	86
51 Plus	88%	793
Total		900

Elderly & Community Care



Section Two - Outpatients

The outpatient activity covers all attendances for clinics held across all of the Trust's acute care locations. During the last financial year, the total volume of attended outpatient appointments has exceeded the pre-pandemic attendances from 2017 onwards.

Outpatients by gender

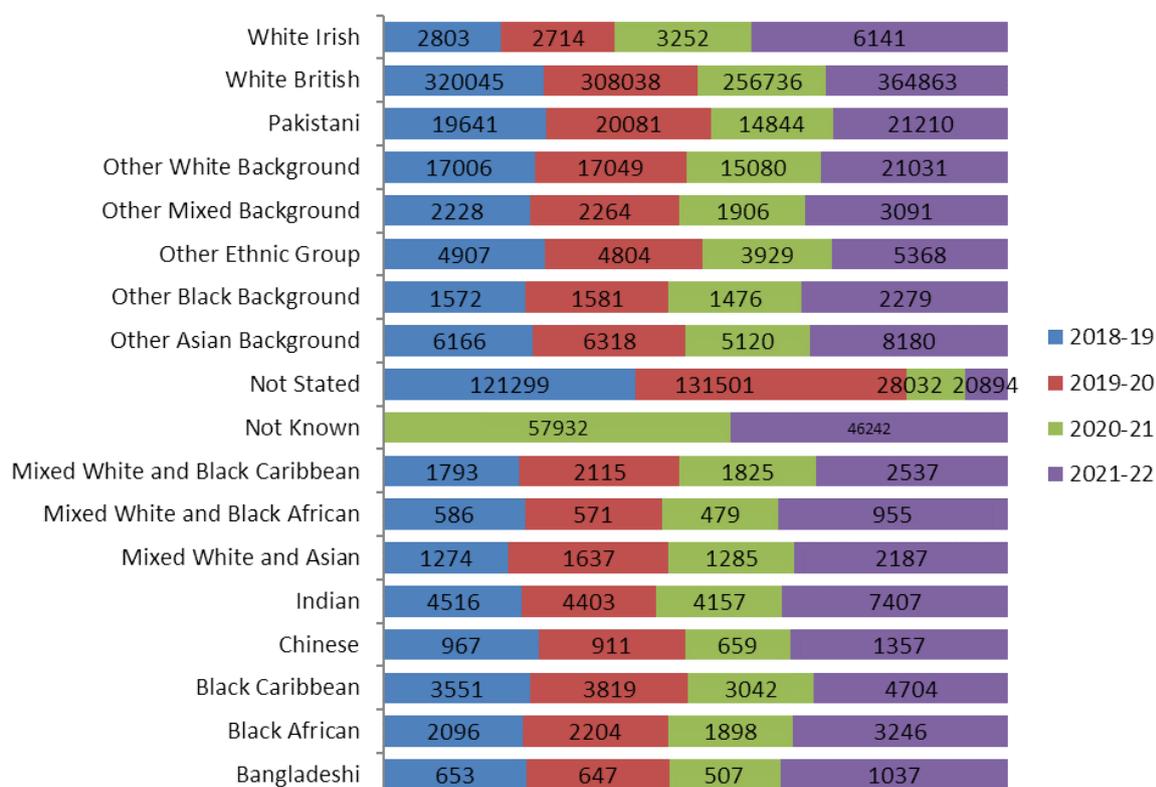
As with inpatient activity, female attendances make up the larger part of outpatient activity. Female attendances account for 56.2% of the Trust's outpatient activity.

	2017/18	2018/19	2019/20	2020/21	2021/22
Female	283646	290067	287012	225173	292460
Male	218073	221036	223645	176986	230181
Total	501719	511103	510657	402159	522641

Outpatients by Ethnicity

Ethnic Group	2018/19	2019/20	2020/21	2021/22
Bangladeshi	653	647	507	1037
Black African	2096	2204	1898	3246
Black Caribbean	3551	3819	3042	4704
Chinese	967	911	659	1357
Indian	4516	4403	4157	7407
Mixed White and Asian	1274	1637	1285	2187
Mixed White and Black African	586	571	479	955
Mixed White and Black Caribbean	1793	2115	1825	2537
Not Known	0	0	57932	46242
Not Stated	121299	131501	28032	20894
Other Asian Background	6166	6318	5120	8180
Other Black Background	1572	1581	1476	2279
Other Ethnic Group	4907	4804	3929	5368

Other Mixed Background	2228	2264	1906	3091
Other White Background	17006	17049	15080	21031
Pakistani	19641	20081	14844	21210
White British	320045	308038	256736	364863
White Irish	2803	2714	3252	6141
Total	511103	510657	402159	522729



Outpatients by age

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

	2017/18	2018/19	2019/20	2020/21	2021/22
0-16	69247	67344	67902	47051	58758
17-30	44814	44900	43353	31436	38671

31-50	96071	95840	94738	73733	93396
51 Plus	291587	303019	304664	249939	331904
Total	501719	511103	510657	402159	522729

Outpatients that “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.

Within the gender analysis, the gap remains the same with female DNA's still being slightly higher than male but in line with the volume of appointments for each gender. Overall, the volume of patients that did not attend has increased at a similar level to the overall attendances.

The age groups for patients that have not attended their appointment has seen a large change over the past year with patients aged over 51 roughly three times more likely to DNA than in previous years.

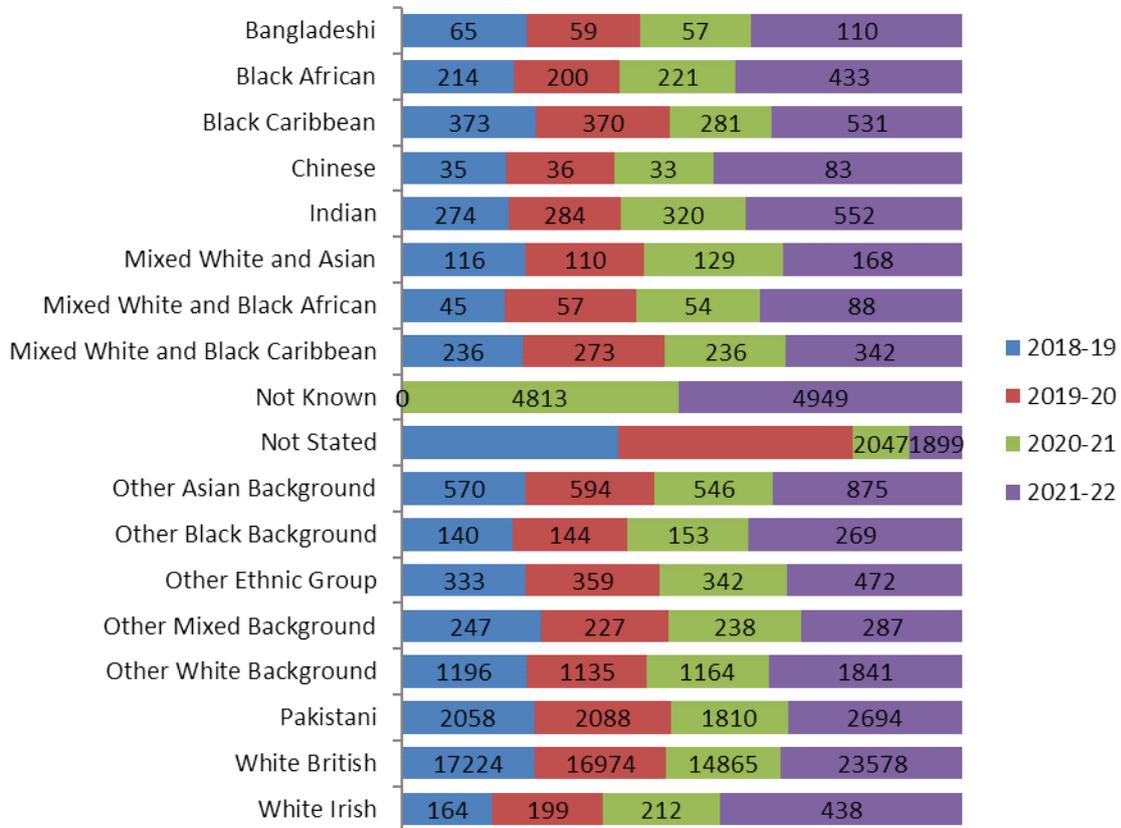
Outpatients “Did Not Attend” by Gender

	2018/19	2019/20	2020/21	2021/22
Female	16238	16650	14346	20586
Male	14796	14849	13175	19014
Total	31034	31499	27521	39600

Outpatient “Did Not Attend” by Ethnicity

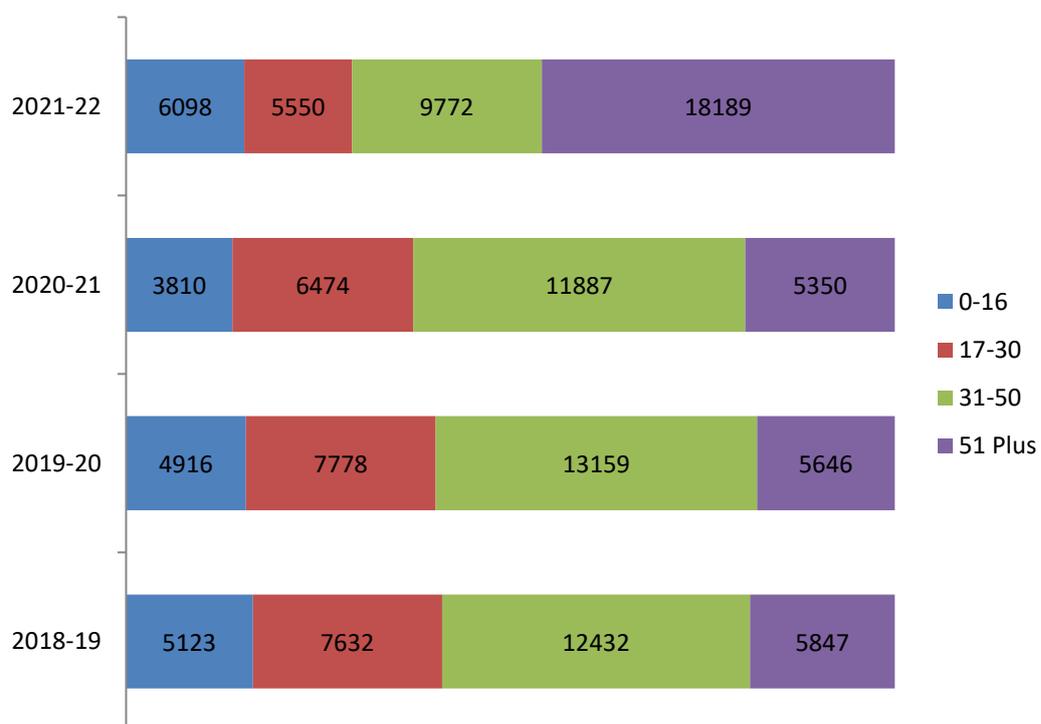
Ethnic Group	2018/19	2019/20	2020/21	2021/22
Bangladeshi	65	59	57	110
Black African	214	200	221	433
Black Caribbean	373	370	281	531
Chinese	35	36	33	83
Indian	274	284	320	552
Mixed White and Asian	116	110	129	168

Mixed White and Black African	45	57	54	88
Mixed White and Black Caribbean	236	273	236	342
Not Known	0	0	4813	4949
Not Stated	7744	8390	2047	1899
Other Asian Background	570	594	546	875
Other Black Background	140	144	153	269
Other Ethnic Group	333	359	342	472
Other Mixed Background	247	227	238	287
Other White Background	1196	1135	1164	1841
Pakistani	2058	2088	1810	2694
White British	17224	16974	14865	23578
White Irish	164	199	212	438
Total	31034	31499	27521	39609



Outpatient “Did Not Attend” by age

	2018/19	2019/20	2020/21	2021/22	Grand Total
0-16	5123	4916	3810	6098	19308
17-30	7632	7778	6474	5550	29458
31-50	12432	13159	11887	9772	50358
51 Plus	5847	5646	5350	18189	23178
Total	31034	31499	27521	39609	122302



Appendix 4 – Patient Experience

As part of our commitment to improving the patient experience we collect feedback on a patient's personal experience of the quality of care and services they receive, and act upon it to improve services. We put patients at the heart of everything we do. Through involving and engaging patients, the public and stakeholders we will be better able to consistently provide high quality services.

We also work together with patients, to design and develop services and the Trust's plans. We want to develop an organisation where everyone recognises and promotes the value of involving patients and the public, and their role in supporting us to improve services. We aim to achieve a better understanding and insight into the health needs of our local population by working with them, whilst ensuring we meet our Equality and Diversity duties.

Buckinghamshire Healthcare NHS Trust (BHT) will continue to provide a variety of appropriate mechanisms to communicate with, listen to and engage with all our diverse communities.

Patient experience and involvement-PSED report

Introduction

As part of our commitment to improving the patient experience we collect feedback on a patient's personal experience of the quality of care and services they receive, and act upon it to improve services. We also work together with patients, to improve services. We involve patients in a range of ways across the engagement continuum as demonstrated below.



Within these areas, we have built in equality measures. This report looks at the demographics of patients who provide us with feedback compared to that of our patients as a whole and more widely the Buckinghamshire population to better understand if the feedback we receive is representative of the communities that we serve.

Friends and Family Test

The Trust's patients and service users are given the opportunity to feedback on the care they have received through 'The Friends and Family Test (FFT)'. It is a tool used for providing a simple, headline metric, which when combined with a follow up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England. The feedback is captured via an SMS which asks the question:

'Overall, how was your experience of our service?'

Throughout the pandemic BHT has continued to collect patient feedback via FFT ensuring all our patients were able to continue to give their views through this challenging period.

Within the trust, the FFT survey is currently live within the following areas:

- ED
- Inpatients
- Maternity
- Outpatients
- Day Case
- Community Services

We are currently reviewing our capture methods in those areas where we receive low response rates such as our maternity and community services.

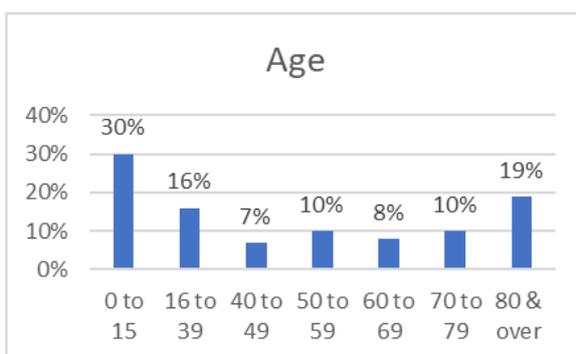
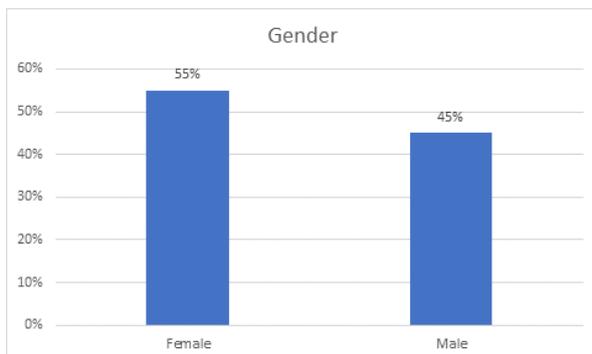
We are looking at various alternative methods of capture to ensure we are hearing from all our patients.

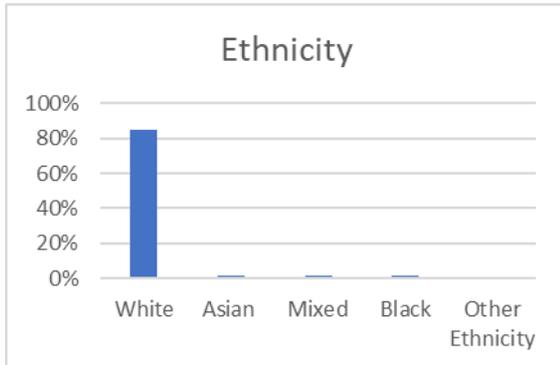
- QR codes
- Postcards
- Handheld devices on the ward

The use of alternative methods of capture we hope will improve the Trust’s response rate from an average of 21% to a target of 25% across our services.

We have completed local feedback surveys in areas where capture of feedback has been low and/or difficult to identify. We worked alongside the paediatric theatre team to understand the experiences of children and young people following pathway changes. This included capturing feedback from theatre lists that were put in place for children with additional needs. Following this piece of work improvements such as clearer communication prior to treatment and the benefits of having play leaders were identified and implemented by the paediatric team.

Demographics of Friends and Family Test respondents 2021/22:





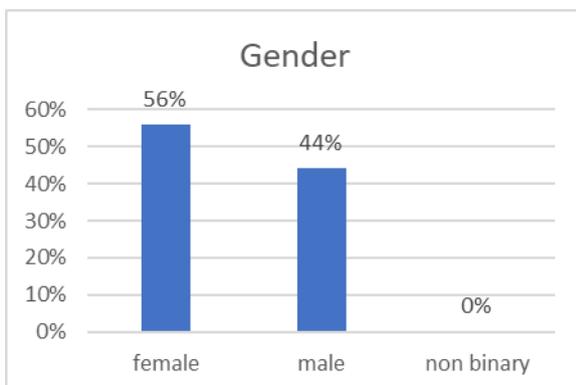
The demographics show a greater number of respondents were female (55%) compared to male respondents (45%). The age of our respondents demonstrates that we get greater feedback from our Children and Young People services and our 80 and over patients.

The ethnicity of respondents was overwhelmingly from white patients, 82%, with much fewer responses from Asian, mixed race, black and other ethnicities. Following a review of the diversity of our respondents, we have been working with our Healthwatch Bucks partners to gather experiences of using a hospital in the county from Bangladeshi, Indian, Nepalese, Pakistani, or Sri Lankan communities. Greater links and relationships with these communities is vital to better understand the views and feelings of our service users as we have previously had very little understanding of what matters to them. These will continue to be captured through surveys run by Healthwatch Bucks.

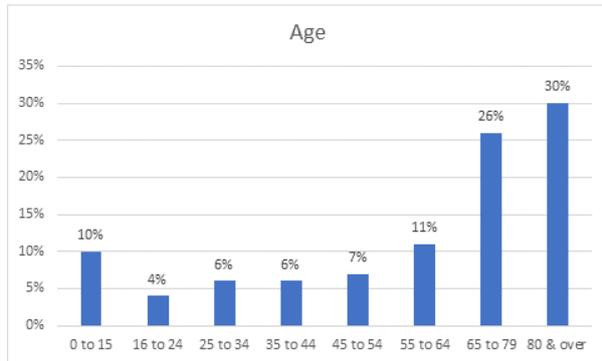
Satisfaction levels by protected characteristic:

In FFT 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.

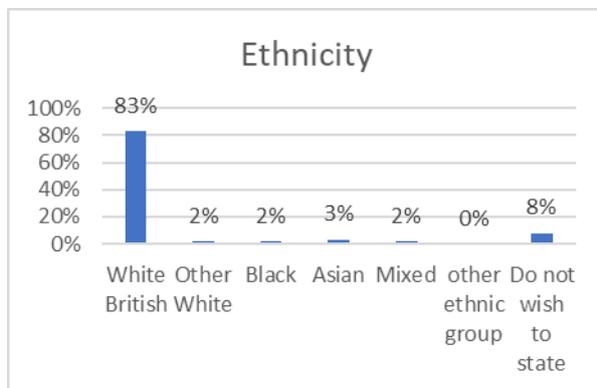
Gender- responses:



Age: responses to the question:



Ethnicity responses:



Local patient experience surveys

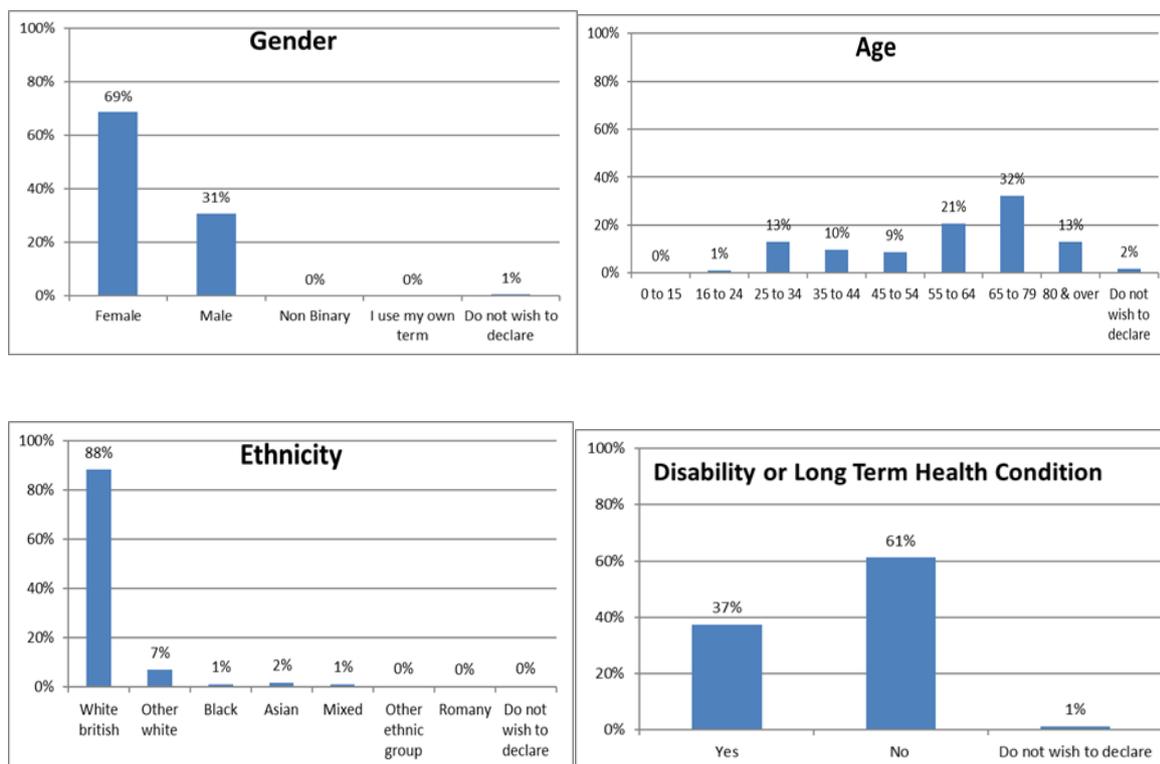
Each year the Clinical Effectiveness Team support several local patient experience surveys designed to obtain feedback on specific services from patients, parents and carers who use these services. These surveys may just focus on one particular aspect of a service e.g. the quality of verbal and written information provided or the whole care pathway from diagnosis to discharge.

In 2021/22 nineteen of these local patient experience surveys were completed. Areas surveyed included:

- Cancer Services
- Endoscopy Services
- Children & Young People
- Community Services
- Critical Care (ICU)
- General Surgery
- Maternity Services
- Gynaecology Services
- Acute Paediatrics

Where appropriate these surveys collect data regarding the gender, age, ethnicity and long-term health of respondents.

The data from the surveys for 2021/22 is displayed in the charts below.



Patient groups:

We are committed to reducing health inequalities and ensuring that in meeting our duties to engage and consult we work closely with our partners, including the voluntary sector, to hear the ‘voices’ of protected characteristic and other vulnerable groups.

Lived experience is a powerful tool to improve existing services and identify new and better ways to meet people’s needs. With this focus we have continued throughout the pandemic to hold patient forums and continued to include patient representatives in all key decision making.

- 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 Trust Patient Experience group moved from the weekly meetings in which they co-produced several pieces of work within the trust to meeting monthly to maintain the patient engagement and involvement during this difficult time.
- The Patient Experience Group work, outlined below, consisted of several recovery projects following the transition from changes that were made during the pandemic to ‘living with COVID’ plans across the Trust. Some of these were, the Elective Care Recovery Design group -looking at how we restart services, Outpatient Recovery Group – looking at alternative ways of delivering outpatient appointments , and the ED Recovery Group – looking at what was bringing people in to the hospital in the first instance and the space in which this was being delivered.
- The Maternity Voices Partnership has continued to support and constructively challenge the Trust during the pandemic and assist the maternity team in reshaping things following the easing of restrictions.

- The NSIC patient forum did not meet in person due to restrictions but have taken part in several projects across the Trust.

We aim to continually improve our services through involvement of service users and carers in service co-design and delivery as well as asking for and acting on feedback and involving people in developing, improving and monitoring the quality of our services.

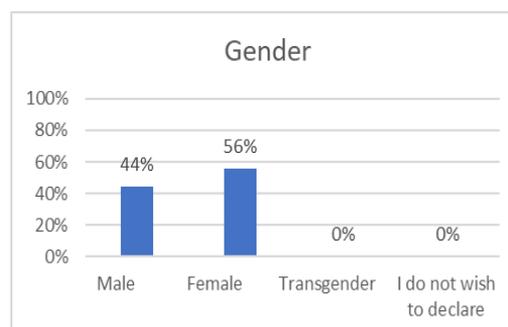
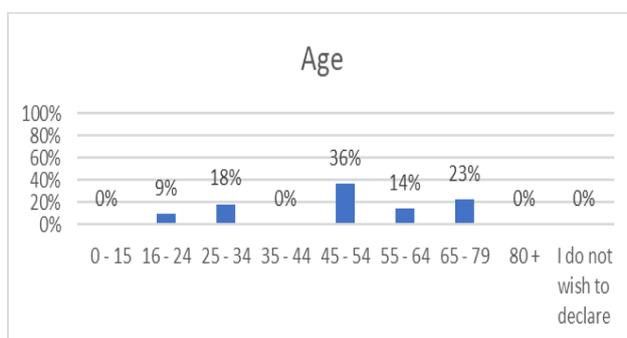
There are many existing examples across the trust of excellent involvement in individual care and in developing services. Patients, service users and carers have been a key partner in recent service changes. These significant changes include the following:

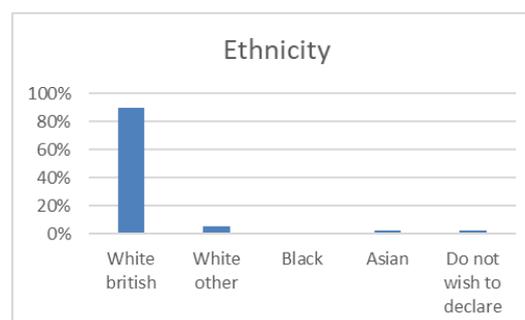
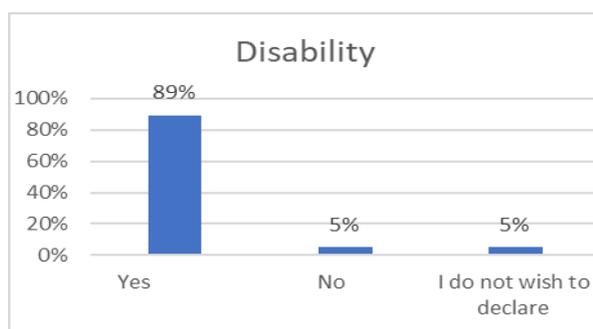
Group	Purpose and activity
Patient Experience Group (PEG)	<p>Throughout the pandemic, trusts have taken a varied approach in both involving patients in challenging pieces of work and continuing to capture feedback. Many trusts suspended their patient experience group meetings and the collection of data. At BHT we have continued to meet with our PEG members via MS Teams meetings and heavily involved them in transformational changes throughout the pandemic. The group have provided a sounding board to staff across the organisation on numerous initiatives and service improvements including:</p> <ul style="list-style-type: none"> • Continued updates on Infection Prevention and Control – addressing the areas in the hospital under restrictions and how this affected patient access and navigation of the site alongside the trusts visiting policy which has been under constant review. • Discussions around End of Life strategy – our patient partners were involved in conversation around the content and implementation of the strategy. • Involvement with the Research team – Patient partners support our research team in gathering information and proposing areas of interest. • Outpatient Transformation – Our patient partners have supported the journey of the outpatient transformation from design concept to implementation of a more diverse way of delivering care. • Establishing a Patient Experience Committee – the Patient Experience Committee is supported and attended by our PEG members as well as providing a place to challenge the actions and improvements made by the organisation on a more strategic level. • Video Appointment implementation – Our patient partners were involved in the trialling of the video appointments in order to support improvements. • Reviewing patient property lists and Policy – PEG members supported the review of the Policy as well as identifying areas in which current processes were not clear. • Linking with the Volunteering team on new roles within the trust – Various roles have been proposed and supported by PEG members and this is under constant review and consideration for where further support could be made.

	<ul style="list-style-type: none"> • Dementia strategy - our patient partners were involved in conversation around the content and implementation of the strategy.
NSIC patient forum	<p>The NSIC group has not met over the last year due to transformation work taking place within the services and restrictions during the pandemic.</p> <ul style="list-style-type: none"> • Patients have been involved in recruitment activities and the transformation work being undertaken. • They worked with Sodexo to implement a concierge service within the department and with the Estates team to open a hairdresser for the benefit of patients. • Other positive news continues through their Relatives Days which continued to run on a virtual basis and the feedback has been really positive, this has helped in a small way to bridge the gap that has been created by the visiting restrictions.
Maternity Voices Partnership	<p>The Maternity Voices Partnership members work closely with the maternity team. This year's activity includes:</p> <ul style="list-style-type: none"> • Maternity feedback from over 500 service users. • Grown MVP social media engagement to over 3000. • Worked with the maternity team to implement the Ockenden requirements. • Represented service user voice at multiple forums on a local and regional basis including Quality Account meetings, maternity steering group, labour ward forum, SI panel, PEG, and the BOB LMNS board. – need to spell out these abbreviations. • Codesigned and produced communications about maternity service changes due to COVID as well as sharing BHT comms where needed via the MVP network. • MVP have run a 15 steps for Maternity event at Stoke Mandeville. “The 15 Steps Challenge” is a suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. It was created by a mother whose daughter had a long-term health condition which meant she was seen by various healthcare professionals within different healthcare environments. Her comment at an engagement session run via NHS England was “I can tell what kind of care my daughter is going to get within 15 steps of walking onto every new ward”. This mum was not a clinician or quality assurance manager, but very quickly she could tell some important things about the quality of care in the healthcare settings that she and her daughter were attending. Her comment highlights how important it is to understand what good quality care looks and feels like from a patient and carer's perspective. Our patients have high expectations for safe, good quality care, delivered in welcoming and clean environments. This quote inspired the development of a series of 15 Steps Challenge guides.

	<ul style="list-style-type: none"> Completed a review of the new rear entrance from a service user perspective. Reviewed service user information provided by the Trust, Reviewed all maternity leaflets within the Trust and community, MVP ran a feedback event specifically aimed at the Wycombe Pakistani/Kashmiri community. Ran a focus group and a codesigned action plan around postnatal care Co designed new Rothschild ward Maternity welcome letters Ran a survey and obtained feedback specifically around Covid-19 vaccine hesitancy/vaccine information as well as feedback from young mums via the Family Nurse Partnership and feedback specifically about induction of labour. MVP has helped co-produce a new perinatal mental health leaflet. Supported the UNICEF Baby Friendly Initiative accreditation with service user voice/feedback. Have been involved in co-producing the regional 'ready for parenthood' campaign, MVP is supporting implementing the perinatal equity strategy and have just started to work with the neonatal team as well. MVP has also supported with senior staff interviews throughout the year and have supported Bucks New Uni in their new midwifery program, both via helping with the curriculum design and NMC accreditation and also via interviewing new midwifery students. <p>The MVP has been incredibly active throughout the year and are participating in many more projects not listed above.</p>
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Patient Group participation data





Across the patient experience groups we have a good representation across age ranges with 27% aged 16-34. 36% are aged 45-54 and 37% aged 55-79. Most members have a disability. Slightly more women than men take part in our patient experience groups. Over 90% of participants are from a white British background.

We recognise that the approach we take to involving patients, service users and carers needs to be of a consistent standard across the organisation, and also that it needs to be tailored and appropriate to the variety of services we provide. So, while we recognise there is much good practice already, we need to continue to provide a more comprehensive cohesive strategic approach to patient involvement, engagement and experience utilising lived experience from our patients and carers.

Over the last year we have begun to address the lack of diversity across our feedback and involvement groups.

- Our Patient Experience Group is trialling holding meetings in the evenings to accommodate patients who may not be able to participate during the day.
- The Maternity Voice Partnership have new members on the committee to ensure we capture feedback from our black and Asian communities. As an independent team of volunteers and health professionals, they work together with our maternity team to review and contribute to the development of maternity services in Buckinghamshire
- The Maternity Voice Partnership have begun holding focus groups with our Pakistani and Asian communities.
- We have begun to look at a Children and Young People forum in which we can ensure we are hearing the voice of the child as opposed to just the parent/relative.
- We are working alongside our paediatric team to ensure the voice of the child is being heard through our feedback methods and in how we are presenting their data in reporting so that it is not lost amongst our adult services.

3. Patient Advice and Liaison Service and Complaints

3.1: The Patient Advice and Liaison Service (PALS) offer advice and support for patients, carers and relatives on all aspects of patient care and experience in our hospitals. It is a free, informal and confidential service that is designed to help patients with:

- Feedback and suggestions on how we can improve our care and services
- Saying thank you and passing on compliments to staff

- Raising a concern/making an informal complaint
- Advice about how to make a formal complaint

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 need to be made to support enquirers with protected characteristics or additional needs, to ensure this is maintained. We regularly liaise with our nursing specialists and Trust “subject experts” when we are aware that a complainant may require support in an area. Examples of this include close working relationships with our dementia and safeguarding teams as well as our ongoing relationship with our learning disability nurses, who are very supportive at these times.

When complaint meetings are arranged, we ensure access for meeting rooms is appropriate for enquirers with physical disabilities on our hospital sites and if mobility is severely reduced, we can offer to meet in their homes. During the COVID-19 pandemic we temporarily moved meetings on-line, and these meetings were very successful.

We have an “easy-read” leaflet for PALS to assist the public in accessing our services available on our web site. Translation of the PALS leaflet is offered on request. This advice is noted on the reverse of all leaflets. 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.

We ask complainants how they would like to be addressed to ensure that we respect and observe the choices enquirers make about their identity.

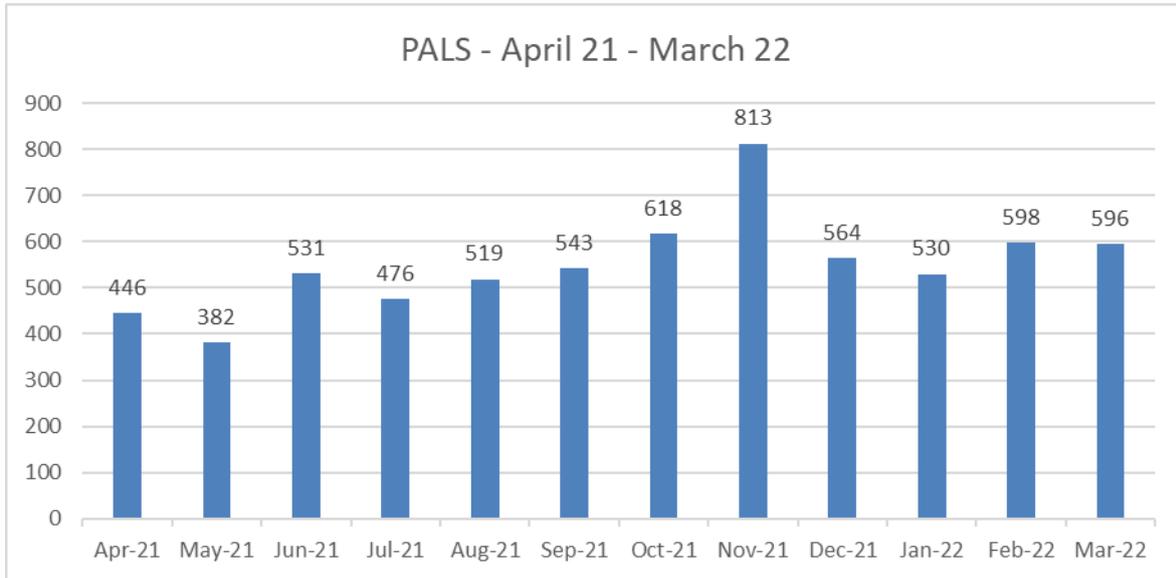
At times complainants with hearing and sight impairments or learning difficulties have required support with writing complaints or with managing Trust communications which have not been in an accessible format for them. We have arranged for alternative formats to be used.

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 regarding themes and trends.

If required we can arrange for a formal written complaint response to be translated into a complainant’s first language to make the process easier for them to read and audio recordings are offered for complaint meetings, in addition to written summaries.

PALS by Protected Characteristic

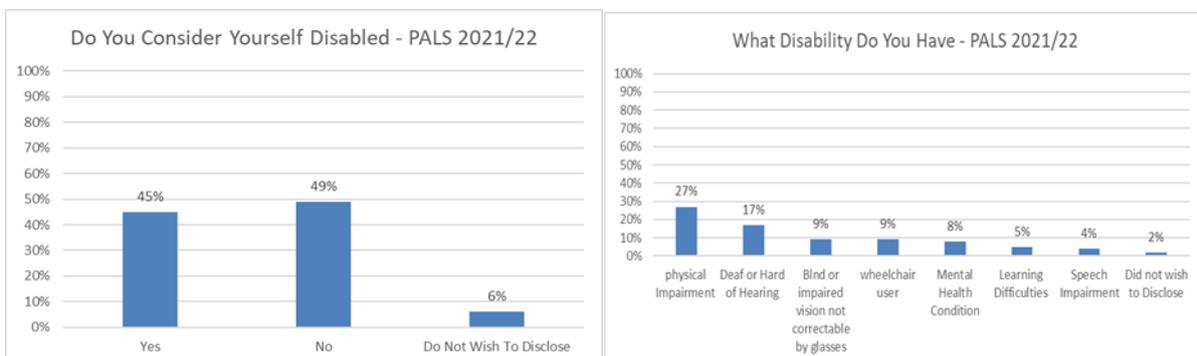
Number of PALS contacts by Month

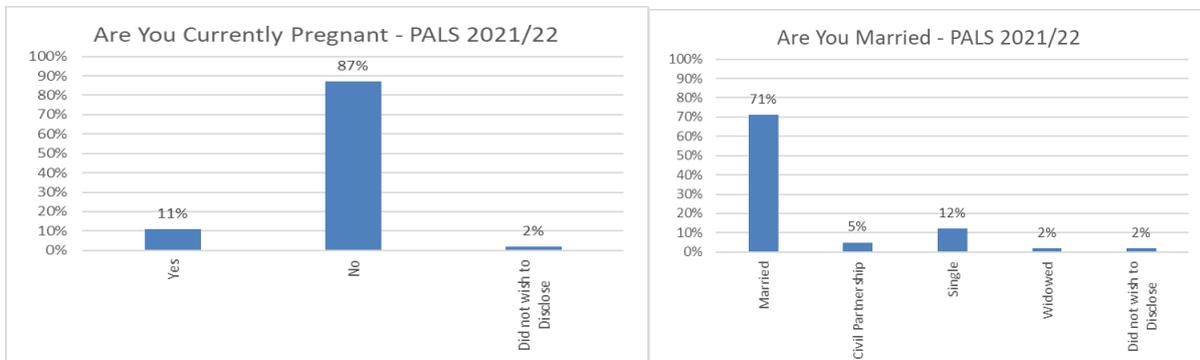
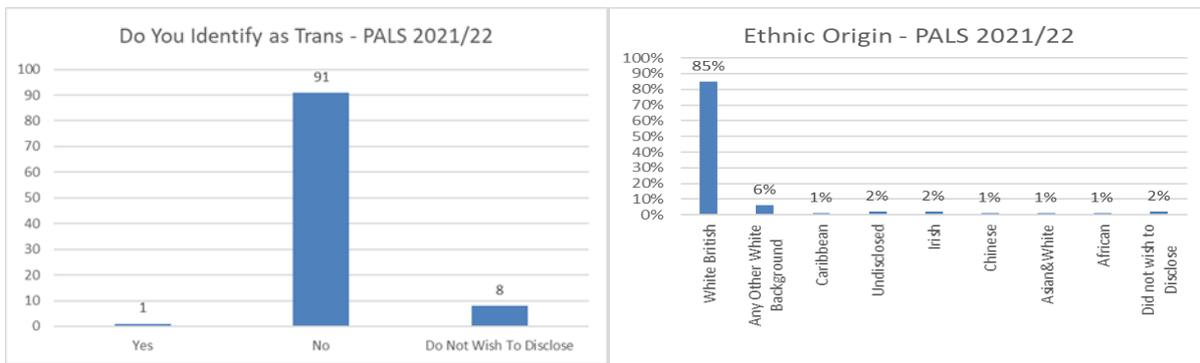
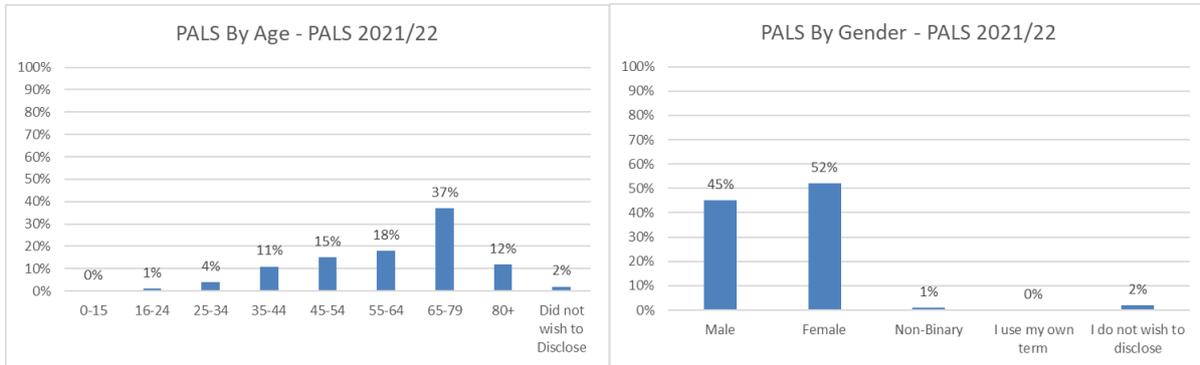


The PALS service is open between 09:00-16:30hrs Monday to Friday to assist those with a concern. Although data is noted regarding patients' gender, ethnicity and age where this is held on their patient record, it can sometimes be inappropriate to ask for additional monitoring information that the patient or service user may not see as relevant to their enquiry.

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.

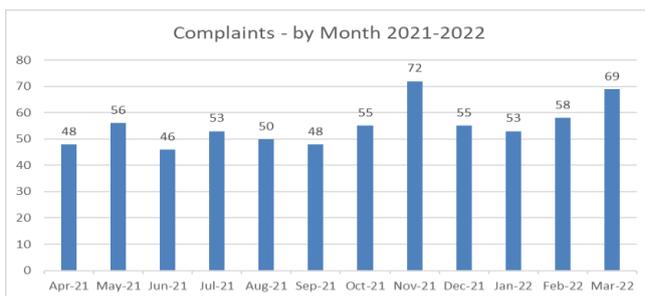
The survey is made up of the equality monitoring questions. This is undertaken annually and commenced in 2015. The survey for 2021/22 went out to 319 people and 143 (45%) people responded.



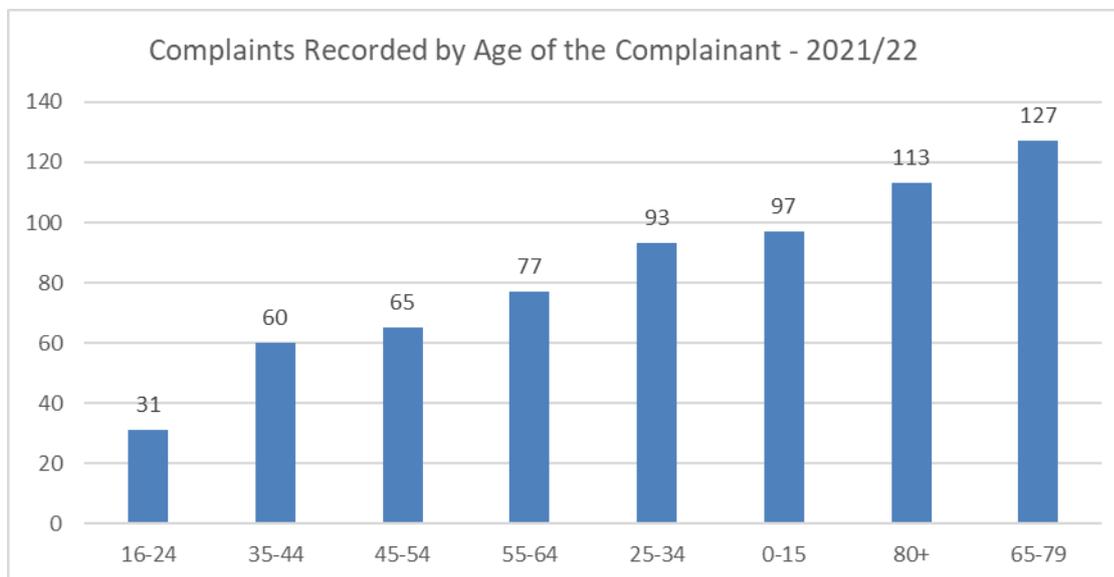


3.2: Formal Complaints by protected characteristic:

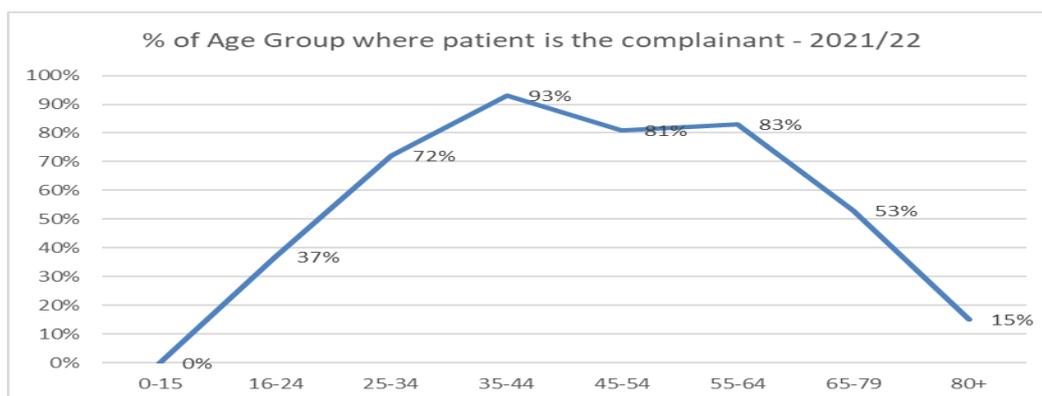
In 2021/22 the Trust received 663 formal complaints compared to 551 in 2020/21- a 17% increase compared to the previous year.



Age: The largest group of patients for complaints to the Trust in 2020/21 was aged 65-79. When a complaint is made by a visitor, patient or carer, we do not have access to age and so this is not recorded.

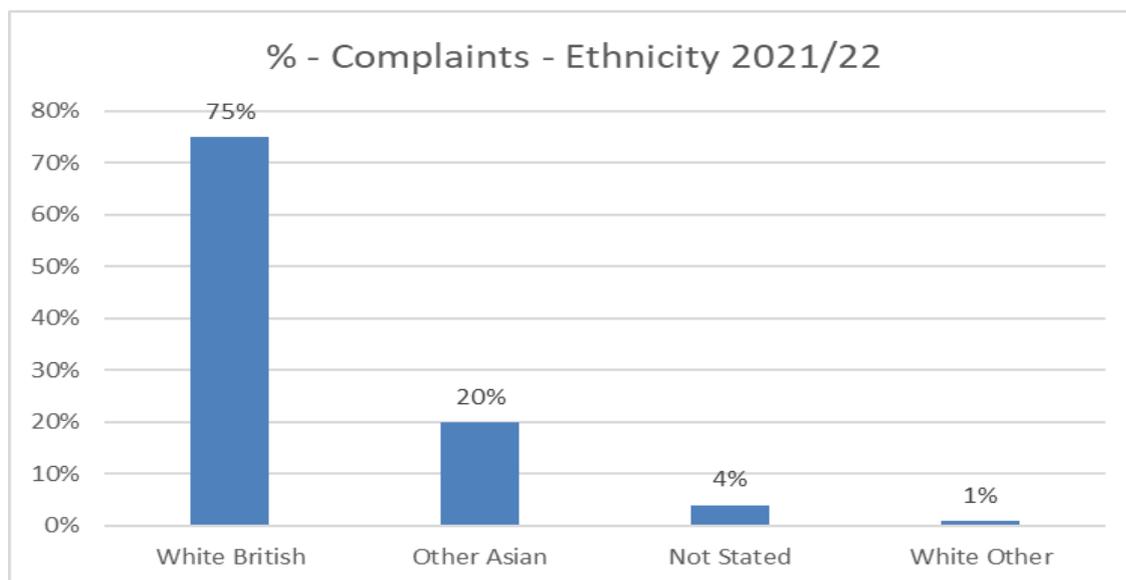


From the graph below, we can see that patients aged 35 to 44 were the most likely to raise a complaint themselves and the age group for whom complaints were most commonly made by a representative, other than those aged 0-15, were patients in the 80+ age group. It is far more likely that patients in the 80+ age group will experience greater challenges with communication needs, including disabilities and cognitive impairment, which is the most likely explanation for this increase in support enlisted, or action taken by family and friends to make a complaint.



Ethnicity

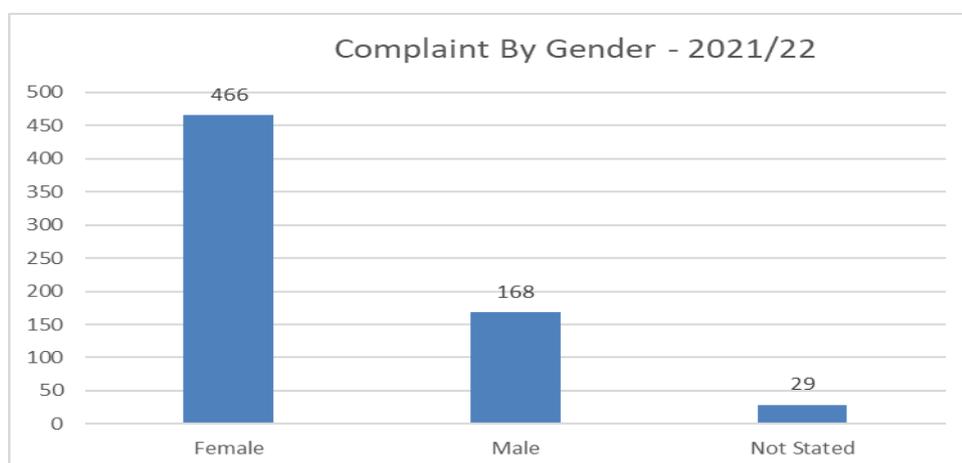
In keeping with our local demographic, the largest proportions of formal complaints were received from White-British patients. Just over 25% of patients who raised a complaint did not have their ethnicity recorded on their patient record.



Disability or other access issues

There were no recorded complaints related to mental health concerns in this period. There was one complaint relating to learning difficulties. These related to dissatisfaction with delay in treatment within children’s services for children with additional learning difficulties.

Gender and complaints



Conclusions:

Feedback channels: Significantly more women than men respond through our complaints feedback channels. Older people respond and participate at high levels, though we have a good spread of ages within our patient groups. People from Black, Asian and minority groups are very underrepresented across all our channels and the survey forms returned were from a narrow range of ethnicities and we had no survey forms returned from people who identified as black.

Satisfaction levels: Female patients have slightly higher satisfaction levels compared to male patients. Patients and service users report higher levels of satisfaction as they get older with a with consistent response between each of the other age bands. Of those patients who gave their ethnicity, the most satisfied were White British with a fairly consistent response from other ethnic groups with 8% of patients not wishing to state their ethnicity.

During the last twelve months we have made progress around equality and diversity developing new, and building on existing, relationships with groups and individuals who share and represent the interests of protected characteristics. Our Patient Experience Group has trialled alternative times to meet to encourage patients who may not be able to attend meetings during the day the opportunity of joining the group. The Maternity Voice Partnership is constantly looking at diversifying their membership and are actively meeting with local minority groups to raise awareness and working alongside our Children and Young People's services to find alternative ways of capturing feedback to ensure we hear the voice of the child.

We will continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the development of services we provide or the policies we develop through our various patient forums and community links. We have begun to make these links with Bangladeshi, Indian, Nepalese, Pakistani, and Sri Lankan communities across Buckinghamshire as well as our children and young people and will strive to strengthen these links over the years.

Appendix 5 – Public and Patient Engagement

Buckinghamshire Healthcare NHS Trust is committed to involving the public of Buckinghamshire and our patients and service users in developing our services and influencing the strategic direction of the organisation.

The detail below highlights the public engagement which took place last year.

Public & Patient Engagement PSED

We know that good health is influenced by factors including lifestyle, genes, housing, income, employment, education as well as access to and quality of healthcare.

Working with our health and social care partners, we want to help the residents of Buckinghamshire to live well and stay well. As a Trust it is our responsibility to not only deliver outstanding healthcare which is accessible to all but also to play our part in health education, prevention and as a major employer in the county.

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 were 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.

Four projects are being supported including the Karima Foundation, which supports the Pakistani/Kashmiri Muslim community in Wycombe. They have appointed two health champions to support activities including:

- Cancer awareness workshops - three have already taken place
- School outreach programme
- Cancer Awareness Workshops
- Promoting health awareness in several languages.
- Subsidising HPV vaccines

In addition, funding has been awarded to the Healthy Living Centre in Aylesbury to run cancer awareness campaigns aligned to the specific national weeks, e.g., lung, prostate and breast and to the Chilterns Prostate Cancer Support Group to offer PSA testing, primarily in disadvantaged areas.

Frailty

The UK population is ageing at an increasing rate and frailty is becoming a more prevalent condition, which is why the Trust has worked closely with other local health providers and patients to develop a new frailty strategy which will support the population of Buckinghamshire in ageing well by staying well and living independently for longer.

The population in Buckinghamshire is expected to grow by 14% by 2033 with a 44% increase in people aged 60+ years and a 140% increase in people aged 90+ years. But

these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. Ageing well is a key part of the NHS Long Term Plan nationally and in Buckinghamshire the new frailty strategy is an essential part of delivering the ageing well programme locally.

The frailty strategy will:

- Improve NHS Care in **Care Homes**
- Identify and provide **proactive** support to old people living with frailty in the community
- Enhance **rapid community response** at times of crisis

The new strategy focuses on prevention, early identification of health needs and improving the urgent community care available. This pro-active approach, alongside greater collaboration between primary, community, acute and social care, will support frail and elderly people to live independently for longer and receive treatment more quickly in the most appropriate location and by the most appropriate health professionals.

We now have a well-established a dedicated frailty service for GP practices, care homes or the ambulance service which provides urgent same day advice and support from our hospital consultants. Since the service was launched in August 2021, we have now supported over 1000 calls.

A hospital admission can have a significant impact on frail patients, who are twice as likely to be readmitted within 7 days of discharge, beginning a cycle of admissions which affect their ability to live independently and their continued wellbeing.

Finally, the third part of the strategy focusses on urgent community response (UCR). This means that the Trust's multi-disciplinary team of health professionals aim to respond to urgent referrals for frail patients within 2 hours, putting in place an appropriate programme of support with care and rehabilitation if required.

Energise Learning Disabilities Weight Management Pilot

It has been recognised for many years that people with learning disabilities are at increased risk of being overweight or obese compared to the general population. The most recent data indicates nationally that 37% of people living with learning disabilities are obese compared to 30.1% of people without learning disabilities. Shockingly, the NHS Long term plan identified that on average adults with a learning disability die 16 years earlier than the general population.

To address this, dietitians from Buckinghamshire Healthcare NHS Trust and Hertfordshire Partnership University NHS Foundation Trust teamed up with Talkback, an autism and learning disability charity, to run a pilot weight loss programme. Starting in November in Aylesbury and Wycombe, the pilot ran until March 2022. It was funded by Public Health at Buckinghamshire Council. Led by dietitians and learning disability experts the programme ran over 24 weeks. It combined in-person groups covering topics such as balanced meals, portions, snacks, take-aways, triggers to eating and food groups with exercise sessions on Zoom. Participants set their own goals each week, supported by specially designed easy read resources including trackers, handouts and recipes. Learning was practical and experiential with games, quizzes, role play and dancing!

The aim was to give clients, carers and homes the knowledge and resources to make positive changes to their diets. 14 people completed the project and lost a total of 36.8kg/ 5st 11lb. On-line support will continue for the next couple of months to ensure progress is maintained.

Feedback has been excellent. One care home worker commented that their residents, “came back really excited with their [resources folders]! It was lovely to see. The staff will continue to encourage and support them”. One participant said at the end of the programme: “I examine the labels; I love using the food scanner. I look for things that are low in sugar as it can give me diabetes. My portions are smaller, I have cut down on cake and crisps and I think more about what I am eating.” Talkback manager Helen Krauze said that “working with BHT staff has been one of the best partnerships Talkback has ever had”.



Participants in the Energise weight management programme

Hospital Navigator Scheme

The Hospital Navigator Scheme, commissioned by Thames Valley Police, was setup in September 2021 in five participating trusts in the area including in our Emergency Department (ED) at Stoke Mandeville Hospital. The scheme aims to direct young people and adolescents to support and advice that can help steer them away from further injury resulting from self-harm, assault, maltreatment or intoxication.

The scheme is in support of the national violence reduction programme which promotes a public health-based approach to reducing violence among disadvantaged young people. Volunteers work alongside staff in ED who refer patients to the navigator scheme who have come into the department as a result of a violent incident or due to self-harm. In the period September 2021 to January 2022 the Trust has vetted and trained four volunteers who have supported 23 people, directing them to the most appropriate help and support.

Vaccinations

The Trust also continued to support the COVID-19 vaccination offer for the public and by the end of March 2022 had delivered approximately 50,000 vaccinations to the local community of Buckinghamshire, including inpatients in our hospitals.

As part of the Trust's commitment to tackle health inequalities in Buckinghamshire, the Trust hosted a number of informative webinars for the public, with a panel of experts, including myth busting webinars for those who were pregnant or planning to start a family. By the end of March 2022, 75% of pregnant women in Buckinghamshire have had first and second doses of the vaccine with 50% also having the booster – one of the highest uptake levels in the south-east.

The Trust also ran specialist vaccination sessions for the LGBTQ+ community and those with learning disabilities or autism. Feedback from the sessions was extremely positive with one grateful parent commenting, "Thank you for the amazing job you did with our kids today. Neither of them batted an eyelid because of the lovely way you had set things up for them. In a world where we fight so hard for accommodations for our kids, it was a joy to see them so easily and skilfully accommodated today."

It was also an extremely busy year for the School Immunisation Team. As well as vaccinating 13,500 students for COVID, they also immunised 51,257 school aged children against flu – the biggest cohort ever. The team is currently seeing students in Years 8 and 9 for their HPV vaccinations before starting on the boosters for Year 9 students to protect against diphtheria, polio, tetanus and meningitis ACWY.

Research

The 'Lollipop' study was launched in January 2022 aiming to understand why some health conditions are more common in the South Asian community. As part of the research, the Trust is offering free health checks.

South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans. These differences are not explained by 'classic' risk factors, including insulin resistance and obesity, or known genetics factors.

Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to take part to provide information, undergo tests and give samples during a 90-minute assessment carried out by Wycombe Hospital's clinical research team. They will receive a report about their results and be referred to NHS care if the assessment identifies any concerns.

Since the research launched in January 2022, 379 people have already signed-up to take part. Researchers will follow participants' health through NHS and other health-related records over the long term for 20 or more years to give a fuller picture of disease prevalence.

The study – which aims to recruit 200,000 people over the next three years – is funded by the Wellcome Trust and overseen by Imperial College, the Medical Research Council and National Institute for Health Research.

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 Director of Community Transformation 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.

Marlow Community Hospital - A New Dawn – Patient and Stakeholder engagement – January 2022

Buckinghamshire Healthcare NHS Trust launched its community hubs programme in April 2017, at two pilot sites in Marlow and Thame. This followed an extensive public and patient engagement exercise in 2016, and then again between September 2017 and March 2018, to find out what people wanted from a community hub. The findings informed the development of the pilot hubs.

At the end of 2019 senior leaders from across BHT began to review and update our BHT strategy. In the summer of 2020, our Board agreed a new vision to reflect our aims for the future.

On Friday 14th January at Marlow Community Hospital, this new strategy was communicated to a group of 20 attendees.

The objectives were:

- To engage with and involve the local community to ensure their views and experience inform future decision making around the community hub in Marlow and more widely across the county
- To get feedback from staff and patients, and partner organisations involved in the community hubs to inform on going service development

Participant profile:

- 20 attended
- 6 of those attending were from the Arc Bucks Primary Care Network
- 2 attending represented the local and parish council
- 2 attending represented the Community hub stakeholder group
- 2 of those attending represented a local carer support organisation
- 8 of those booked represented different services which are currently operating out of Marlow Community Hospital

16 out of 20 attendees filled out an equality monitoring form.

- 14 females and 1 male attended this event
- 3 considered themselves to have a disability or long term health condition
- 13 identified themselves as White British
- 8 describe their sexual orientation as heterosexual with 3 not wishing to declare

Key findings from this event

- Services offered by both the local Primary Care Network and BHT compliment each other well but communication needs improving
- Communication about services being offered at the hub and at the Primary Care Network (PCN need to be improved both with local communities and between each organisation (BHT and PCN)
- Current appointments at the community hub are giving patients time to discuss their concerns with specialists in an intimate, very personal space
- The local community would like to see more charitable voluntary organisations have clinics within the community hub space
- Some of the local community need help with digital services available from BHT

Chalfont and Gerrards Cross Community Hospital – Patient and Stakeholder Engagement – March 2022 - formatting

The Chalfonts and Gerrards Cross Community Hospital is our most southern estate, located in the heart of Chalfont St. Peter. During COVID-19, a vaccination centre was set up which continues to run. In response to the pandemic and national direction, there was an overall reduction in follow-up appointments and a move to virtual outpatients. In September 2020, a condition report was presented to EMC identifying the hospital as no longer fit for clinical utilisation. This report and the response to COVID-19 meant most outpatient clinics were relocated to alternative sites in Buckinghamshire.

The Friends of the Chalfonts and Gerrards Cross Community Hospital have provided support to the hospital and the Trust for over 70 years. Recently they have received a few large bequests leaving them with funds of approximately £1.9 million. They would like to use this to support the local network of healthcare providers to improve local health and wellbeing.

In March 2022, BHT ran, in collaboration with The Friends, an engagement event that aimed to highlight the current gaps in local health and wellbeing, and produce a set of recommendations for how these could be addressed using the available space at the hospital. Throughout the process, local health and social care providers as well as community and voluntary organisations were involved.

Stakeholders engaged at this event included:

- Age Concern
- Bucks Mind
- Bucks Stroke Support
- Carers Bucks
- Headway South Bucks
- Live Well, Stay Well

- Sport in Mind
- SSAFA
- The Friends
- Chalfont St. Peter Village Action Group
- Chalfont St. Peter Town Council
- Chalfont St. Peter Parish Council
- Gerrards Cross Town Council
- Gerrards Cross Unitary Council
- BHT
- Buckinghamshire CCG

Participant profile:

- 16 attended
- At least one person represented each of the organisations mentioned above
- 8 of those booked whilst presenting a local stakeholder group also classed themselves as a patient representative who had used services from Chalfont and Gerrards Cross Community hospital in the past two years

16 out of 16 attendees filled out an equality monitoring form.

- 10 females and 6 males attended this event
- 2 considered themselves to have a disability or long term health condition
- 13 identified themselves as White British
- 12 describe their sexual orientation as heterosexual with 2 not wishing to declare

Key recommendations

The recommendations highlight an exciting and dynamic solution to the current gaps in local health and wellbeing. In particular the engagement highlighted the need for improved system-working by supporting integration of service providers within the community. The recommendations from the event include:

1. **A bookable multi-agency agile working space** for integrated working.
2. **A digital health and care hub** to tackle digital health inequalities, provide information on available services and mobile diagnostics.
3. **Bookable clinic space** for confidential appointments, monthly outreach outpatients and other pop-up services.
4. **Bookable group space** for group-based interventions and support groups.
5. **A start-well hub** for system-wide children and family services.
6. **A staff common room** for staff to rest, relax and recharge.

Two cross-cutting themes were identified as a result of the engagement. These were the need for improved communication to stakeholders, including about available services, and continued open and transparent engagement.

Communications Advisory Panel - CAP

The Communications Advisory Panel was developed by the Trust to work with us to support improvements in patient and carer communication.

Objectives of the CAP group:

- 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

The Communications Advisory Panel (CAP) was developed by the Trust to work with us to support improvements in patient and carer communication, ensuring all communication is clear, written in plain English and is easy to understand and navigate. This group has a membership of current patients, ex-patients, representatives from the local community patient participant groups and members of the local community. During April 2021 to March 2022, 121 patient information leaflets have been reviewed by the CAP. This panel has also advised on COVID-related communications including patient and visitor guides, anti-bullying and harassment posters as well as other Trust policies.

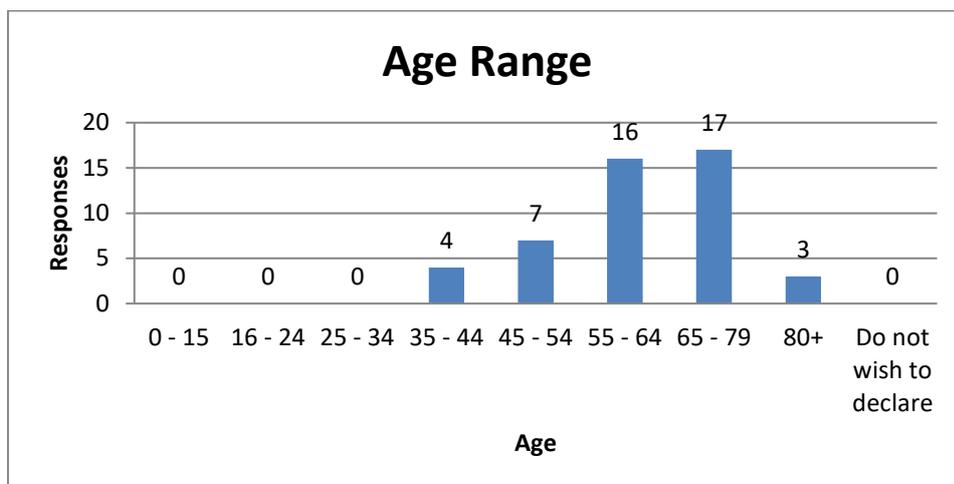
CAP has also been instrumental in providing feedback on the development of the Trust's new website, which was launched in June 2021.



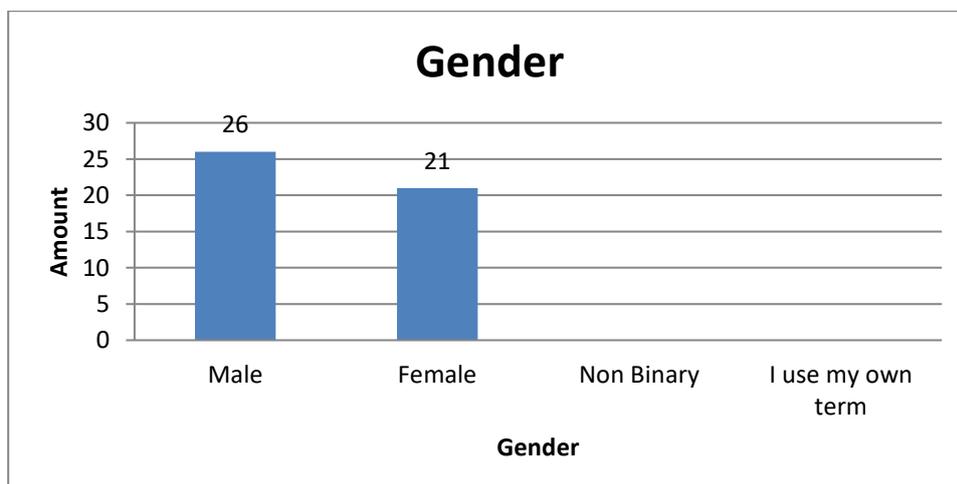
New external website for the Trust

Equality Monitoring figures for CAP and the Community Hub Stakeholder group:

The majority of the 47 responses are across the age groups for 55 years and above. Our local Joint Strategic Needs Assessment (JSNA) July 2016 highlights that 16.7% of the population within Buckinghamshire are 65 and over and this is increasing.

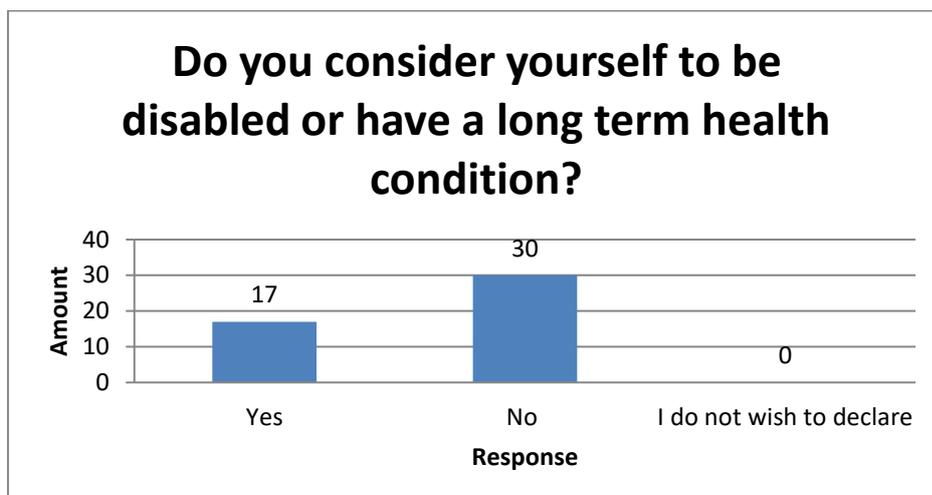


We have slightly more males attending these regular meetings than females.

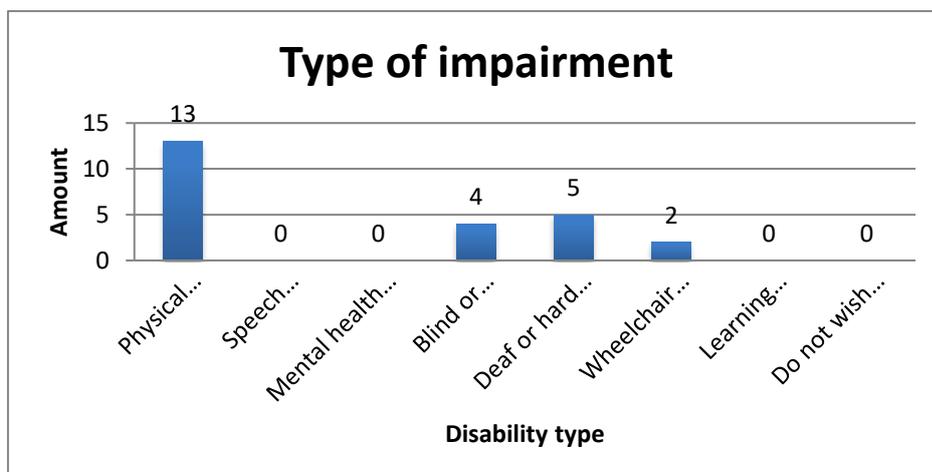


63% of people attending our CAP or Community Hub Stakeholder group meetings considered themselves to have a disability or a long-term health issue. This also shows a good representation of views from these groups.

The prevalence of disability rises with age, i.e. 45% of adults over state pension have a disability according to national statistics with only 6% showing in childhood. The majority of our respondents are 55 years of age and above.

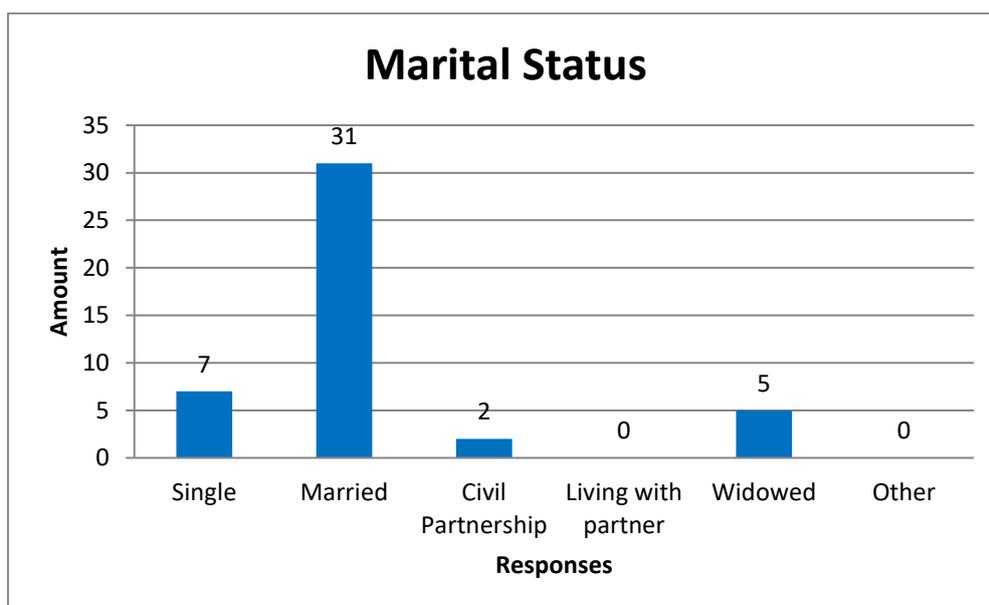
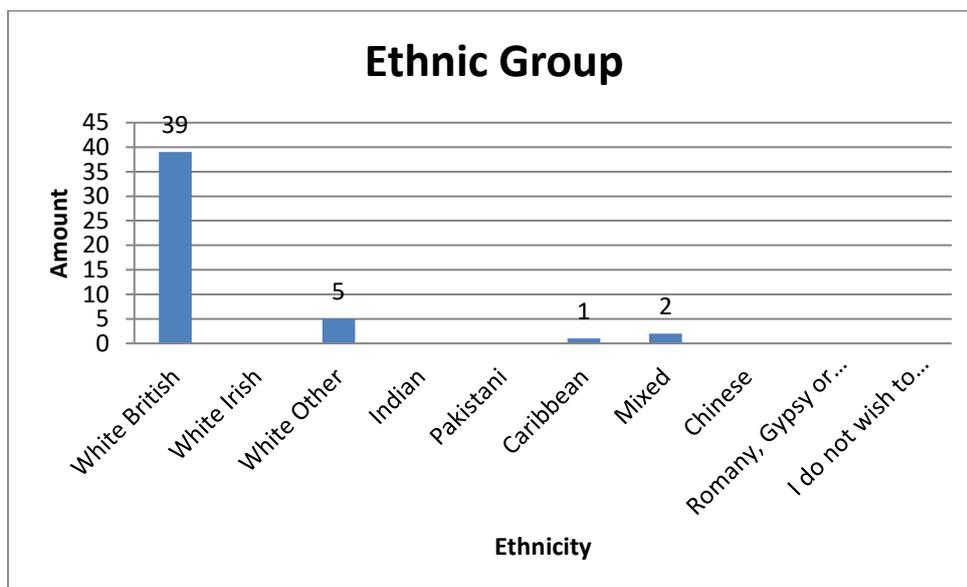


A physical impairment and being deaf or hard of hearing are the largest groups represented. For adults aged 65 and over in Buckinghamshire it is estimated that in 2015 there were more than 17,756 adults who were unable to manage at least one mobility activity on their own. This figure is projected to rise by 55% in 2030 to a total of 27,534 people, with the biggest increases amongst those people aged over 85.

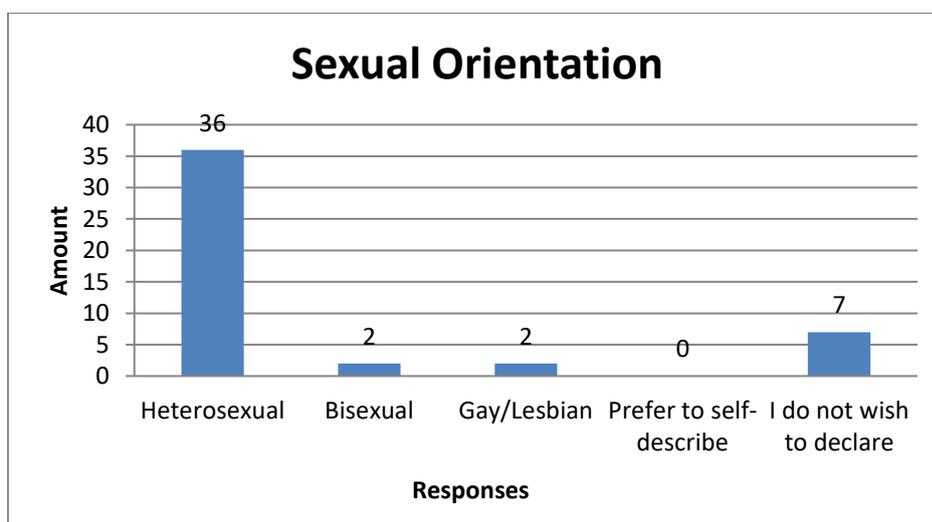
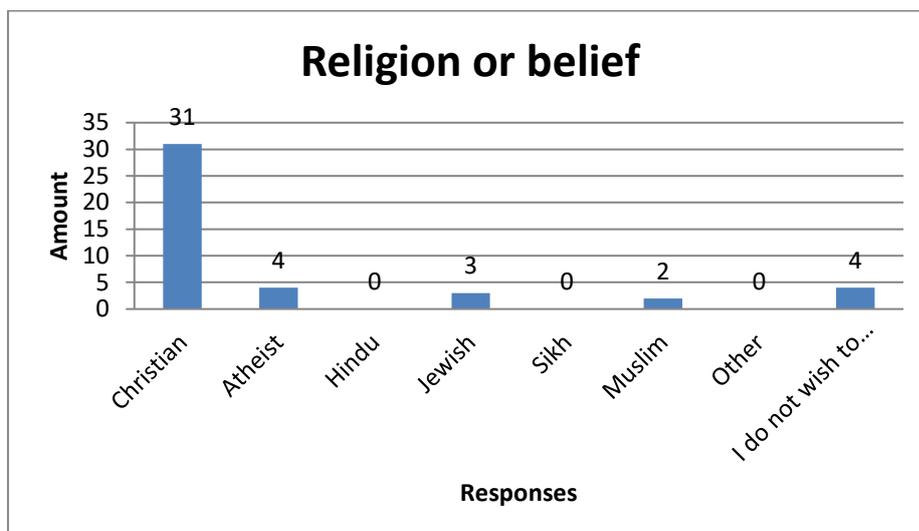


Locally, in the population of Buckinghamshire, 81.1% are from a white British ethnic group, this is reflected in our breakdown as 82.97% of respondents are from a white British ethnic group.

Across the county, just under 13.1% of the local population are from a non-white ethnic group, comparing with around 15% for England.



In the 2011 Census, Buckinghamshire respondents declared over two-thirds (69%) of people in followed some religion (68% in England) while 24% said they had no religion and 7% did not state a religion, similar to the England average. Later this year we should receive the new 2021 Census information.



The Trust is committed to involving the public of Buckinghamshire and our patients in developing our services and influencing the strategic direction of the organisation.

Accessible Information Standard

The Accessible Information Standard (AIS) directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

In implementing the Standard, applicable organisations are required to complete five distinct stages or steps leading to the achievement of five clear outcomes:

1. Identification of needs: a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

2. Recording of needs:

- a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems.
- b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems
- c. Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper-based systems / records are used
- d. Recording of needs in such a way that they are 'highly visible.

3. Flagging of needs: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

4. Sharing of needs: inclusion of recorded data about individuals' information and /or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

5. Meeting of needs: taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

Since implementing the Accessible Information Standard into our Trust we have:

- Made AIS training mandatory for all staff as an E-Learning Module and current compliance with this Training stands at 90.62%
- Incorporated AIS training into pay-day training.
- Created a three-minute introduction video has been purchased useful in multiple settings to provide a key overview, used widely from service level to Trust Board
- Created communication need alerts on Medway & Evole
- Produced and distributed Trust wide patient friendly poster to identify common communication needs by symbol to encourage patients to tell staff if they have a communication need and need help whilst in Trust's care.
- Created a two-page quick reference toolkit for staff
- Created content and an information resource with a variety of materials on our intranet that staff can access to help provide further information or understanding.
- Implemented a bulk mail system which is fully compliant with AIS standards and enables patients to request information in a variety of formats including large print, and audio. All Ophthalmology letters sent on yellow paper.
- Our Trust website has Browse aloud support software which adds speech, reading, and translation options to BHT website. Online content can be read aloud in multiple languages.

- Have a team of specialist learning disability nurses and Dementia specialist nurses working alongside patients who need their specific support
- Full translation services are available on request which include British Sign Language support. These services are available to all patients throughout the Trust.
- Our Trust Corporate website is WCAG 2.1 AA compliant. Site Improve accessibility testing is built in.
- Ensured that portable hearing loops are now available at all main reception areas for patients to use.

Actions for 2022/2023

A review of the role of the Public Patient Equality, Diversity and Inclusion group needs to take place with a view to updating the agreed objectives of this group including progress on the actions surrounding AIS.

An AIS policy, guideline or SOP needs to be created and referenced in the E, D & I policy.