University Hospitals of Leicester NHS
NHS Trust

Paper H

	Public Trust Board					
Date of the meeting:	9 May 2024					
Title:	Update on Health Equality and Inclusion					
Report presented by:	Dr Ruw Abeyratne, Director of Health Equality and Inclusion					
Report written by:	Dr Ruw Abeyratne, Director of Health Equality and Inclusion; Harry Hughes, Leadership and Management Trainee					
Action – this paper is for:	Decision/Approval		Assurance	**X**	Update	**X**
Where this report has been discussed previously	**Patient Safety Committee, Quality Committee**					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
• Existing risk on BAF risk 1: failure to maintain and improve patient safety, clinical effectiveness and patient experience)

Impact assessment
• Patients – to improve equity of access to services, improve quality of care and mitigation of patient harm. • Workforce – to improve the wellbeing and workplace experience of colleagues. • Equality, Diversity & Inclusion – to mitigate health inequalities related to protected characteristics including, but not limited to, ethnicity and deprivation, to advertise information and processes with regards to AIS, and to improve staff experience with respect to EDI. • Services - improved utilisation of services, with effect on efficiency and productivity. • Finance – to mitigate potential financial claims, to improve cost efficiency.

Acronyms used:

UHL – University Hospitals of Leicester
IHI – Institute of Healthcare Improvement
RHO – Race and Health Observatory
EDI – Equality, Diversity and Inclusion
AIS – Accessible Information Standard
EDS – Equality Delivery System
LLR – Leicester, Leicestershire and Rutland
ICS – Integrated Care System
ICP – Integrated Care Partnership
VCSE – Voluntary, Community and Social Enterprise
HWB – Health and Wellbeing Board
UoL – University of Leicester
UHEP – UHL Health Equality Partnership
CQC – Care Quality Commission
ED – emergency department

IMD – Index of Multiple Deprivation

Purpose of the Report

- To provide an update and assurance on work relating to improving health inequalities in access, experience and outcomes for patients using UHL services.
- To underline any obstacles to development and to highlight suitable mitigations where possible.

Recommendation

The committee is asked to:

- Note continued progress in work to address health inequalities.
- Note the outcome of the EDS Domain 1 score for LLR ICS.
- Acknowledge the latest resources that UHL is employing to tackle health inequalities.

Summary

The portfolio of work to reduce health inequalities at UHL has continued to progress and distribute throughout the Trust since the last TLT update report in January 2024.

This report details further advances in the health inequalities field of work which include:

- Equality Delivery System domain 1 outcome
- Actions on Racial Disparities in Maternal Mortality
- UHL Health Equality Partnership
- Accessible Information Standard
- NHSE Statement on Health Inequalities

This paper does not provide an update on the Health Inequalities Improvement programme of work, this will be covered in the next update in July 2024.

Main report detail

1. Equality Delivery System Domain 1: Commissioned or Provided Services

The Equality Delivery System (EDS) is a performance improvement framework that helps NHS organisations improve the services they provide for their local communities and improve the working environment for those who work in the NHS, while meeting the requirements of the Equality Act 2010. Completion of the EDS is mandated through the NHS Standard Contract and contributes to the CQC 'Well Led' review. It is applicable to protected characteristics as defined by the Equality Act and considers the needs of marginalised as well as socio-economically disadvantaged groups.

The EDS consists of 3 domains:

1. Commissioned or provided services.
2. Workforce Health and Wellbeing.
3. Inclusive Leadership.

Domain 1 (commissioned or provided services) assesses three separate services in four outcomes:

1a) Patients (service users) have required levels of access to the service.
1b) Individuals patients (service user's) health needs are met.
1c) When patients (service users) use the service, they are free from harm.
1d) Patients (service users) report positive experiences of the service.

Services are required to provide quantitative and qualitative evidence against a scoring matrix This evidence is graded by stakeholders drawn from NHS system partner organisations, VCSE partners, Patient Participation Groups and others. Services can be graded as:

Underdeveloped (0)
Developing (1)
Achieving (2)
Excelling (3)

The three clinical services selected for the 2023-24 EDS cycle and their grades were:

1. Virtual Ward (VW) Services – developing/achieving (1.5)
2. Tuberculosis (TB) Services – achieving (2)
3. Maternity Services in relation to diabetes or Maternity (Diabetes) Services – developing (1)

Aggregating these scores provides a LLR ICS overall rating of 'developing' (1).

The 23-24 EDS cycle has provided significant opportunity for learning both for the services involved and for system partners in considering how the EDS is delivered annually. A key consideration for UHL will now be how this process is meaningfully embedded and utilised to improve access, experience and outcomes for patients, through the lens of equity, across all services.

2. Actions on Racial Disparities in Maternal Mortality

Led by UHL, LLR ICS has responded to a request from Leicester City Health and Wellbeing Board to outline actions that are currently being taken to address disparate rates of maternal mortality for Black and Asian women and birthing people in Leicester City.

A collaborative report produced by a working group comprised of professionals and experts from across the ICP, VCSE sector and academic partners outlines key actions that have been taken to date and six key themes that it recommends underpin ongoing work to address racial disparities in outcomes. The key themes align to the recommendations of the FiveXMore report published in 2022 which encourages organisations to address knowledge gaps, attitudes and assumptions about race and ethnicity that influence and impact patient care.

Key recommendations from LLR's report into actions on racial disparities in maternal mortality for women and birthing people in Leicester City:

Knowledge:

1. Use data to define the problem explicitly and specifically for the population.
2. Embed quality improvement methodology as a strategic enabler of addressing health inequalities and work with academic partners to deliver inclusive research.

Attitudes:
1. Confront and address systemic and institutional racism through learning.
2. Focus on maternal mental health to deliver integrated services to meet service users' multifactorial needs.

Assumptions:
1. Discover and understand the upstream causes of race-related disparities specific to the population through cross-sector, inter-disciplinary collaboration.
2. Amplify the voices of non-white women and birthing people, focusing intentionally on black communities.

These themes will be used to steer action on three key areas of action aligned to the UHL Maternity and Neonatal Improvement Programme which will be reported in due course.

3. UHL Health Equality Partnership

Following several months of engagement with communities and partner organisations across the VCSE, the UHL Health Equality Partnership was launched in February 2024.

UHEP exists to drive change, strengthen community links, enhance our cultural competence, and inform the actions we take to progress from inequality to equality and equity. Its membership comprises individuals and representatives of groups that are known to experience additional barriers and health inequalities. The group has three core functions:

1. Intelligence and Insight
Members / Partners identify themes and issues relating to health and hospital services which exist in the groups and communities they are connected to. The group reviews this intelligence and explores approaches and solutions. Relevant UHL staff are brought into the discussion to agree remedial actions.

2. Outreach and Connection
Members of the group act as a conduit between UHL and communities and patient groups. They identify opportunities to build relationships with the communities they are connected to and support the facilitation of this engagement.

3. Perspective and Advice
The group acts as a critical friend and valued partner in policy and practice design. Initiatives and service developments are brought to the group to gain their perspectives and ensure that action on discrimination and health inequality is embedded into any plans.

In its performance of the above, the group ensures that UHL is accountable to local groups and communities that are known to experience discrimination and poorer health outcomes. Its overarching goal is to guide and influence our trajectory to fairer, safer, and inclusive hospital services.

UHEP will be central to the inaugural UHL Health Equality summit, which will be hosted in partnership with UoL in July 2024.

4. Accessible Information Standard

UHL's compliance with the AIS is reliant on the workforce being informed and receiving up-to-date materials regarding this topic. A risk of non-compliance with the AIS has been approved for the risk register, with a Datix risk rating of 9 (3x3).

The accessibility guides developed in partnership with AccessAble are now available to all patients and colleagues for information through the UHL internet site. It is hoped that these guides will improve the experience of people attending a UHL site and supports the ongoing work to improve appointment attendances.

AccessAble have also produced an RAG rated programme of work needed to improve the accessibility of UHL's three main sites in order to achieve a 'gold standard' level.

5. NHSE Statement of Information on Health Inequalities

NHS England's Statement of Information on Health Inequalities was published in November 2023. This describes the information that is required to be collected, analysed and published by NHS organisations with respect to health inequalities. The table below outlines the requirements of providers and UHL's responses.

Following discussion at Quality Committee, a working group has been convened to being to develop the dataset pertaining to elective activity compared to pre-pandemic levels. This will be reported through the LLR Planned Care Partnership where decisions on focussed actions will be taken.

A consideration going forward will need to be how UHL starts to publish this data recognising that health inequalities KPIs currently included in board reporting are non-attendance by deprivation and late bookings for antenatal care by ethnicity and deprivation. Smoking cessation had been highlighted as a third KPI for UHL's IPR, however publication of this data has been delayed due to staffing constraints.

Indicator	Is this data available by ethnicity and deprivation?	Is this data published by ethnicity and deprivation?	Is this data routinely analysed by ethnicity and deprivation?	Has this data informed service improvement and reduction in health inequalities?	Notes/detail of any improvement work happening in this area (with any specific reference to health inequalities)
Elective activity vs pre-pandemic levels for under 18s and over 18s	Yes	No	No	Yes	For over 18s only: focus on improving non-attendance at outpatients for most deprived patients. Engagement work with non-white communities to identify barriers to attendance where data shows disparity.
Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	Yes	No	No	No	Nil to date.
Emergency admissions for under 18s	*Yes*	*No*	*No*	*Yes*	Outreach work by paediatric emergency teams with communities in which attendance at ED is high, as highlighted by data disaggregated by IMD and ethnicity.
Proportion of adult acute inpatient settings offering smoking cessation services	Yes -via the NHS Tobacco dashboard	Yes -via the NHS Tobacco dashboard	Yes -via the NHS Tobacco dashboard	Yes -within the ICS tobacco steering group	Focus is on identifying and seeing as many people as possible to start them on treatment for tobacco dependency -most people who smoke are from lower socioc-economic groups who experience the greatest health inequity
Proportion of maternity inpatient settings offering smoking cessation services	Yes -via the NHS Tobacco dashboard	Yes -via the NHS Tobacco dashboard	Yes -via the NHS Tobacco dashboard	Yes -within the ICS tobacco steering group	Focus is on identifying and seeing as many people as possible to start them on treatment for tobacco dependency -most people who smoke are from lower socio-economic groups who experience the greatest health inequity