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.

Listen	Ask	Involve	Co-produce
We will listen to what you tell us and respond	We will ask for your views and they will influence our decisions	We will work with you and your views will directly inform our decisions	We will work in partnership with you and make decisions together
• Complaints • PALS • Compliments	• FFT • Local surveys • National surveys • Tendable patient audit	• Patient workshops • Focus groups • Peer research • Experience based co-design	• Patient experience forum • Communications Advisory panel • Maternity Voices Partnership • NSIC patient forum • Patient assessors-Clinical Accreditation

Within these areas, we have built-in equality measures. This report looks at the demographics of patients who provide us with feedback with that of our patients as a whole and more widely the Buckinghamshire population to better understand if they are representative of the communities that we serve. It also reports on activity during the year.

2. Projects to increase diversity and accessibility 2023-24

2.1: 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 colleagues within BHT from a Sikh background provides support to the chaplaincy team for patients from a Sikh background.
Our Chaplaincy volunteers all receive the following training to enable them to guide and support our patients whilst they are in our care:

- Mandatory training for all Trust volunteers (yearly) through the Volunteers Service department
- Mandatory chaplaincy training for all new chaplaincy volunteers (5 hours face-to-face)
- Four shadowing sessions with one of the chaplains for all new chaplaincy volunteers
- Quarterly CPDs for chaplaincy volunteers (in 2024: Communication with Patients who are Hard of Hearing; Spiritual Care for Patients with Dementia; What is Compassionate Religious Care?; Tough Questions in Spiritual Care)
- Quarterly supervision (2 personal and 2 group supervision per year)

Many of our volunteers also have external training in Chaplaincy and or religious studies.

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 as a way to engage this group. Service user groups such as the Maternity & Neonatal Voices Partnership and the National Spinal Injuries Forum have high levels of engagement from the under 30 cohort.

2.3: 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. Patients referred for support and charity also delivering trolley training to staff on communicating with parents.

2.4: Improving maternity services:

- At Buckinghamshire Healthcare NHS Trust (BHT) we want pregnancy to be as enjoyable, healthy, and stress-free as possible. With this in mind, we want to improve our services at Wycombe hospital to give all the support someone may need during pregnancy and in the few weeks after a baby has been born.
- We 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 that took place on Tuesday 20th February and Tuesday 5th March 2024. In addition, the Trust also attended three events organised by The Maternity and Neonates Voices Partnership (MNVP) for Buckinghamshire which were held at local family centres and baby groups.
- The MNVP organised for BHT to attend and ask questions to a local Mama's and Papa's group which was originally based in the Castlefield Community Centre and now in the Micklefield Community Centre. The group is open to all parents but particularly focuses on supporting the Pakistani and Kashmiri communities. Support includes a WhatsApp group with around 60 members. The group is now peer led, working in partnership with the MNVP and BHT to support its members.

Key findings

Results showed that regardless of age, ethnicity and gender, the additional ante, and post-natal services that people would like to see are:

- Group classes, delivered in person, providing unbiased information regarding birth and the postnatal period in a safe environment that supports the development of peer-to-peer relationships that will continue into early parenthood.
- Integrating mental health into existing services to support the wellbeing of women and also as a preventative measure to address issues before they escalate into more severe health problems.
- Smoking cessation programmes.
- Support with infant feeding; and
- Continuity of carer to build relationships with midwives and health visitors.

Participant profile:

- 40 people in total attended 5 listening events.
- All but 2 attendees were female.
  At the 5 listening events - 35 out of 40 attendees filled out an equality monitoring form:
- 52.5% were aged between 25-34
- 94% were women.
- 10% of them consider themselves disabled or having a long-term health condition, with 17.5% of these declaring themselves as having a current or previous mental health condition.
- 62.5% were from a south Asian ethnic group.
- 80% were married.
- 52.5% indicated that they were Muslim.
- 75% were heterosexual, 10% did not wish to declare how they identified, 2.5% identified as non-binary and a further 2.5% identified as Trans.

3. Patient feedback and involvement 2023/24:

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.

This feedback includes both acute and community patients accessing our services who have responded to SMS feedback requests or followed QR codes and survey links. Equality monitoring is only available from those service users responding to SMS messages as this is linked to anonymous patient records.
In 2023/4 we received 80,779 responses to our feedback request which was through SMS messages, online survey, and Integrated voice messages. The following charts show the response rates, by gender, age, and ethnicity.

% of Responses by Gender

	Q1	Q2	Q3	Q4
Female	55.3	55.0	54.7	55.5
Male	44.7	45.0	45.3	44.4
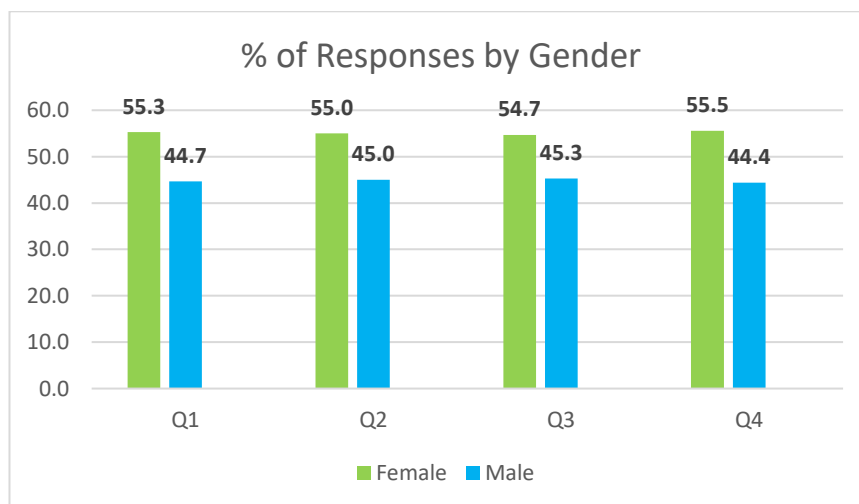
The response rate on average was 11% higher for female patients than male patients throughout 2023/24. Female patients accounted for 55% of all responses received with male patients accounting for 44% and the remaining unknown. Female patients were slightly more satisfied with the service they received with 83% of females responding positively.

Age of Service User v Positive Experience
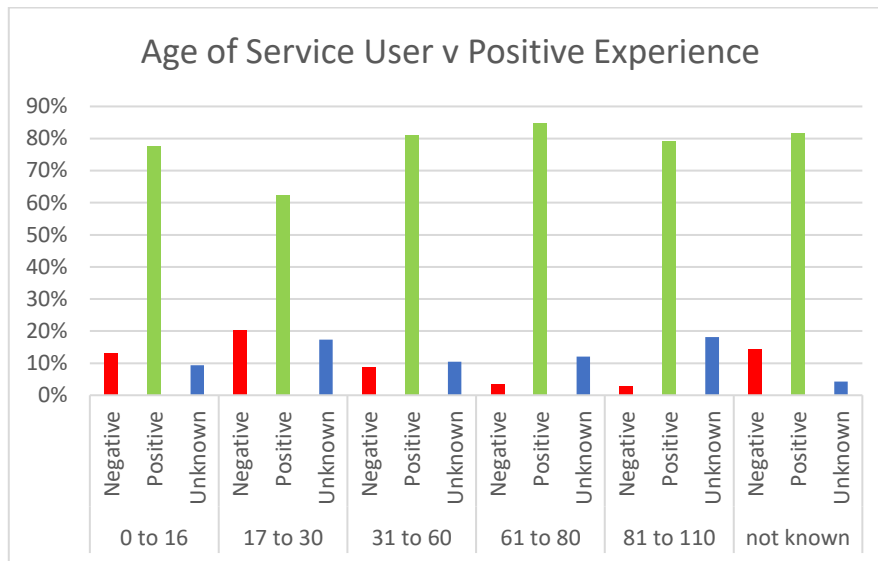
From the feedback data, the age group with the highest response rate continues to be those aged 61 to 80, with 46% of the total responding and the lowest response rate from all groups of 2.5% is from patients aged 17 to 30, although this has seen a small improvement of 1% from last year. Those aged 30 and under, including parents responding for paediatric patients responded to 9.3% of total feedback given, whilst those aged over 30 had the highest response rate. Patients aged over 60 were most satisfied with the service they received at 84% positive whilst patients aged 17 to 30 reporting a poorer experience at only 62% positive.

Ethnicity v Positive Experience
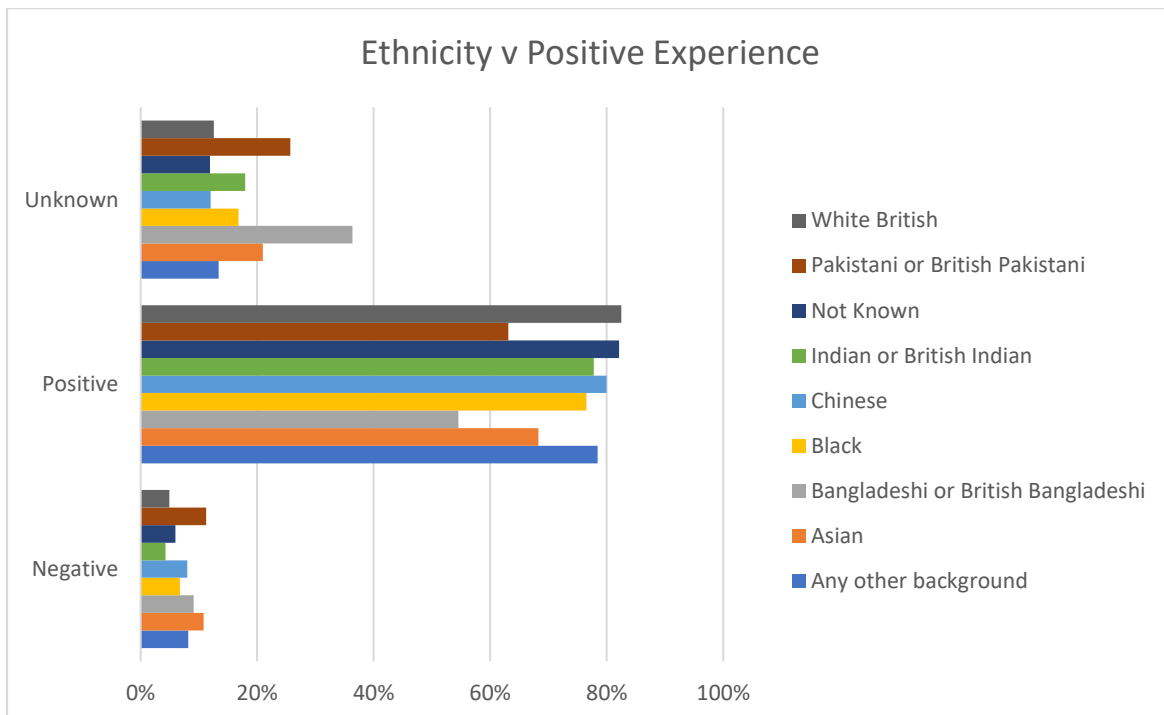
As part of the feedback given from our service users, Care and Treatment was the highest recorded theme with 100% of respondents from a number of ethnic groups giving a positive rating related to this theme, including White and Asian, Chinese and Black Service users. Asian service users reported the 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.

The following improvement work has been undertaken to support increasing responses from male service users and those from the 17 to 30 age group. 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. The following department areas now have QR codes and FFT survey links available to support feedback capture in real time.

- Emergency Department
- Community
- Day Case
- Inpatients
- Outpatients
- Antenatal
- Birth
- Postnatal Community
- Postnatal Ward

We have seen a doubling of responses from male service users within Antenatal, with 1.2% of total responses now coming from male service users.

3.3: Patient Forums:

| Project/Programme	Purpose and activity
Maternity and Neonatal Voices Partnership	The Maternity and Neonatal Voices Partnership members work closely with the maternity team. This year's activity includes: • Successfully worked on developing relationship with the Caribbean Lunch Club in Aylesbury • Attended a Black Maternal Health conference. • Mamas & Baba's Group with two Session Leads and a focus on engaging with more of the South Asian community. • Held an EID event over 20 mamas and their children attended

National Spinal Injuries Centre Forum	Collaborative work with the Patient Experience Improvement Manager, NSIC colleagues and the NSIC Forum members: Engagement & Involvement • Quarterly Newsletter • NSIC Forum email • Forum Notice Board • NSIC App – Service user area. The App is a patient information, education and resource space for patients and service users. • Further planning on the 80th Anniversary events across the year • Patient Stories to share within the newsletter. • Wellbeing messages within the Patient Passport – co produced with patients and service users. Linked in with NHSE and referee hospitals to create a patient held information booklet. There will be two passports, one for patients and one for referees. It will be a how to guide to support how to navigate having a spinal cord injury. Service Improvements • To Take Out medications (TTOs) - amendments for NSIC patients to prevent over subscribing. • Patient Passport – how to guide to support patients and staff navigate a spinal cord injury. • PLACE Audits – Patient Lead Assessment of the Care Environment Audits to support improvements in the care environment. • Quality Improvement Huddle Board engagement – providing a patient voice to improvements that matter to them.
Stroke Forum	• Dissemination of patient voice feedback to teams via training, supervision, and clinical governance meetings. Patient partners attending regular care group meetings to share feedback. • Introduction of Stroke Association Patient Pathway Booklet on the unit • Group has developed a Stroke Information Leaflet • Improved support of friends and family on the unit – regular coffee/tea sessions • Group member now a volunteer on ward 9 • Audit and poster presentation at UK Stroke Forum 2023 • Liaison/info sharing across Berkshire Oxfordshire Buckinghamshire Public and patient voice group – opportunities to share feedback across organisations within the county. • Just started 2nd year of group – April 2024 – group now consists of – 6/7 stroke survivors and 5 partners
Patient Experience Group	The Patient Experience Group continued to support the development of policies, projects, and programmes to improve patient experience at BHT including: • Carer passport • Restful Night • Onward Care • Discharge transformation programme • PLACE Audits – Patient Lead Assessment of the Care Environment Audits to support improvements in the care environment. • BHT Food & Drink strategy

| Cystic Fibrosis Parent Forum	Engagement & Involvement
	• Guest speakers invited to discuss particular topics.
	• General feedback sessions for parents with concerns
	• Feedback films from Cystic Fibrosis patients
	• Paediatric patient conversations as part of the forum

Patient Forum demographics:
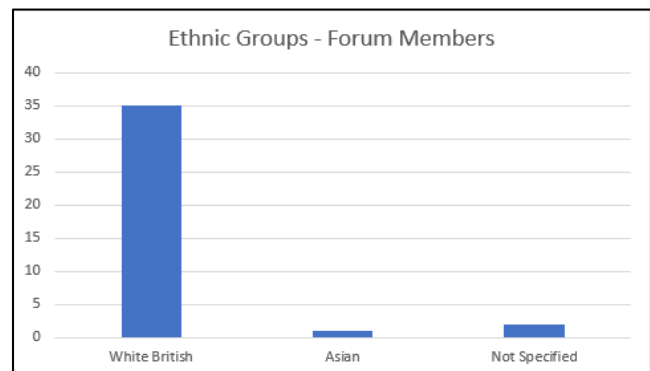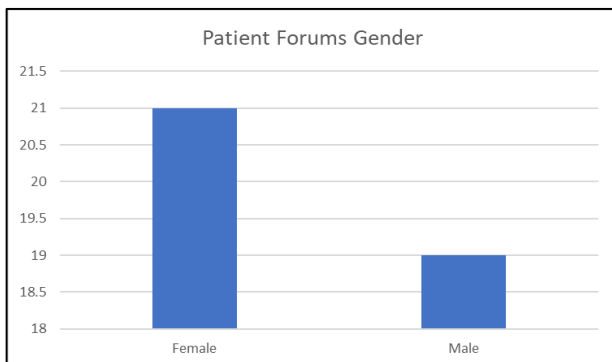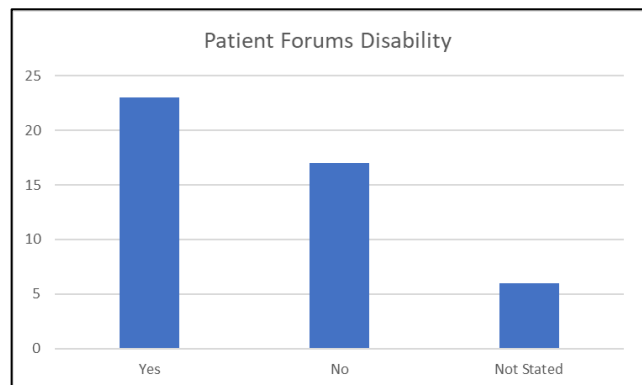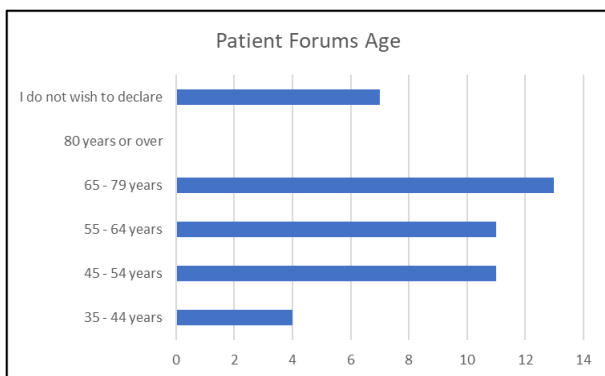
3.3. Local patient experience surveys:

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:
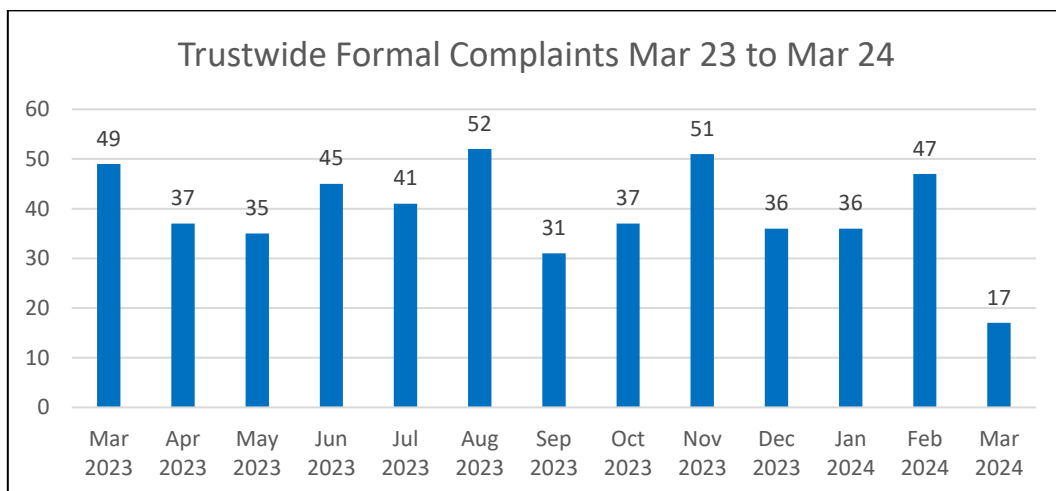
- Outpatient Hysteroscopy Pain Assessment
- Colposcopy
- Medicine for Older People
- Pharmacy
- Obstetrics and Gynaecology
- Health on the High Street
- Bariatrics

- Complaints team
- Maternity

Patient Experience Surveys - Age

Patient Experience Surveys - Disability

Patient Experience Surveys - Gender

Patient Experience Surveys - Ethnicity
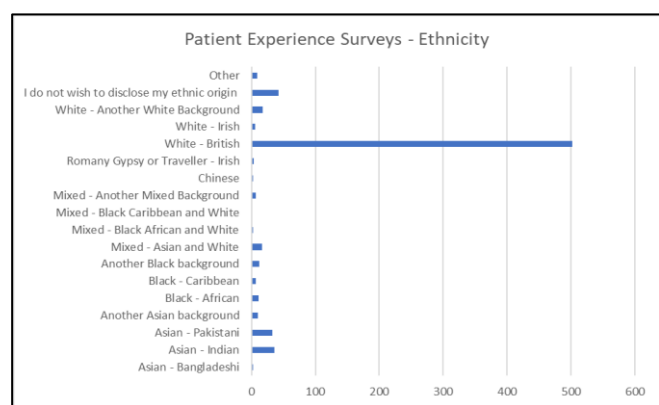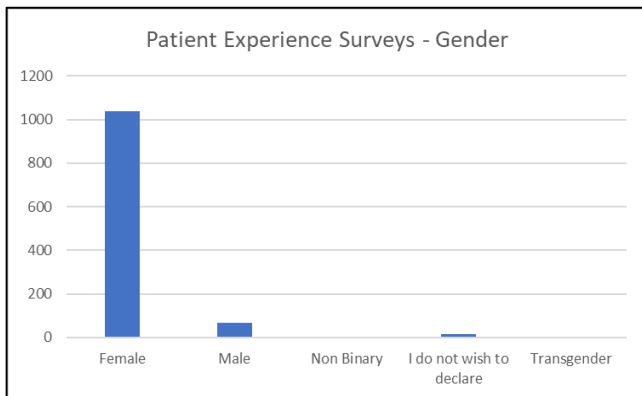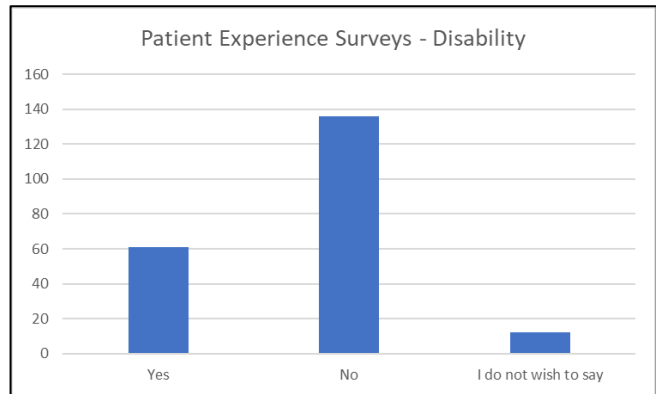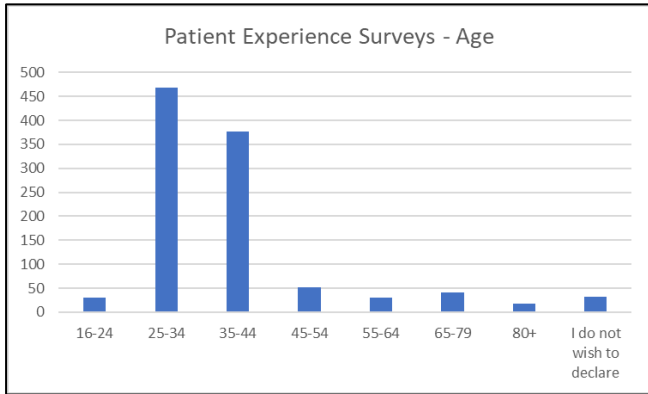
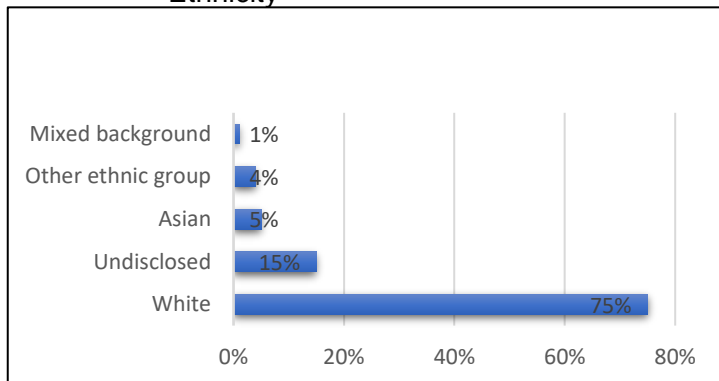## 3.4. Complaints:

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

Trustwide Formal Complaints Mar 23 to Mar 24
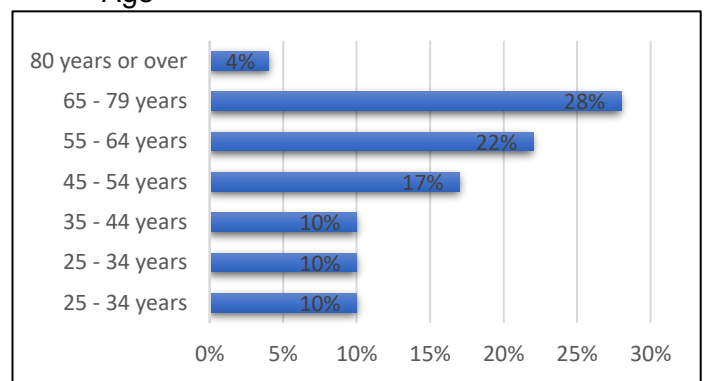
103 complainants provided demographic data:

Ethnicity

Category	Percentage
Mixed background	1%
Other ethnic group	4%
Asian	5%
Undisclosed	15%
White	75%

Age

Category	Percentage
80 years or over	4%
65 - 79 years	28%
55 - 64 years	22%
45 - 54 years	17%
35 - 44 years	10%
25 - 34 years	10%
25 - 34 years	10%

Gender

Category	Percentage
I do not wish to declare	9%
I use my own term	1%
Non-binary	1%
Female	60%
Male	29%

Disability

Category	Percentage
Do not wish to declare	10%
No	57%
Yes	33%

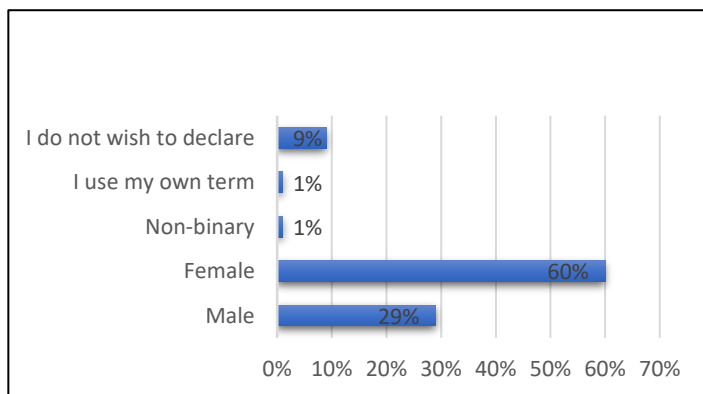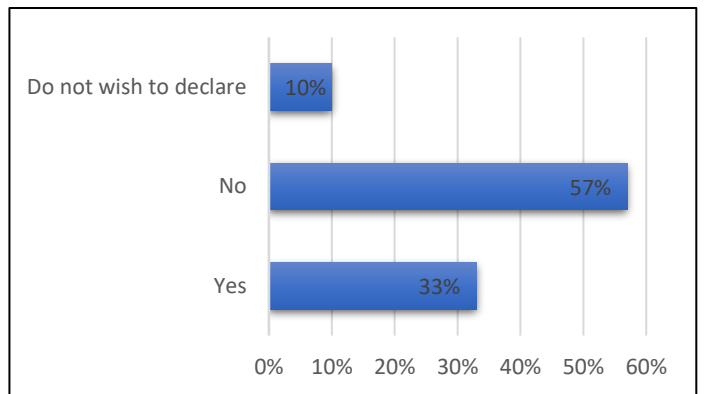## 4. Interpretation

The data below shows that we are paying due regards to advancing equality by highlighting that during this period we have translated 41 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 3353 requests for interpretation that were met during 2023/24 compared to 3199 requests in 2022/23. This represents a 5% increase. This includes face to face interpreting and telephone interpreting. 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.

The chart below shows the breakdown of the 10 most requested languages in 2023/24
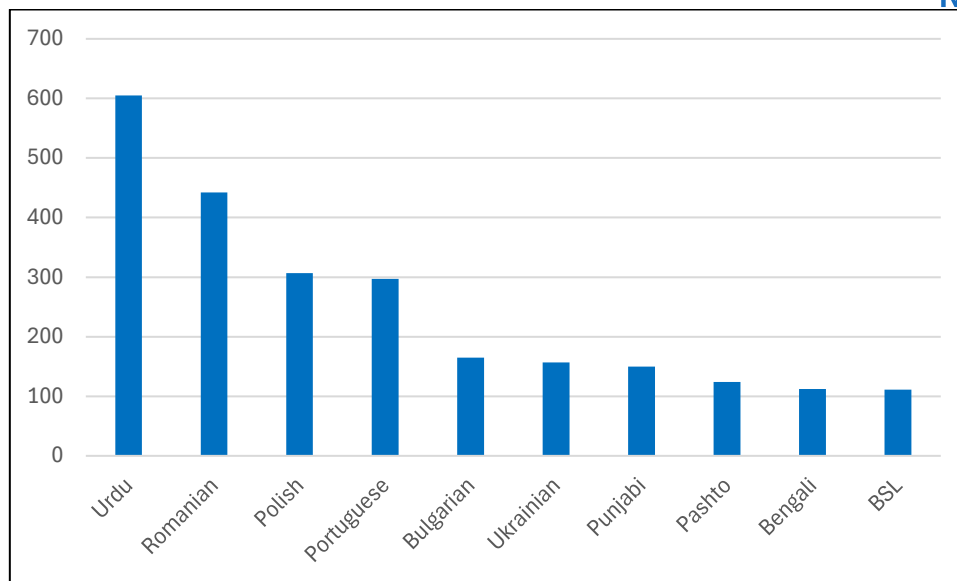
When viewing this data consideration should be given to possible anomalies that may arise as a result of our long stay patients with language needs. For example, some of our NSIC (National Spinal Injuries Centre) inpatients, multiple requests for the same language can accumulate within one period which may look like an increased need overall, but it may be a single patient in for a longer length of stay.

Improving the interpreting service:

During 2023/4 a quality improvement project was implemented in response to:

• A CQC report that highlighted the fact that 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 about issues with access to BSL interpreters.
• A reduction in fulfilment of requests for face-to-face interpreting

The following actions were taken:

• Posters distributed for display in all clinical areas in top 10 most used languages advising service users of availability of interpreting services. Also included on video screens
• 123 colleagues trained via webinars on utilising the Trust's interpretation service. 5% increase in demand for interpreting service during 2022/23
• On-demand video British Sign Language (BSL) service introduced
• Additional provider of BSL services Silent Sounds added to provider list.
• Information on interpreting services on CAKE reviewed.
• Close working with The Big Word to monitor and resolve blocks to face to face interpreting fulfilment, leading to 15% improvement in fulfilment rate from 69% to 84%

5. The Accessible Information Standard

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

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

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

2. Recording of needs:

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

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

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

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

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

- Made AIS training mandatory for all staff as an E-Learning Module. Mandatory training is carried out annually by all staff.
- Created a three-minute AIS introduction video for staff. This video explains what the Accessible Information Standard is and how we implement the standard within the Trust.
- Created "communication need" alerts on two of the most frequently used patient information systems within the Trust.
- Produced and distributed Trust wide patient friendly poster to identify common communication needs by symbol to encourage patients to tell staff if they have a communication need and need help whilst in Trust's care.

- Created a two-page quick reference toolkit for staff along with a resource library on the Trust's intranet providing further information and guidance.
- Implemented a bulk mail system which is fully compliant with AIS standards and enables patients to request information in a variety of formats including large print, and audio. All Ophthalmology letters are now sent on yellow paper.
- Our Trust website has ReachDeck which enables content to be read aloud and can translate content into multiple languages.
- Have a team of specialist learning disability nurses and Dementia specialist nurses working alongside patients who need their specific support.
- Full translation services are available on request which include British Sign Language support. These services are available to all patients throughout the Trust.
- Our Trust Corporate website is compliant with Web Content Accessible Guidance (WCAG 2.1 AA). These guidelines define how to make Web content more accessible to people with disabilities.
- Portable hearing loops are now available at all main reception areas.

Whilst the Trust has implemented all of the above in response to the Accessible Information Standard, there is a need to continually remind our staff of their responsibility to ask and record a patient's communication need.

We also 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 of the systems used by the Trust have this ability. This means that data collected via our two main systems, can not 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 plans to develop and socialise an AIS policy/guideline to raise awareness amongst staff and also include face to face AIS training sessions to strengthen the importance of the Accessible Information Standard.

6. Action Plan 2024/25:

Issue	Actions	By when
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	March 2025

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 Secure charitable funding to invest in 'Voice of the Child' initiatives	March 2025
Continued need to increase fulfilment of interpretation requests, particularly BSL	Increase usage of video interpreting where in-person interpreter not essential Promote on-demand video BSL interpreting for areas such as the Emergency Department and Maternity where difficult to book ahead. Hold webinars for colleagues hosted by the Big Word to include best practice on utilising BSL interpreters.	March 2025