

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	Public & Patient Public Sector Equality Duty (PSED) Summary Report
Board Lead	Duncan Dewhurst, Chief Digital & Transformation Officer
Author	Patient Profile – Mark Squires (Head of Business Intelligence) Business Planning – Debbie Hawkins (Head of QI & Transformation) Patient Experience and Involvement – Amarjit Kaur (Head of Patient Experience & Involvement) Public Engagement – Dee Irvin (Public, ED&I & Communications Manager) Public Sector Equality Duty Public Summary Report 2023-2024 – Dee Irvin (Public, ED&I & Communications Manager)
Appendices	Annual Summary Report 2023/24 <i>Full reports available in the Reading Room ahead of publication on the Trust website</i>
Purpose	Assurance
Previously considered	Healthy Communities Programme, EMC, Q&CGC

Executive summary

This report provides assurance to the Trust Board and to the Public that BHT is meeting its PSED obligations and continuing to promote an inclusive culture across the organisation.

The report summarises our patient and public equality, diversity and inclusion activity in 2023/24. The Trust has a legal obligation, (under the Public Sector Equality Duty, as set out in the Equality Act 2010), to deliver equal access to fair and inclusive services and opportunities, but over and above our legal obligations, we as a Trust want to ensure that these basic principles are embedded in everything we do.

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

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

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

The Executive Management Committee and Quality & Clinical Governance Committee both considered and took assurance from this report in July 2024.

Decision	The Board is requested to take assurance from the report findings		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>

Relevant objective

<input type="checkbox"/> Improve waiting times in ED <input type="checkbox"/> Improve elective waiting times <input type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Give children living in most deprived communities the best start in life <input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes <input type="checkbox"/> Outpatient blood pressure checks	<input type="checkbox"/> Zero tolerance to bullying
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Implications / Impact

Patient Safety	Ensuring equitable treatment and accessibility of our services for our patients and members of our local community
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	<p>Principal Risk 5: Failure to support improvements in local population health and a reduction in health inequalities</p> <p>Part of our legal requirement to comply with the equality act 2010 and our equality duty.</p>
Financial	N/A
Compliance Select an item. Select CQC standard from list.	Ensuring equitable treatment and accessibility of our services for our patients and members of our local community as part of our duties under Equality and Human Rights Commission (EHRC), Equality Act 2010.
Partnership: consultation / communication	The report summarises our patient and public equality, diversity and inclusion activity in 2023/24. The Trust has a legal obligation, (under the Public Sector Equality Duty, as set out in the Equality Act 2010), to deliver equal access to fair and inclusive services and opportunities, but over and above our legal obligations, we as a Trust want to ensure that these basic principles are embedded in everything we do.
Equality	The Equality Duty requires public bodies to consider how the decisions that they make, and the services they deliver, affect people who share different protected characteristics. The specific duties require public bodies to publish information to show they did this.
Quality Impact Assessment [QIA] completion required?	Yes

1 Introduction/Position

1.1 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.

Key achievements during April 2023 and March 2024

- Reducing smoking in pregnancy - increased engagement with the Trust's smoking cessation service from 25% to 70%. As a result, less than 5% of women now smoke at time of delivery meaning that 226 babies were protected against the negative impacts of smoking in pregnancy
- Increasing the percentage of people being referred to cardiology services from the most deprived areas - As part of a collaborative working agreement with Novartis UK, the Trust has created the Buckinghamshire Lipid Optimisation Programme. The programme seeks to proactively reach out to patients with a history of cardiovascular disease and high cholesterol, offering them cholesterol lowering therapies which reduce their overall cardiovascular risk.
- Improving the early identification of frailty, with more than 30% of patients in our Emergency Department having a documented frailty score - over 90% of patients aged over 65 presenting in the Emergency Department have had a Clinical Frailty Score documented during the year.
- Patients from a South Asian background reported lower levels of satisfaction with BHT services. The Trust has undertaken a range of initiatives over the year to improve patient experience and outcomes for patients from a south Asian background
- Improved access to interpreting services - Following feedback from CQC highlighting that staff did not always use translation services when required, and that there was no accessible information to inform children, young people, and their families this service was available, concerns raised by the Deaf community in Bucks raising issues with access to BSL interpreters and a reduction in fulfilment of requests for face-to-face interpreting, actions were taken to address this feedback
- Increased opportunities to feedback - Following engagement work with colleagues and service users regarding alternative ways to gather feedback, QR codes and survey links have been created to support our FFT feedback mechanism
- Improving Maternity Services at Wycombe Hospital – patient engagement
- Older People's Health & Wellbeing days – Thame & Chalfont & Gerrards Cross Community Hospitals – public engagement
- Research & Innovation – ranked 2nd in England for research trial recruitment among similar-sized acute trusts and 1st for setting up trials. Over 4,500 Buckinghamshire residents, a quarter from primary care, participated in 70 studies across 26 specialties
- Homeless workshop – increasing collaborative working across key local stakeholder organisations
- Opportunity Bucks - the Trust are active members of opportunity bucks which is a levelling up programme that aims to improve opportunities for all

- Health Inequalities Dashboard - Development of health inequalities dashboard to support services to have easy access to any differences in access for people by ethnicity (as well as deprivation)

1.2 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 during April 2023 and March 2024.

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2.1 Overall, the number of patients that did not attend an appointment (DNAs) has risen significantly versus the number of planned patient appointments where year on year the number of attendances has increased by a little more than 1.5%, whilst the number of 'not attended' appointments rose by 8.6%. In an effort to reduce the DNA volumes, the Trust is currently expanding the number of services that use an SMS texting service to remind the patient of their upcoming appointments. There are nine ethnic groups where more than ten percent of the booked appointments have not been attended in 2023/24 all of these nine ethnic groups fall into the South Asian and Black categories. During the Trust EDS process later this year and working with the Health Communities programme, we need to understand why DNA rates continue to rise. A co-production project working with services and their patients will help us define a quality improvement initiative to help significantly decrease the DNA rates.

2.2 There is a lack of global majority patients on the majority of our patient forums. As part of the patient involvement and engagement PSED action plan there will be continued recruitment efforts focussed on improving ethnic diversity across patient groups with particular focus on recruiting from the South Asian communities who report lower levels of satisfaction with our services in general.

3 Action required from the Board/Committee

3.1 The Board is requested to:

a) Approve the following documents to be published on the Trust website:

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

Public Sector Equality Duty Public Report 2023-2024

A reflection of progress in relation to Equality Diversity & Inclusion, including our 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 2023/24 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 and the general public were set by our Trust Board for 20219-2023:

- 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 2023/34 covering the following key areas::

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

In 2024 the Trust will be reviewing its equality objectives in line with our strategy and 5-year plan using the [Equality Delivery System 2022](#)).

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Summary of Activity 2023/24

Our key achievements in reducing health inequalities and fostering relationships in 2023/24 were:

- **Reducing smoking in pregnancy** - increased engagement with the Trust's smoking cessation service from 25% to 70%. As a result, less than 5% of women now smoke at time of delivery meaning that 226 babies were protected against the negative impacts of smoking in pregnancy
- **Increasing the percentage of people being referred to cardiology services from the most deprived areas** - As part of a collaborative working agreement with Novartis UK, the Trust has created the Buckinghamshire Lipid Optimisation Programme. The programme seeks to proactively reach out to patients with a history of cardiovascular disease and high cholesterol, offering them cholesterol lowering therapies which reduce their overall cardiovascular risk.
- **Improving the early identification of frailty**, with more than 30% of patients in our Emergency Department having a documented frailty score - over 90% of patients aged over 65 presenting in the Emergency Department have had a Clinical Frailty Score documented during the year.
- **Patients from a South Asian background reported lower levels of satisfaction with BHT services**. The Trust has undertaken a range of initiatives over the year to improve patient experience and outcomes for patients from a south Asian background
- **Improved access to interpreting services**
- **Increased opportunities to feedback**
- **Improving Maternity Services at Wycombe Hospital** – patient engagement
- **Older People's Health & Wellbeing days** – Thame & Chalfont & Gerrards Cross Community Hospitals – public engagement
- **Research & Innovation** – ranked 2nd in England for research trial recruitment among similar-sized acute trusts and 1st for setting up trials. Over 4,500 Buckinghamshire residents, a quarter from primary care, participated in 70 studies across 26 specialties
- **Homeless workshop** – increasing collaborative working across key local stakeholder organisations

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Next steps for 2024/25

Building on from this positive progress in 2023/24 but recognising there are still improvements to make in 2024/25 we aim to:

- Make reducing health inequalities and improving population health a key priority and work collaboratively with our partners at place to support delivery of this
- Further develop partnership working with our communities and key stakeholders
- Further develop co-production
- Develop new equality metrics for the trust
- Creating an Accessible Information Standard and Reasonable Adjustment Policy and training programme
- Improving the ethnic diversity across patient groups with a particular focus on the South Asian community which reports lower satisfaction
- Targeted project on reducing did not attend (DNA) rates
- Continuing to supporting services within the Trust to engage with local communities through targeted public engagement events
- Improving response rates for FFT by rolling out QR codes to services including our community children & young people's services and end of live care.
- Developing and implementing a strategy for ensuring we listen to the voices of children and young people
- Supporting colleagues and patients to use video interpreting
- Promoting on-demand British Sign Language (BSL) in areas such as the Emergency Department and Maternity where it is difficult to book an interpreter in advance

We also have specific breakthrough metrics for 2024/25 to support the reduction of health inequalities these are:

- Improve children's development for communities experiencing the poorest outcomes, with 85% attending 12 month review by age 15 months
- Improve identification of hypertension, with 75% of patients having a blood pressure check at Outpatient appointment

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Section 1: Patient Profile

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Patient Profile

- By analysing our patient profile by protected characteristic, we can look at which patient 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.
- The Care Group structure has been introduced during the last financial year to better align each of the services and specialties, which were previously structured into Divisions.
- The ethnic categories across our acute and community services have been updated to match the definitions in the [NHS Data Dictionary](#), with all systems now using the national list of sixteen categories, plus 'Not known' and 'Not stated'
- To apply these changes, the full dataset has been fully refreshed for the previous five years activity rather than merging this year's data on to previously published information.
- The volume of patients accessing the Trust continued to increase during 2023/24.

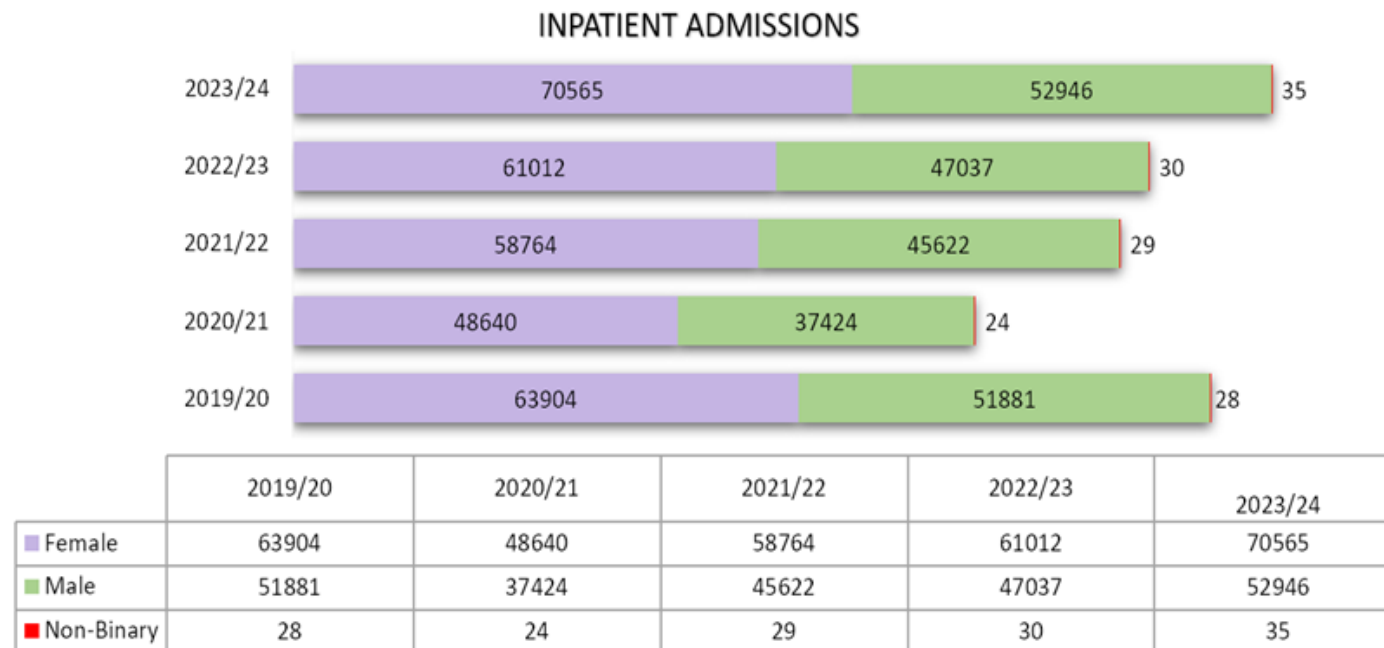
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Inpatient Admissions

- Overall there continues to be a higher proportion of female inpatients, averaging 56.4% in 2023/24 which is an increase of 0.67% compared to the previous year.



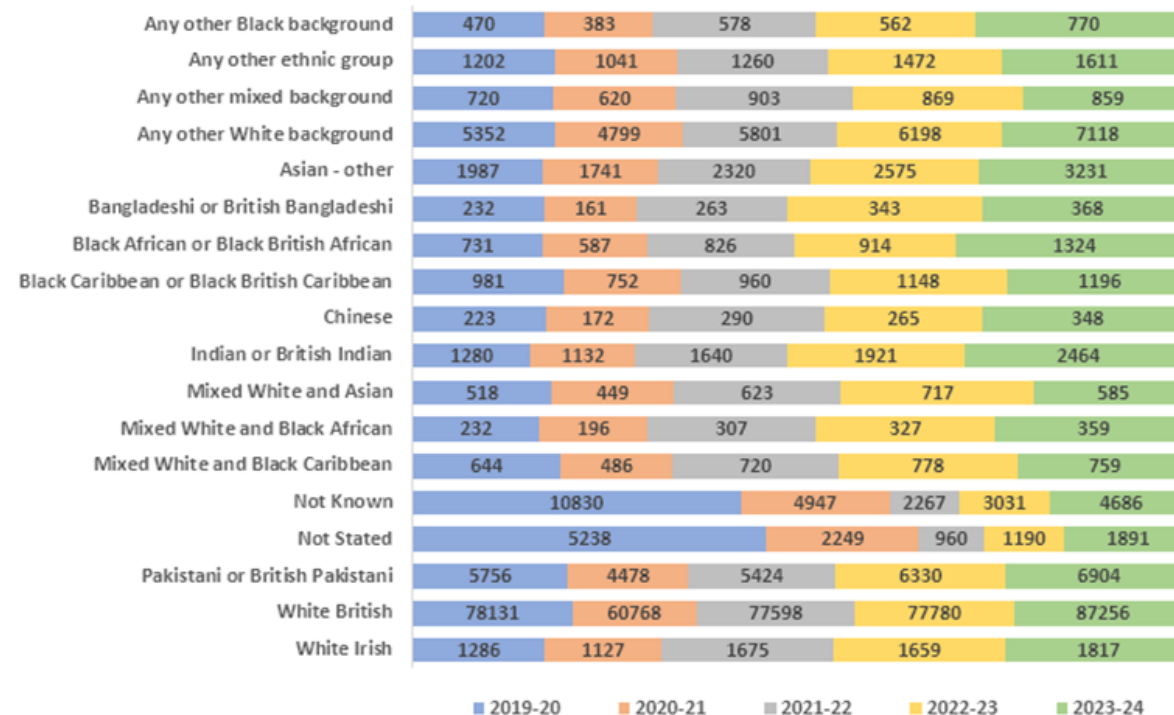
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Inpatient Ethnicity

- The patients recorded in groups 'Not Stated' or 'Not Known' are those who have not given an answer or have not been asked the question regarding their ethnicity. This group has risen over the last year from 3.91% in 2022/23 to 5.32% in 2023/24. Whilst still lower than pre COVID-19 levels, the rise in this cohort is higher than expected and continues to be targeted as part of our data quality monitoring and during training briefings for staff at point of contact with patients.



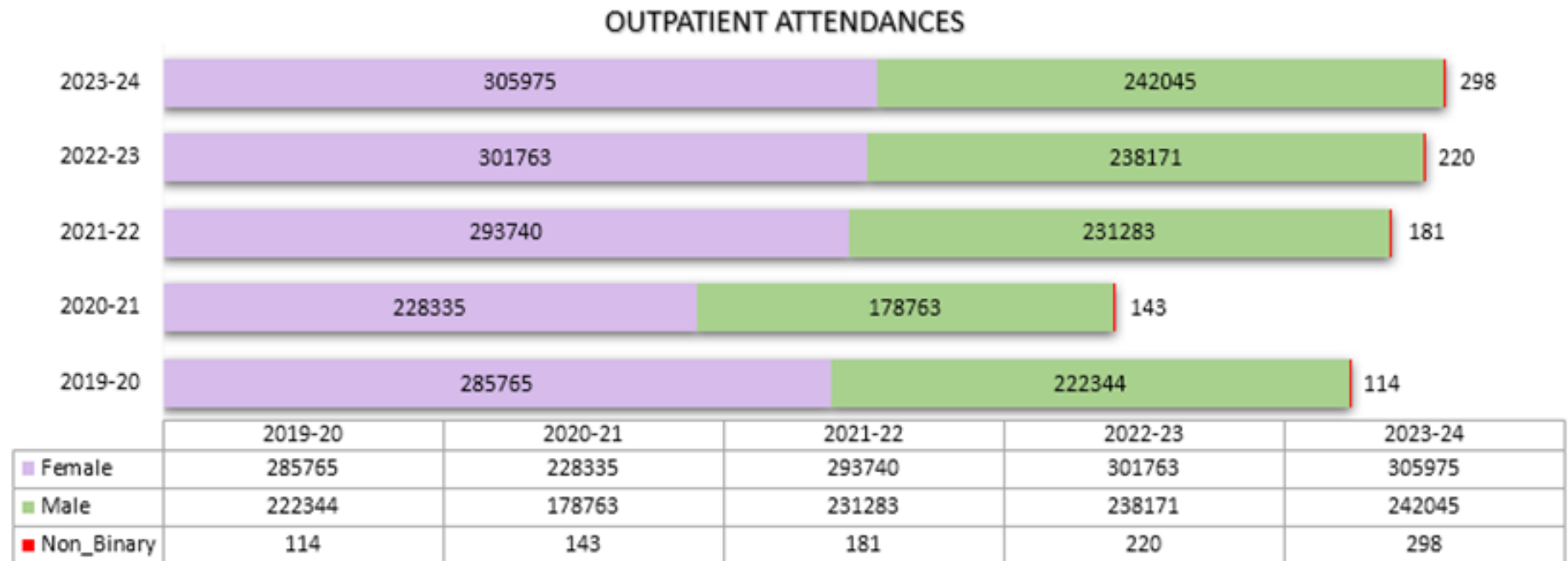
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Outpatient Activity

- As with Inpatient admissions, females account for highest proportion of outpatient activity at 55.8%. This is driven by some of the specialist and maternity services provided by the Trust.
- Again, this year's data also includes patients who identify as Non-Binary and are indicated in red, to the right of the chart below.



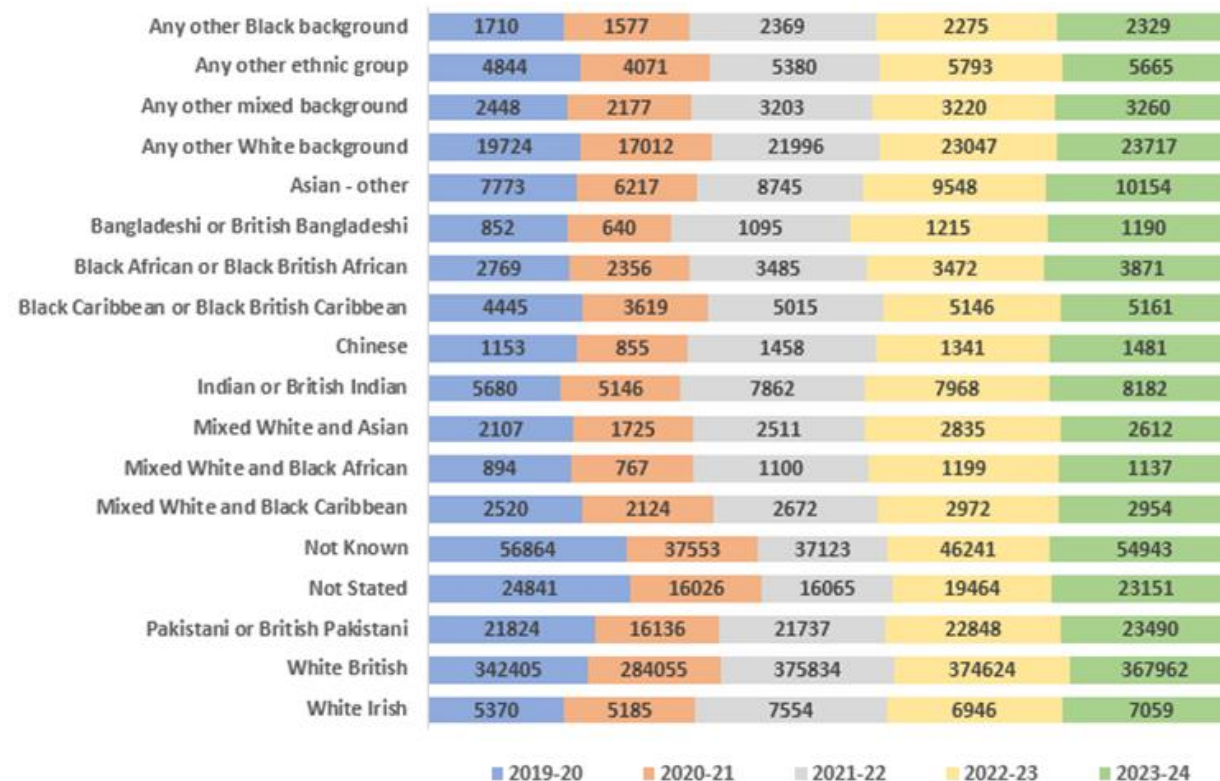
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Outpatients by Ethnicity

- Outpatients have also seen a rise in the number of patients recorded as Not Known and Not stated, with the percentage of patients recording as White British decreasing from 69% in 2022/23 to 67 % in 2023/4.



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Did Not Attend Outpatient appointments

- Overall, the number of patients that 'Did Not Attend' (DNA) an appointment increased by 8.6% during 2023/24. In an effort to reduce the DNA volumes, the Trust is currently expanding the number of services that use an SMS texting service to remind the patient of their upcoming appointments
- There are nine ethnic groups where more than ten percent of the booked appointments were not been attended in 2023/24:

Ethnic Group 2023-24	DNA	ATTENDED	DNA %
Any other Black background	269	2329	10.35%
Any other mixed background	417	3260	11.34%
Asian - other	1172	10154	10.35%
Bangladeshi or British Bangladeshi	146	1190	10.93%
Black African or Black British African	494	3871	11.32%
Black Caribbean or Black British Caribbean	669	5161	11.48%
Mixed White and Black African	146	1137	11.38%
Mixed White and Black Caribbean	401	2954	11.95%
Pakistani or British Pakistani	3155	23490	11.84%

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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 place of residence.
- With increased volumes of patients, it is once again noticeable that the only large decrease was in an ‘Other’ category of any other mixed background, with smaller decreases in people of Indian and mixed White & Black African ethnicity.
- The largest percentage increase in community activity was by people identifying as Chinese or Bangladeshi with showed an increase of 71.2% and 54,9% respectively compared to the previous year.

Ethnic Group	2019/20	2020/21	2021/22	2022/23	2023/24
Any other Black background	1372	1288	923	1039	1142
Any other ethnic group	2450	2473	3655	3127	4087
Any other mixed background	6968	11162	14864	15816	13811
Any other White background	12648	17757	18547	19005	19911
Asian - other	2784	2703	3627	3640	4581
Bangladeshi or British Bangladeshi	670	654	746	668	1035
Black African or Black British African	1686	1995	2873	3162	3565
Black Caribbean or Black British Caribbean	3729	3818	4323	4421	5088
Chinese	203	249	402	420	719
Indian or British Indian	5313	6513	8683	10358	10284
Mixed White and Asian	3397	3820	3804	2915	3081
Mixed White and Black African	683	711	821	843	842
Mixed White and Black Caribbean	4040	4290	3687	4037	4594
Not Known	202279	199868	211677	191671	216584
Pakistani or British Pakistani	14494	16218	18637	18203	21052
White British	262194	265798	291825	302989	329495
White Irish	2689	3491	3320	3939	4545
Grand Total	527599	542808	592414	586253	644416

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Section 2: Business Planning

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Business Planning

- Each year the Trust undertakes annual business planning to set the priorities for the year ahead. This takes account of national requirements, our Trust Strategy and the requirements of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
- A key part of business planning is the agreement of our 'areas of focus' for the year ahead – these are a small set of organisation-wide priorities which are understood and owned by everyone. They provide a shared focus around which to energise teams to drive improvements and support the achievement of our medium-term goals. These 'areas of focus' for 2023/24 are set out on the next slide.
- An integral part of our Trust vision is to work with partners to build healthy communities and tackle healthy inequalities; which is directly linked to our equality objective to 'reduce inequalities for patients with protected characteristics'.
- In 2023/24 our priorities for Healthy Communities were focused on:
 - Reducing smoking in pregnancy, with the aim of less than 5% of women smoking at the time of delivery
 - Increasing the percentage of people being referred to cardiology services from the most deprived areas
 - Improving the early identification of frailty, with more than 30% of patients in our Emergency Department having a documented frailty score to enable better management of support of frail patients

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Reducing Smoking in Pregnancy

- We launched our smoking cessation service to support pregnant women to give up smoking, increasing engagement with the Trust's smoking cessation service from 25% to 70%. As a result, less than 5% of women now smoke at time of delivery meaning that 226 babies were protected against the negative impacts of smoking in pregnancy – 90 more than the previous year. This was against a national target of 6% and compared to c.7% at the end of 2022/23.
- We also monitor carbon monoxide levels during pregnancy and have increased the number of women screened for carbon monoxide levels from 20% to 95%. This monitoring is for all pregnant women, not just those who smoke, as they may be exposed to carbon monoxide because other family members smoke or from faulty boilers. High levels of carbon monoxide are potentially fatal for pregnant women and their unborn babies.
- The Trust's smoking cessation team is now also referring other family or household members who smoke to Be Healthy Bucks to provide babies with the best possible start in life.

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Cardiology Referrals

- Due to multiple factors, we have not been able to achieve an increase in cardiology referrals from the most deprived areas of Buckinghamshire. This is due to multiple factors. In response to these challenges, we have prioritised the cholesterol management of cardiovascular patients from the most deprived areas.
- As part of a collaborative working agreement with Novartis UK, the Trust has created the Buckinghamshire Lipid Optimisation Programme. The programme seeks to proactively reach out to patients with a history of cardiovascular disease and high cholesterol, offering them cholesterol lowering therapies which reduce their overall cardiovascular risk. The programme has also ensured the pioneering innovative medication Inclisiran (a 6-monthly cholesterol lowering injection) is available to all eligible patients in Buckinghamshire.
- The programme uses an innovative, novel population healthcare tool (developed alongside Graphnet) which allows BHT clinicians to identify patients from information within their shared care record.
- This search tool has identified over 2,100 patients across Buckinghamshire with a history of cardiovascular disease and high cholesterol levels.
- So far over 700 patients have been seen in virtual clinics within the first five months of the programme. Prior to the launch of this programme, the BHT lipid service would see four new patients a week. Over 230 patients have been offered the injectable medication Inclisiran, with over 65% of patients having their cholesterol medication adjusted and guidance provided to their GP.

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Improving the Early Identification of Frailty

- Frailty is now understood to be a long-term condition rather a word that is often applied to people purely because of their age.
- The early identification of frailty coupled with targeted support can help older people living with frailty to stay well and live independently for as long as possible.
- The Clinical Frailty Scale (CFS) is an evidence-based tool which we use to assess frailty in elderly individuals. It prompts clinicians to consider how a person has changed from their previous ability to function in daily tasks.
- At the start of 2023/24 the Trust had an objective of improving the early identification of frailty using the CFS, with a target of more than 30% of patients in our Emergency Department having a documented frailty score by the end of the year.
- During the year, there have been several initiatives to raise awareness of the importance of recording the Clinical Frailty Score, including 'frailty at the front door workshops' for our Emergency Department clinical colleagues and the availability of the Clinical Frailty Score app to support staff in calculating the score. As a result, over 90% of patients aged over 65 presenting in the Emergency Department have had a Clinical Frailty Score documented during the year.

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Section 3: Patient Experience & Involvement

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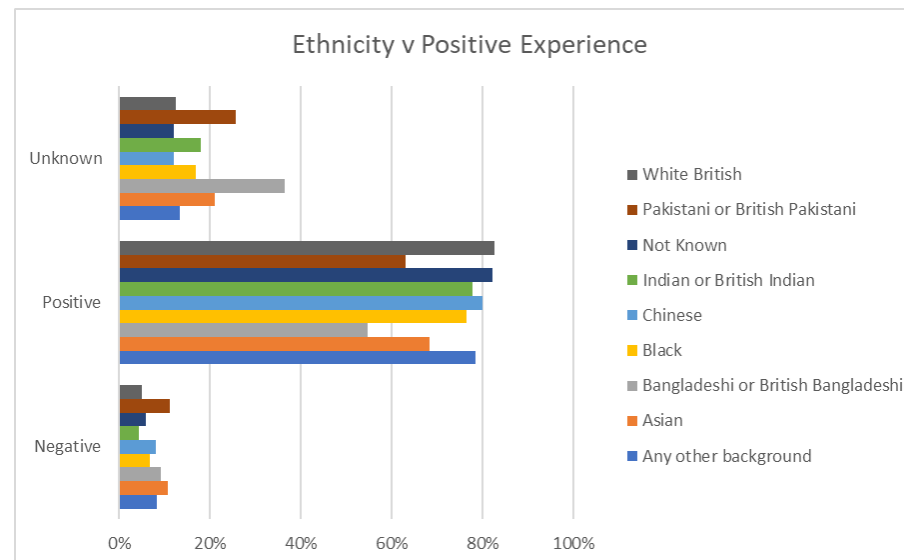
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Friends and Family Test

- 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 2023/24 we received 80,779 responses compared to xxxx in 2022/23
- The age group with the highest response rate continues to be those aged 61 to 80, with 46% of the total responding and the lowest response rate isf 2.5% from patients aged 17 to 30, although this has seen a small improvement of 1% from last year. Over the last year the Trust has introduced QR codes as a way to engage this group.
- As part of the feedback given from our service users, Care and Treatment was the highest recorded theme with 100% of respondents from a number of ethnic groups giving a positive rating related to this theme, including White/Asian, Chinese and Black Service users. Asian service users reported the lowest satisfaction score with 11% saying that their experience overall had been poor or very poor. White British patients and service users had the highest response rate with 83% being positive overall. The lowest response rate at 4.2% is from those recorded as Indian or British Indian.



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Clinical Effectiveness team

- 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. In 2023/24 nine of these local patient experience surveys were completed. Areas surveyed included:
 - Outpatient Hysteroscopy Pain Assessment
 - Colposcopy
 - Medicine for Older People
 - Pharmacy
 - Obstetrics and Gynaecology
 - Hospital on the High Street
 - Bariatrics
 - Complaints team
 - Maternity

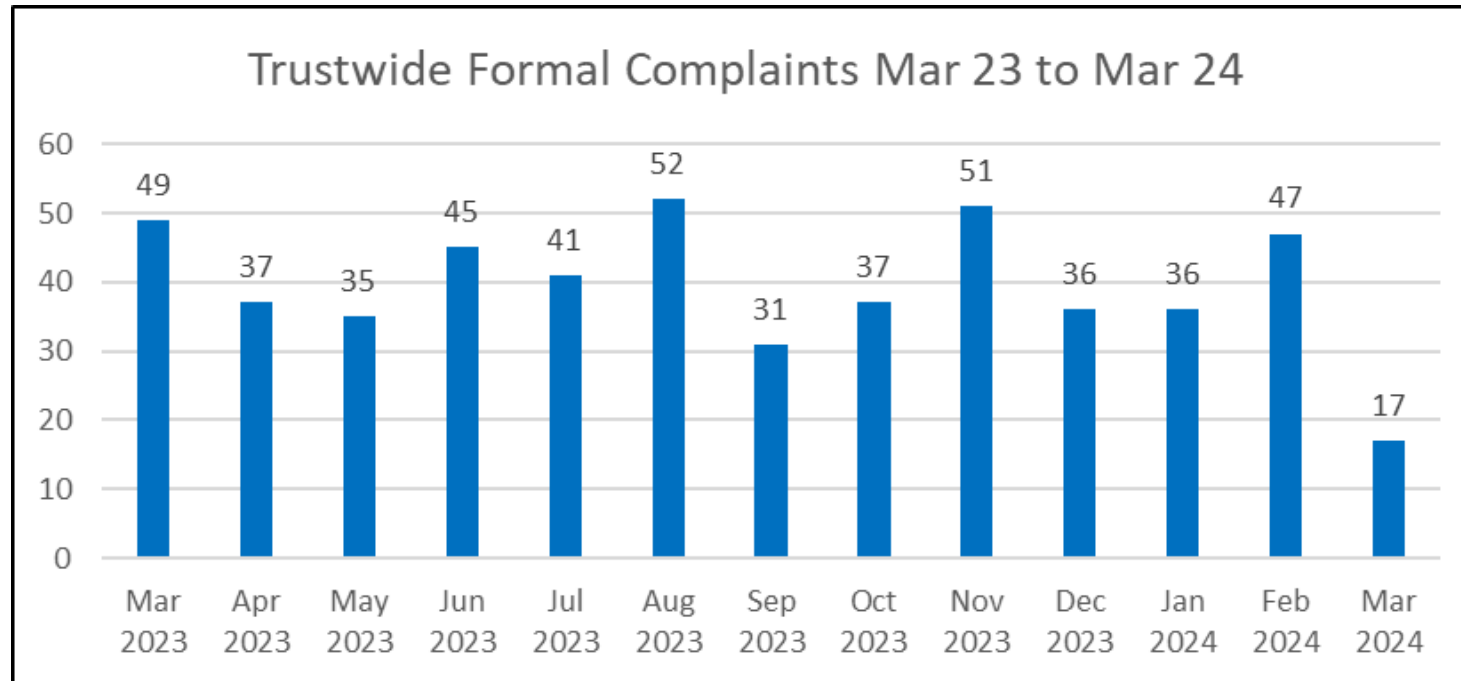
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Complaints

- In 2023/2024, the Trust received 465 formal complaints, a decrease from 538 in 2022/2023



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Patient Involvement 2023/24

Better support for women with threatened or actual miscarriage in the Emergency Department (ED):

Following a complaint about lack of appropriate care by a woman who miscarried in the Emergency Department the following changes were made to improve the care and experience of women with threatened or actual miscarriage in ED:

- Dignity packs including pads and wipes stored in triage area for ease of distribution when required
- New mandatory ED training day on miscarriage delivered by recently recruited early pregnancy loss midwife
- ED team working with Aching Arms charity which offers a support service to parents after their loss, whether it was during pregnancy, at birth or soon after.

Maternity services

- To improve our Maternity services at Wycombe hospital giving support to someone during pregnancy and in the few weeks after a baby has been born, BHT invited past, current and potential future service users to help us understand what we were doing well, what we need to do better and what additional services they would like to see at Wycombe hospital.
- Firstly, a survey was distributed to 29,392 past and current service users and was also promoted through traditional and social media and by MNVP and HealthWatch. Of the 826 respondents, 72% were white, 17% Asian, 4% Black, 3% mixed background, 2% undisclosed, <1% Romany gipsy/traveller, 1% other ethnic backgrounds.
- The Trust also ran two virtual events as well as attending three events organised by The Maternity and Neonates Voices Partnership for Buckinghamshire which were held at local family centres and baby groups.

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Patient Involvement 2023/24

Engaging with and improving services for South Asian patients:

Patients from a south Asian background reported lower levels of satisfaction with BHT services. The Trust has undertaken a range of initiatives over the year to improve patient experience and outcomes for patients from a south Asian background. These include:

- Engaging with 168 south Asian service users of BHT maternity services, as part of a review of maternity services at Wycombe Hospital
- Expanding the chaplaincy offer to patients of a south Asian background by, recruiting a Muslim chaplain and three female Muslim chaplaincy volunteers to provide religious and spiritual support to our Muslim patients the majority of whom are from a south Asian background. The chaplaincy also has a Hindu volunteer and Christian volunteers of Indian origin. One of our ophthalmology consultants from a Sikh background provides support to the chaplaincy team for patients from a Sikh background

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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.
- We now have 5 regular patients forums that we work with throughout the year:
 - Patient Experience Group (PEG)
 - Maternity & Neonatal Voices Partnership (MNVP)
 - National Spinal Injuries Centre Forum
 - Stroke Forum
 - Cystic Fibrosis Parent Forum
- Over the last year we have continued to increase diversity in our patient forums:
- The Maternity and Neonatal Voice Partnership (MNVP) works with the South Asian and Muslim population in High Wycombe through the Mamas and Baba's group which has led to a growing number of women attending sessions/events. The MNVP Equity Lead has also been building relationships with the Black community.
- We have continued to look at Children and Young People voices through alternative methods of capture through QR codes, local surveys, and video feedback through short stories.
- We are working alongside our paediatric team to ensure the voice of the child is being heard through our feedback methods and in how we are presenting their data in reporting so that it is not lost amongst our adult services.

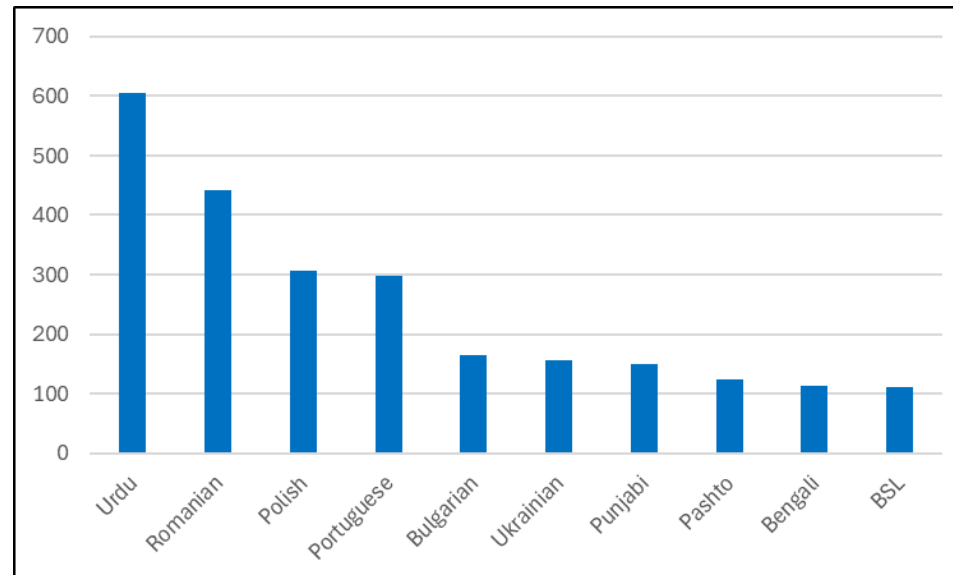
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Interpretation Services

- There was a total of 3,353 requests for interpretation that were met during 2023/24 compared to 3199 in 2022/23, representing a 5% increase. Interpreters were provided for 98% of telephone requests, and 77% 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 2023/24. These are the same top three as in 2022/3, but with Urdu now taking first place over last year's top language of Romanian.
- A maternity CQC inspection raised the concern that staff did not always use translation services when required, and that there was no accessible information to inform children, young people, and their families this service was available. To address these issues :
 - Posters are now displayed in all clinical areas in the top 10 most used languages advising service users of availability of interpreting services. The information is also displayed on digital patient information screens
 - 123 colleagues trained via webinars on utilising the Trust's interpretation service
 - On-demand video BSL service introduced



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Section 4: Public Engagement

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Public Engagement Activity

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. The Trust's strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to the Buckinghamshire Joint Local Health and Wellbeing strategy: Healthier, Happier Lives developed by the Buckinghamshire Health and Wellbeing Board.

Health and Wellbeing Days for Older Residents

Following on from the work that took place last year, a blueprint was created to enable more community sites to run health and wellbeing older people's events for local communities where our community hospital sites are placed. Events were held at Marlow Community Hospital on 19th April 2023 and at Chalfont and Gerrards Cross Community Hospital on 4th October 2023. A total of 30 stand holders were present at these events providing information, guidance and advice on relevant services and topic areas local to these communities which included Age Concern, Dementia Action Marlow, Thames Valley Police, Alzheimer's Society, LEAP Carers Bucks, Chiltern Prostate Cancer Support Group, Trading Standards and Buckinghamshire County Council. A total of over 100 residents attended both events and 85% of them said the event was "extremely useful".

Research & Innovation - The Trust's Research and Innovation department has had a highly active year, engaging with various stakeholders and achieving remarkable milestones. It ranked 2nd in England for research trial recruitment among similar-sized acute trusts and 1st for setting up trials. Over 4,500 Buckinghamshire residents, a quarter from primary care, participated in 70 studies across 26 specialties, including a significant Spinal Muscular Atrophy study. The department opened 45 new studies and continued engagement in Research Ready Community Programmes, with approximately 1,500 individuals signing up for preventative health assessments. As well as research, the team has continued to champion healthcare innovation with a clear focus on enhancing patient care and providing a supportive work environment for colleagues.

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Public Engagement Activity

Health on the High Street – Unit 33

Unit 33 offers a range of services including blood pressure testing, health visiting services, NHS Health Checks, sexual health services, veteran support, and immunisation. It supports residents in one of the most deprived areas of the Buckinghamshire, to take control of their health and wellbeing and helps to free up appointments from other local services by offering proactive support and advice, in a convenient location with excellent public transport links. Unit 33 offers both booked appointments and drop-in services to be able to fully support our community. Unit 33 took part in the Aylesbury community action day. Over 200 residents attended this event.



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Stakeholder Engagement

- **Chiltern Prostate Cancer Group** - This group promotes awareness and supports individuals affected by prostate cancer either those with the disease or their carers. A grant was awarded by Heart of Bucks 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. At the first session held on 15 July 174 men booked. 11% were identified as needing to consult with their GP. The second session held on 28 October 184 men booked. 10% were identified as needing to consult with their GP. These men were asymptomatic and would not have been picked up without such testing. BHT supported this event by providing a volunteer to book patients into their time slots and give them the relevant paperwork for their tests.
- **BHT Open Day and Careers Fair** - On Saturday 29th July 2023 BHT held its first open day since COVID. The open day is a public event that gives the general public the opportunity to hear from services and depts within BHT plus attend some behind the scenes tours of areas that the public do not have access to ordinarily plus to find out about plans for the future of healthcare in Buckinghamshire. 22 stalls were present at this event representing BHT services and depts giving out details of the services they offer our local communities. BHT also ran 5 behind the scenes tours operating throughout the duration of the event.
- **Homeless Clinic Workshop** - Buckinghamshire Healthcare NHS Trust (BHT) has been running a Homeless clinic since May 2022 engaging with two local homeless charities, Aylesbury Homeless Action Group (AHAG) and Wycombe Homeless Connection (WHC). BHT invited local key stakeholders within the community to attend this workshop with the aim of exploring how we can work together and support our local homeless community more.

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Section 5: Next steps

OUTSTANDING CARE

HEALTHY COMMUNITIES

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Equality Objectives

By the end of 2024, 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 2024/25 are detailed below:

Vision Mission Outstanding Care, Healthy Communities, Great Place to Work <i>Personalised, compassionate care every time</i>			
	Outstanding Care	Healthy Communities	Great Place to Work
Strategic Goals 2025	We will see people as early as possible when they need our services to improve outcomes We will continuously improve our services and use of resources to deliver value for our residents	We will prevent people dying earlier than they should , with a particular focus on addressing inequalities in access and outcomes	Our people will feel motivated, able to make a difference and be proud to work at BHT We will attract and retain talented people to build high performing teams with caring and skilled people
Outcome Measures 2025	Eliminate corridor care Improve productivity to be in the top quartile nationally	Play our part in ensuring that more children in the most deprived communities are ready for school Increase proportion of people over the age of 65 years who spend more years in good health Improve outcomes in cardiovascular disease	Improve staff engagement score to be in the top quartile in the National NHS Staff Survey Improve overall Trust vacancy rate to be no more than 8%
Focus 2024/25	Improve waiting times in our Emergency Department, with fewer than 10 patients a day waiting more than 12 hours Improve safety, with all inpatient and outpatient services achieving clinical accreditation, and at least 40% being awarded the silver standard Improve productivity by a further 5%, ensuring every patient is seen within a year, improving patient outcomes	Give 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% Tackle the biggest driver of cardiovascular disease by ensuring at least 75% of outpatients have their blood pressure checked	Improve everyone's experience of working at BHT by taking a zero tolerance approach to bullying, becoming best in class in the staff survey within 2 years

OUTSTANDING CARE

HEALTHY COMMUNITIES

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Equality Objectives

Following feedback from patients and service users, work is already underway to tackle a number of issues that have been highlighted including:

- Creating an Accessible Information Standard and Reasonable Adjustment Policy and training programme
- Continuing to supporting services within the Trust to engage with local communities through targeted public engagement events
- Improving the ethnic diversity across patient groups with a particular focus on the South Asian community which reports lower satisfaction
- Improving response rates for FFT by rolling out QR codes to services including our community children & young people's services and end of live care.
- Developing and implementing a strategy for ensuring we listen to the voices of children and young people
- Supporting colleagues and patients to use video interpreting
- Promoting on-demand British Sign Language (BSL) in areas such as the Emergency Department and Maternity where it is difficult to book an interpreter in advance

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

Agenda item	CQC Improvement/Action Plan Update
Board Lead	Karen Bonner, Chief Nurse
Author	Reema D’Souza, Associate Chief Nurse
Appendices	None
Purpose	Assurance
Previously considered	Executive Management Committee 5 March 2024 Quality Committee 17 July 2024

Executive summary

This report provides an update on the Action Plan following Care Quality Commission (CQC) inspections since February 2022 and the status of CQC inquiries since the last report.

February 2022 Inspection Action Plan:

One outstanding action from the February 2022 inspection remains – MD3.1, which states: "The Trust will initiate a nursing documentation task and finish group to develop patient risk assessment and care plan documentation." This action is monitored by the Patient Safety Board, where updates are tracked and recorded.

Maternity CQC Action Plan:

The attached Maternity CQC Action Plan completion report confirms that all 'Must Do' actions from the CQC inspection have been completed, assuring the Committee that all required actions identified during the inspection have been successfully addressed.

Paediatric ED Inspection Action Plan:

An evidence review is currently being conducted prior to the closure of actions from the Paediatric ED inspection.

Joint Targeted Area Inspection (OFSTED and CQC) Action Plan:

The action plan for the Joint Targeted Area Inspection is being monitored in collaboration with the Integrated Care Board (ICB).

CQC Inquiries Update:

Since January 2024, there have been seven inquiries. Two inquiries remain open pending reports, while the others have been closed by the CQC. The Chief Nursing Officer oversees all CQC inquiries and approves responses.

The Committee/Board is requested to take assurance from this report.

The outcome from the EMC meeting:

The Executive Management Committee approved the completion of the 'must do' actions (Maternity Action Plan) and agreed to retain oversight of the two estate projects that remain outstanding: the maternity triage re-design and the refurbishment of the bereavement room.

The outcome from the Quality and Clinical Governance Committee:

The committee reviewed the report and inquired about our readiness for the CQC's single assessment framework.

Decision	The Board is requested to take assurance.
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Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times in ED <input type="checkbox"/> Improve elective waiting times <input checked="" type="checkbox"/> Improve safety through clinical accreditation	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life <input type="checkbox"/> Outpatient blood pressure checks	<input type="checkbox"/> Zero tolerance to bullying	
Implications / Impact			
Patient Safety	Indicators related to patient safety and experience performance are monitored, and assurance is gained.		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards		
Financial	Costs associated with implementation of 'Must Do' and 'Should Do' actions.		
Compliance CQC Standards Safety	Staffing Privacy and dignity Safety Premises and equipment		
Partnership: consultation / communication	BOB ICB		
Equality	<p>Health inequalities are avoidable, unfair and systematic differences in health and experience between different groups of people.</p> <p>The Trust is committed to the fair treatment of all patients and service users, regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, responsibility for dependents, sexual orientation, or any other personal characteristics.</p> <p>Monitoring performance against reported indicators will support the Trust in progressing equality of provision.</p>		
Quality Impact Assessment [QIA] completion required?	No		

1. Introduction

This report provides an update on the Action Plan following Care Quality Commission (CQC) inspections since February 2022 and the status of CQC inquiries since the last report.

2. CQC Action Plan Update

2.1 February 2022 Inspection Action Plan:

One outstanding action from the February 2022 inspection remains – MD3.1, which states: "The Trust will initiate a nursing documentation task and finish group to develop patient risk assessment and care plan documentation." This action is monitored by the Patient Safety Board, where updates are tracked and recorded.

2.2 Maternity CQC Action Plan:

The attached Maternity CQC Action Plan completion report confirms that all 'Must Do' actions from the CQC inspection have been completed, assuring the Committee that all required actions identified during the inspection have been successfully addressed.

2.3 Paediatric ED Inspection Action Plan:

An evidence review is currently being conducted before the closure of actions from the Paediatric ED inspection. The next CQC report will provide an update on the paediatric action plan.

2.4 Joint Targeted Area Inspection (JTAI) (OFSTED and CQC) Action Plan:

The Joint Targeted Area Inspection action plan is being monitored in collaboration with the Integrated Care Board (ICB). The next CQC report will provide an update on the JTAI action plan.

3. CQC Inquiries Update:

Since January 2024, there have been seven inquiries. Two inquiries remain open pending reports, while the others have been closed by the CQC. The Chief Nursing Officer oversees all CQC inquiries and approves responses.

The summary of the enquiries, documents requested, and details of action taken are provided in the table below.

Ref	Date	Description	Information required.	Deadline for response	Status
Case ref CAS-217697-J7Q9M4 - death of a patient.	12 January 2024	<p>We have been notified by the police about a death that occurred at Stoke Mandeville Hospital. I believe this is the incident we discussed at our last meeting. Could you please provide me with the 72-hour report?</p> <p>As you know, the case has been referred to the police and they have approached us regarding it. The police are in the early stages of their investigation so we are still determining scope. I have liaised with one of the detectives and have indicated I am happy to share any of the information I obtain from the trust with them.</p> <p>15.1.24 At present, the CQC only has very limited information and we do not currently have reasonable grounds to suspect any registered person of an offence. In order for us to make an informed assessment about whether this is an incident we should investigate further we would like you to provide us with the documents listed below within 7 working days. If you no longer hold these documents or they have never existed you should say so. It is preferable if these documents are sent electronically by email. If this is not practicable please contact me. Upon receipt of the documentation the Commission will review the information provided and decide whether to carry out an investigation</p>	<p>To aid our understanding please could we be provided with:</p> <ul style="list-style-type: none"> Any DATIX incidents and RCA or comparable reports relating toduring his ED attendance - I already have the 72-hour report. If a complaint was made to the trust by the family and any outcome of this with supporting documentation. Trust restraint policy. MCA & DOLS Policy. Details of training of security staff with regard to restraint. 		Sent Awaiting Coroner's Report
Case reference CAS-283462-F2S7T5 CRM:002525000107	4th March 2024	<p>The patient discharged from ward 1 and concerned raised by Crofts care home. As the cause of death is unknown, and as the patient died within 30 days of surgery, this has been passed to the coroner. Request for investigation report outcome.</p>	Request for investigation report outcome.	12 April 2024 (locally set)	closed
CAS-322526-W8K9T4 CRM:000311000012	28 March 2024	<p>Concern regarding staffing levels at Stoke Mandeville Hospital. The main points from the complaint include;</p> <ul style="list-style-type: none"> Safe staffing establishment has been changed restricting budgets. Only long term sickness rates are escalated. Risk mitigations are completed by staff without knowledge of the unit. Staff ability to release bank shifts has been reduced. Staff feel un-listened to re staff levels, therefore no longer complete Datix as are told concerns are mitigated via Safecare. 		12/04/2024 Locally set	closed
CAS-321271-M9B6C4 CRM002525000134	05 April 2024	<p>We have received concerns from a whistleblower with regards to the use of bank staff across Buckinghamshire Healthcare NHS Trust.</p> <p>It is alleged that the trust has put a stop to all bank usage unless shifts are below the safe minimum. In those cases, a form has to be completed to outline the reasons for why further staff are required. Often, shifts are reportedly staffed to obtain a safe minimum but not to establishment level. It is alleged this is a trustwide situation.</p> <p>The whistleblower alleges that ward managers and their deputies are needing to work clinically to help as well as trying to manage other duties. Staff are exhausted and, it is alleged, the situation is leading to low morale, delays in care, delays in discharges, and clinical errors/omissions.</p>	<ul style="list-style-type: none"> The background to the allegation that bank usage has been stopped unless necessary. Planned versus actual staffing data for the past 3 months, in those areas affected by the ruling. A breakdown of incidents relating directly to staffing problems for the last 3 months. 	Tuesday, 16 April 2024, close of play.	Closed

<p>CAS-337972- Z9J4F7 CRM:002525000154</p>	<p>09 April 2024</p>	<p>Child was seen in the paediatric A&E on 21 January 2024 due to severe DKA. Part of what we have been told reads as follows:</p> <p>"She was very unwell but I was not informed as to how unwell. There were a series of very serious errors which put her life at risk. The service did not follow the clinical pathway for DKA, my daughter was not weighed until I asked for this to happen so she had insufficient fluids, her insulin pump was clamped off so she received no insulin for 5 hours, we were left with an inexperienced nurse who failed to check the pump and turned off the alarm repeatedly for 5 hours, I was left alone with my seriously unwell daughter in resus and told if there was a problem to go to the main corridor and shout for help and someone should come. At this time I did not know just how unwell my daughter was and by the care pathway should have been in intensive care. The clamp on the insulin was found by the nurse by accident, I witnessed this. A doctor later tried to tell me it had failed due to the position of the cannula! My daughter was later transferred to a ward setting when she should have been receiving intensive care as her potassium levels were just 1.4, on the ward the nurses failed to monitor her and did not maintain her potassium drip or report to the medical team when she had not taken oral potassium, they also referred to her as the DKA, they lacked compassion and didn't manage her NG tube correctly."</p>	<p>On the back of the above, please can you provide me with the following information:</p> <ul style="list-style-type: none"> • The trust's DKA pathway • The 72-hour report • The complaint response to the family 	<p>17-Apr-21</p>	<p>Closed</p>
<p>This ENQ came through RB and PJ</p>	<p>08 April 2024</p>	<p>Please can I ask that at the next full board meeting, the board considers the assurance that they have about the safety, quality, and accessibility of your children's hearing services. Following that consideration, the board should submit a report to CQC that makes clear:</p> <ul style="list-style-type: none"> • Whether you have achieved IQIIPS accreditation, including whether there were any improvement recommendations made. • Whether you are working towards IQIIPS accreditation. • What stage that work has reached and the assurance the board has about paediatric audiology, using the IQIIPS standards as a guide for the areas to tell us about. • The expected timeline for gaining accreditation. • The number and severity of incidents where a child has suffered detriment due to delayed or missed diagnosis or treatment or not received timely follow up care and support. 	<p>Board Assurance Report</p>		<p>Awaiting report</p>
<p>CAS-370279- H1Q9W0 CRM:002525000190</p>	<p>29 May 2024</p>	<p>I am following up on a whistleblower concern we received recently. This was with regards to the CDU and TAU run from Stoke Mandeville Hospital.</p> <p>The whistleblower told us about parts of A&E, called the CDU and the TAU, where patients can be moved if they are waiting for a scan to determine whether they can be discharged. It is slightly unclear but it sounds as if there was an original CDU and now a new CDU and the whistleblower is expressing concerns that patients are staying in the new CDU longer than they should (in one case, up to 7 days).</p> <p>The whistleblower alleges there is no access to oxygen on the CDU and, if there was an emergency, staff would have to pass through a number of doors to get to A&E to seek help. It has been alleged that medically unfit patients have been moved from A&E to this area.</p> <p>This was a very lengthy case and I have picked out only the parts I am keen to know more about.</p>	<p>Please could you let me know the set-up and system for the CDU(s), what its purpose is, who is cared for in there and what the emergency process is?</p>	<p>07-Jun-24</p>	<p>Closed</p>

4. Next Steps:

- a) Evidence collation and closure of Paediatric EB inspection Action Plan.
- b) Mobilisation and cascade of Single Assessment Framework to clinical and non-clinical staff.
- c) Alignment of quality audit and accreditation questions set to quality statements.
- d) Undertake thematic analysis of 2022-2023 enquiries to share the learning across the organisation.

5. Action required from the Board/Committee

5.1 The Committee / Board is requested to:

- a) Note the report and progress made against the CQC action plan.
- b) Approve the closure of the Maternity CQC Visit Action Plan.

APPENDICES

None