

Patient experience and 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 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.

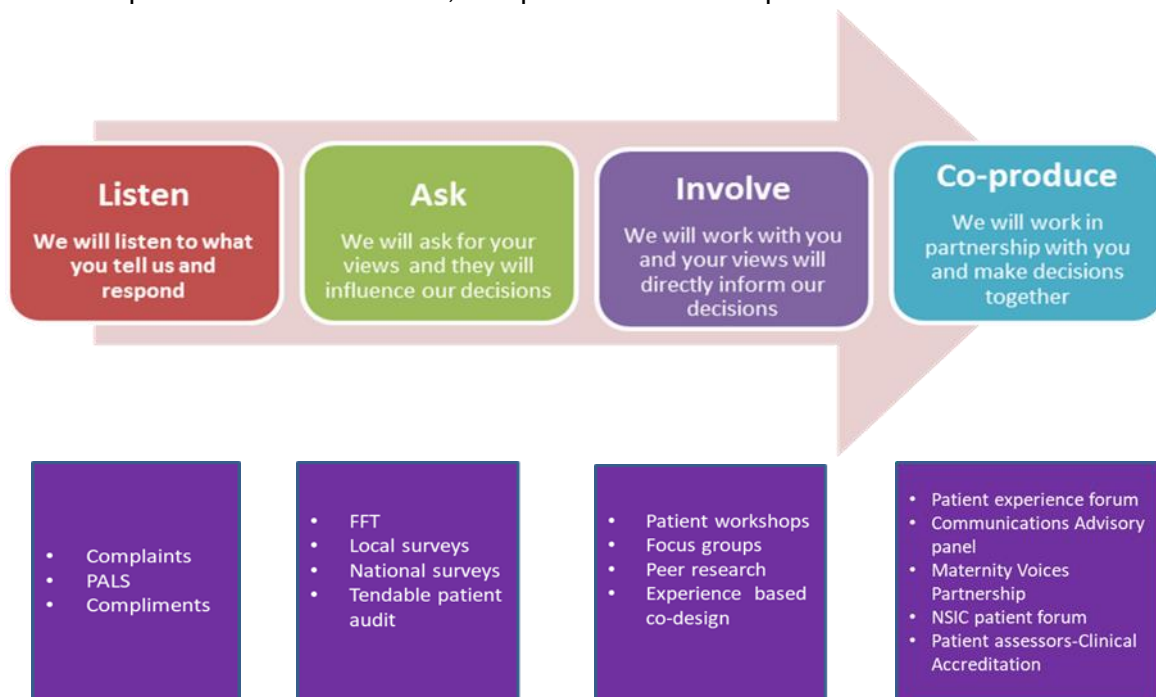
We also work together with patients, to design and develop services and the Trust's plans. We want to develop an organisation where everyone recognises and promotes the value of involving patients and the public, and their role in supporting us to improve services. We aim to achieve a better understanding 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

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. This reports looks at initiatives to improve diversity and accessibility in our services completed during the year. It also outlines experiences of patients across the protected characteristics, and plans for further improvement.



2. Projects to increase diversity and accessibility 2024-25

2.1: Improving accessibility and service user experience of maternity services

The Maternity team have introduced a range of initiatives to improve the accessibility of the service.

- BHT midwives and doctors held live Q+As via Bucks MNVP's Facebook page. Subjects included
 - Induction of Labour
 - What to Expect on the Postnatal Ward
 - Place of Birth Options
 - Infant Feeding
- Health on the Move Bus: A short-term project involving community care including postnatal checks and antenatal appointments conducted inside the Health on The Move bus this enabled the maternity team to offer midwifery care in the community and was a

response to service-user feedback regarding patient experience of the difficulty of parking at Wycombe Hospital.

- Postnatal Information Videos (in top 5 languages): Information videos on the following topics were co-produced with OUH, RBH and Bucks Maternity & Neonatal Voice Partnership (MNVP) to ensure service users whose first language is not English are able to access this key information.
 - What to expect on Rothschild Ward
 - When it's time to go home
 - Your Pelvic Health
 - Signs of an unwell mother or baby
 - Caring for your baby at home

BHT colleagues presented the videos which were filmed in the top 5 languages spoken by BHT Maternity Service-Users: English (with closed caption subtitles), Polish, Romanian, Urdu, Punjabi.

- “The 15 Steps Challenge” is a suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. The toolkits help to explore patient experience and are a way of involving patients, carers and families in quality assurance processes. Following feedback from the MNVP 15 Steps Challenge improvements have included:
 - Improved environment in counselling rooms
 - Rothschild Information Sheets by bedside (co-produced with MNVP)
 - Introduction of Bereavement Champions (midwives with a passion for caring for bereaved service-users who can support/advise colleagues)
- Healthy Pregnancy Advisor Service: Recruitment of a Health Coach to motivate a selected population of service-users to make healthier lifestyle choices during their pregnancy. Eligible service-users are those in live in select Opportunity Bucks Wards (10 Bucks wards, across 3 areas where people are experiencing the most hardship) who have a BMI of 30 or above and/or a history of previous gestational diabetes

2.2: Increasing opportunities to feedback: Last year we identified the 17-30 age group as providing the lowest level of feedback through our Friends & Family Test. Over the year the Patient Experience team have worked with colleagues to introduce QR codes which can be displayed on posters or leaflets, as a way to engage this group. This has resulted in a significant increase in feedback rates from this cohort from 2.5% to 7%.

2.3: Introduction of BHT Carer passport: The BHT Carer Passport allows carers to agree with colleagues about what care they want to assist with. Carers have open visiting between 8am and 10pm as agreed with ward colleagues. (This can be extended in exceptional circumstances, such as end of life or dementia), and are eligible for concessionary car parking. Carers are referred to Carers Bucks for ongoing support. The Carer passport enable patients with protected characteristics to be supported through their care journey by their carer, reducing anxiety and improving care. Since the scheme was rolled out across BHT in 2024, over 400 carer passports have been issued.

2.4: Pilot of Reminiscence Interactive Therapy Activities (RITA) devices: RITA is an all-in-one touch Screen solution which offers digital reminiscence therapy, it encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films. RITA is aimed at offering support for older people, people with mental health issues and learning difficulties and brain injuries as a means of supporting them and reducing their agitation, isolation, depression and delirium. The product was successfully piloted in Waterside Ward and charitable funding for 12 devices secured for roll-out in 25/26.

2.5: Teddy Bear Clinic: Play Specialist Nicola Ruff has introduced a “Teddy Bear Clinic” for all the patients attending ward 11 for day surgery procedures. Teddy Bear Clinic reduces children’s anxiety before surgical procedures. It explains all aspects of the surgery day and provides pre-operative therapeutic play in a child-friendly manner, tailored to all age ranges. Feedback has shown that children who have attended Teddy Bear Clinic are calmer on admission to theatre. 52 children have accessed the clinic since it was set up.

2.6: Staying Close – Providing support, guidance and advocacy around health needs to young people leaving care: The project was established to address the unique health challenges faced by young people transitioning from care to adulthood. Recognising that care leavers often experience poorer health outcomes and barriers to accessing services, this project aims to implement a specialist nurse service for care leavers, to provide comprehensive support, guidance, and advocacy during this critical phase of their lives. The NHS Long Term Plan highlights that the most vulnerable children, including care leavers, often fail to receive the support they need, leading to significant health inequalities. This service directly responds to this gap by offering tailored, proactive healthcare that includes mental health support, access to primary care, and transition planning. By empowering care leavers to take control of their health and navigate adult services, the service aims to improve both immediate health outcomes and long-term wellbeing, fostering resilience and independence. 23 Care Leavers have currently been referred to the specialist nurse. The care leaver service is already demonstrating positive early outcomes, with care leavers reporting improved access to healthcare, better mental health support, and increased confidence in managing their wellbeing.

- 18% of care leavers accessing the service have been referred to Bucks Talking Therapies.
- 41% of care leavers accessing the service reported challenges accessing the GP. 23% of care leavers accessing the service have now attended a GP appointment since contact with the CL nurse, reducing gaps in care.
- 14% of care leavers accessing the service have accessed secondary mental health services.

Care leavers describe feeling supported to navigate the healthcare system and address their unique needs. While these short-term outcomes highlight the service’s effectiveness in addressing immediate challenges, the ultimate goal is to foster long-term resilience,

independence, and improved health outcomes for care leavers as they transition into adulthood.

2.7: Religious support: In 24/25 the Chaplaincy service continued to expand their work to support patients and carers in their faith through recruiting more diverse volunteers, including from a Muslim, Hindu, and Humanist background, providing support for Muslim patients (and families) considering organ donation, providing support for Muslim and Hindu couples who have lost babies and having Muslim Friday prayers led by our Muslim Trust chaplain

3. Patient feedback and involvement 2024/25:

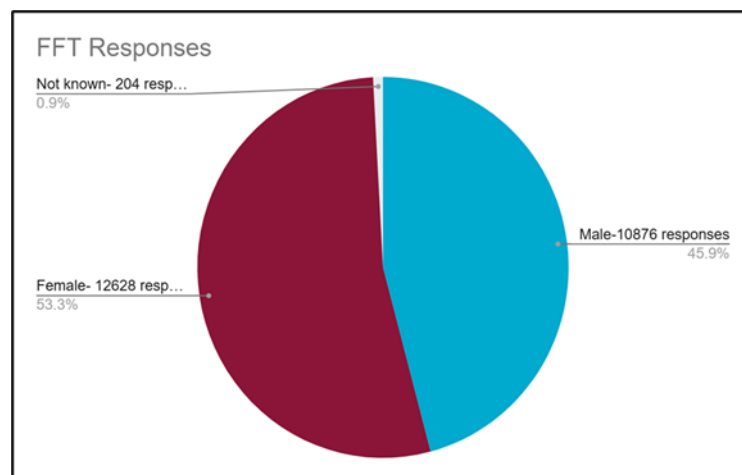
3.1: Friends and Family Test

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. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

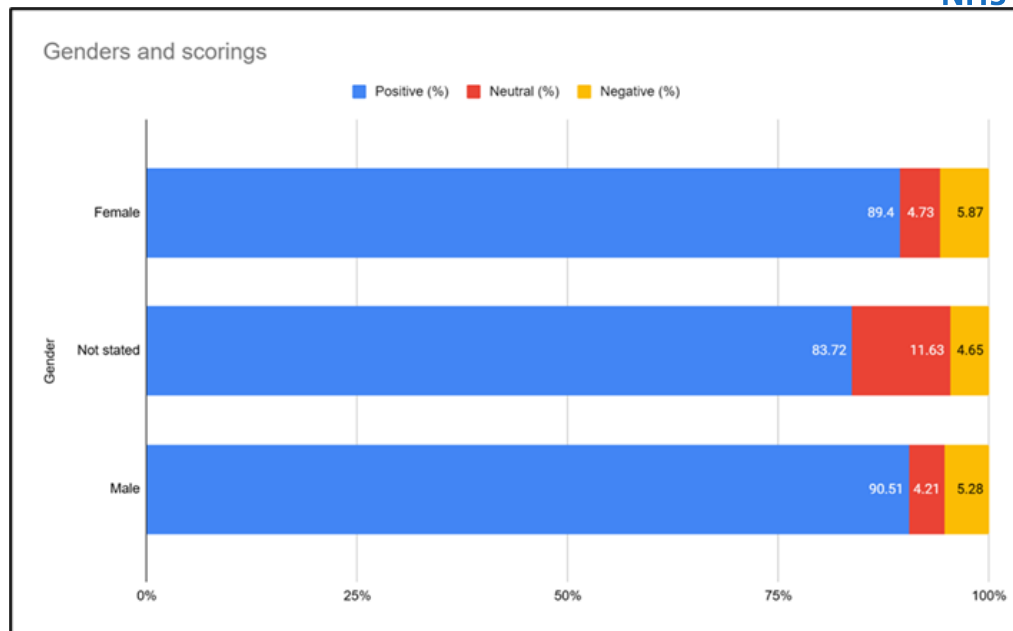
One of the questions asked is 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics.

In 2024/25, we received 83,034 responses via SMS, online surveys, and integrated voice messages a 3% increase on the previous year. Feedback is collected across our acute and community services. Of this total nearly 24,000 respondents provided demographic details.

Gender:

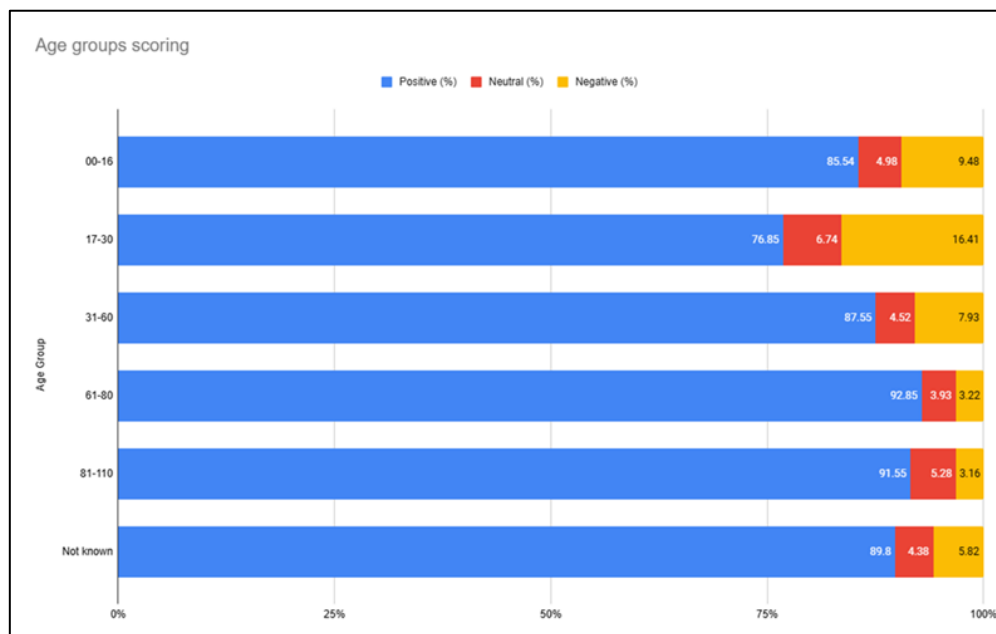


Overall, female patients showed a higher response rate (53%) compared to males (46%), however responses from men have increased by 3% from previous year.



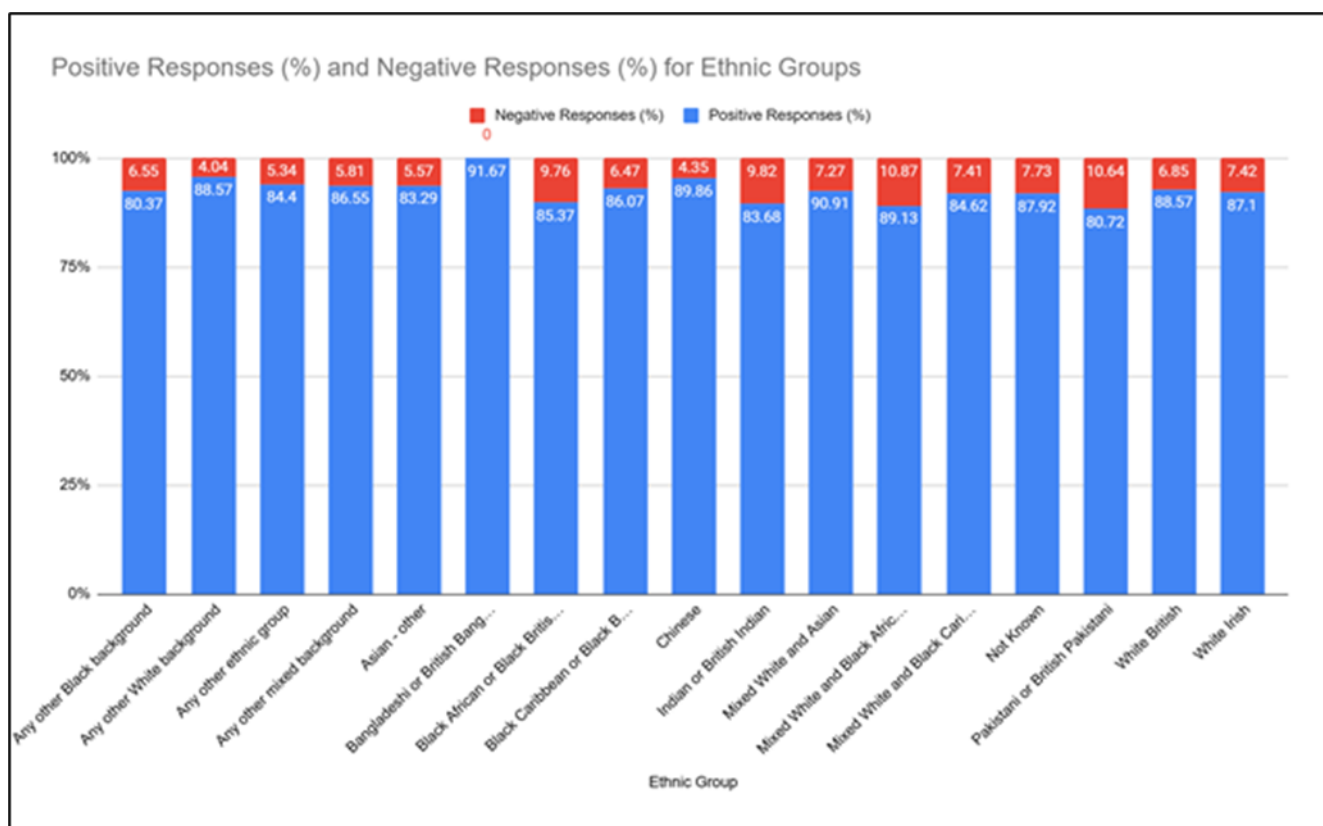
89% of women reported a positive experience up from 80% in previous year. 91% of men reported a positive experience up from 79% the previous year

Age:



Friends and Family - Patients aged 61-80 reported the highest levels of positive experience at 93% up from 84% the previous year and those aged 17-30 reporting the lowest satisfaction at 77%, however this is a significant improvement from 62% in the previous year.

Ethnicity:



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.

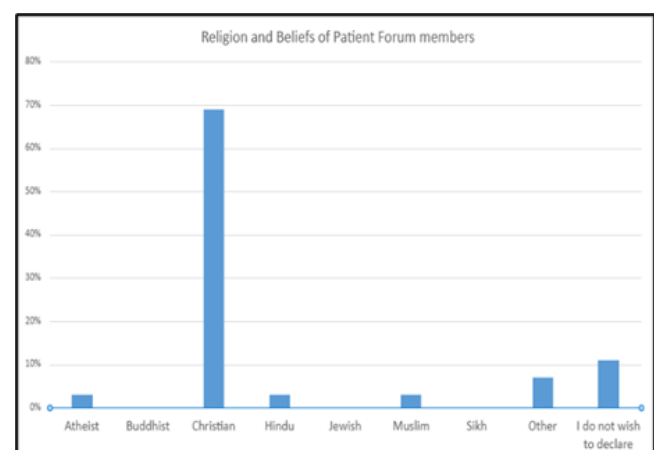
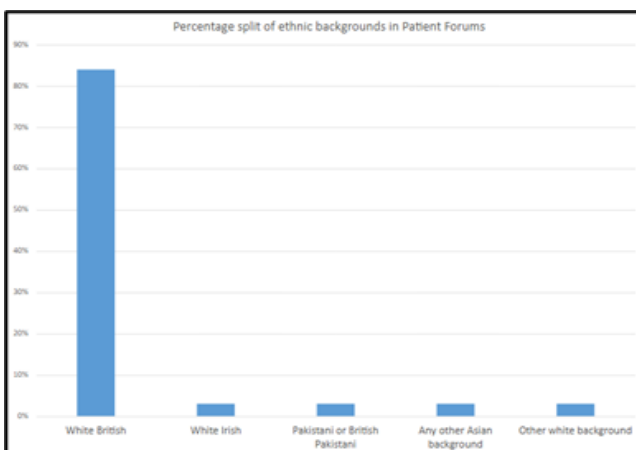
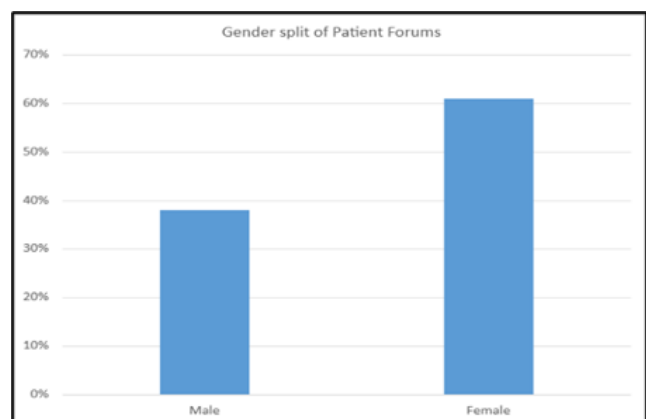
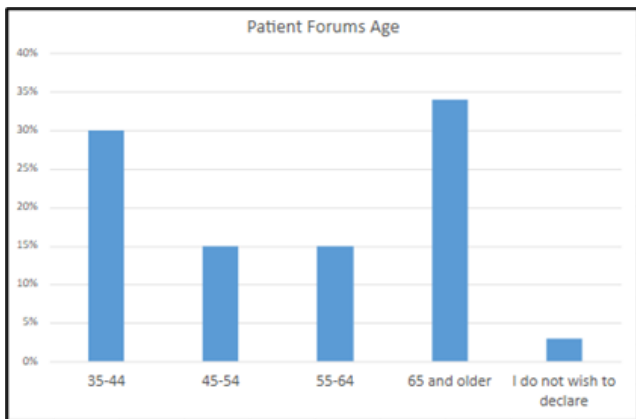
3.3: Patient Forums: This year the patient experience team have focussed on supporting more teams to set up patient forums. The range of current patient forums include

- 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

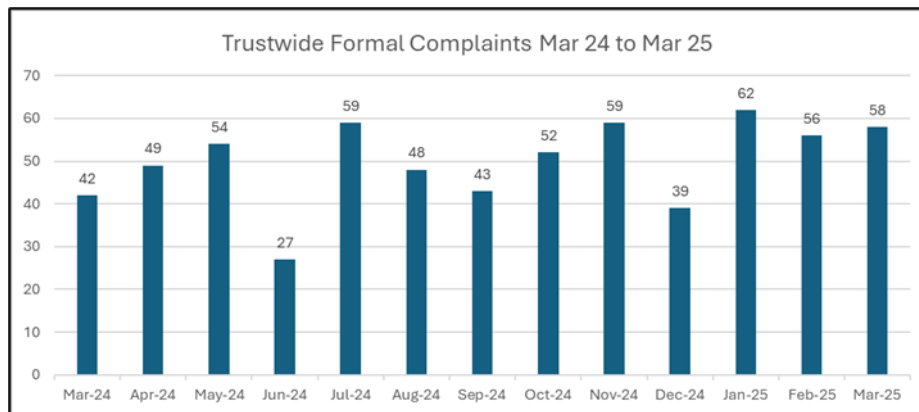
The expansion in patient forums across BHT has led to an increase in diversity of patient partners, particularly in age range of partners with more younger patients participating.

The patient forum demographics survey is conducted annually in order to take a snapshot of the diversity of participants in patient forums across BHT.

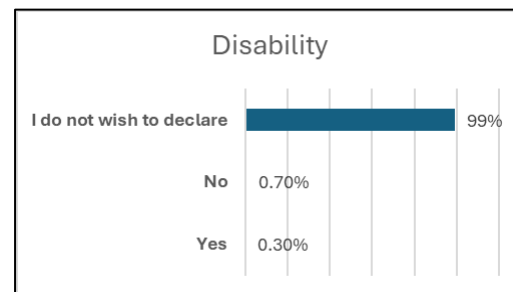
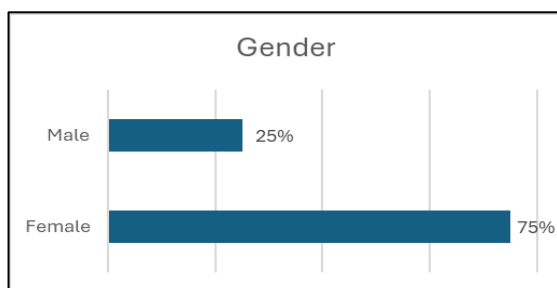
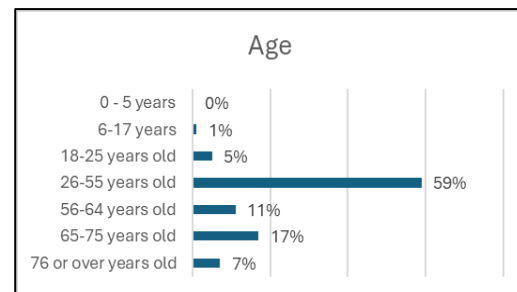
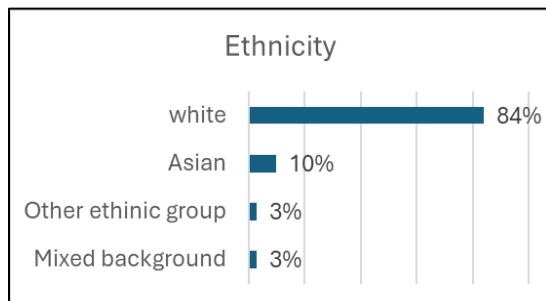


3.4. Complaints:

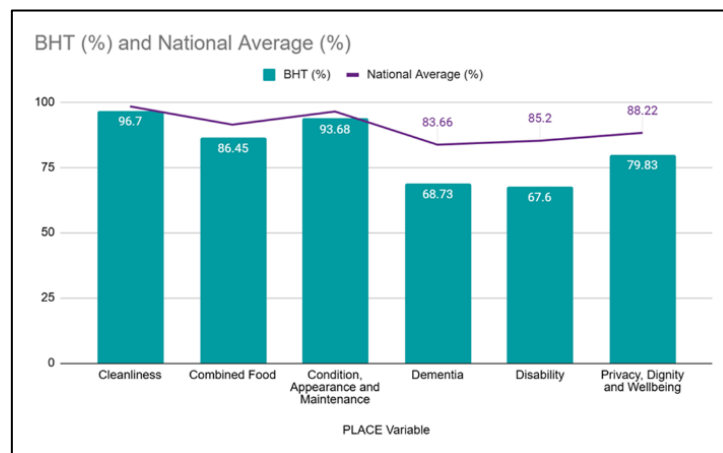
In 2024/2025, the Trust received 648 formal complaints, there is an increase from 516 complaints in 2023/2024.



285 complainants provided demographic data



3.5: Patient led assessment of the care environment (PLACE): The assessments involve local people (known as patient assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing privacy and dignity, food, cleanliness and general building maintenance and, the extent to which the environment is able to support the care of those with dementia or with a disability. BHT scored significantly below the national average for being dementia friendly and for disability access, and these areas will be the focus for improvement in 2025/26.



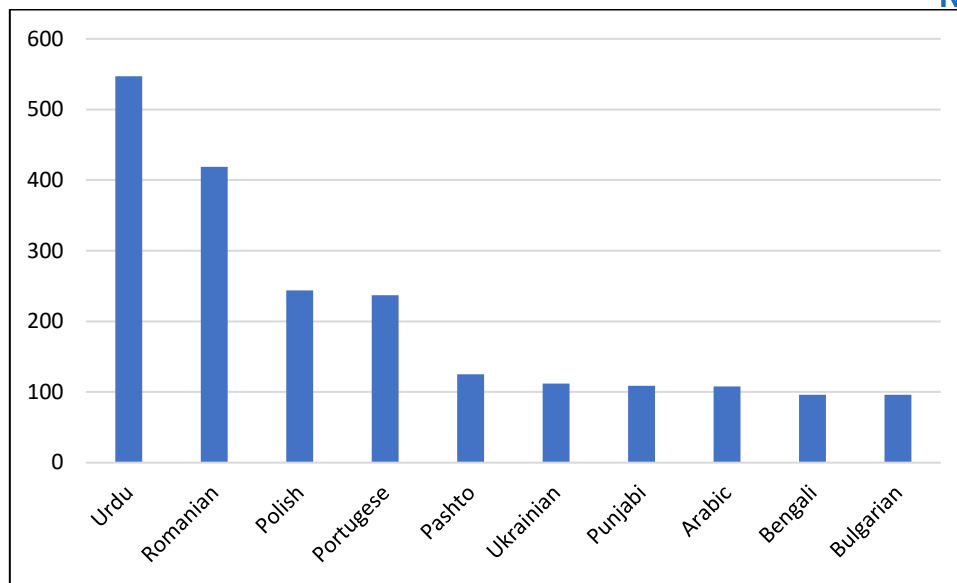
3.6: Did Not Attend (DNA) rates: A review of the DNA data at Buckinghamshire Healthcare NHS Trust has shown that patients from Opportunity Bucks areas, which are wards in Buckinghamshire with the highest levels of social deprivation, have higher DNA rates than the rest of the population. BHT will be undertaking a research project in 2025/26 to ascertain why this is to inform improvements.

4. Interpretation

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 3712 requests for interpretation during 2024/25 compared to 3353 requests in 2023/24. This represents 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. These are the same top three as in 2023/4. The chart below shows the breakdown of the 10 most requested languages in 2024/25



This year the focus has been on improving the service to users of British Sign Language. We worked with our service provider, The Big Word, to introduce video on-demand BSL. We engaged with two additional local BSL providers to provide additional capacity where needed. As a result, we were able to increase fulfilment of BSL requests from 75% to 86% and reduce complaints and incidents related to BSL.

5. 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.

The Trust has implemented a range of measures to ensure compliance with AIS as detailed in previous PSED reports, however, in response to the Accessible Information Standard, there is a need to continually remind our colleagues of their responsibility to ask and record a patient's communication need.

We need to note that whilst our two main patient record systems (Rio and Careflow) can record a patients communication need via the alert process, not all the systems used by the Trust have this ability. This means that data collected via our two main systems, cannot be shared and many Trust IT systems do not have the capability to record this information. As new systems are implemented into the Trust, we need to ensure they are AIS compliant.

During 2024/25 the Trust developed and socialised an AIS policy to raise awareness amongst colleagues. During 2025/2026 the Trust will implement face to face AIS training sessions to strengthen the importance of the Accessible Information Standard.

6. Progress on action plan 2024/25

Issue	Actions	Progress 2024/25
Lack of representation of global majority patients on patient forums	Continue recruitment efforts focussed on improving ethnic diversity across patient groups. Particular focus will be the South Asian community who report lower levels of satisfaction with our services	Increase in patient forum members describing themselves as from Asian backgrounds from 2% to 10%
Need to increase opportunities for feedback from patients under 30	Roll out QR codes for FFT across services including Community Children and Young People (CYP), End of Life Care	Roll out of QR codes completed. Increase in response rate from under 30 cohort from 2.5% to 7%
Continued need to increase fulfilment of interpretation requests, particularly BSL	Promote on-demand video BSL interpreting for areas such as the Emergency Department and Maternity where difficult to book ahead.	Increase in fulfilment of BSL requests from 75%in 2023/24 to 86% in 2024/25
Limited awareness of Accessible Information Standard	Develop and socialise an AIS policy to raise awareness amongst colleagues	Policy developed and socialised

7. Action Plan 2025/26:

Issue	Actions	By when
Hospital environment not dementia friendly	Focussed project on Wards 8 & 9 at SMH to improve dementia friendly environment to act as exemplar for organisational improvements	March 26
Lack of activity options for patients with dementia and brain injury	Roll out Reminiscence interactive therapy activity devices across 12 areas	March 26
Lack of physical accessibility of hospitals	Work with property services to identify key areas to improve disability access and action	March 26
Patients from Opportunity Bucks areas DNA at higher rate than	Healthwatch Bucks to conduct telephone interviews with patients who Did Not Attend appointments from Opportunity Bucks areas to find out reasons to inform improvements	Dec 26
AIS training	Face to face training sessions implemented to strengthen the importance of the Accessible Information standard to our workforce	Sept 25