

Public Sector Equality Duty Report Summary 2022/2023



Contents

| Heading | Page |
|---|------|
| 1. Introduction | 3 |
| 2. Business Planning | 5 |
| 3. Patient Profile | 6 |
| 4. Patient Experience | 7 |
| 5. Patient and Public Engagement and Involvement | 8 |
| 6. Next Steps | 13 |
| 7. Appendix 1 - E, D & I requirements and legislation explained | 15 |
| 8. Appendix 2 – Full Business Planning PSED | 18 |
| 9. Appendix 3 – Full Patient Profile PSED | 28 |
| 10. Appendix 4 – Full Patient Experience PSED | 40 |
| 11. Appendix 5 – Full Public & Patient Engagement PSED | 56 |

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 vision is to deliver outstanding care, healthy communities and be a great place to work. Our mission is to provide personalised and compassionate care.

To deliver our vision and mission, we have three strategic priorities:

- Provide outstanding, best value care – care that is compassionate and inclusive and delivers the best possible outcomes in the most efficient way. People deserve nothing less.
- Take a leading role in our community, where we play our role in supporting people to live independent healthy lives at home.
- Ensure our people are listened to, safe and supported, creating a great place to work that is inclusive and compassionate. A workplace that learns and improves together and values the health and wellbeing of our colleagues because we know that happy, healthy people deliver the best care.

We want to be bold in how we deliver care to our patients. Over the next five years we will radically change the way we deliver healthcare and move away from the hospital being the first point of contact. Working with our partners, such as GPs, mental health services and social care, we will build and develop our community and primary care services so that patients can access health advice, support, and care in their communities and closer to their homes.

We have set out our strategic framework and plans for how we intend to achieve our vision and during 2023/34 we will be focusing on six key objectives:

- Improving waiting times in our Emergency Department
- Improving safety
- Improving productivity
- Improving access and the effectiveness of our services for communities experiencing the poorest outcomes
- Improving the experience of our new starters
- Developing the operational and clinical management and leadership skills of those in key roles.

| Vision | Outstanding Care | Healthy Communities | Great Place to Work |
|--|--|--|---|
| What we want to ACHIEVE by 2025 | <p>We will see people as early as possible when they need our services, to improve outcomes.</p> <p>We will continuously improve our services and use of resources to deliver value for our residents.</p> | <p>We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.</p> | <p>Our people will feel motivated, able to make a difference and be proud to work at BHT.</p> <p>We will attract and retain talented people to build high performing teams with caring and skilled people.</p> |
| How we'll MEASURE progress | <p>Eliminate corridor care.</p> <p>Improve productivity to be in the top quartile nationally.</p> | <p>Play our part in ensuring that more children in the most deprived communities are ready for school</p> <p>Increase proportion of people over the age of 65 years who spend more years in good health.</p> <p>Improve outcomes in cardiovascular disease.</p> | <p>Improve staff engagement score to be in the top quartile in the National NHS Staff Survey.</p> <p>Improve overall Trust vacancy rate to be no more than 8%.</p> |
| Our FOCUS for next year 2023/24 | <p>Improve waiting times, with less than 4% of patients waiting more than 12 hours in the Emergency Department (ED).</p> <p>Improve safety, with 80% of acute and community services having a clinical accreditation assessment by 1 April 2024, and 40% of those assessed achieving silver accreditation.</p> <p>Improve productivity in every service, with overall Trust improvement of at least 5%.</p> | <p>Improve access and effectiveness of our services for communities experiencing the poorest outcomes, with priorities to:</p> <ul style="list-style-type: none"> • Reduce smoking in pregnancy, with less than 5% of women smoking at the time of delivery. • Increase % of people being referred to cardiology services from the most deprived areas. • Improve the early identification of frailty, with more than 30% of patients in ED having a documented frailty score. | <p>Improve the experience of our new starters, with the number of people who leave in the first year less than 12% (improvement also measured through quarterly pulse surveys).</p> <p>Develop operational and clinical management and leadership skills in key roles, so 300 managers are equipped with enhanced technical, management and leadership skills (impact measured by quarterly pulse surveys and national staff survey).</p> |

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

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.

In 2019 the following equality objectives for patients and the public were set by our Trust Board for 2019-2023, in line with our PSED requirements and following our Equality Deliver System (EDS2) assessments:

- . Reduce inequalities for patients with protected characteristics
 - Engage isolated patient groups in Buckinghamshire
 - Listen and encompass the patient's voice

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

2. Business Planning

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 as good, with outstanding for caring. We are proud of our achievements.

We are now focussed on how we move to be 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 the 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.

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 which we then need to focus on as a Trust. 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 2018 to 31 March 2023, split into individual financial years across each of the five clinical divisions.

Overall, the volume of patients accessing the Trust continued to increase during the year 2022/23 compared to 2021/22. This highlights the continued recovery from the COVID-19 pandemic and the effect that had on the provision of our services.

Inpatient activity includes all admissions and day case attendances across all of the Trust sites.

During 2022/23 female inpatient admissions accounted for 56.5%, increasing by 0.2% from 56.3% the previous year.

The number of patients recording their gender as non-binary has increased.

The return to near-normal activity is led by the age group 31-50 being the first to slightly exceed pre-pandemic volumes.

The outpatient activity covers all attendances at clinics held across all the Trust's acute care locations and some attendances provided by acute clinical teams at community sites. During the last financial year, the total volume of attended outpatient appointments has again increased and is now at its highest level over the five-year reporting window. As with inpatient activity, female attendances at 55.9% accounted for the highest proportion of outpatient activity, driven by some of the specialist and maternity services provided by the Trust.

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 in previous years.

Outpatient DNA volumes did increase over the last year, but at a lower rate than the number of attendances. Volumes increased by just less than 2.5% whereas DNA's increased by only 0.5%.

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 also work together with patients, to improve services. We involve patients in a range of ways across the engagement continuum.

Projects to increase diversity and accessibility

South Asian patient's views on BHT

Following data from last year showing low satisfaction levels amongst our South Asian patients, the Trust commissioned Healthwatch Bucks to undertake a public engagement exercise with South Asian communities in Buckinghamshire to ascertain their experiences of accessing healthcare at BHT. Healthwatch spoke to 52 members of the South Asian community.

Key findings include:

- The need for patients to receive information on the availability of interpreters prior to appointments
- Difficulties in using public transport to access healthcare
- Patients feeling stereotyped due to their ethnicity

Chaplaincy service

In 2022/23 the chaplaincy service focussed on re-building its volunteer base following the Covid pandemic, with a particular focus on diversifying the range of religions and beliefs represented, to provide an inclusive service to our patients. We also recruited a new Muslim chaplain. The team now has representation from the following religions and beliefs: Muslim, Bahai, Hindu, Buddhist, and a range of Christian traditions, including Church of England, Methodist, Roman Catholic, Seventh Day Adventist, Romanian Orthodox and Baptist

Friends and Family Test (FFT)

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 used for providing a simple overview of the Trust's patient feedback. This can be combined with other forms of feedback such as complaints, compliments, and PALS (Patient Advice and Liaison) contacts and used to drive improvements and/or recognising and share good practices. The overall aim of the process is to identify ways of improving the quality of care and experience of patients, service users, and carers using NHS services in England. The feedback is captured via a text message that asks the questions:

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

'Please can you tell us why you have given your answer?'

'Please tell us about anything we could have done better?'

Not all services within the Trust gather feedback through this mechanism and are excluded to avoid causing unnecessary distress to patients, users, and their families. These services are Sexual Health and Florence Nightingale Hospice Palliative Care. This is not an exhaustive list and judgment is applied on a case-by-case basis to any new services created within the Trust.

The Trust recognises that the timing and method of the FFT might not always be appropriate for some patients and service users and alternative methods of collecting feedback, such as patient interviews and patient stories, are offered at a later, more appropriate time.

The Trust contacted 346,027 patients to give feedback on their experiences during 2022/23. Of those patients contacted 128,984 provided feedback via text message.

In addition, thirteen local patient experience surveys were completed in 2022/23. Services surveyed included cancer, community head injuries and children & young people.

Patient Representative 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 characteristics and other vulnerable groups. The Trust has a number of patient groups that work in partnership with staff to improve patient experience, these include the Patient Experience Group, the Maternity Voices Partnership and NSIC patient forum. Patients also took part in the Patient Led Assessments of the Care Environment (PLACE) and Clinical Accreditation assessments.

Patient Advice and Liaison Service (PALS)

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 2022/3 the Trust received 538 complaints which was a significant reduction from 663 the previous year.

Interpretation

The data below shows that we are paying due regards to advancing equality by highlighting that during this period we have translated 29 different languages for patients; ensuring that they received full access to our services and clarity of understanding of their healthcare.

There was a total of 3,199 requests for interpretation that were met during 2022/23 compared to 3,062 requests in 2021/22. Interpreters were provided for 91% of requests.

Romanian, Urdu, and Polish were the top three requested languages in 2022/23 compared to Urdu, Polish and BSL in 2021/11, with Romanian in fourth place.

Work both internally and externally needs to continue to ensure both our workforce, patients, carers and visitors to the Trust know that our interpretation services are available.

5. Public and Patient Engagement

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.

Community events and initiatives

Health and Wellbeing Days for Older Residents

On Friday 21st October 2022, Buckinghamshire Healthcare NHS Trust held an older people's health and wellbeing day at Thame Community Hospital. Thame Community hospital is home to many clinics including a community assessment and treatment service (CATS), the day hospital and several other frailty services.

The aim of the event was to:

- engage with the local community
- educate local residents about their general health & wellbeing and reduce the likelihood of them needing to access health services in the future
- engage with local charitable/voluntary sector organisations
- raise awareness for local residents about services/support/organisations that are available locally
- highlight and promote the services available at Thame Community Hospital

A total of 15 stand holders were present at this event providing information, guidance and advice on relevant services and topic areas.

The health and wellbeing days are being rolled out to other community sites with an event taking place in Marlow April 2023 and one scheduled for Chalfont in September 2023. In line with our equality objectives, we will also look to schedule these events in are more insolated community groups in areas such as Chesham, Lane End, Aylesbury and Buckingham.

Marlow Bucks Older People's Action Group (BOPAG)

On 24th March 2023, our Deputy Divisional Director of Integrated Elderly and Community Care and our Nurse Consultant for Older People attended the Bucks Older People's Action Group (BOPAG) to give members an update on the services available at the Marlow Community Hospital and discuss Dementia services available both within the community and within our hospital sites.

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 what was then the

Buckinghamshire Clinical Commissioning Group. The programme has now been rebranded as the “Let’s talk about Cancer Fund”.

As a result of the programme, three bids for funding were accepted during 2022 with the following results to dates:

UCARE

UCARE is Urology Cancer Research and Education and promotes awareness of urological cancers – bladder, kidney, penile, prostate, testicular.

The group requested funding to develop a series of videos targeting individuals with learning disabilities and in particular their carers. They also used funds to develop specific leaflets co-designed with these groups to promote awareness along with bespoke videos for individuals with mental health issues. The self-help videos are available for free now on the organisation’s website as an ongoing resource.

Healthy Living Centre

The Healthy Living Centre (HLC) is a community hub based in Southcourt & Walton Court Aylesbury with outreach into Castlefield & Oakridge in Wycombe and Vale in Chesham. As such this single organisation reaches into the 5 most deprived wards in Buckinghamshire. They run cafes, drop-in centres and a nursery and their aim is to reduce health inequalities.

Funding by Heart of Bucks has helped HLC to promote nationally run cancer awareness weeks, such as cervical, lung, prostate, breast and bowel cancer, as well as promoting the importance of regular basic health measures such as blood pressure checks.

Chiltern Prostate Cancer Group

This group promotes awareness and supports individuals affected by prostate cancer either those with the disease or their carers.

Funding was provided to run two events promoting free PSA testing to communities based in Chesham and a second targeting BAME groups in Wycombe. 318 men attended and underwent testing. Of these 27 had results in the ‘red’ range, prompting a fast-track cancer referral. These men were asymptomatic and would not have been picked up without such testing.

A further grant has been awarded to enable the Chiltern Prostate Group to run further events during 2023/4, particularly targeted at men from the Afro-Caribbean population who are at much higher risk.

Homeless clinics

Social, economic and physical environments are major drivers of ill health and one factor determining this can be having a home. People become homeless for a variety of reasons; however, homelessness can have a major impact on health, with the average age of death for people experiencing homelessness as 45 for men and 43 for women (Crisis UK, 2022).

To try and combat this, the Trust has been collaborating with the Aylesbury Homeless Action Group (AHAG) and Wycombe Homeless Connection (WHC) to provide a routine outpatient service for their clients. Clinics have been running alternatively at Wycombe and Stoke Mandeville Hospitals on a monthly basis since May 2022.

Movers and Shakers events

Wycombe Multicultural Organisation (WMO) is a community charity that provides support and services that will improve the educational, economic, social, physical and spiritual wellbeing of the c. 6,000 people in High Wycombe and the surrounding areas from African Caribbean heritage backgrounds. During the summer, WMO organised a series of 'Movers and Shakers' events to help attendees understand how to prevent healthcare issues and how to recognise if they needed to go and see a healthcare professional. The Trust provided clinical experts to go and speak to the group covering topic including memory clinics, diabetic retinopathy/ophthalmology, urine infections and how to keep your heart healthy.

Research & Innovation

The Trust has an extremely active research and innovation department (R&I), offering our local community, colleagues and patients the opportunity to participate in internationally recognised research and innovation projects. The expanding research portfolio of circa 100 studies includes multiple specialities with almost 6,000 participants consenting to take part this year, compared to 4,966 the previous year. Transformational research studies have improved care and treatment, offered new, novel treatments and therapies to participants that are not routinely available on the NHS, at no cost to the Trust, relieving some of the financial burden to the Trust.

A notable study, LOLIPOP ([For more information please visit: www.sabiobank.org](http://www.sabiobank.org)) offers people of south Asian heritage free health checks, including blood pressure, electrocardiogram to measure heart rhythm and electrical activity, lung function test, eye examination and blood & urine tests. These health checks are part of the research study to understand why some conditions are more common in this community. Approaching 3000 people have received their health reports following participation. Nationally to date of 35,000 participants 5,898 new diagnosis of high blood pressure, 12,873 new high cholesterol diagnoses and 7,125 new diabetes diagnoses have been made, facilitating prompt treatment. The R&I team have been working with **WISE** and the **Karima Foundation** as part of the Research Ready Programme to promote LOLIPOP and raise awareness of healthcare, research and how it can benefit volunteers. This is a joint project between the National Institute of Health Research (NIHR), the Trust's R&I team and Voluntary, Community and Social Enterprises (VCSE).

This year the team successfully recruited to its first vaccine study, partnering with Sanofi, investigating the efficacy of a vaccine for a common respiratory condition (respiratory syncytial virus) in infants under the age of 1 year.

The NIHR's annual Your Path in Research campaign aims to inspire healthcare professionals to get involved in research with a focus this year on social care and public health. The article chosen for the NIHR website is the research journey of a Senior Trust Research Nurse, who has been commended as a Clinical Research Network Ambassador.

Stakeholder Engagement

Medical Examiner, Bereavement and Mortuary event

On Tuesday 27th October 2022, 21 national and independent funeral directors attended a stakeholder event with the aim being:

- To provide information to stakeholders about the services offered by the Medical Examiner, Bereavement, Mortuary, Chaplaincy and End of life services
- To listen to the views of key stakeholders
- To understand enhancements that could be made to our services
- To engage with stakeholders about cultural sensitivities
- Establish a process that works for both the Trust and key stakeholders

Key outcomes:

- Discuss the possibility of extending mortuary collection times
- Discuss the possibility, in conjunction with the council, about a 7 day service
- Simplify and ensure processes within medical examiner, bereavement and mortuary services are consistent
- Set up another stakeholder event for early July 2023 to update group on actions but also to reiterate new medical examiner process
- Update the Trust's website with information on mortuary, chaplaincy and end of life services and information.
- Update patient information leaflet to include all services/depts who presented at the stakeholder event
- Discuss with the council key messages that came out of this event. Access to registrars, remote registering etc

Feedback from this event was extremely positive and now we have started this dialogue we need to continue to engage with these stakeholders. As our services grow, especially the medical examiner and mortuary services, we need to ensure we highlight any changes to the services and the possible impact this will have on this group and the community they serve.

Revive Aylesbury Health & Wellbeing Event (Aylesbury British Muslim Association)

On Saturday 29th October 2022, Buckinghamshire Healthcare NHS Trust was asked by the Aylesbury British Muslim Association to support an event they wanted to organise in Aylesbury. The event was a health & Wellbeing event bringing local ethnic minority communities together to learn and educate themselves and better understand the importance of preventative healthcare.

The Trust had three stalls present at this event which included:

- Breast Screening service
- Sexual Health service
- Nutrition service

Over 200 people attended this event which was great exposure for these services.

Public participation groups

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.

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 2022 to March 2023, 170 patient information leaflets have been reviewed by the CAP. This panel has also advised on Trust signage, changes to patient access points within our emergency dept, reviewed content on certain pages on our website and has given feedback on Trust policies and campaigns which would have an impact on our patients, carers, and visitors.

Community Hub Stakeholder Group

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 8 weeks and is chaired by the Trust's Director of Community Transformation. We have 22 stakeholder members within the group with representatives from both Marlow and Thame Community Hubs.

During 2022/23 this group supported and helped the Trust communicate key messages into the local communities they each represent.

6. Next steps – The year ahead

In 2023/4 the Trust will be reviewing its equality objectives in line with our strategy and 5 year plan. In order to do this, the Trust will use the Equality Delivery System (EDS 2022). The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

The Trust will also:

- 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 Trust's outpatient departments to increase the recording of patients being asked about their communication needs and how this information needs to be shared.

- Improve the diversity of our patient groups through an external recruitment campaign encouraging participation and nurturing these relationships.
- Set up a Children and Young People's patient forum.
- Develop and socialise an AIS policy/guideline to improve awareness amongst staff.

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 & quality impact assessment (EQIA)

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. Following a review a new process and documentation has been implemented

within the Transformation and quality improvement projects within the Trust. A review will be undertaken in 2023/2024 to review this process for our Trust policies.

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

The Trust's equality objectives, for public and patients, are as below

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

The approach to Business Planning supports these objectives through the following mechanisms:

- An Equality Quality Impact Assessment (EQIA) should be undertaken before any service changes or developments are made
- Equality Quality Impact Assessments help us to promote equality and assess the impact on any particular groups because 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.

'Healthy Communities' is a core element of the Trust's vision, with a particular focus on addressing inequalities in access and outcomes.

BUSINESS PLANNING 2023/24

1.0 Overview

The [NHS 2023/24 Operational Planning Guidance](#) was published on 23/12/2022, with priorities summarised below.

The Buckinghamshire Healthcare NHS Trust (BHT) Business Plan for 2023/24 takes account of national requirements, our BHT 2025 Strategy, and the requirements of the BOB Integrated Care System.

It also sets out the Trust's medium-term strategic goals, and the Trustwide 'Areas of focus' for 2023/24.

2.0 National Context

The NHSE National Planning guidance key priorities as below.

Headline national priorities

1. Recover our core services and productivity
2. Make progress in delivering the key ambitions in the Long Term Plan (LTP)
3. Continue transforming the NHS for the future.

Recover our core services and productivity

1. Improve ambulance response and waiting times in our Emergency Department
2. Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
3. Make it easier for people to access primary care services, particularly general practice.

The table below sets out the national planning guidance requirements for 2023/24.

This includes priorities relating to '*Prevention and health inequalities*' and '*People with learning disabilities and autism*'.

National NHS objectives 2023/24

| Area | | Objective |
|---|---|---|
| Recovering our core services and improving productivity | Urgent and emergency care* | Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 |
| | | Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 |
| | | Reduce adult general and acute (G&A) bed occupancy to 92% or below |
| | Community health services | Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard |
| | | Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals |
| | Primary care* | Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need |
| | | Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 |
| | | Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 |
| | | Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels |
| | Elective care | Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) |
| | | Deliver the system- specific activity target (agreed through the operational planning process) |
| | Cancer | Continue to reduce the number of patients waiting over 62 days |
| | | Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days |
| | | Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 |
| | Diagnostics | Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% |
| | | Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition |
| | Maternity* | Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury |
| | | Increase fill rates against funded establishment for maternity staff |
| | Use of resources | Deliver a balanced net system financial position for 2023/24 |
| | Workforce | Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise |
| | Mental health | Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) |
| | | Increase the number of adults and older adults accessing IAPT treatment |
| | | Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services |
| | | Work towards eliminating inappropriate adult acute out of area placements |
| | | Recover the dementia diagnosis rate to 66.7% |
| | People with a learning disability and autistic people | Improve access to perinatal mental health services |
| | | Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 |
| | Prevention and health inequalities | Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit |
| | | Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 |
| | | Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% |
| | | Continue to address health inequalities and deliver on the Core20PLUS5 approach |

*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

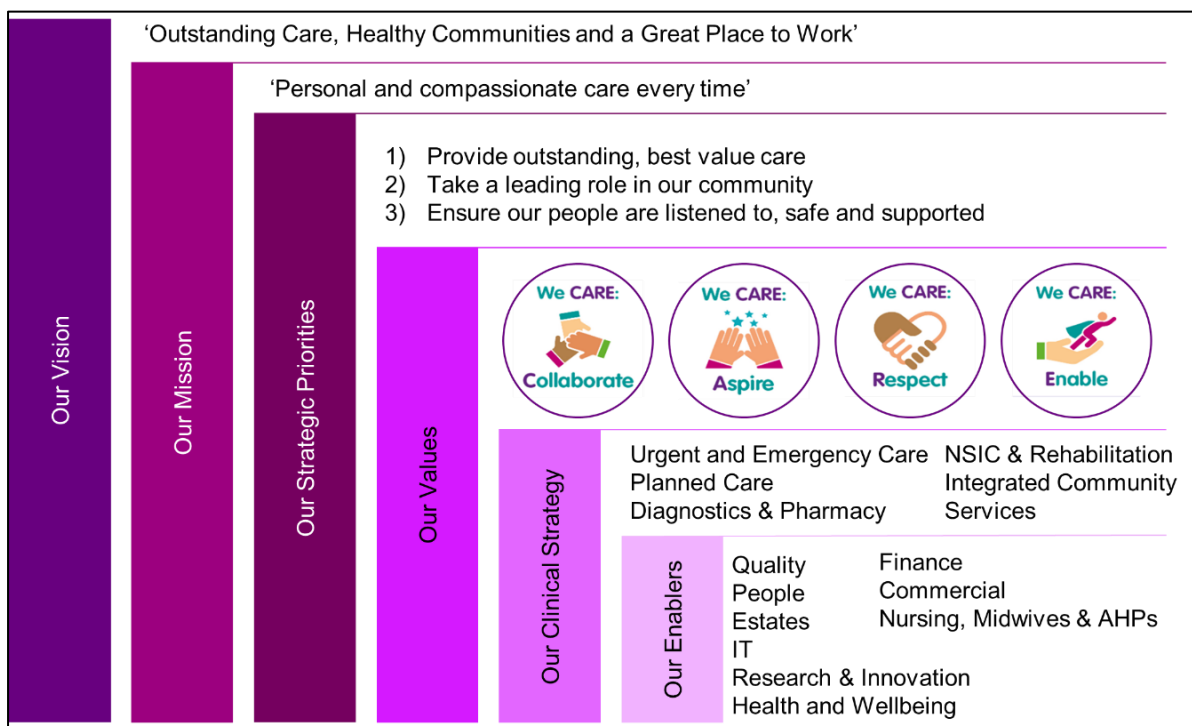
3.0 Buckinghamshire Healthcare NHS Trust Context

3.1 Our Corporate Strategy

The BHT 2025 Strategy sets out the 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. 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.



3.2 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 2022, the Care Quality Commission (CQC) rated us as good, with outstanding for caring. We are proud of our achievements.

We are now focussed on how we move to being an overall outstanding rated Trust. 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.



Equality and Quality Impact Assessment (EQIA)

An EQIA is a business planning tool to help make sure that the Trust carry out our functions and deliver our services in the way they are intended and for everybody. The purpose of an Equality and Quality Impact Assessment (EQIA) is to improve the work of the Trust by making sure it does not discriminate and that, where possible, promotes equality. It is a way to make sure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate.

EQIA's make sure we meet our legal equality duties through assessment of the likely (or actual) effects of our policies, functions or services on the diverse communities we serve. This includes identifying benefits for different groups, looking for opportunities to promote equality that have been previously missed, as well as negative impacts that can be removed, mitigated or justified.

The Trust has recently reviewed its EQIA process and has created a new guideline and process to help our workforce, who write our policies and develop or change our functions and services, think about both the positive and negative impact their decisions may have. A panel of representatives within the Trust meet weekly to review each EQIA presented to approve or request more information about the change.

4.0 Our 2023/24 Operating Plan

The BHT Business Plan for 2023/24 takes account of national requirements, our BHT 2025 Strategy, and the requirements of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

It also sets out the Trust's medium-term strategic goals, and the trustwide 'areas of focus' for 2023/24; as well as activity, workforce, finance, and efficiency operating plans.

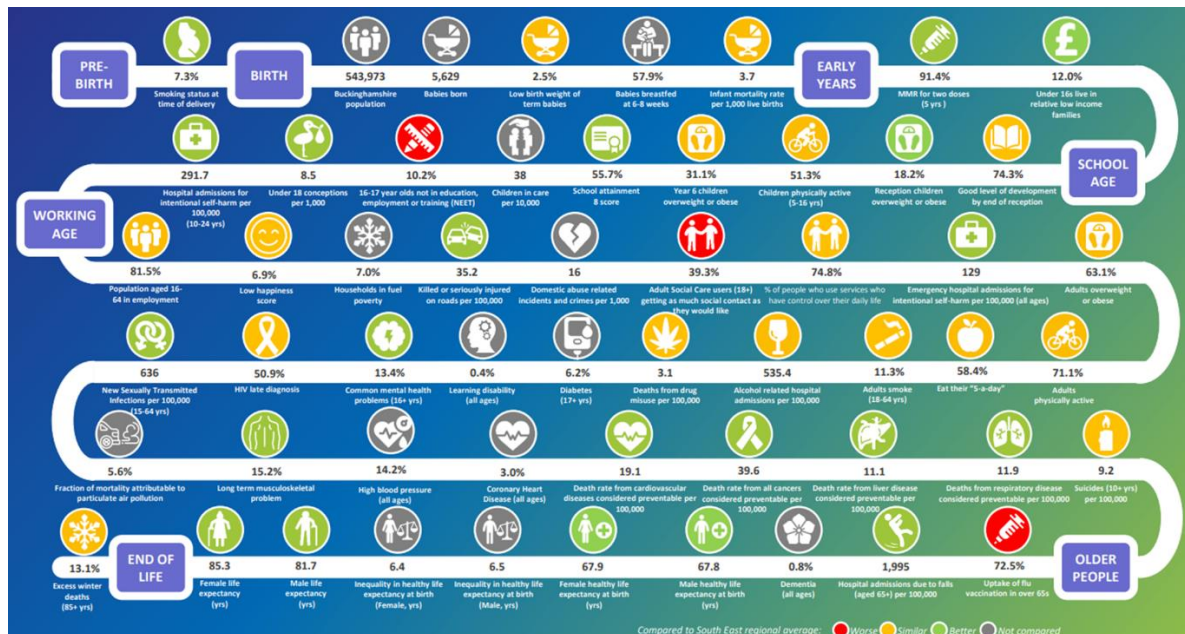
The 'areas of focus' for 2023/24 are a small set of organisation-wide priorities which are understood and owned by everyone. This provides a shared focus around which to energise teams to drive improvements and support the achievement of our medium-term goals linked to our BHT 2025 Strategy. These are set out in the table below.

| Vision | Outstanding Care | Healthy Communities | Great Place to Work |
|--|--|--|---|
| What we want to ACHIEVE by 2025 | <p>We will see people as early as possible when they need our services, to improve outcomes.</p> <p>We will continuously improve our services and use of resources to deliver value for our residents.</p> | <p>We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.</p> | <p>Our people will feel motivated, able to make a difference and be proud to work at BHT.</p> <p>We will attract and retain talented people to build high performing teams with caring and skilled people.</p> |
| How we'll MEASURE progress | <p>Eliminate corridor care.</p> <p>Improve productivity to be in the top quartile nationally.</p> | <p>Play our part in ensuring that more children in the most deprived communities are ready for school</p> <p>Increase proportion of people over the age of 65 years who spend more years in good health.</p> <p>Improve outcomes in cardiovascular disease.</p> | <p>Improve staff engagement score to be in the top quartile in the National NHS Staff Survey.</p> <p>Improve overall Trust vacancy rate to be no more than 8%.</p> |
| Our FOCUS for next year 2023/24 | <p>Improve waiting times, with less than 4% of patients waiting more than 12 hours in the Emergency Department (ED).</p> <p>Improve safety, with 80% of acute and community services having a clinical accreditation assessment by 1 April 2024, and 40% of those assessed achieving silver accreditation.</p> <p>Improve productivity in every service, with overall Trust improvement of at least 5%.</p> | <p>Improve access and effectiveness of our services for communities experiencing the poorest outcomes, with priorities to:</p> <ul style="list-style-type: none"> • Reduce smoking in pregnancy, with less than 5% of women smoking at the time of delivery. • Increase % of people being referred to cardiology services from the most deprived areas. • Improve the early identification of frailty, with more than 30% of patients in ED having a documented frailty score. | <p>Improve the experience of our new starters, with the number of people who leave in the first year less than 12% (improvement also measured through quarterly pulse surveys).</p> <p>Develop operational and clinical management and leadership skills in key roles, so 300 managers are equipped with enhanced technical, management and leadership skills (impact measured by quarterly pulse surveys and national staff survey).</p> |

The 'areas of Focus' for 2023/24 were approved by Trust Board in Mar '23. The Activity, Finance, and Workforce operating plans have been presented to Trust Board, with final versions to be signed off once the national planning cycle is concluded.

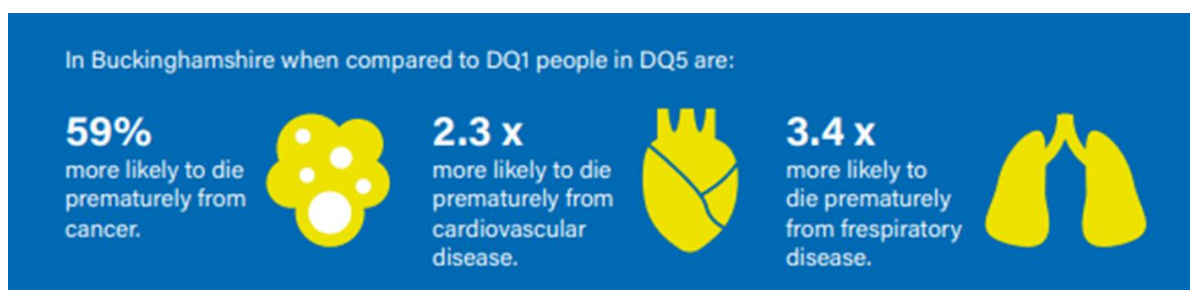
Our plans have been developed in collaboration with divisional teams. We have coordinated operating planning to ensure activity, finance, and workforce plans are aligned. The ICS has coordinated individual workstreams to ensure they receive the narrative and technical template data they require for our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

4.3 Health inequalities

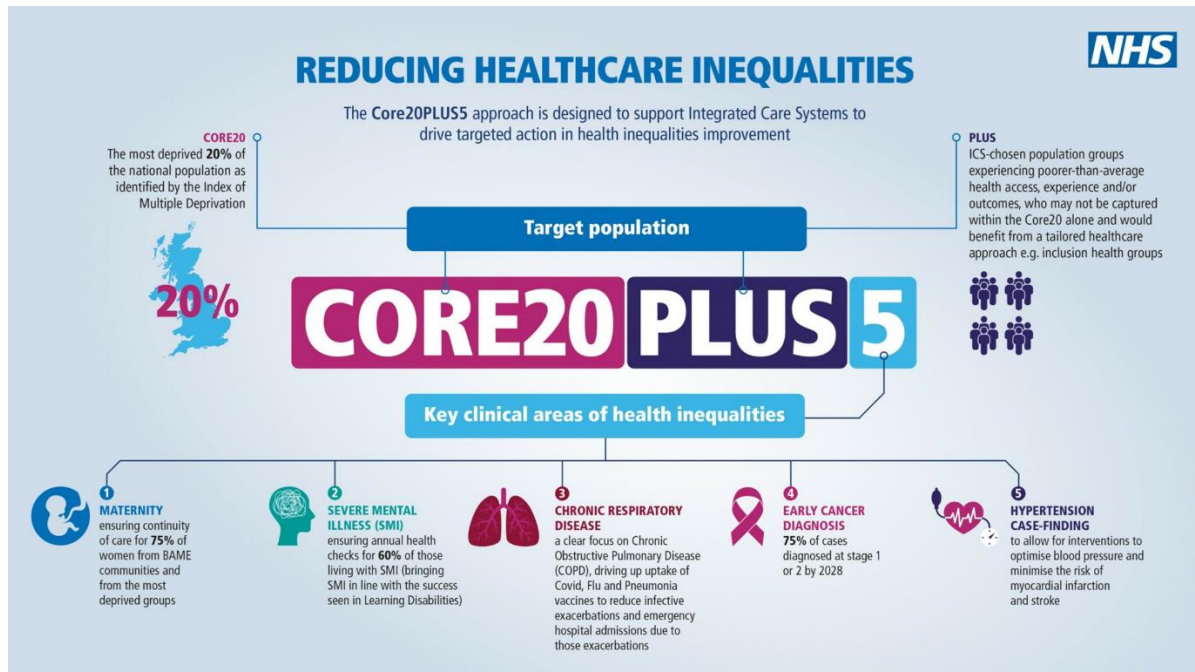


COVID-19 shone a light on the inequalities that exist in our communities. It is over 10-years since Michael Marmot's original review '[Fair Society Healthy Lives](#)'. In that time for the first time in a century, life expectancy has failed to increase in the UK. Life expectancy for women living in the most deprived parts of our country has 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 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.



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 have set out our priorities to address health inequalities, aligning our focus and approach with the county's Health and Wellbeing Strategy, and the Integrated Care System.

BHT strategic medium goal (to 2025):

We will prevent people from dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.

Our focus for 2023/24:

Improve access and effectiveness of our services for communities experiencing the poorest outcomes, with priorities to:

- Reduce smoking during pregnancy, with less than 5% of women smoking at the time of delivery.
- Increase % of people being referred to cardiology services from the most deprived areas.
- Improve the early identification of frailty, with more than 30% of patients in ED having a documented frailty score.

Our 2023/24 plans to support this are summarised below.



| | |
|--|---|
| Our vision... | Deliver outstanding care |
| Our medium-term goals... | We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes. |
| Our strategy to achieve this... | We will improve access to and effectiveness of our services for communities experiencing the poorest outcomes. |
| Change in this area will happen by ... | <ol style="list-style-type: none"> 1. Reducing smoking in pregnancy 2. Improving referrals to cardiology for people living in the most deprived areas 3. Improving referrals to the in-house smoking cessation service and the community stop smoking service 4. Improving the early identification of frailty 5. Improving access to healthcare services closer to the community particularly for areas of inequality 6. Making better use of data to identify and target care for areas of inequality |
| This will have the benefit of ... | <p>Children will get the best start in life</p> <p>People live more of their lives in good health</p> <p>People spend more time in their old-age living independently well at home and less time in hospital</p> <p>Better outcomes in major diseases like cancer and cardiovascular disease for people living in deprived area</p> |
| We will know we've succeeded when ... | <p>By Mar '24, less than 5% of women will be smoking in pregnancy at the time of delivery.</p> <p>By Mar '24, % of people being referred to cardiology services from the most deprived areas will have increased.</p> <p>By Mar '24, more than 30% of patients in the Emergency Department will have a documented frailty score.</p> |
| Key Milestones | <ul style="list-style-type: none"> • By Jul '23 (date tbc), Trustwide Community Estates Strategy developed • By Jun '23, Health Inequalities dashboard developed • Deliver a fully functioning in-house tobacco dependency service for acute patients with a robust discharge plan into community stop smoking support (date tbc) <p><i>As the programme is still in development, further milestones are being determined.</i></p> |

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 2018 to 31 March 2023, split into individual financial years across each of the five clinical divisions.

Overall, the volume of patients accessing the Trust continued to increase during the year 2022/23 compared to 2021/22. This highlights the continued recovery from the COVID-19 pandemic and the effect that had on the provision of our services.

Section One – Inpatients

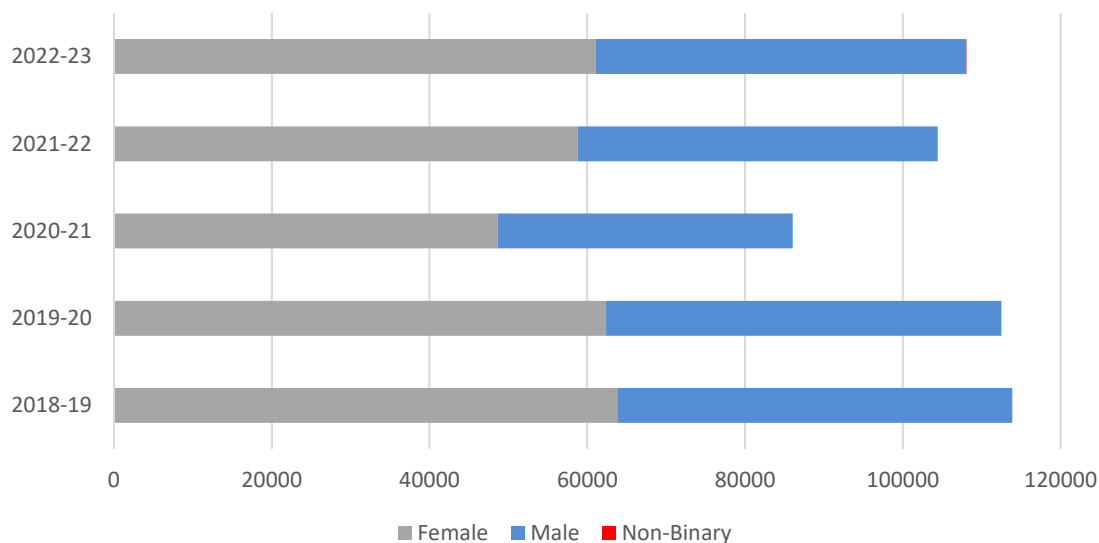
Inpatient activity includes all admissions and day case attendances across all of the Trust sites.

Inpatients by Gender

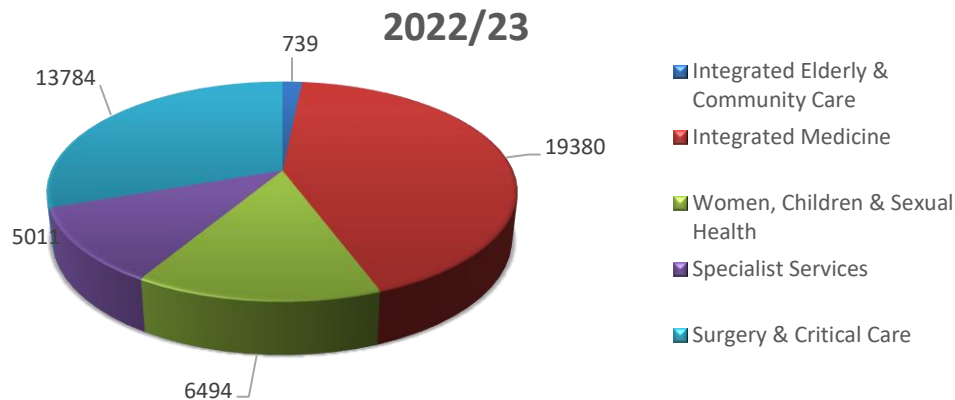
During 2022/23 female inpatient admissions accounted for 56.5%, increasing by 0.2% from 56.3% the previous year.

The number of patients recording their gender as non-binary has increased and can be seen to the right of the last two years in red.

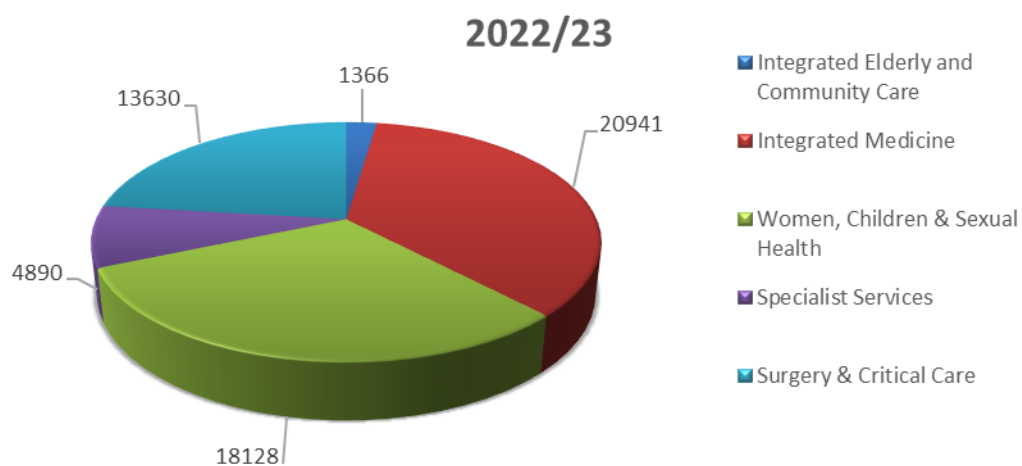
| Inpatient Admissions | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|----------------------|---------|---------|---------|---------|---------|
| Female | 63,789 | 62,403 | 48,617 | 58,774 | 61,026 |
| Male | 50,095 | 50,091 | 37,429 | 45,612 | 47,007 |
| Non-Binary | | | | 18 | 42 |



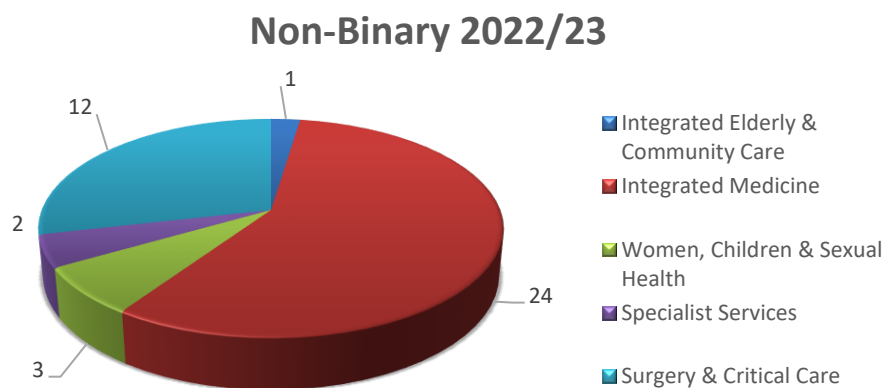
Male Patient Admissions by Division



Female Patient Admissions by Division



Non-Binary Patient Admissions by Division

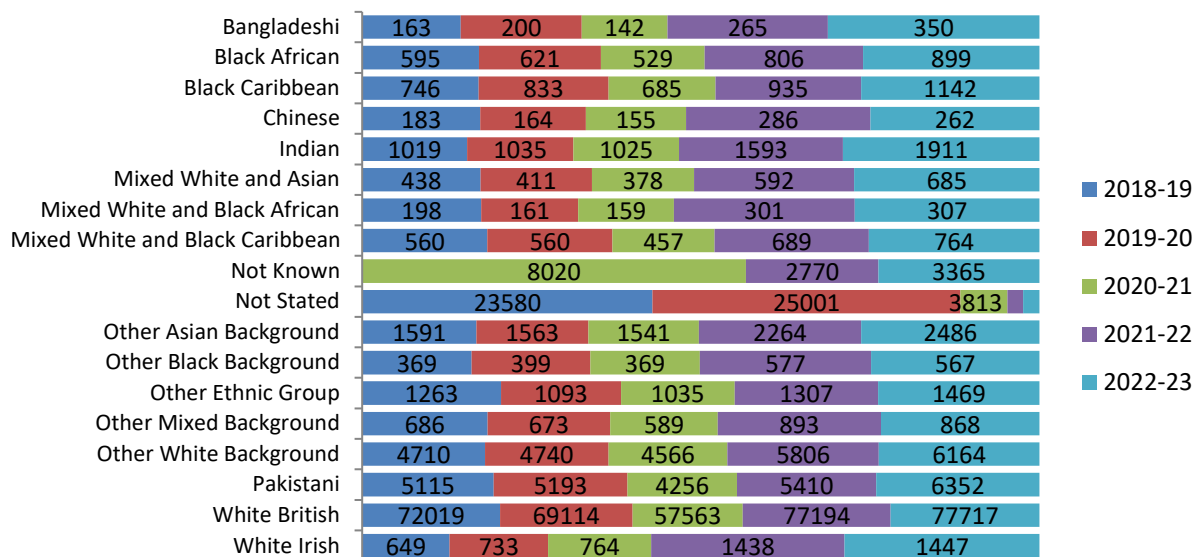


Inpatients by Ethnicity

The patients in the groups 'Not Stated' or 'Not Known' are those who have not given an answer or not been asked the question regarding ethnicity. This has risen very slightly over the last year, whilst still showing a significant improvement on previous years. This has been added to the data quality improvement plan and will continue to be monitored.

Overall, most ethnic groups have seen an increase in information being collected, with the only significant percentage drop showing in the White British group. It is encouraging to see an increase in recording data in some of the smaller groups such as Indian, Bangladeshi, White Irish and Chinese.

| Ethnic Group | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|
| Bangladeshi | 163 | 200 | 142 | 265 | 350 |
| Black African | 595 | 621 | 529 | 806 | 899 |
| Black Caribbean | 746 | 833 | 685 | 935 | 1,142 |
| Chinese | 183 | 164 | 155 | 286 | 262 |
| Indian | 1,019 | 1,035 | 1,025 | 1,593 | 1,911 |
| Mixed White and Asian | 438 | 411 | 378 | 592 | 685 |
| Mixed White and Black African | 198 | 161 | 159 | 301 | 307 |
| Mixed White and Black Caribbean | 560 | 560 | 457 | 689 | 764 |
| Not Known | 0 | 0 | 8,020 | 2,770 | 3,365 |
| Not Stated | 23,580 | 25,001 | 3,813 | 1,278 | 1,320 |
| Other Asian Background | 1,591 | 1,563 | 1,541 | 2,264 | 2,486 |
| Other Black Background | 369 | 399 | 369 | 577 | 567 |
| Other Ethnic Group | 12,63 | 1,093 | 1,035 | 1,307 | 1,469 |
| Other Mixed Background | 686 | 673 | 589 | 893 | 868 |
| Other White Background | 4,710 | 4,740 | 4,566 | 5,806 | 6,164 |
| Pakistani | 5,115 | 5,193 | 4,256 | 5,410 | 6,352 |
| White British | 72,019 | 69,114 | 57,563 | 77,194 | 77,717 |
| White Irish | 649 | 733 | 764 | 1438 | 1447 |
| Total | 113,884 | 112,494 | 86,046 | 104,404 | 108,075 |



Inpatients by Age

Attendances by age grouping shows similar data to the previous year with a small increase in all age groups heading back toward 2019/20 activity. The return to near normal activity is led by the age group 31-50 being the first to slightly exceed pre-pandemic volumes.

| Inpatients by Age | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------------|----------------|----------------|---------------|----------------|----------------|
| 0-16 | 17,879 | 16,659 | 11,431 | 14,198 | 14,826 |
| 17-30 | 12,065 | 11,334 | 9,717 | 10,254 | 10,800 |
| 31-50 | 20,782 | 21,021 | 17,601 | 20,185 | 21,604 |
| 51 Plus | 63,158 | 63,480 | 47,297 | 59,767 | 60,845 |
| Grand Total | 113,884 | 112,494 | 86,046 | 104,404 | 108,075 |

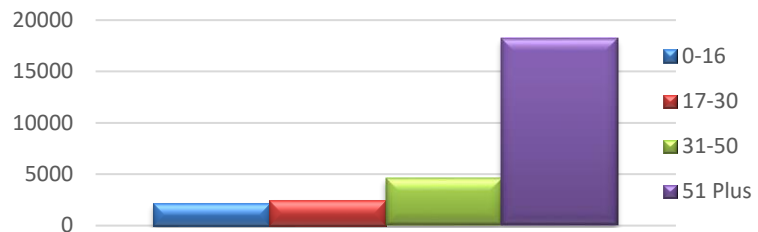


Inpatient Age by Division

The information below is a breakdown of age groups by division using only the 2022/23 activity and the age groups shown in the table relating to each chart.

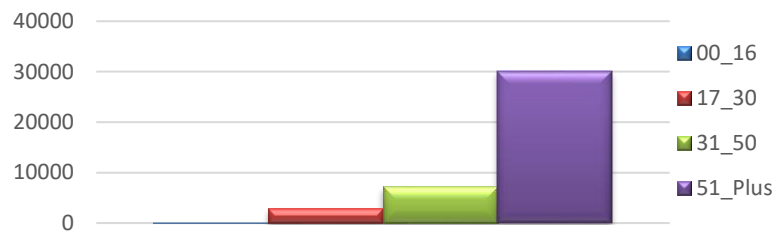
Surgery and Critical Care

| Age | % | Total |
|--------------|-----|---------------|
| 0-16 | 8% | 2,187 |
| 17-30 | 9% | 2,429 |
| 31-50 | 17% | 4,598 |
| 51 Plus | 66% | 18,211 |
| Total | | 27,425 |



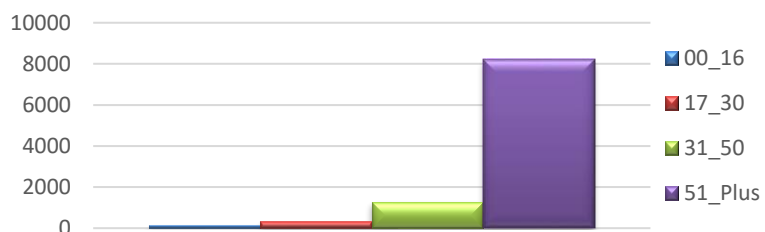
Medicine

| Age | % | Total |
|--------------|-----|---------------|
| 0-16 | 0% | 111 |
| 17-30 | 7% | 2,808 |
| 31-50 | 18% | 7,286 |
| 51 Plus | 75% | 30,140 |
| Total | | 40,345 |



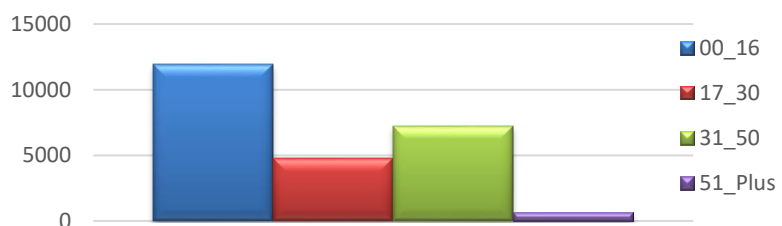
Specialist Services

| Age | % | Total |
|--------------|-----|--------------|
| 0-16 | 1% | 134 |
| 17-30 | 3% | 305 |
| 31-50 | 13% | 1,272 |
| 51 Plus | 83% | 8,192 |
| Total | | 9,903 |



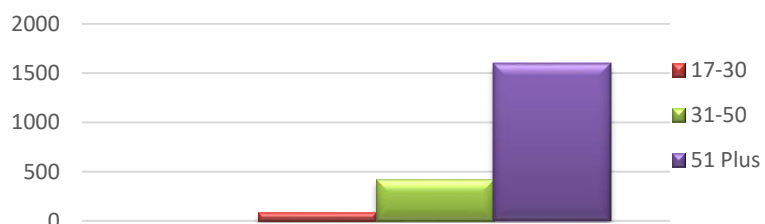
Women, Children & Sexual Health

| Age | % | Total |
|--------------|-----|---------------|
| 0-16 | 48% | 11,916 |
| 17-30 | 20% | 4,795 |
| 31-50 | 29% | 7,251 |
| 51 Plus | 3% | 663 |
| Total | | 24,625 |



Integrated Elderly & Community Care

| Age | % | Total |
|--------------|-----|--------------|
| 0-16 | | |
| 17-30 | 4% | 88 |
| 31-50 | 20% | 419 |
| 51 Plus | 76% | 1,599 |
| Total | | 2,106 |



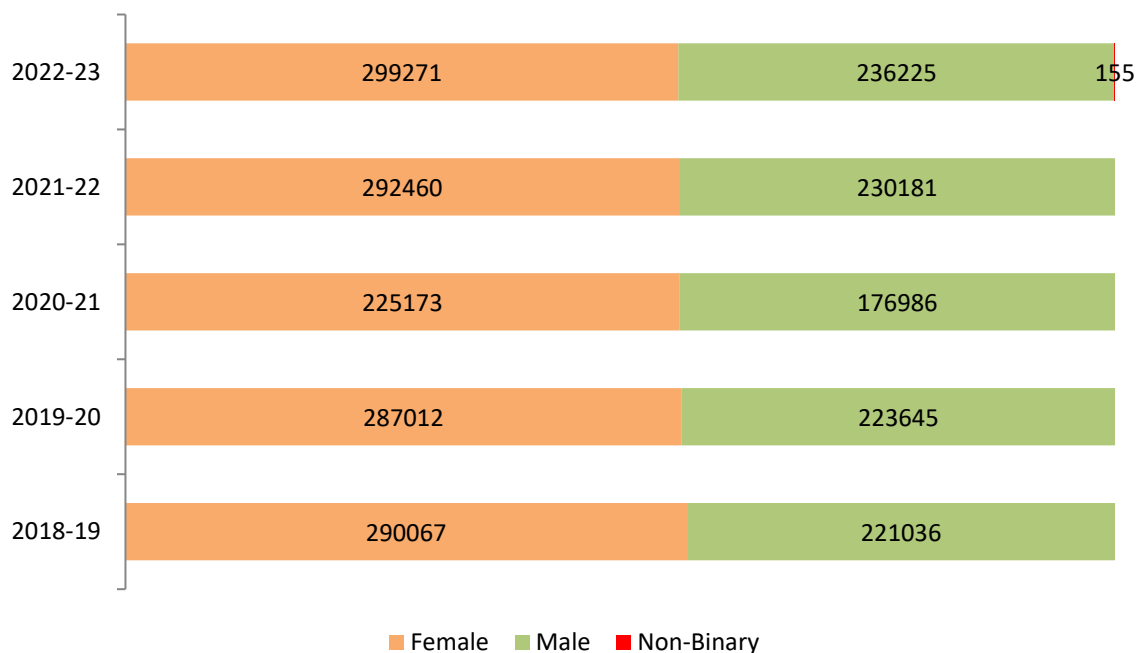
Section Two - Outpatients

The outpatient activity covers all attendances at clinics held across all of the trust's acute care locations and some attendances provided by acute clinical teams at community sites. During the last financial year, the total volume of attended outpatient appointments has again increased to the largest volume of patients seen over the five year reporting window.

Outpatients by gender

As with inpatient activity, female attendances at 55.9% account for the highest proportion of outpatient activity as this is driven by the some of the specialist and maternity services provided by the Trust. For the first time, this year's data also includes patients who identify as non-binary.

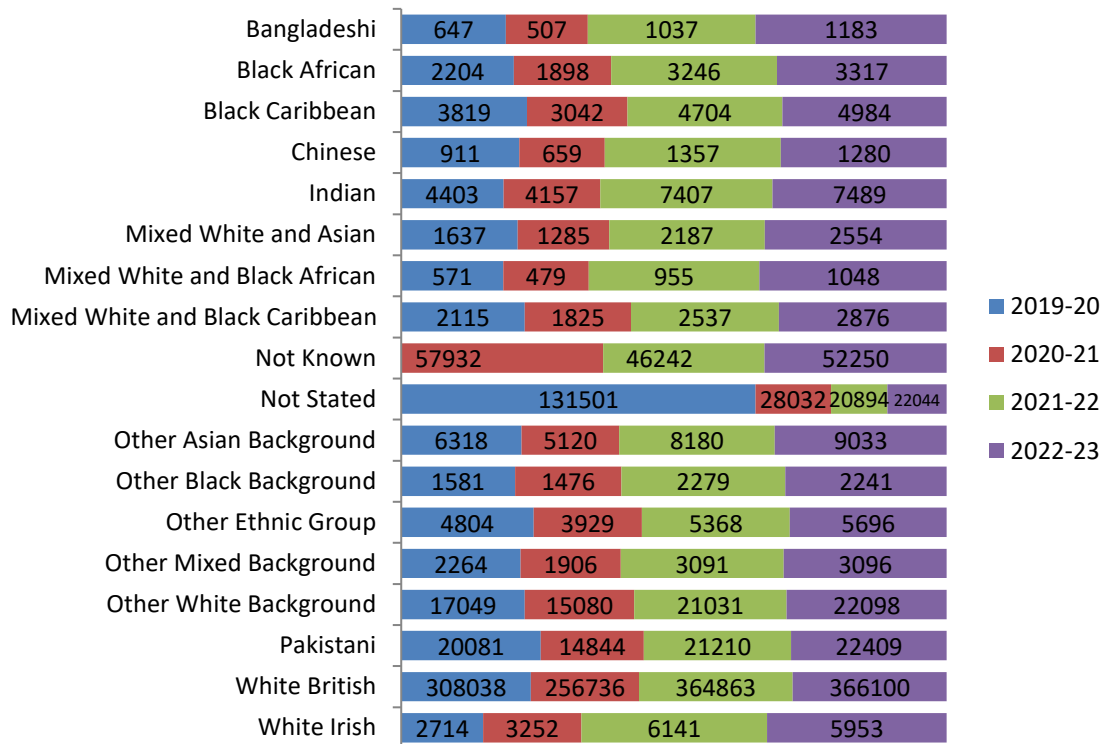
| Outpatients | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------|----------------|----------------|----------------|----------------|----------------|
| Female | 290,067 | 287,012 | 225,173 | 292,460 | 299,271 |
| Male | 221,036 | 223,645 | 176,986 | 230,181 | 236,225 |
| Non Binary | | | | | 155 |
| Total | 511,103 | 510,657 | 402,159 | 522,641 | 535,651 |



Outpatients by Ethnicity

Following the same trend as the inpatient ethnicity data, the outpatients have also seen a rise in the number of not known and not stated. Again, the percentage of patients recorded as White British has dropped and the opposing increase of recording has been spread across a wider range of other ethnic groups. Outpatient data shows only four years due to a data availability issue.

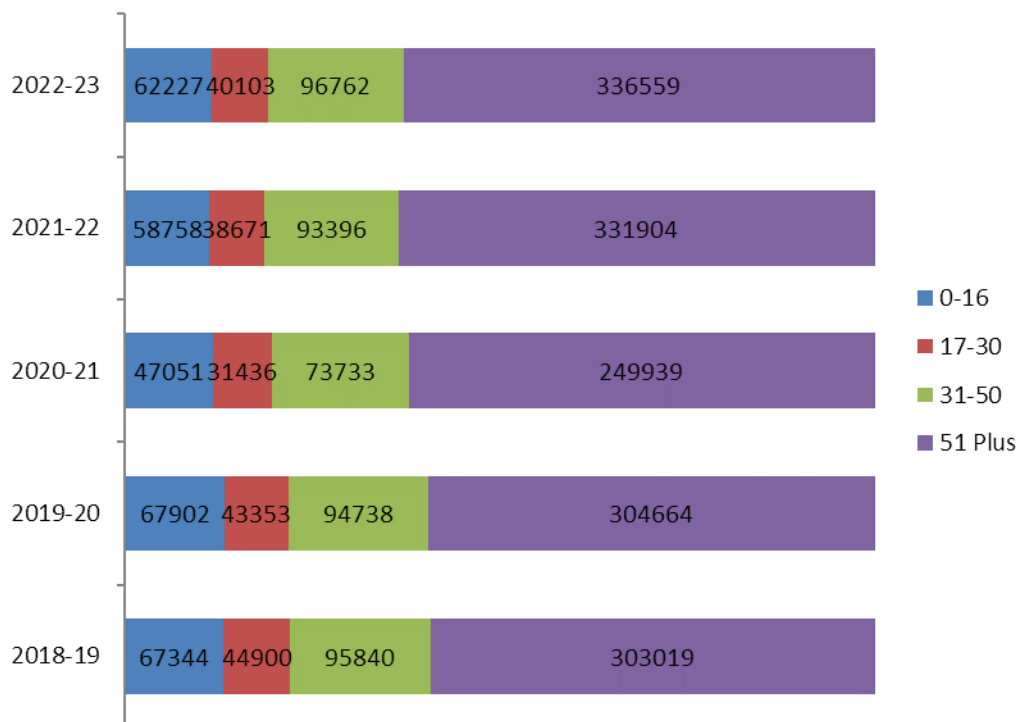
| Ethnic Group | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---------------------------------|----------------|----------------|----------------|----------------|
| Bangladeshi | 647 | 507 | 1,037 | 1,183 |
| Black African | 2,204 | 1,898 | 3,246 | 3,317 |
| Black Caribbean | 3,819 | 3,042 | 4,704 | 4,984 |
| Chinese | 911 | 659 | 1,357 | 1,280 |
| Indian | 4,403 | 4,157 | 7,407 | 7,489 |
| Mixed White and Asian | 1,637 | 1,285 | 2,187 | 2,554 |
| Mixed White and Black African | 571 | 479 | 955 | 1,048 |
| Mixed White and Black Caribbean | 2,115 | 1,825 | 2,537 | 2,876 |
| Not Known | 0 | 57,932 | 46,242 | 52,250 |
| Not Stated | 131,501 | 28,032 | 20,894 | 22,044 |
| Other Asian Background | 6,318 | 5,120 | 8,180 | 9,033 |
| Other Black Background | 1,581 | 1,476 | 2,279 | 2,241 |
| Other Ethnic Group | 4,804 | 3,929 | 5,368 | 5,696 |
| Other Mixed Background | 2,264 | 1,906 | 3,091 | 3,096 |
| Other White Background | 17,049 | 15,080 | 21,031 | 22,098 |
| Pakistani | 20,081 | 14,844 | 21,210 | 22,409 |
| White British | 308,038 | 256,736 | 364,863 | 366,100 |
| White Irish | 2,714 | 3,252 | 6,141 | 5,953 |
| Total | 510,657 | 402,159 | 522,729 | 535,651 |



Outpatients by Age

Over the last five years, there has been only a slight movement across the age profile. With a small but steady decline in the percentage of patients in the age groups between zero and 50, the over 51 age group is increasing at the opposite rate, whilst the overall volume of outpatient attendances is still rising.

| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------|----------------|----------------|----------------|----------------|----------------|
| 0-16 | 67,344 | 67,902 | 47,051 | 58,758 | 62,227 |
| 17-30 | 44,900 | 43,353 | 31,436 | 38,671 | 40,103 |
| 31-50 | 95,840 | 94,738 | 73,733 | 93,396 | 96,762 |
| 51 Plus | 303,019 | 304,664 | 249,939 | 331,904 | 336,559 |
| Total | 511,103 | 510,657 | 402,159 | 522,729 | 535,651 |



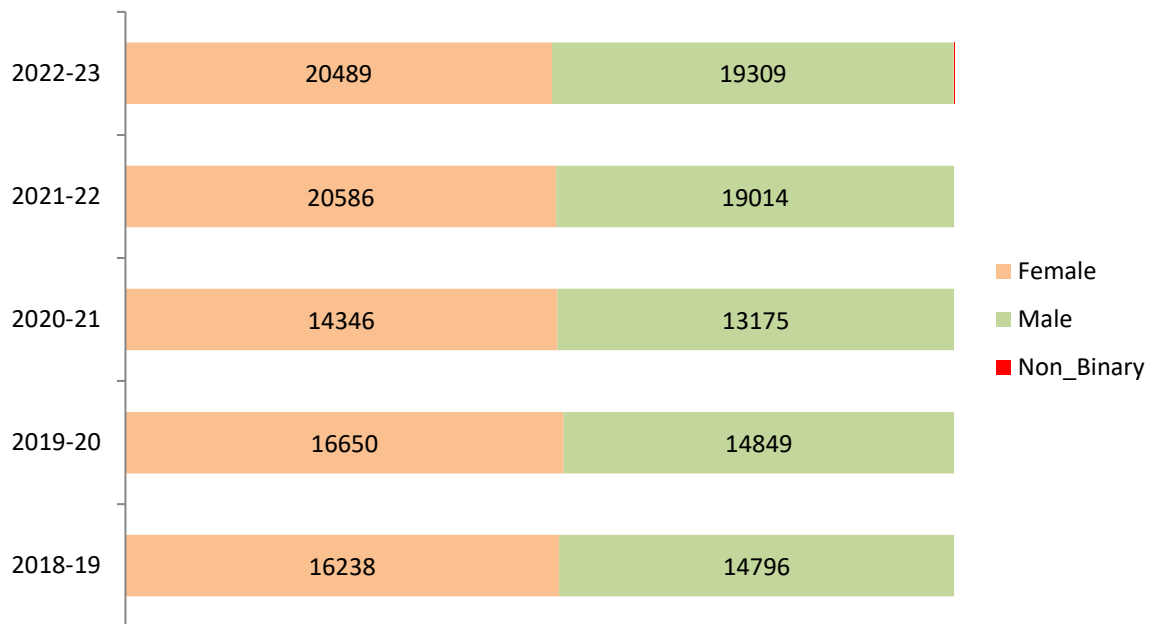
Patients who “Did Not Attend” (DNA) outpatient appointments

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 in previous years.

Within the gender analysis, female DNA's are still slightly higher than male. Overall, the number of patients that did not attend has stayed roughly the same as last year despite the increased volume of outpatient appointments.

Outpatients “Did Not Attend” by Gender

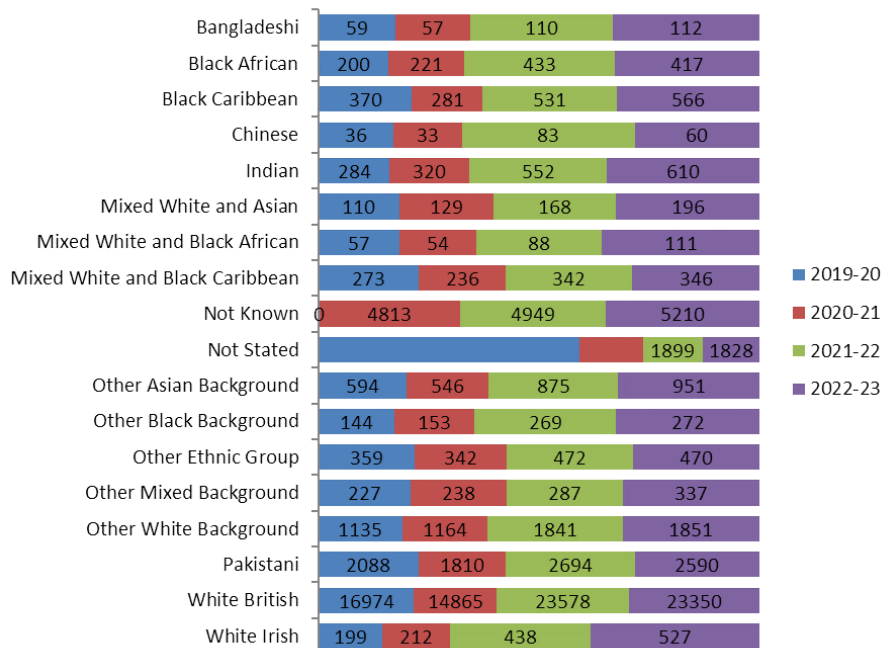
| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------|---------------|---------------|---------------|---------------|---------------|
| Female | 16,238 | 16,650 | 14,346 | 20,586 | 20,489 |
| Male | 14,796 | 14,849 | 13,175 | 19,014 | 19,309 |
| Non-Binary | | | | | 6 |
| Total | 31,034 | 31,499 | 27,521 | 39,600 | 39,798 |



Outpatient “Did Not Attend” by Ethnicity

Outpatient DNA volumes did increase over the last year, but at a lower rate than the number of attendances. Volumes increased by just less than 2.5% where DNA's increased by only 0.5%.

| Ethnic Group | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---------------------------------|--------------|--------------|--------------|--------------|
| Bangladeshi | 59 | 57 | 110 | 112 |
| Black African | 200 | 221 | 433 | 417 |
| Black Caribbean | 370 | 281 | 531 | 566 |
| Chinese | 36 | 33 | 83 | 60 |
| Indian | 284 | 320 | 552 | 610 |
| Mixed White and Asian | 110 | 129 | 168 | 196 |
| Mixed White and Black African | 57 | 54 | 88 | 111 |
| Mixed White and Black Caribbean | 273 | 236 | 342 | 346 |
| Not Known | 0 | 4813 | 4949 | 5210 |
| Not Stated | 8390 | 2047 | 1899 | 1828 |
| Other Asian Background | 594 | 546 | 875 | 951 |
| Other Black Background | 144 | 153 | 269 | 272 |
| Other Ethnic Group | 359 | 342 | 472 | 470 |
| Other Mixed Background | 227 | 238 | 287 | 337 |
| Other White Background | 1135 | 1164 | 1841 | 1851 |
| Pakistani | 2088 | 1810 | 2694 | 2590 |
| White British | 16974 | 14865 | 23578 | 23350 |
| White Irish | 199 | 212 | 438 | 527 |
| Total | 31499 | 27521 | 39609 | 39804 |



Outpatient “Did Not Attend” by Age

The DNA volumes by age group has returned to a similar profile seen in the pre-pandemic years.

During 2019/20 and 2020/21 various pandemic and operational factors created the large shift in numbers.

| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------|---------------|---------------|---------------|---------------|---------------|
| 0-16 | 5,847 | 4,916 | 3,810 | 6,098 | 6,119 |
| 17-30 | 5,123 | 7,778 | 6,474 | 5,550 | 5,352 |
| 31-50 | 7,632 | 13,159 | 11,887 | 9,772 | 9,923 |
| 51 Plus | 12,432 | 5,646 | 5,350 | 18,189 | 18,410 |
| Total | 31,034 | 31,499 | 27,521 | 39,609 | 39,804 |

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

1. Introduction

1.1: 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 with that of our patients as a whole and more widely the Buckinghamshire population to better understand if they are representative of the communities that we serve. It also reports on activity during the year.

2. Projects to increase diversity and accessibility

2.1: South Asian patient's views on BHT:

Following data from last year showing low satisfaction levels amongst our South Asian patients, the Trust commissioned Healthwatch Bucks to undertake a public engagement exercise with South Asian communities in Buckinghamshire to ascertain their experiences of accessing healthcare at BHT. The engagement exercise was completed over several months in 2022. They spoke to 52 members of the South Asian community. (See Appendix A for topic guide). The ethnicity of the participants is shown below:

| | |
|--|-----------|
| Asian/ Asian British: Any other South Asian / South Asian British background | 1 |
| Asian/ Asian British: Bangladeshi | 3 |
| Asian/ Asian British: Indian | 11 |
| Asian/ Asian British: Nepalese | 1 |
| Asian/ Asian British: Pakistani | 13 |
| Asian/ Asian British: Sri Lankan | 2 |
| (blank) | 13 |
| Prefer not to say | 8 |
| Grand Total | 52 |

2.1.2 Key findings include:

- The need for patients to receive information on the availability of interpreters prior to appointments
- Difficulties in using public transport to access healthcare
- Patients feeling stereotyped due to their ethnicity

Actions to address these issues are included in the action plan at the end of the report

2.2: Chaplaincy service: In 2022/23 the chaplaincy service focussed on re-building its volunteer base following the Covid pandemic, with a particular focus on diversifying the range of religions and beliefs represented, in order to provide an inclusive service to our patients. We also recruited a new Muslim chaplain. The team now has representation from the following religions and beliefs: Muslim, Bahai, Hindu, Buddhist, and a range of Christian traditions, including Church of England, Methodist, Roman Catholic, Seventh Day Adventist, Romanian Orthodox and Baptist

3. Friends and Family Test

3.1 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 used for providing a simple overview of the Trust's patient feedback. This can be combined with other forms of feedback such as complaints, compliments and PALS (Patient Advice and Liaison) contacts and used to drive improvements and/or recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of patients, service users and carers using NHS services in England. The feedback is captured via a text message which asks the questions:

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

'Please can you tell us why you have given your answer?'

'Please tell us about anything we could have done better?'

Not all services within the Trust gather feedback through this mechanism and are excluded to avoid causing unnecessary distress to patients, users, and their families. These services are Sexual Health and Florence Nightingale Hospice Palliative Care. This is not an exhaustive list and judgement is applied on a case-by-case basis to any new services created within the Trust.

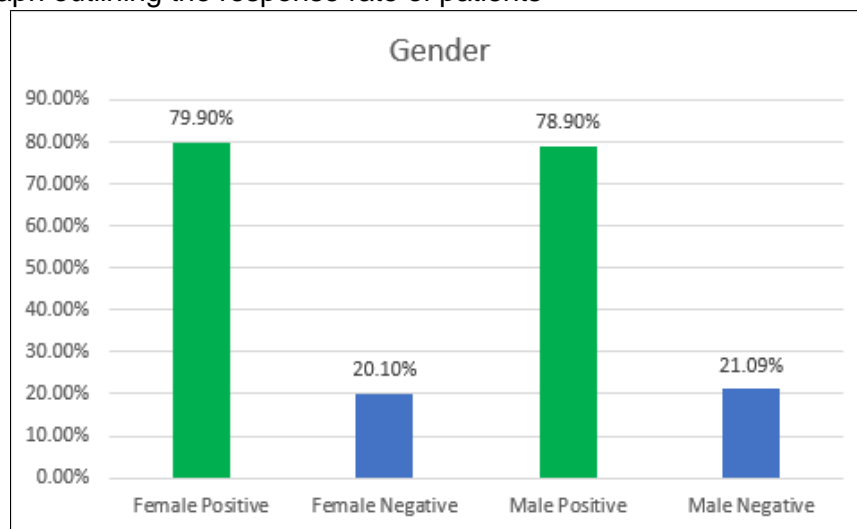
It is important that the FFT remains an inclusive tool and is available to all those who wish to give feedback. The Trust recognises that the timing and method of the FFT might not always be appropriate for some patients and service users and alternative methods of collecting feedback, such as patient interviews and patient stories, are offered at a later, more appropriate time.

The Trust contacted 346,027 patients to give feedback on their experiences during 2022/23. Of those patients contacted 128,984 provided feedback via text message.

3.2: Demographics of Friends and Family Test respondents:

3.2.1. Gender:

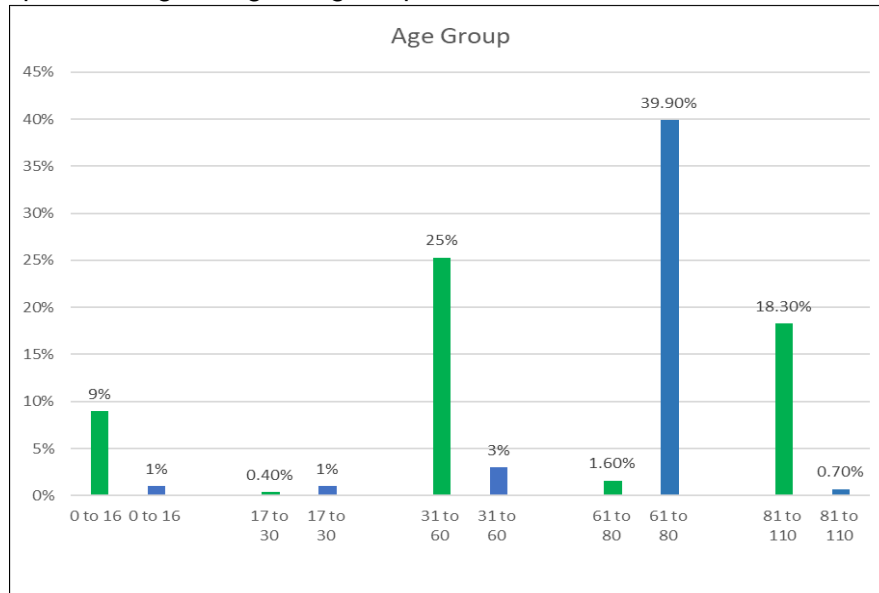
Figure 1: Graph outlining the response rate of patients



The graph outlines the positive (Green) or negative (Blue) response rate of patients categorised by male and female. The response rate refers to the number of patients that have responded to the text message providing feedback about their recent experiences with a particular service. The response rate was broadly similar for patients that identify as either male or female. Female patients accounted for 56% of all responses received and were slightly more satisfied with the service they received with 79.90% responding positively.

3.2.2. Age:

Figure 2: Graph outlining the age range of patients

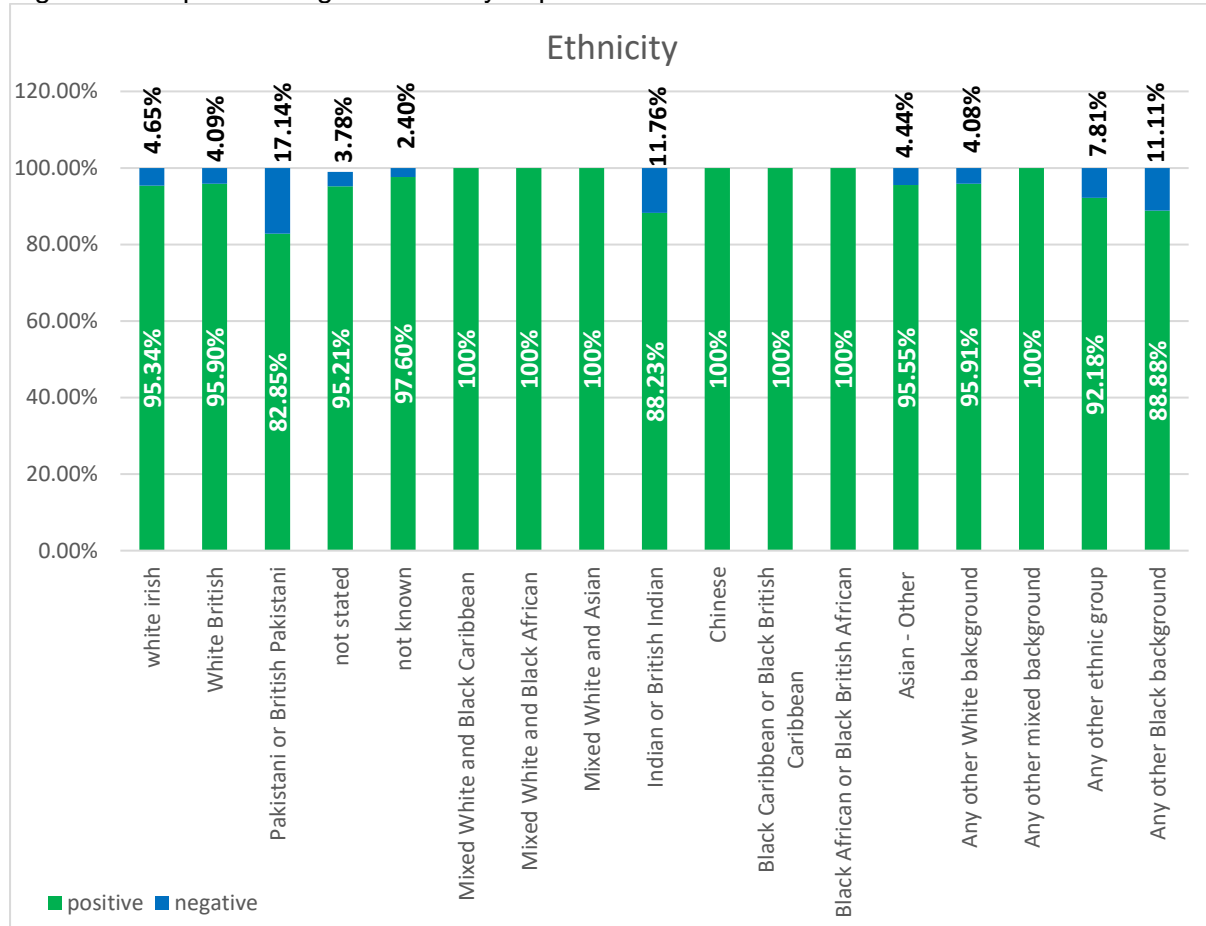


The above graph outlines the age range of patients that provided feedback as part of the FFT text message. The positive (Green) or negative (Blue) indicates patients within that age bracket that either had a positive or negative experience. Following the trend of previous years, the age group with the highest response rate continues to be those aged 61 to 80, with 42% responding and the lowest response rate from all groups of 1.4% is from patients aged 17 to 30. Those aged 30 and under, including parents responding for paediatric patients had an 11% response rate. Patients aged over 60 were most satisfied with the service they received whilst patients aged 17 to 30 reported a poor experience.

We have been working with the children and young people's services both within the acute hospital and community settings to help understand the low response rate and any gaps in feedback from patients within the 0-16yrs and those transitioning into adult services. Links with local council services and the Youth Participation Coordinator have been established to help continue the wider conversations about accessing health and social care services and sharing feedback amongst peers.

3.2.3: Ethnicity:

Figure 3: Graph outlining the ethnicity of patients



Patients from a number of ethnic groups responded with only positive comments. Pakistani or British Pakistani patients reported the lowest satisfaction with 17.14% saying that their experience had been poor or very poor followed by Indian or British Indian at 11.76%. We are addressing this through the actions proposed following the report from Healthwatch Bucks on the views of South Asian patients on their experience with Trust services. White British patients and service users had the highest response rate at 36.34%, the lowest response rate at 0.2% is from those recorded as Black African or Black British Caribbean and Mixed White and Black African.

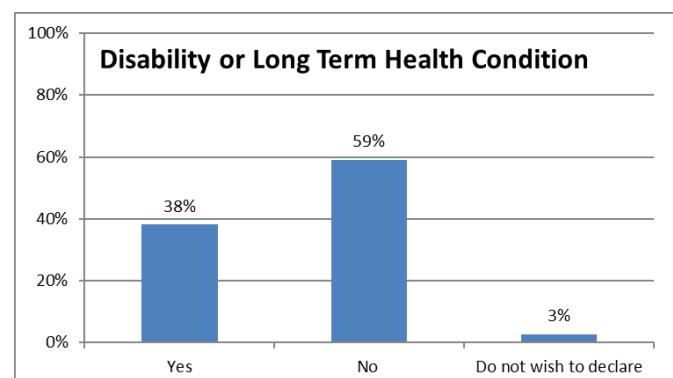
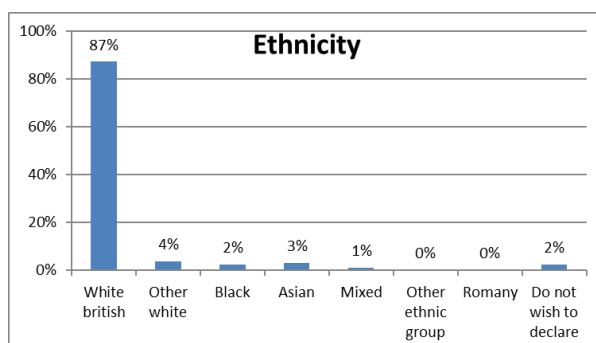
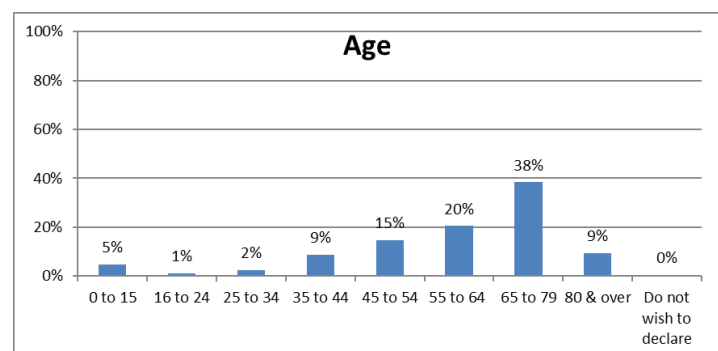
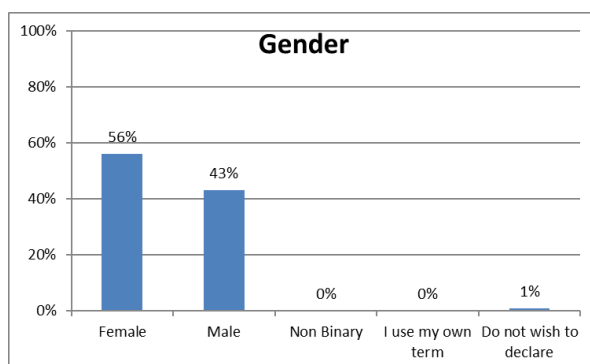
4. Local patient experience surveys:

4.1: Each year the Clinical Effectiveness Team supports 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.

4.2: In 2022/23 thirteen of these local patient experience surveys were completed. Areas surveyed included:

- Cancer Services
- Children & Young People
- Community Services
- Community Head Injury Services
- Video Appointments
- Gynaecology Services
- Acute Paediatrics
- Plastic Surgery

4.3 Where appropriate these surveys collect data regarding the gender, age, ethnicity, and long-term health of respondents. The data from the surveys for 2022/23 is displayed in the charts below.



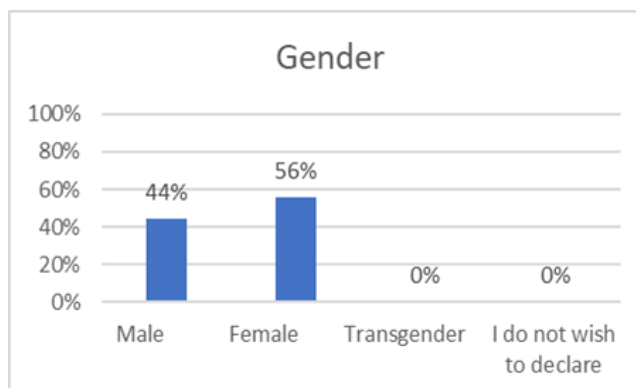
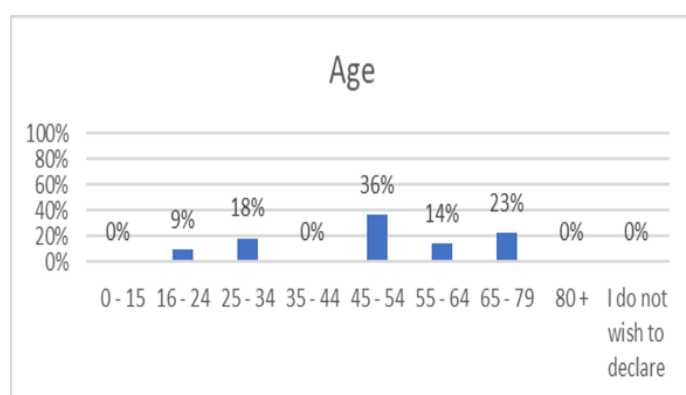
5. Patient groups:

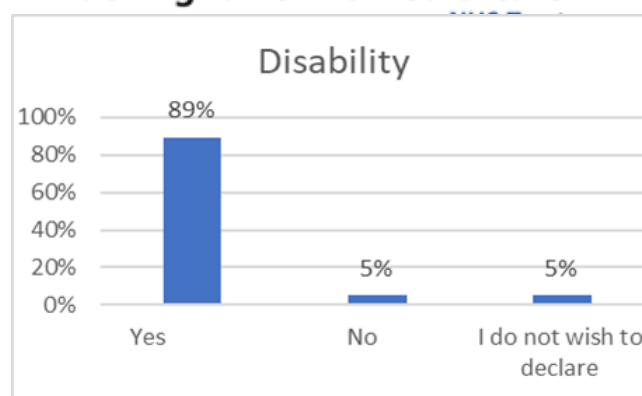
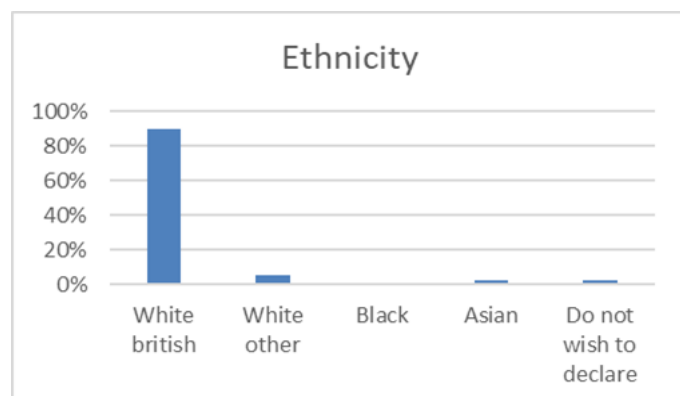
5.1: We are committed to reducing health inequalities and ensuring that in meeting our duties to engage and consult we work closely with our partners, including the voluntary sector, to hear the 'voices' of protected characteristics and other vulnerable groups. The Trust has a number of patient groups who work in partnership with staff to improve patient experience, these include the Patient Experience Group, the Maternity Voices Partnership and NSIC patient forum. Patients also took part in the PLACE and Clinical Accreditation assessments.

| Project/Group | Progress | Next steps |
|------------------------------|---|---|
| Maternity Voices Partnership | <ul style="list-style-type: none"> MVP meeting held In person preterm birth focus group held Preterm birth presentation at AHSN Health and wellbeing engagement event | <ul style="list-style-type: none"> MVP meeting and service user/rep meetings Feedback event repeated Wycombe/Leighton B |

| | | |
|---|---|---|
| | <ul style="list-style-type: none"> Listening clinics held across family centres in Wycombe 15 steps completed at Wycombe Hospital Mamas and Baba's Group restarted 2 new engagement leads started New triage poster co-designed Service user voice summit Leeds | <ul style="list-style-type: none"> Listening cafes in Aylesbury and Chesham Engagement strategy review Walk the Patch Website review Maternity and Neonatal Summit Leeds |
| Patient assessors- Clinical accreditation | <ul style="list-style-type: none"> Patient assessors took part in Clinical accreditation sessions at WGH and SMH Review of the pilot to inform expansion of the scheme | <ul style="list-style-type: none"> Healthwatch Bucks to manage a team of patient assessors for clinical accreditation programme |
| Patient Experience Group | <ul style="list-style-type: none"> Monthly meetings held Members informed plans on Patient Experience Week, improvement plan for cancer services following national cancer patient survey results, and patient safety partners | <ul style="list-style-type: none"> Recruitment of 30 patient partners Involve patient partners in QI, governance, and safety projects |
| NSIC patient forum | <ul style="list-style-type: none"> Group reconvened and a meeting held Priority areas for improvement including communication developed | <ul style="list-style-type: none"> Work with NSIC team to improve patient experience |
| Stroke patient forum | <ul style="list-style-type: none"> Quarterly forum established | <ul style="list-style-type: none"> Patients to be actively involved in the neuro-rehab improvement programme |
| Cancer Board | <ul style="list-style-type: none"> Patient Partner involvement in Cancer Board meetings and part of strategic conversations about the services. | <ul style="list-style-type: none"> Feedback into Patient Experience Group Continued engagement in improvements following The National Cancer Patient Survey (NCPES). |

5.2: Patient Group participation data

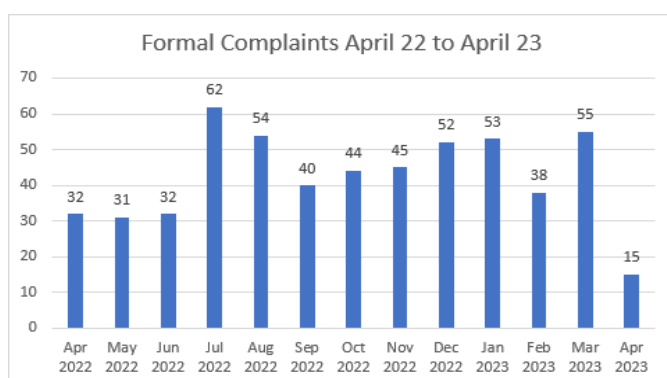




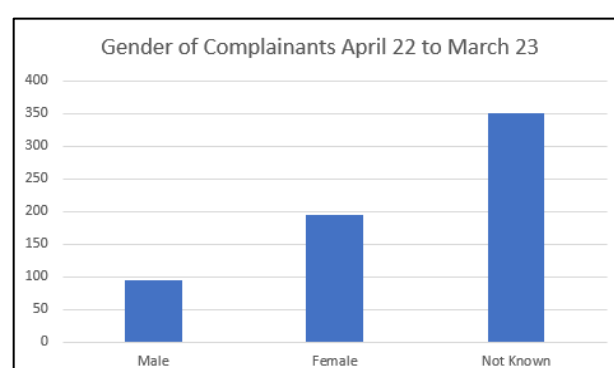
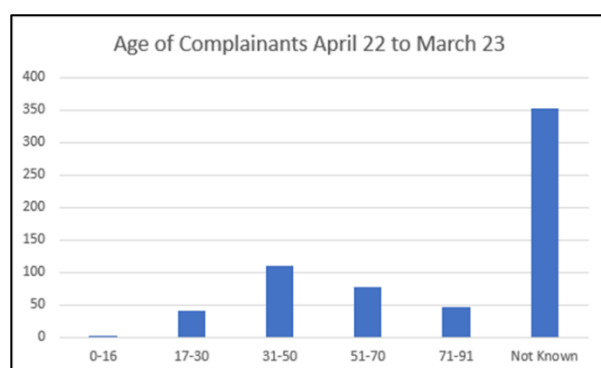
The patient groups have a good representation across most age ranges. We currently have no patient groups for our young patients. The majority of participants report having a disability are white British.

5: Formal Complaints:

5.1: In 2022/3 the Trust received 538 complaints which was a significant reduction from 663 the previous year.



5.2 Complainant demographics:



The move from Datix 13 digital complaints management system to Datix 14 has led to a fall in the recording of demographic data for complainants which will be rectified in the coming year.

Interpretation

The data below shows that we are paying due regards to advancing equality by highlighting that during this period we have translated 29 different languages for patients; ensuring that they received full access to our services and clarity of understanding of their healthcare.

There was a total of 3199 requests for interpretation that were met during 2022/23 compared to 3,062 requests in 2021/22. This includes face to face interpreting and telephone interpreting. Interpreters were provided for 91% of requests.

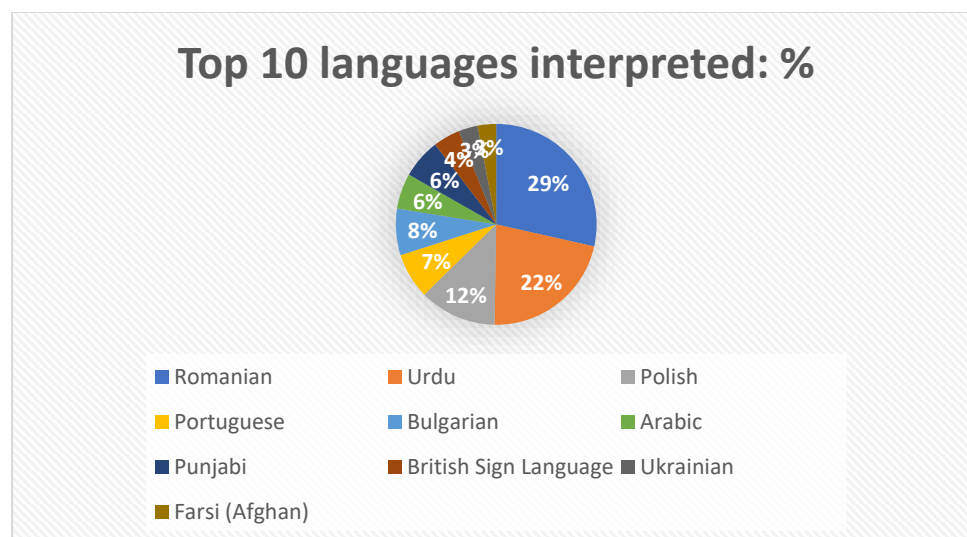
Romanian, Urdu and Polish were the top three requested languages in 2022/23. In comparison last year the three most requested languages were Urdu, Polish and BSL, with Romanian in fourth place.

Interpretation Summary – top three

The charts below demonstrate that in 2022/23:

1. Romanian is now the most requested individual language for interpretation making up 29% of requests
2. Urdu – is now the second most requested language at 22% of requests
3. Polish is now the third most requested language at 12%

The chart below also shows the breakdown of the 10 most requested languages in 2022/23



When viewing this data consideration should be given to possible anomalies that may arise as a result of our long stay patients with language needs. For example, some of our NSIC (National Spinal Injuries Centre) inpatients, multiple requests for the same language can accumulate within one period which may look like an increased need overall, but it may be a single patient in for a longer length of stay.

Action Plan 2023/24:

| Issue | Actions | By when | Who |
|---|--|----------|--------------------------|
| Low satisfaction levels amongst south Asian patients | Share findings of Healthwatch Bucks report with key teams to inform current programmes to improve patient experience and outcomes for south Asian patients | March 24 | Amarjit Kaur |
| Low levels of ethnic diversity amongst patient group members | Recruit ethnically diverse patients to Patient Experience Group | Dec 23 | Patient experience team |
| Lack of opportunity for patient involvement for patients under 15 | Set up Children and Young Peoples patient forum | March 24 | Heather Brown & CYP team |

Appendix A:

Survey questions (excluding demographic questions)

| Question | Answer type/options |
|--|--|
| 1 *Please tell us your ethnicity | <ul style="list-style-type: none"> • Asian/Asian British: Bangladeshi • Asian/Asian British: Indian • Asian/Asian British: Nepalese • Asian/Asian British: Pakistani • Asian/Asian British: Sri Lankan • Asian/Asian British: Any other South Asian / South Asian British background – [please tell us] • Mixed / Multiple ethnic groups: – [please tell us] • None of the above |
| 2 *Are you telling us about your own experience or about something that happened to a family member or friend? | <ul style="list-style-type: none"> • My own experience • A relative's experience • A friend's experience |
| 3 *When did the experience you're telling us about happen? | <ul style="list-style-type: none"> • since March 2020 (when COVID restrictions were in place) • between April 2019 and March 2020 • before March 2019 • other – please tell us |
| 4 *Did you visit an NHS hospital in Bucks or did someone from the hospital come to your home (or the home of the person you're telling us about)? | <ul style="list-style-type: none"> • I visited a hospital (skip to Q6) • Someone from the hospital came to my home (skip to Q5) • I went to a hospital AND someone came to my home (go to Q5 and 6) • I had only a phone or video hospital appointment • None of the above |

| | | |
|----------|---|--|
| 5 | If 'someone came to your home (or the home of the person you're telling us about)', please tell us about the experience | |
| 5 | If 'I had only a phone or video hospital appointment' please tell us about the experience | |
| 6 | Which NHS hospital/s in Bucks did you use? | <p>Please tick all that apply format</p> <ul style="list-style-type: none"> • Amersham Hospital • Buckingham Community Hospital • Chalfonts and Gerrards Cross Hospital • Marlow Community Hospital • Stoke Mandeville Hospital • Thame Community Hospital • Wycombe Hospital <p>Other – please tell us</p> |
| 7 | Thinking about the experience you're telling us about, which hospital/s were most involved? | Options carried over from question 6 |

Thinking about the experience you want to tell us about...

| | | |
|----------|---|--|
| 8 | <p>[For those naming a hospital]</p> <p>*Please tell us why you (or the person you're telling us about) went to the hospital.</p> | <p>[Please tick all that apply]</p> <p>A. For a clinic or outpatient / clinic appointment/check up</p> <p>B. For an assessment or treatment</p> <p>C. For an operation with an overnight stay in hospital (an inpatient)</p> <p>D. For an operation done in a day (no overnight stay)</p> <p>E. For tests (e.g., blood test, scans or X rays)</p> <p>F. It was an emergency (egg A&E or Urgent Treatment Centre)</p> <p>G. To visit a relative/friend</p> <p>H. To volunteer</p> <p>Other (please tell us)</p> |
|----------|---|--|

Getting an appointment

| | | |
|--------------------------------------|--|--|
| 9 | Were you given information about your appointment or treatment before you went to the hospital? | Yes/No/ Not sure |
| 10 | For yes to Q9 above: What did you think of the information you were given? | Very Good/Good/Poor/Very poor |
| 11 | Please tell us why you said this. | |
| 12 | Did the information tell you that you could ask for an interpreter if you wanted one? | Yes/No/Don't know |
| 13 | Did you have to change the date of your appointment? | Yes/No/Don't know |
| 14 | How easy/difficult was it to do that? | Very difficult/Difficult/Easy/Very easy Please tell us more |
| 15 | If you've ever missed an appointment, please tell us why. | |
| 16 | Please tell us more about your experience of getting an appointment. | |
| When you were at the hospital | | |
| 17 | How did you get to the hospital? | <ul style="list-style-type: none"> • In my own car • In someone else's car • Public transport (e.g., bus or train) • Ambulance (or other hospital transport) • Taxi |
| 18 | Were you told (by someone or in a letter) what to do when you got to the hospital? | Yes/No/I didn't have any information/Don't know |
| 19a | Did you know you could let the hospital staff know when you arrive if you would prefer to see a female or male doctor? | Yes/No/Don't know |

| | | |
|--|---|--|
| 19b | Did you know you could have someone with you during an appointment or examination (either a relative or a hospital chaperone)? | Yes/No/Don't know |
| 20 | What did you think about length of time you had to wait to see a doctor or nurse on the day? | Very Good/Good/Poor/Very poor |
| 21 | Did you (or the person you're telling us about) need to stay overnight in hospital? | Yes/No/Don't know If yes – go to next Question. If no/don't know skip to Question 25 |
| 22 | Was this a planned overnight stay? | Yes/No/Don't know |
| 23 | During your stay did you have everything you needed (e.g., dietary requirements, interpreter, chaperone, access to prayer room, a way of contacting your family?) | <ul style="list-style-type: none"> • I had everything I needed • I had some of the things I needed • I didn't have anything that I needed • Not applicable |
| 24 | [For people who say 'some needs met, or no needs met] Please tell us what support would have made your stay more comfortable? | |
| 25 | If you used a chaperone or interpreter provided by the hospital, what do you think of them? | |
| 26 | Did you feel your culture or beliefs were respected and supported during your visit? | Yes/No/Don't know [If no – please tell us more about your experience] |
| 27 | Is there anything else you'd like to tell us about your visit to the hospital? | |
| After the visit - what information was available about what happens next? | | |
| 28a | Did someone explain to you - or give you written information about what would happen after your appointment or when you left the hospital? | Yes/No/Don't know |
| 28b | For yes to Q28a above: What did you think of the information you were given? | Very Good/Good/Poor/Very poor Please tell us more |
| 29 | If necessary - were you offered the information in any other languages / formats (e.g., easy read, braille etc)? | Yes/No/Don't know |

| | | |
|-----------|--|-------------------|
| 30 | Were you told who to contact if you need medical advice once you've left the hospital? | Yes/No/Don't know |
| 31 | Were you told who to contact if you needed extra help to live at home (e.g., carers) when you left the hospital? | Yes/No/Don't know |
| 32 | Do you know how to raise a concern or give the hospital feedback? | Yes/No/Don't know |
| 33 | Is there anything else you'd like to tell us about your experience? | |

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.

Health and Wellbeing Days for Older Residents

On Friday 21st October 2022, Buckinghamshire Healthcare NHS Trust held an older people's health and wellbeing day at Thame Community Hospital. Thame Community hospital is home to many clinics including a community assessment and treatment service (CATS), the day hospital and several other frailty services.

The aim of the event was:

- To engage with the local community
- To educate local residents about their general health & wellbeing and reduce the likelihood of them needing to access health services in the future
- To engage with local charitable/voluntary sector organisations
- To raise awareness for local residents about services/support/organisations that are available locally
- Highlight and promote the services available at Thame Community Hospital

A total of 15 stand holders were present at this event providing information, guidance and advice on relevant services and topic areas. Services/organisations present were:

- BHT Nursing teams – checking blood pressure, height/weight measurements
- BHT Continence team
- BHT physio and occupational therapy – providing functional fitness reviews and recommendations for physical activity
- Foot mini health check and massage
- Carers Bucks and Cares Oxford
- Bucks Active Communities – chair fitness class
- Ability net
- Healthy MINDS Bucks
- Healthy MIND Oxford
- Age UK
- Thame League of Friends
- Thame Community Car Service

Evaluation

35 people attended this event. 30 of them filled in an evaluation form. The results are shown below:

- 76% of respondents felt the event was “extremely useful”
- 76% of respondents said they were “extremely likely” to recommend a future event to a family member or friend

The health and wellbeing days are being rolled out to other community sites with an event taking place in Marlow April 2023 and one scheduled for Chalfont in September 2023.



Marlow Bucks Older People's Action Group (BOPAG)

On 24th March 2023, our Deputy Divisional Director of Integrated Elderly and Community Care and our Nurse Consultant for Older People attended the Bucks Older People's Action Group (BOPAG) to give members an update on the services available at the Marlow Community Hospital and discuss Dementia services available both within the community and within our hospital sites.

23 people attended this meeting who were all representatives of smaller OPAG groups within Buckinghamshire. These included Lane End, Beaconsfield, Amersham, Burnham, Bourne End and Chesham. Following this event, the Trust has been asked to hold events for older people at Chesham, Lane End and Burnham.

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 what was then the Buckinghamshire Clinical Commissioning Group. The programme has now been rebranded as the "Let's talk about Cancer Fund".

As a result of the programme, three bids for funding were accepted during 2022 with the following results to dates:

UCARE

UCARE is Urology Cancer Research and Education and promotes awareness of urological cancers – bladder, kidney, penile, prostate, testicular.

The group requested funding to develop a series of videos targeting individuals with learning disabilities and in particular their carers. They also used funds to develop specific leaflets co-designed with these groups to promote awareness along with bespoke videos for individuals with mental health issues. The self-help videos are available for free now on the

organisation's website as an ongoing resource. 1500 individuals have been reached directly by the promotional team and more each day are accessing the content online. There has been positive feedback from carers, many of whom said that they hadn't considered cancer screening as relevant and said that the videos had improved their confidence in identifying symptoms which require further medical investigation.

Healthy Living Centre

The Healthy Living Centre (HLC) is a community hub based in Southcourt & Walton Court Aylesbury with outreach into Castlefield & Oakridge in Wycombe and Vale in Chesham. As such this single organisation reaches into the 5 most deprived wards in Buckinghamshire. They run cafes, drop-in centres and a nursery and their aim is to reduce health inequalities.

Funding by Heart of Bucks has helped HLC to promote nationally run cancer awareness weeks, such as cervical, lung, prostate, breast and bowel cancer, as well as promoting the importance of regular basic health measures such as blood pressure checks.

Chiltern Prostate Cancer Group

This group promotes awareness and supports individuals affected by prostate cancer either those with the disease or their carers.

Funding was provided to run two events promoting free PSA testing to communities based in Chesham and a second targeting BAME groups in Wycombe. 318 men attended and underwent testing. Of these 27 had results in the 'red' range, prompting a fast-track cancer referral. These men were asymptomatic and would not have been picked up without such testing.

A further grant has been awarded to enable the Chiltern Prostate Group to run further events during 2023/4, particularly targeted at men from the Afro-Caribbean population who are at much higher risk.



Homeless clinics

Social, economic and physical environments are major drivers of ill health and one factor determining this can be having a home. People become homeless for a variety of reasons; however, homelessness can have a major impact on health, with the average age of death for people experiencing homelessness as 45 for men and 43 for women (Crisis UK, 2022).

Whilst a proof of address is not required to register with a GP, a lack of a fixed abode can be a potential barrier. This, alongside a general distrust of authority figures and service providers due to fear of victimisation, may result in the homeless not seeking medical help.

To try and combat this, the Trust has been collaborating with the Aylesbury Homeless Action Group (AHAG) and Wycombe Homeless Connection (WHC) to provide a routine outpatient service for their clients. Clinics have been running alternatively at Wycombe and Stoke Mandeville Hospitals on a monthly basis since May 2022.

People attending the clinics have presented with medical concerns ranging from issues arising from their current lifestyle (smoking, excess alcohol consumption, skin conditions) to lack of access to long term required medication.

With the support of partners Medirest and Sodexo, each patient attending the clinic has been given a free hot meal and drink. The local Aylesbury Women's Institute has also provided knitted hats and scarves for each attendee.

Equality Monitoring

- The youngest person attending the clinics was 22 years old with the oldest being 51
- 3 people considered themselves to have a long-term health condition
- 75% (6) of people attending this clinic consider themselves to have a mental health condition
- The clinic sees people from 5 different ethnic groups
- 90% of people attending this clinic are single
- 62.5% of people attending this clinic consider themselves heterosexual
- 100% of people attending this clinic are male

Patient Feedback



Movers and Shakers events

Wycombe Multicultural Organisation (WMO) is a community charity that provides support and services that will improve the educational, economic, social, physical and spiritual wellbeing of the c. 6,000 people in High Wycombe and the surrounding areas from African Caribbean heritage backgrounds. During the summer, WMO organised a series of 'Movers and Shakers' events to help attendees understand how to prevent healthcare issues and how to recognise if they needed to go and see a healthcare professional. The Trust provided clinical experts to go and speak to the group covering topic including memory clinics, diabetic retinopathy/ophthalmology, urine infections and how to keep your heart healthy.

Chairman of the WMCO, Brian Lewis, said: "We wanted to organise a 6-week gathering for our senior citizens to test if there was a demand for it and were pleasantly surprised at the fantastic turnout. Each week we arranged for a discussion on common health issues affecting our senior citizens followed by a fitness programme and then finally a traditional Caribbean lunch. The feedback was very positive with 100% rating the health discussions as excellent, useful and insightful."

Stakeholder Engagement

Medical Examiner, Bereavement and Mortuary event

On Tuesday 27th October 2022, 21 national and independent funeral directors attended an a stakeholder event with the aim being:

- To provide information to stakeholders about the services offered by the Medical Examiner, Bereavement, Mortuary, Chaplaincy and End of life services
- To listen to the views of key stakeholders
- To understand enhancements that could be made to our services
- To engage with stakeholders about cultural sensitivities
- Establish a process that works for both the Trust and key stakeholders

Background:

The Trust is keen to engage with local funeral directors and key stakeholders within the community – specifically to address concerns which include:

- Collection times of deceased out of hours and limitation of hours
- Awareness of religious ceremonies and requirements
- Two-person collection
- Wycombe Mortuary – lack of communication around closure
- Overseas repatriation process
- Clear communication between funeral directors and mortuary staff

Key outcomes:

- Discuss the possibility of extending mortuary collection times
- Discuss the possibility, in conjunction with the council, about a 7 day service
- Simplify and ensure processes within medical examiner, bereavement and mortuary services are consistent

- Set up another stakeholder event for early July 2023 to update group on actions but also to reiterate new medical examiner process
- Update the Trust's website with information on mortuary, chaplaincy and end of life services and information.
- Update patient information leaflet to include all services/depts who presented at the stakeholder event
- Discuss with the council key messages that came out of this event. Access to registrars, remote registering etc

Feedback from this event was extremely positive and now we have started this dialogue we need to continue to engage with these stakeholders. As our services grow, especially the medical examiner and mortuary services, we need to ensure we highlight any changes to the services and the possible impact this will have on this group and the community they serve. Information about the Medical Examiner and Bereavement services has already been added to the Trust's website.

Equality monitoring

13 out of 21 attendees filled out an equality monitoring form. Some highlights are shown below:

- 9 males and 4 females attended this event
- 9 identified themselves as White British
- 6 indicated that they were Christians and 3 indicated they were Atheist
- 7 described their sexual orientation as heterosexual, 3 did not wish to declare



Revive Aylesbury Health & Wellbeing Event (Aylesbury British Muslim Association)

On Saturday 29th October 2022, Buckinghamshire Healthcare NHS Trust was asked by the Aylesbury British Muslim Association to support an event they wanted to organise in Aylesbury. The event was a health & Wellbeing event bringing local ethnic minority communities together to learn and educate themselves and better understand the importance of preventative healthcare.

The Trust had three stalls present at this event which included:

- Breast Screening service
- Sexual Health service
- Nutrition service

Over 200 people attended this event which was great exposure for these services.

Research & Innovation

The Trust has an extremely active research and innovation department (R&I), offering our local community, colleagues and patients the opportunity to participate in internationally recognised research and innovation projects. The expanding research portfolio of circa 100 studies includes multiple specialities with almost 6,000 participants consenting to take part this year, compared to 4,966 the previous year. Transformational research studies have improved care and treatment, offered new, novel treatments and therapies to participants that are not routinely available on the NHS, at no cost to the Trust, relieving some of the financial burden to the Trust. The research and innovation team work with external stakeholders, SMEs and pharma companies, generating income that supports expansion of the workforce and the infra structure of the department. The R&I department has an expanding, adaptable workforce, that is able to offer secondment opportunities, placements to students (medical, nursing, midwifery, AHP) and has appointed its first Clinical Innovation Fellow, further integrating research into divisions and practice, making research everyone's business

A notable study, LOLIPOP ([For more information please visit: www.sabiobank.org](http://www.sabiobank.org)) offers people of south Asian heritage free health checks, including blood pressure, electrocardiogram to measure heart rhythm and electrical activity, lung function test, eye examination and blood & urine tests. These health checks are part of the research study to understand why some conditions are more common in this community. Approaching 3000 people have received their health reports following participation. Nationally to date of 35,000 participants 5,898 new diagnosis of high blood pressure, 12,873 new high cholesterol diagnoses and 7,125 new diabetes diagnoses have been made, facilitating prompt treatment. The R&I team have been working with **WISE** and the **Karima Foundation** as part of the Research Ready Programme to promote LOLIPOP and raise awareness of healthcare, research and how it can benefit volunteers. This is a joint project between the National Institute of Health Research (NIHR), the Trust's R&I team and Voluntary, Community and Social Enterprises (VCSE).

This year the team successfully recruited to its first vaccine study, partnering with Sanofi, investigating the efficacy of a vaccine for a common respiratory condition (respiratory syncytial virus) in infants under the age of 1 year.

The NIHR's annual Your Path in Research campaign aims to inspire healthcare professionals to get involved in research with a focus this year on social care and public health. The article chosen for the NIHR website is the research journey of a Senior Trust Research Nurse, who has been commended as a Clinical Research Network Ambassador. Further successes include DHSC Green shoots funding in support of new researchers; awarded to a Senior Plastics and Rheumatology Occupational Therapist, and a new NIHR

Principal Investigator Pipeline Programme (PIPP); offered to a Trust Research Nurse as one of only two network nurses.

Alongside the research portfolio, the department has an exciting innovation pipeline. The team has partnerships with Oxford AHSN, HealthTech Enterprise and Westcott VP Living Labs. 2022/23, 23 innovation projects were supported through numerous small and medium enterprises (SMEs) including GE Healthcare and ALCON covering a wide range of specialities including plastics, cancer care, urology, obstetrics and gynaecology, stroke, radiology, ophthalmology, ICU, theatres and IT.

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 2022 to March 2023, 170 patient information leaflets have been reviewed by the CAP. This panel has also advised on Trust signage, changes to patient access points within our emergency dept, reviewed content on certain pages on our website and has given feedback on Trust policies and campaigns which would have an impact on our patients, carers, and visitors.

Community Hub Stakeholder Group meetings

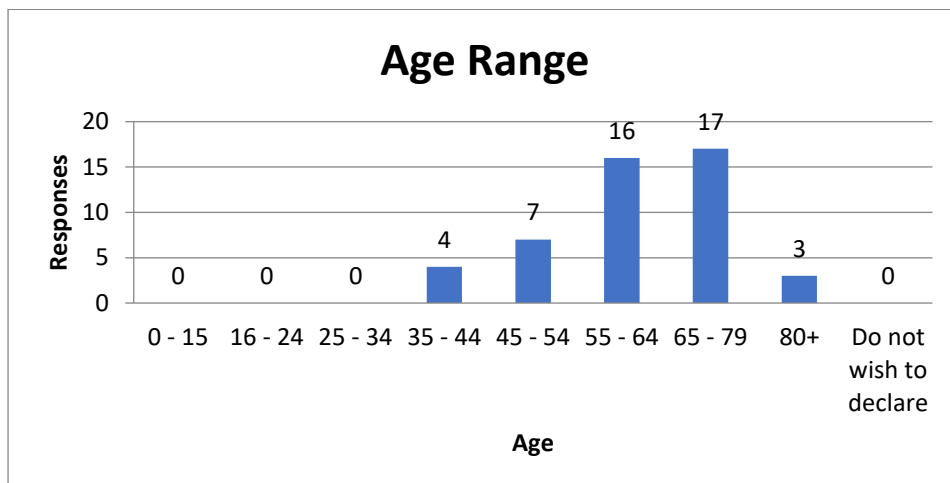
The purpose of the Community Hub Stakeholder Group is to ensure experiences and feedback from patients, carers, service users and the public inform the development of community hubs so that they evolve in line with the needs of local residents.

This group meets every 8 weeks and is chaired by the Trust's Director of Community Transformation. We have 22 stakeholder members within the group with representatives from both Marlow and Thame Community Hubs.

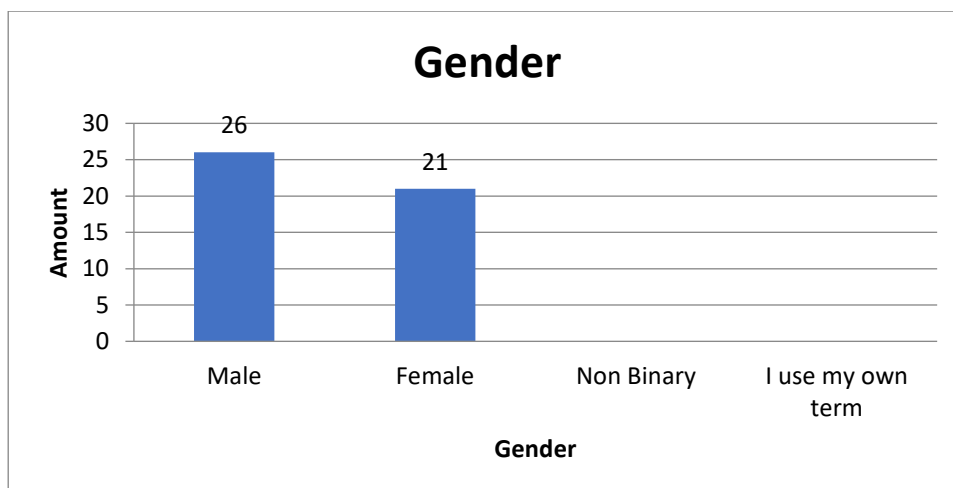
During 2022/23 this group supported and helped the Trust communicate key messages into the local communities they each represent.

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) 2021 highlights that in Buckinghamshire, there has been an increase of 23.2% of the population that are 65 and over.

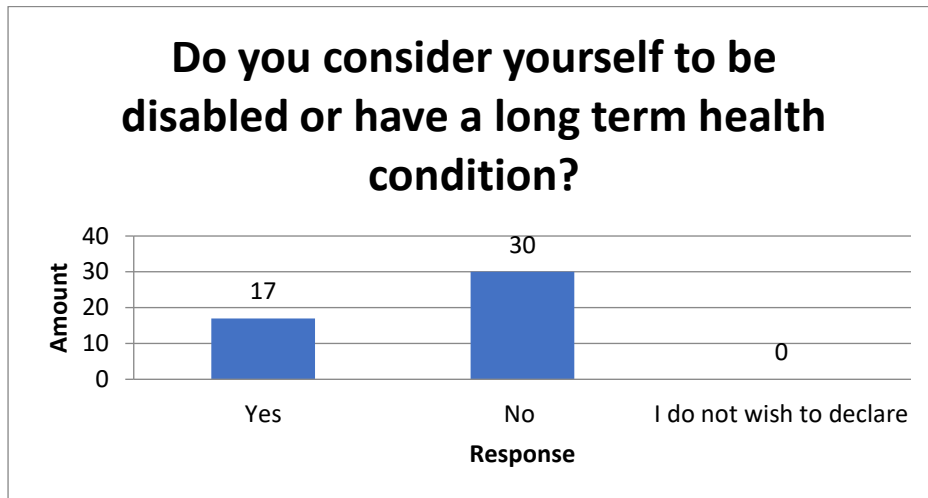


We have slightly more males attending these regular meetings than females.

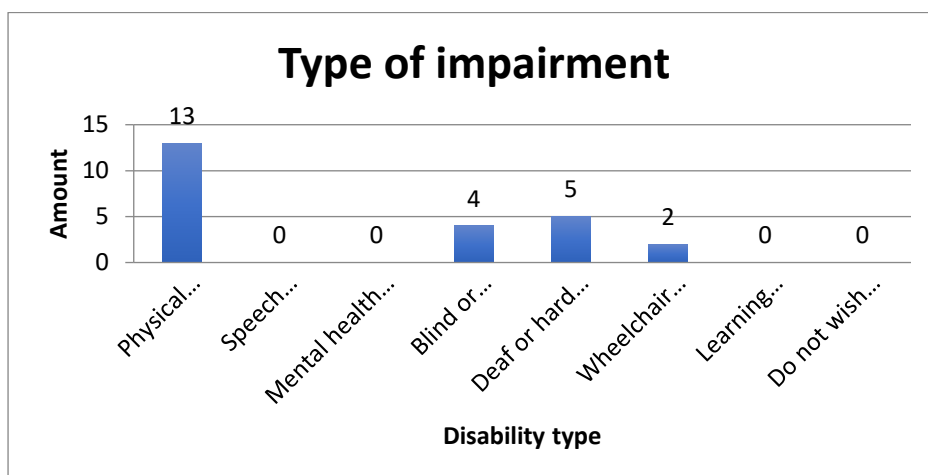


63% of people attending our CAP or Community Hub Stakeholder group meetings considered themselves to have a disability or a long-term health issue. This also shows a good representation of views from these groups.

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.

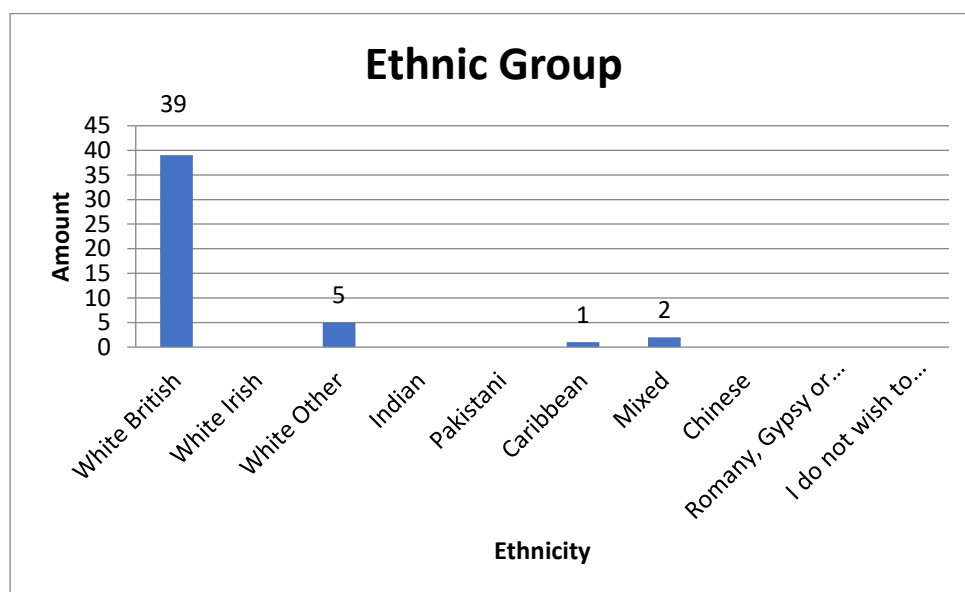


A physical impairment and being deaf or hard of hearing are the largest groups represented. In the 2021 census, it was reported that 13.5% of Buckinghamshire are registered as disabled.

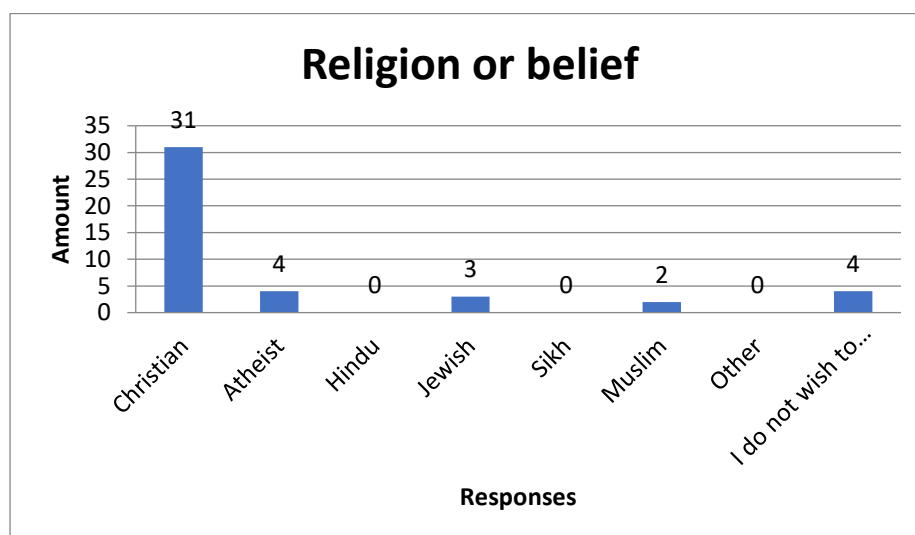


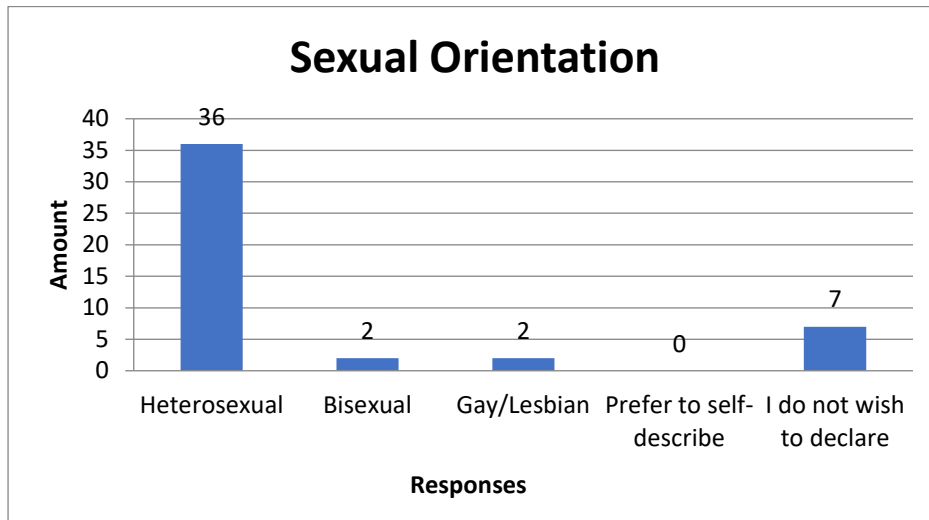
The 2021 census information, 79.9% of the population of Buckinghamshire are from a white British ethnic group. This is reflected in our breakdown for CAP and Community Hub Stakeholder members as 82.97% of respondents are from a white British ethnic group. However, there has been an increase within Buckinghamshire in Black, Asian, mixed or multiple ethnic groups and therefore we need to ensure our memberships reflect this.

Across the county, just under 18.5% of the local population are from a non-white ethnic group, compared with c. 16.8% for England.



In the 2021 census, it was reported that 47.2% of Buckinghamshire residents are Christian with 34.2% reporting they have no religion. The second highest reported religion in Buckinghamshire is Muslim at 7%. Only 4% of members of CAP and the Community Hub stakeholder group have stated that their religion is Muslim which again highlights the need for us to improve diversity amongst the representatives of these groups.





The 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. Mandatory training is carried out annually by all staff
- Created a three-minute AIS introduction video for staff. This video explains what the Accessible Information Standard is and how we implement the standard within the Trust
- Created "communication need" alerts on two of the most frequently used patient information systems within the Trust
- 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 along with a resource library on the Trust's intranet providing further information and guidance
- 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 are now sent on yellow paper.
- Our Trust website has Browsealoud which enables content to be read aloud and can translate content into 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 compliant with Web Content Accessible Guidance (WCAG 2.1 AA). These guidelines define how to make Web content more accessible to people with disabilities
- Portable hearing loops are now available at all main reception areas

Whilst the Trust has implemented all of the above in response to the Accessible Information Standard, there is a need to continually remind our staff of their responsibility to ask and record a patient's communication need. During 2023/24 the Trust plans to develop and socialise an AIS policy/guideline to raise awareness amongst staff.