

# Public Sector Equality Duty Public Report 2024/25 - Public & Patient

A reflection of progress in relation to Equality Diversity & Inclusion, including the Trust's statutory equality standards

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# Executive Summary

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 taken steps to eliminate unlawful discrimination, advance equality of opportunity for people with [protected characteristics](#) and foster good relations between those who share protected characteristics and those who do not. The information provided demonstrates how in 2024/25 we have considered how our services and activities, both as an employer and a service provider, affect people with different protected characteristics.

Equality objectives for patients, service users and the general public were set by our Trust Board in 2019:

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

This report provides an update on how the Trust is meeting its PSED obligations along with an overview of activity undertaken to meet its equality objectives during the financial year 2024/25 covering the following key areas::

- Patient Profile
- Business Planning
- Patient Experience and Involvement
- Public and Patient Engagement
- Production, approval, registration and implementation of Trust wide strategies and policies

In 2025 the Trust will be reviewing its equality objectives in line with our strategy and 10-year plan using the [Equality Delivery System 2022](#)).

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# Executive Summary continued

- At BHT we strive to deliver outstanding care, create healthy communities and be a great place to work. Together with other health and care organisations in Buckinghamshire we aim to help people live healthier and more independent lives through reducing health inequalities, improving the health of our local population, ensuring our services are value for money.
- The Trust is dedicated to fostering a strong relationship with our local communities, our patients, our service users, carers and visitors, ensuring that our services are accessible to all members of the community. This report highlights our unwavering commitment to public engagement and our ongoing efforts to identify and address any barriers that may impede access to our services.
- The Trust's commitment to reducing health inequalities is evident through its diverse initiatives aimed at reaching various communities, including older residents, children and young people, the homeless, and ethnic minorities. By engaging directly with these groups, BHT addresses specific needs and barriers to healthcare, ensuring services are inclusive and effective for all members of the community.

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# Public Engagement & Involvement

- Engagement with the general public and patients who use the NHS is of paramount importance in creating a healthcare system that is not only effective but also responsive to the needs and preferences of those it serves. This collaborative approach ensures that the services provided are aligned with the expectations and requirements of the community, thereby fostering trust, improving patient outcomes, and enhancing the overall quality of care.
- When the public and patients are actively involved in the decision-making processes of the NHS, it fosters a sense of transparency and trust. Transparency in healthcare means that patients and the public are well-informed about how decisions are made, the rationale behind them, and how these decisions affect their care. This openness helps demystify the complexities of the healthcare system, making it more accessible and understandable.
- The needs of the community are diverse and ever-changing. By involving the general public and patients in discussions about service provision, the NHS can better tailor its services to meet these needs. This might involve adapting services for specific cultural or demographic groups, expanding access to certain treatments, or developing new programs that address emerging health concerns.
- Public and patient engagement can drive innovation within the NHS. By listening to the experiences and suggestions of those who use the services, healthcare providers can identify new ways of delivering care, improve existing processes, and implement innovative solutions to health challenges. Engaged patients and public members often bring fresh perspectives that can lead to creative and effective approaches to healthcare delivery.
- The importance of engaging with the general public and patients who use the NHS cannot be overstated. It is a crucial element in building a healthcare system that is transparent, responsive, and centred on the needs of the community. Through active engagement, the NHS can foster trust, improve patient outcomes, tailor services to community needs, encourage innovation, and ensure accountability. Ultimately, this collaborative approach leads to a more effective, efficient, and equitable healthcare system for all.

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# Key Achievements in 2024/25

Key achievements against our equality objectives in 2024/25:

- Increased the number of children from deprived communities attending 12-month health reviews – over 90% attendance by Q4 2024/25
- Tackled the biggest driver of cardiovascular disease by ensuring at least 75% (over 16,000) of outpatients have their blood pressure checked. In 2024/25 over 16,000 patients had their blood pressure checked.
- Increased opportunities to provide feedback - successfully increased feedback rates from the 17-30 age group from 2.5% to 7% by introducing QR codes on posters and leaflets.
- Supported carers by rolling out the BHT Carer Passport. Over 400 carer passports have been issued since its roll-out, allowing carers to assist in patient care, enhancing support for patients with protected characteristics, and improving overall care quality.
- Reminiscence Interactive Therapy Activities (RITA) devices were successfully piloted with success and are being rolled-out to support people with dementia and cognitive impairments..
- Educated local people about health and well-being by running a series of older people's health and wellbeing days.
- Established health visiting parent forums
- Supported young people's mental health and wellbeing through initiatives such as ChatHealth pipelines and creating healthier communities through educational and career-oriented activities for students.

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# Section 1: Patient Profile

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# Patient Profile

- By analysing our patient profile by protected characteristic, we can identify which patient groups are accessing our services. This enables us to observe patterns of service uptake and understand patient flows, helping us to identify and address any potential inequalities in access. A heightened awareness allows us to take a proactive approach in ensuring equity of access across all protected characteristic groups. These insights and observations demonstrate the Trust's commitment to advancing equality and ensuring equitable access to services for all patient groups. To support this work, we have developed a new Health Inequalities Dashboard. This tool enables teams to monitor access and outcomes by protected characteristic, identify variation, and implement targeted interventions to reduce inequalities in real time.
- The data presented in this document covers the period from 1 April 2020 to 31 March 2025, split into individual financial years across each of the departments within our Trust.

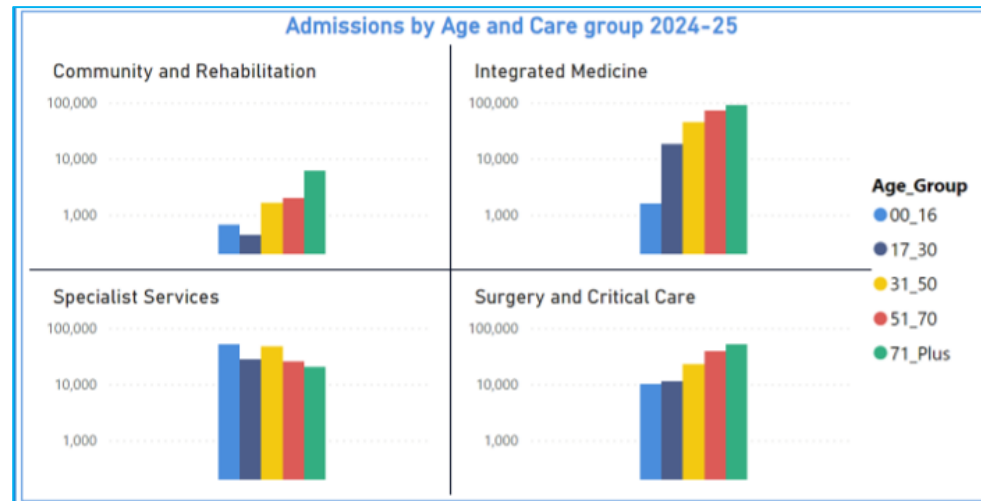
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# Inpatient Admissions

- Inpatient activity is for all patients admitted to a bed within the Trust. This includes all emergency admissions to a ward, along with day case attendances and elective admissions (planned hospital stays or procedures that are booked in advance) across all Trust sites. Patients who stay in the Emergency Department are excluded. According to recent data, 72.6% of Buckinghamshire's population identifies as White British. The diversity observed among our patient population therefore reflects effective outreach and equitable access to services for all community groups - [Ethnicity | Buckinghamshire Council](#).



Ethnicity	2020/21	2021/22	2022/23	2023/24	2024/25
Any other Black background	0.4%	0.6%	0.5%	0.6%	0.7%
Any other ethnic group	1.2%	1.2%	1.4%	1.3%	1.2%
Any other mixed background	0.7%	0.9%	0.8%	0.7%	0.8%
Any other White background	5.6%	5.6%	5.7%	5.8%	6.0%
Asian - other	2.0%	2.2%	2.4%	2.6%	3.4%
Bangladeshi or British Bangladeshi	0.2%	0.3%	0.3%	0.3%	0.3%
Black African or Black British African	0.7%	0.8%	0.8%	1.1%	1.2%
Black Caribbean or Black British Caribbean	0.9%	0.9%	1.1%	1.0%	1.0%
Chinese	0.2%	0.3%	0.2%	0.3%	0.3%
Indian or British Indian	1.3%	1.6%	1.8%	2.0%	2.1%
Mixed White and Asian	0.5%	0.6%	0.7%	0.5%	0.5%
Mixed White and Black African	0.2%	0.3%	0.3%	0.3%	0.3%
Mixed White and Black Caribbean	0.6%	0.7%	0.7%	0.6%	0.7%
Not Known	5.7%	2.2%	2.8%	3.8%	4.2%
Not Stated	2.6%	0.9%	1.1%	1.5%	1.7%
Pakistani or British Pakistani	5.2%	5.2%	5.9%	5.6%	5.6%
White British	70.6%	74.3%	72.0%	70.6%	68.4%
White Irish	1.3%	1.6%	1.5%	1.5%	1.6%

**Gender Balance:** The data shows a balanced gender representation in inpatient admissions, indicating efforts to ensure equal access to healthcare services.

**Ethnic Diversity:** The diverse ethnic representation among inpatients suggests that services are accessible to all ethnic groups, promoting inclusivity.

**Age Distribution:** A wide age range in inpatient admissions highlights that services are catering to all age groups, ensuring no age group is disadvantaged.

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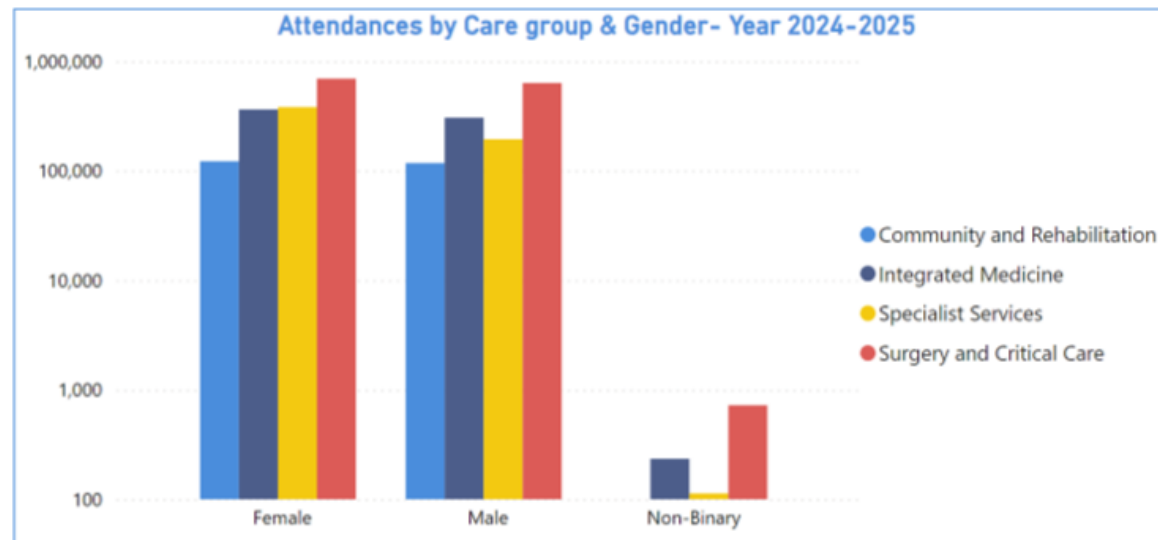


# Outpatient Activity

**Gender Representation:** Like inpatient services, a balanced gender representation in outpatient services shows a commitment to gender equality.

**Ethnic Inclusivity:** Outpatient services have seen a noticeable increase in diversity, with higher proportions of Asian - Other, Black African or Black British African, and Indian or British Indian patients. This reflects efforts to make outpatient services more inclusive and accessible to diverse patient groups. We opened our first ever health on the high street pilot scheme, enabling healthcare services to be delivered alongside public health and well-being initiatives designed to create an integrated system centred around the needs of local people and communities..

**Age Inclusivity:** The age distribution in outpatient services demonstrates that all age groups are being considered and served.



**% of Attendances by Ethnicity & Year**

Ethnicity	2020/21	2021/22	2022/23	2023/24	2024/25
Any other Black background	0.40%	0.47%	0.44%	0.44%	0.48%
Any other ethnic group	1.00%	1.02%	1.06%	1.04%	1.05%
Any other mixed background	0.56%	0.63%	0.63%	0.64%	0.68%
Any other White background	4.23%	4.24%	4.31%	4.47%	4.47%
Asian - other	1.72%	1.84%	1.96%	2.09%	2.12%
Bangladeshi or British Bangladeshi	0.17%	0.22%	0.23%	0.24%	0.22%
Black African or Black British African	0.61%	0.71%	0.69%	0.76%	0.77%
Black Caribbean or Black British Caribbean	0.92%	1.00%	1.01%	1.01%	0.98%
Chinese	0.22%	0.28%	0.25%	0.27%	0.27%
Indian or British Indian	1.28%	1.50%	1.50%	1.56%	1.53%
Mixed White and Asian	0.45%	0.49%	0.53%	0.51%	0.49%
Mixed White and Black African	0.20%	0.22%	0.23%	0.23%	0.22%
Mixed White and Black Caribbean	0.56%	0.55%	0.59%	0.59%	0.58%
Not Known	8.99%	6.92%	8.23%	9.15%	10.85%
Not Stated	3.73%	2.89%	3.36%	3.81%	4.24%
Pakistani or British Pakistani	4.11%	4.27%	4.36%	4.50%	4.37%
White British	69.33%	71.05%	69.04%	67.02%	65.05%
White Irish	1.52%	1.69%	1.59%	1.67%	1.64%

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# Did Not Attend (DNA) Outpatient Appointments

- While the overall number of appointments has been increasing, the overall DNA rates have been gradually decreasing over the past five years, indicating improvements in patient engagement and attendance. To reduce the DNA volumes, the Trust is currently expanding the number of services that use an SMS texting service to remind patients of their upcoming appointments.
- DNA rates remain disproportionately higher among patients from minority ethnic backgrounds, potentially due to barriers such as language, cultural differences, or socioeconomic challenges.
- As part of the wider health inequalities programme, the Trust is actively measuring long waits and DNA rates for patients from deprived areas compared to those from less deprived areas. Specialties and wards with identified disparities are being engaged directly to review the data, understand the underlying causes, and implement appropriate measures to reduce gaps and improve access for all, as well as enhanced language support available on the Intranet.

Attendance status by Ethnicity 2024-25

Attend Status Ethnicity	Attended		Did Not Attend	
	% Patients	Number of Patients	% Patients	Number of Patients
Any other Black background	89.44%	2744	10.56%	324
Any other ethnic group	92.07%	6127	7.93%	528
Any other mixed background	91.40%	3934	8.60%	370
Any other White background	92.33%	26248	7.67%	2181
Asian - other	90.41%	12167	9.59%	1290
Bangladeshi or British Bangladeshi	89.24%	1236	10.76%	149
Black African or Black British African	88.05%	4326	11.95%	587
Black Caribbean or Black British Caribbean	89.01%	5547	10.99%	685
Chinese	94.60%	1628	5.40%	93
Indian or British Indian	92.99%	9062	7.01%	683
Mixed White and Asian	91.83%	2844	8.17%	253
Mixed White and Black African	93.47%	1332	6.53%	93
Mixed White and Black Caribbean	88.77%	3248	11.23%	411
Not Known	91.44%	63045	8.56%	5904
Not Stated	92.06%	24821	7.94%	2142
Pakistani or British Pakistani	89.70%	24891	10.30%	2858
White British	94.07%	388990	5.93%	24526
White Irish	93.17%	9720	6.83%	712

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# Community Activity

Community activity is for patients seen in clinic sessions, mostly based outside of the main acute hospital sites, and for patients seen in their own homes or places of residence. Over the last year there has been an increase in community activity, reflecting the expansion of services delivered in patients' homes including Rapid Response and Intermediate

The data for community activity is recorded on a different computer system from our acute services. There are two specific issues currently being addressed by the system supplier and the Trust that is visible in the data:

- **Gender:** Unlike the acute data, there is currently no option to record a patient's gender as anything other than male, female, or not captured. With support from the supplier and changes to our system configuration, this issue will begin to be addressed over the next year.
- **Ethnicity:** The ethnicity categories within the community system have recently been updated to match the national structure. This change was implemented by the supplier before the Trust was able to mitigate the impact, resulting in a significant number of patients having no ethnicity recorded, as the old category did not correspond with the new category. This is an ongoing data quality issue that is being addressed by the Trust's digital team and with patients during appointments. With the upcoming appointment of a new Data Quality Manager, efforts to resolve this issue will commence in the coming months as part of a broader improvement programme.

Ethnicity	2020/21	2021/22	2022/23	2023/24	2024/25
Asian or Asian British - Any other background	0.61%	0.77%	0.84%	1.01%	1.21%
Asian or Asian British - Bangladeshi	0.14%	0.14%	0.13%	0.17%	0.16%
Asian or Asian British - Indian	1.31%	1.56%	1.89%	1.75%	1.92%
Asian or Asian British - Pakistani	3.31%	3.55%	3.68%	3.81%	4.03%
Black or Black British - African	0.41%	0.52%	0.58%	0.64%	0.73%
Black or Black British - Any other background	0.12%	0.21%	0.19%	0.22%	0.26%
Black or Black British - Caribbean	0.85%	0.85%	0.87%	0.90%	0.98%
Mixed - Any other mixed background	2.11%	2.55%	2.80%	2.29%	2.23%
Mixed - White & Asian	0.73%	0.66%	0.52%	0.51%	0.62%
Mixed - White & Black African	0.15%	0.16%	0.18%	0.17%	0.19%
Mixed - White & Black Caribbean	0.81%	0.66%	0.74%	0.77%	0.94%
Not Known	26.65%	24.30%	20.53%	18.75%	12.76%
Not Stated	4.67%	4.39%	3.27%	2.59%	1.60%
Other Ethnic Groups - Any Other Group	0.51%	0.68%	0.60%	0.74%	1.09%
Other Ethnic Groups - Chinese	0.06%	0.08%	0.08%	0.12%	0.17%
White - Any other background	3.62%	3.53%	3.75%	3.67%	3.92%

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## Section 2: Business Planning

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# Business Planning

- BHT is committed to helping people to lead healthier and more independent lives through providing outstanding care, creating healthy communities and making this a great place to work. We have developed [a new 10-year Trust strategy](#) to deliver these aims and provide the health and care services our communities need in the future.
- Providing acute and community healthcare in Buckinghamshire gives us a great opportunity to support people in their homes as well as in hospitals. By working with our partners in Buckinghamshire Council and Primary Care people will have access to outstanding integrated health, social care and wellbeing services close to their homes.
- By strengthening emergency care services and delivering them separately from planned care services people will achieve the best outcomes and we will deliver the right care, at the right time in the right place.

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# Progress during 2024/25

Two of our strategic priorities in 2024/25 focused on supporting the creation of healthy communities:

- Giving children living in the most deprived communities the best start in life by increasing the proportion who have a 12-month review to at least 85%
- Tackling the biggest driver of cardiovascular disease by ensuring at least 75% of outpatients have their blood pressure checked.

Progress during 2024/25:

## Increase in 12-Month Reviews for Children in Deprived Communities

- **Focus:** To support school readiness, the Trust aimed to increase the proportion of children in deprived areas receiving 12-month health and development reviews.
- **Progress:** The proportion increased to over 90% in quarter 4 of 2024/25, thanks to proactive engagement by local health visiting teams.

## Improved Blood Pressure Checks for Cardiovascular Health

- **Focus:** Tackling high blood pressure, a major driver of cardiovascular disease, by ensuring at least 75% of outpatients have their blood pressure checked.
- **Progress:** Over 16,000 patients had their blood pressure checked in 2024/25. This initiative identified undiagnosed hypertension cases and helped manage existing ones more effectively.

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# Equality Quality Impact Assessments - EQIA

- The Equality Act 2010 protects everyone in Britain against discrimination. As a public healthcare service, the Trust is required to evidence the impact of our functions, policies, processes and decisions on those with protected characteristics. Completing an EQIA ensures that the Trust is legally compliant with the Equality Act 2010 and the Public Sector Equality Duty. The Public Sector Equality Duty is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act.
- 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.
- A panel of representatives within the Trust meets weekly to review each EQIA attached to either a policy or service/dept changes/improvements. Each EQIA is presented to the panel for approval or request for more information about the change.
- In 2024/25 the panel reviewed 71 EQIAs. 8 of these EQIAs went to full panel for executive oversight. Out of the 8 EQIAs which went to full panel, 7 were approved and one needed to come back to pre panel with minor amends discussed at the full panel meeting.

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# Section 3: Patient Experience & Involvement

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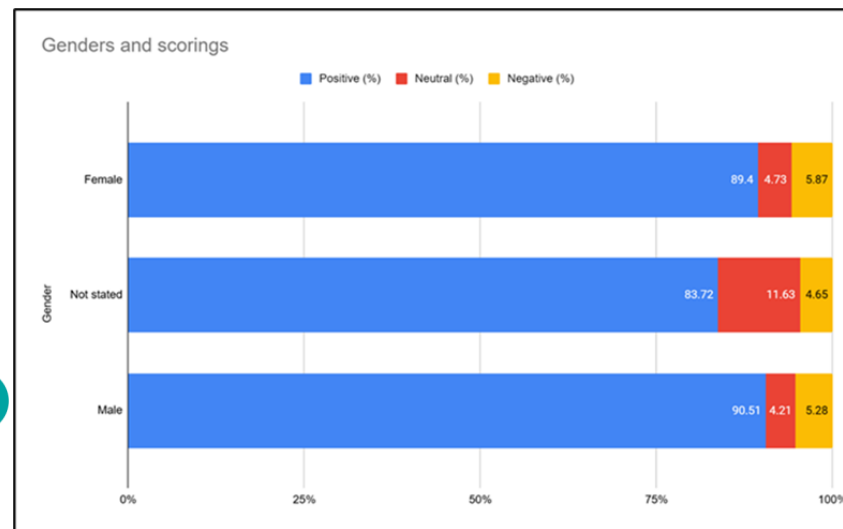
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# Friends and Family Test

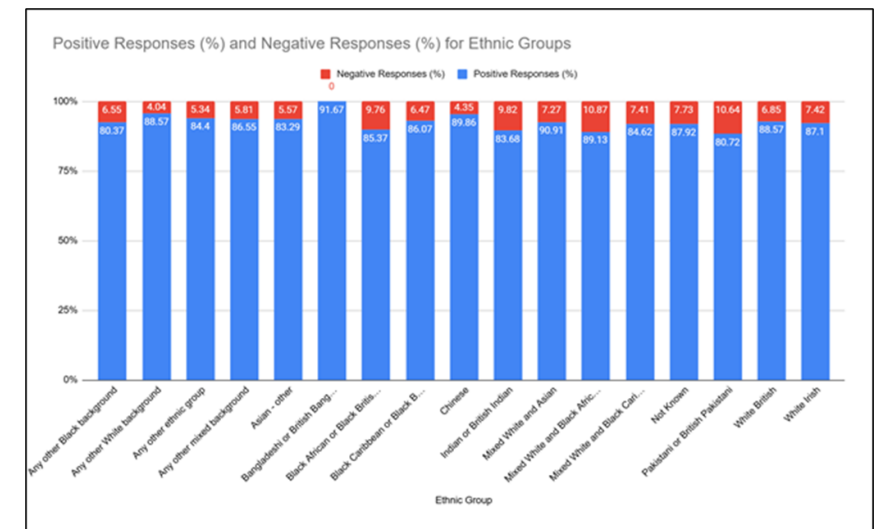
- The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. Feedback is requested from acute and community patients who have accessed our services by SMS text, QR codes and survey links. Equality monitoring is only available from those who have responded to SMS messages as this is linked to anonymous patient records. In 2024/25, 83,034 responses were received, with significant improvements in positive experiences reported across various demographic groups, highlighting increased satisfaction among female patients, older age groups, and Bangladeshi patients.
- 89% of women reported a positive experience up from 80% in previous year. 91% of men reported a positive experience up from 79% the previous year.
- Patients from a Bangladeshi background reported the highest levels of satisfaction at 92% having reported the lowest levels of satisfaction in the previous year. Patients from 'any other black background' were least satisfied at 80% followed by patients from a Pakistani background at 81%. Regarding south Asian communities this demonstrates a mixed picture, suggesting that engagement activities in the previous year, such as those by Healthwatch and through the review of maternity services, and work on supporting Community Bucks areas where south Asian communities are concentrated, as detailed in the 24/25 report, may be starting to have a positive impact on satisfaction, but this is not evenly spread across communities.



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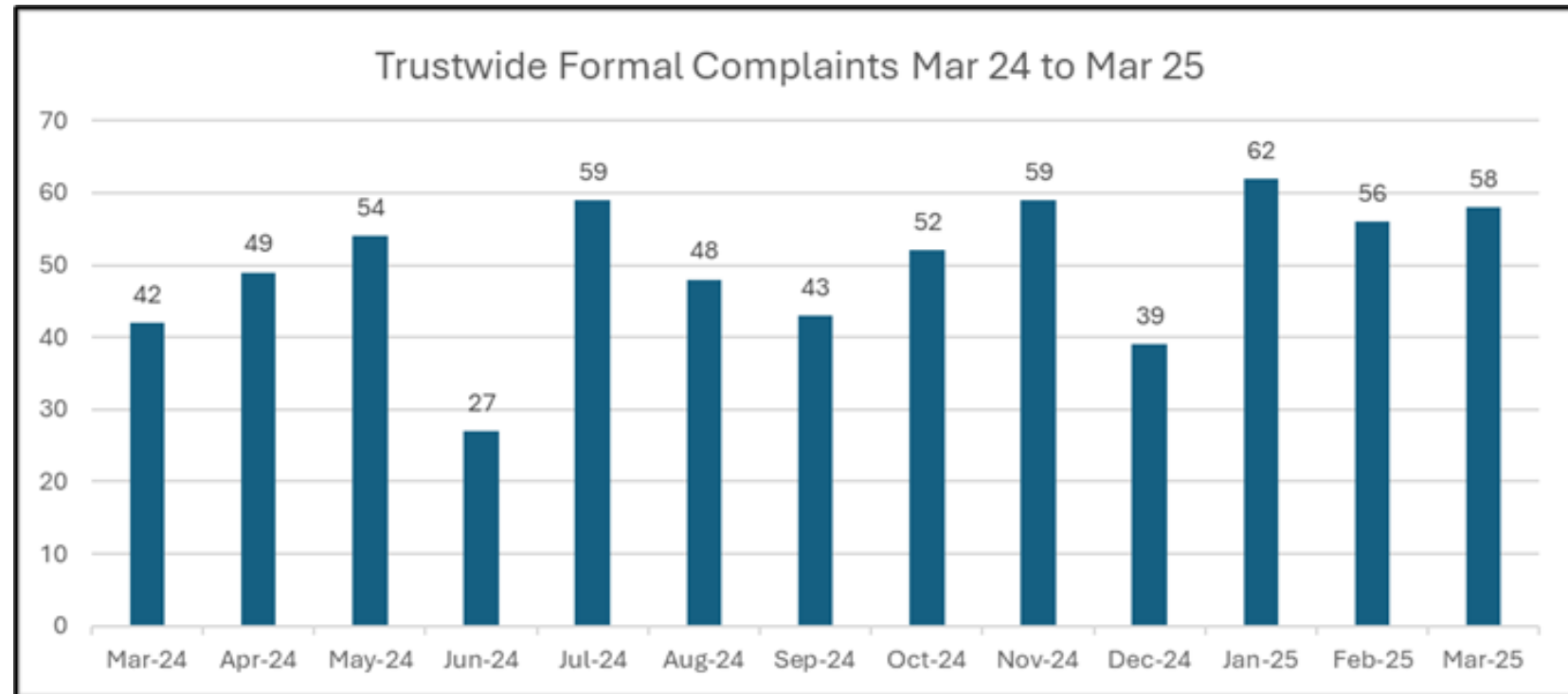
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# Complaints

- In 2024/25, the Trust received 648 formal complaints, an increase from 516 complaints in 2023/2024. The highest complaint category was Communication & Information, with 389 complaints. Within this category, doctor communication was the top theme. Though this should be viewed in the context of BHT national survey data consistently rating confidence & trust in doctors at 98-99%, it demonstrates the importance of good communication and involving patients in decision-making. The second highest category was admin communication and unanswered inquiries. Using the data obtain via Quail, the Trust has been able to identify common themes from complaints and create action plans from each complaint to address concerns raised. Quail is an AI-powered Patient Experience Tool transforms unstructured patient feedback from complaints, the patient advice liaison service (PALS), compliments and patient safety incidents into actionable insights by automatically identifying themes, trends and improvement opportunities that manual methods often miss. Since its implementation, the tool has markedly improved the Trust's responsiveness to patient safety concerns and feedback, enabling a more proactive and data-driven approach to patient care.



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# Patient Involvement

- 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.
- **Improving Accessibility and Service User Experience of Maternity Services:** The Maternity team introduced various initiatives, including live Q&A sessions on Facebook, the Health on the Move Bus for community care, and the creation of postnatal information videos in the top five languages spoken by service users. These efforts aimed to improve accessibility and address feedback about parking difficulties at Wycombe Hospital.
- **Increasing Opportunities to Provide Feedback:** The Patient Experience team successfully increased feedback rates from the 17-30 age group from 2.5% to 7% by introducing QR codes on posters and leaflets.
- **BHT Carer Passport:** Over 400 carer passports have been issued since its roll-out, allowing carers to assist in patient care, enhancing support for patients with protected characteristics, and improving overall care quality.
- **Reminiscence Interactive Therapy Activities (RITA) Devices:** RITA devices were piloted with success, securing funding for further roll-out, supporting older people and those with mental health issues, learning difficulties, and brain injuries.
- **Teddy Bear Clinic:** Aimed at reducing children's anxiety before surgery, the Teddy Bear Clinic has served 52 children since its inception, providing therapeutic play and explanations of surgical procedures.
- **Staying Close: Supporting Care Leavers:** The specialist nurse service for young people leaving care has demonstrated positive outcomes, including increased access to healthcare, mental health support, and improved confidence in managing their wellbeing.

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# Patient Forums

Patient forums are a great source of patient experience feedback. They are representative of the patients using our services and assist us with improvement projects throughout the Trust. The patient experience team has supported more teams to set up patient forums. The range of current patient forums include:

- NSIC Forum
- Patient Experience Group
- Stroke Inpatient Forum
- Cancer Board
- Stroke Community Forum
- Inflammatory Bowel Disease Forum
- Cystic Fibrosis Parent Forum
- Upper Limb Clinic Forum
- CYP Therapies Parent Group
- CYP Parent Forum 0-5yrs

The expansion in patient forums across BHT has led to an increase in diversity of patient partners, particularly in age range of partners with more younger patients participating.

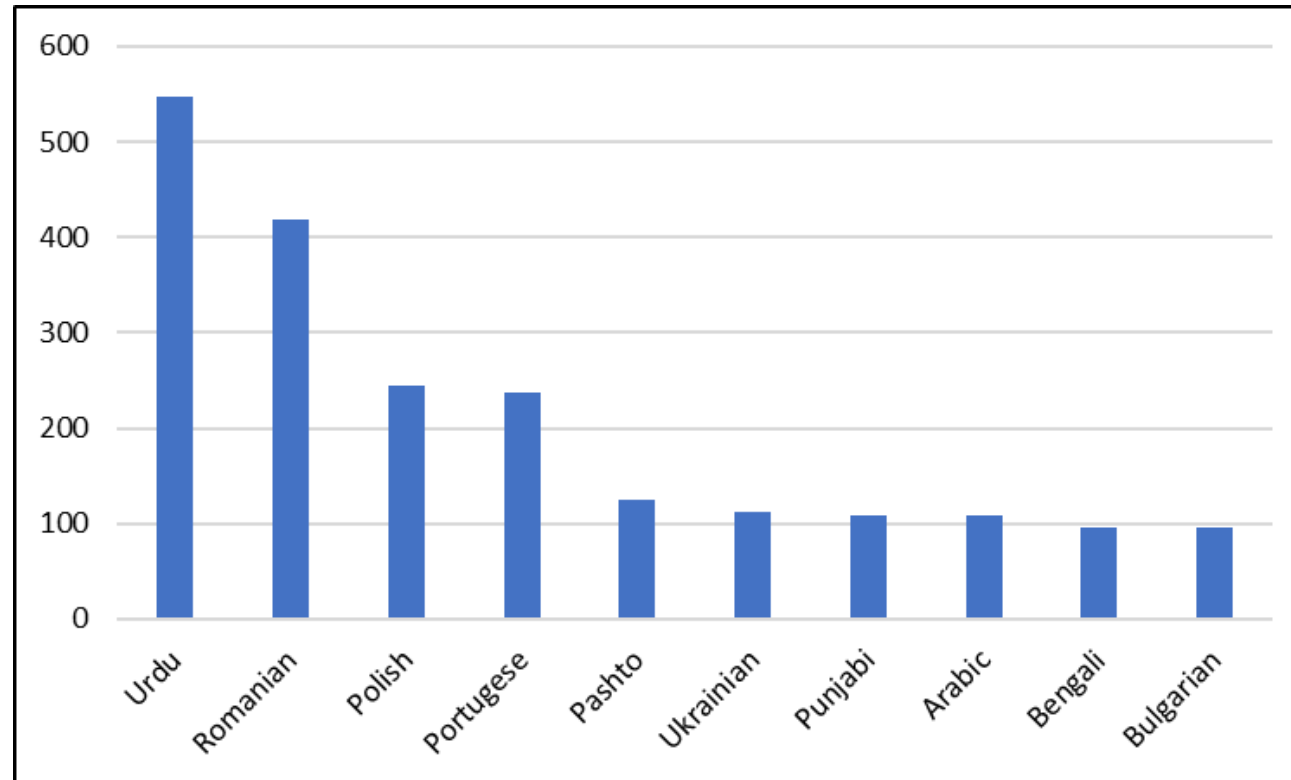
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# Interpretation Services

- In 2024/25 we have translated 43 different languages for patients; ensuring that they received full access to our services and clarity of understanding of their healthcare.
- There was a total of 3,712 requests for interpretation during 2024/25 compared to 3,353 requests in 2023/24 - a 10% increase. This includes face to face interpreting and telephone interpreting. Interpreters were provided for 98% of telephone requests, and 78% of in-person requests. In-person interpreting accounted for 25% of the total requests.
- Urdu, Romanian and Polish were the top three requested languages in 2024/25. Below shows the top ten requested languages in 2024/25



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# Section 4:Public Engagement

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# Public Engagement Activity

- **Older People's Health and Wellbeing Days:** Organised events to educate local communities on health and wellbeing, reducing future health service needs. Significant participation was observed, with a high rate of attendees finding the events extremely useful.
- **0-19 Public Health Nursing Service:** Initiatives like health visiting parent forums and engagement through ChatHealth have strengthened community ties, especially focusing on young people's mental health and wellbeing.
- **Schools Engagement Team:** Programmes like 'Bright Futures @BHT' aimed at building early talent pipelines and creating healthier communities through educational and career-oriented activities for students.
- **Health on the High Street:** A pilot scheme providing accessible healthcare services in a high street setting to improve health outcomes in Aylesbury, coupled with celebration and health awareness days.
- **Homeless Clinics:** Monthly clinics in collaboration with local organizations to provide routine outpatient services for homeless individuals, addressing both immediate and long-term health concerns.
- **Public Engagement Forums:** Initiatives like the Communications Advisory Panel (CAP) and Community Hub Stakeholder Group to ensure patient and community feedback inform service development.
- **Health Coaches** – introduced to support people on a waiting list for surgery. The coaching supports patients to stop smoking, reduce BMI, reduce alcohol consumption, managing long term conditions (diabetes and hypertension) and increase activity levels which inevitably speeds up recovery post surgery.



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## Section 5: Priorities for 2025/26

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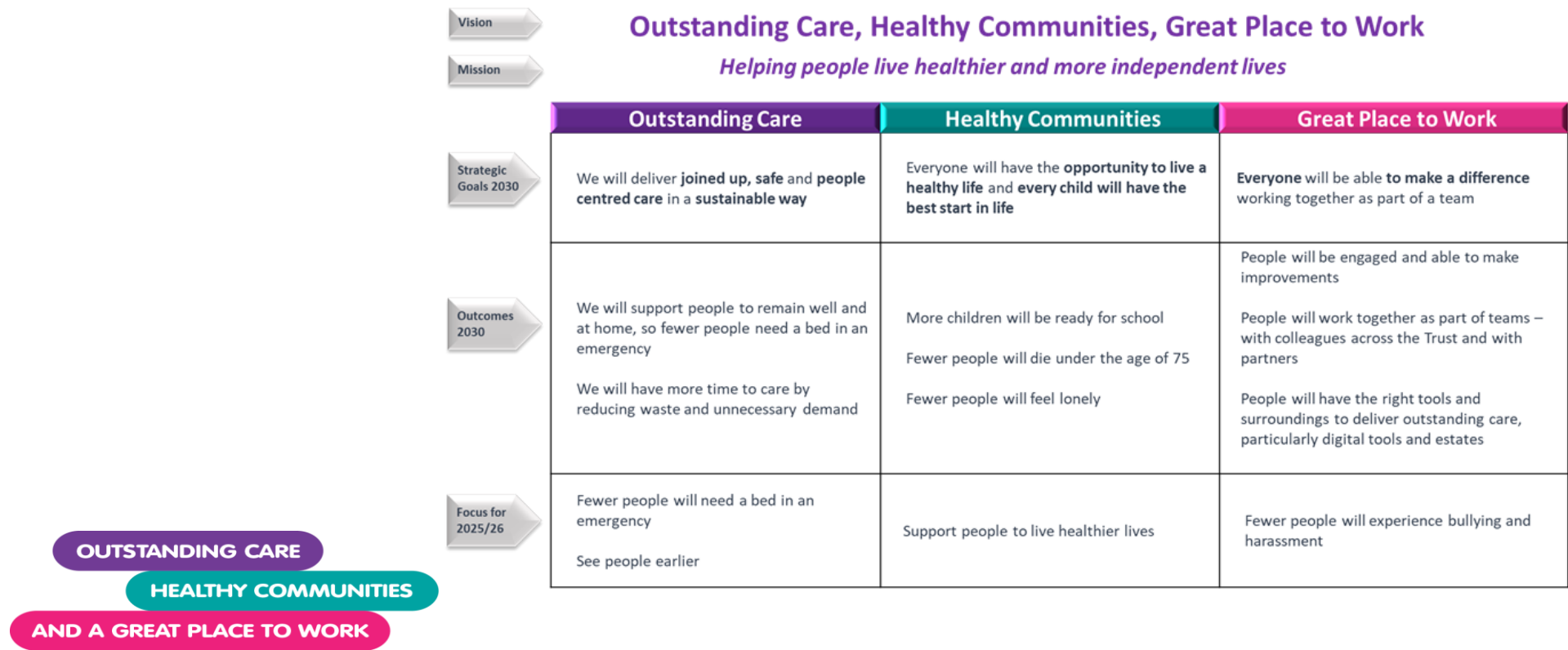




# Equality Objectives

By the end of 2025, the Trust will involve colleagues, patients and the public as part of EDS2 to develop new public and patient equality objectives for the next 2 years. An action plan will be developed to address the agreed objectives.

In addition, the Trust will continue to focus on breakthrough objectives to tackle health inequalities. The key areas of focus for 2025/26 are detailed below:



# Next steps for 2025/26

Building on from this positive progress in 2024/25, but recognising there are still improvements to make in 2025/26, we are:

- Working with partners in Buckinghamshire to make reducing health inequalities and improving population health a key priority. This includes looking at improving access to healthcare for all and helping people to lead healthier, more independent lives
- Committed to further develop partnership working with our communities and key stakeholders
- Continuing to engage with local communities through targeted public engagement events
- Looking at how we can make our hospitals more dementia and improve disability access
- Work with Property Services to identify key areas to improve disability access
- Creating an Accessible Information Standard training programme
- Creating an Equality Quality Impact Assessment training programme
- Healthwatch Bucks are conducting telephone interviews with patients who DNA from Opportunity Bucks areas to find out reasons for the DNAs to inform improvements

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK