Meeting title:	Trust Board
Date of the meeting:	14th August 2025
Title:	**Health Equality and Inclusion Update**
Report presented by:	Ruw Abeyratne, Director of Health Equality and Inclusion
Report written by:	Ruw Abeyratne, Director of Health Equality and Inclusion

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	TLT 22nd July Quality Committee 31st July					

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.

Corporate risk register:

- Risk 4315 – Health Equality and Inclusion; risk score 20
- Risk 4178 - Accessible Information Standard; risk score 16
- Risk 4242 – Interpretation and Translation; risk score 16
- Risk 4027 - Patient Information; risk score 12

Impact assessment

Use this section to highlight any specific impact as a result of this report. You should think about:

- Patients
- Workforce
- Equality, Diversity & Inclusion
- Services
- Finance
- Reputation/legal

Acronyms used:
EHqIA – Equality and health inequality impact assessment
PAF – Performance Assessment Framework
NHSE – NHS England
CQC – Care Quality Commission
UEC – Urgent and Emergency Care
EDS – Equality Delivery System
HFU – High Frequency Users
ED – Emergency department
LRI – Leicester Royal Infirmary

LLR – Leicester, Leicestershire and Rutland
ICB – Integrated Care Board
POF – Performance Oversight Framework
IPR – Integrated Performance Report

Purpose of the Report

To provide an update on health inequalities improvement at UHL.

Summary

This report covers six key areas of focus for health inequalities improvement:

1. Improvement through the lens of equity
2. UEC attendance and waiting times deep dive
3. EHqIA assessments
4. EDS 2024-25
5. Performance Oversight Framework 2025/26
6. NHSE Patient safety healthcare inequalities reduction framework

Recommendations

Trust Board is asked to note progress made in the above areas which will be reported back in future updates as required.

Main report detail

Improvement through the lens of equity

UHL continues to take a quality improvement approach to addressing health inequalities in access to and experience of services. As per previous updates, colleagues are encouraged to consider the health equity aspect of all projects registered with the QI team through the ProEquity Framework.

A summarised version of the health inequalities improvement tracker is appended to this paper as per discussion at Quality Committee.

Since the last update, a project focussed on high frequency users of the emergency department has demonstrated significant impact for patients at the trust. The pilot ran between November 2024 and March 2025 and aimed to improve care coordination and outcomes for homeless individuals who frequently attend the LRI ED.

The pilot implemented a novel, cross-sector multidisciplinary team (MDT) approach involving health, housing, social care, and voluntary sector partners. A dedicated High Frequency User (HFU) Nurse was appointed within Leicester Royal Infirmary on a fixed-term basis and worked alongside the externally funded Inclusion Homeless Engagement Practitioner and Leicester City Council Changing Futures Support Worker. A cohort of 70 individuals was selected based on ED attendance data, with 66 individuals included in final analyses.

Key Outcomes:

- A 21.2% reduction in individuals attending from within the overall cohort.
- An average reduction of 7.9 ED attendances per month.
- 60% reduction in “did not wait” episodes at a patient level.
- 56% experienced a longer stay in ED (6.81 to 7.37 hours), likely reflecting improved engagement and complexity of need.

Case studies illustrated improved outcomes including housing access, appropriate discharges, and reduced mortality risk. Hybrid, fortnightly MDTs were widely endorsed as a valuable and time-efficient vehicle for improving communication, clinical cohesion, and continuity of care for those with complex health and psycho-social needs.

Next steps:

- Sustain fortnightly hybrid MDT meetings, with full multi-agency representation.
- Embed the HFU team into UHL’s workforce plans with secured long-term recurrent funding.
- Conduct formal economic evaluation to quantify cost savings to system.
- Follow up cohort at 6- & 12-month post pilot intervals to assess sustainability of change.
- Explore extending and integrating the model to other high-use patient groups and clinical pathways such as frailty, gastroenterology and hepatology.

The pilot demonstrated clear improvements in care coordination, system collaboration, and patient outcomes. A permanent, resourced HFU model is recommended to sustain and expand these gains.

UEC attendance and waiting times deep dive

The DHEI was asked by Trust Board to examine disparities in waiting times and attendance in the UEC pathway and report to Trust Board. Below is a summary of key findings and next steps.

All ED attendances from July 2022 to November 2024 was analysed for all adults and paediatric attendances.

Key findings:

- ED attendances up 11% overall, driven by a 21% rise in paediatric visits.
    - Adults impact more due to volume.
- Patient demographics broadly stable.
    - Middle-aged, white, and more deprived groups remain dominant.
- Black, Asian, and deprived groups are **overrepresented** in ED use, often with lower acuity.
    - Pointing to potential access issues in primary care.
- Longer waits for white and less deprived patients are explained by **older age**, not clinical need.
    - Suggests the need for a better measure of clinical complexity.
- ED demand is increasing in most subgroups, suggesting increasing patient demographic complexity.

Note: This work has highlighted the importance of deep, equity driven, intersectional analysis of UHL’s data. When taken at first glance, the overrepresentation of Black, Asian and deprived groups is not visible. This has implications for decisions relating to for example location of future UTC facilities,

prevention and health promotion activity and neighbourhood health and the potential impact of interventions.

There are three key implications for how UHL utilises data through the lens of equity:

1. **Ensure representative analysis** – ensuring that service analysis represents the population. This involves using sampling weights, a method that adjusts for differences between who uses our services and the actual demographic makeup of Leicester, Leicestershire and Rutland. *Without this, we risk misinterpreting demand and planning services based on a skewed picture.*

2. **Identify who is affected** – proactively analyse intersectionality to understand how different subgroups are experiencing care. Machine learning techniques can support this by identifying meaningful patterns and combinations that traditional analysis might miss. *This is particularly important for designing targeted and cost-effective interventions.*

3. **Understand drivers** – Not all observed differences in health outcomes between groups are direct. Multivariate regression analysis helps us to simultaneously account for underlying factors, such as age, pre-existing conditions, or socioeconomic status, that might explain why outcomes differ. *This ensures focus on root causes, not just surface-level patterns.*

These analytical approaches are are critical for ensuring services are equitable, (cost-) effective, and aligned with the real needs of the LLR population.

Next steps:

- Development of an equity focused research and innovation–led data platform:
  - Purpose-built to enable in-depth, patient-level analysis of health inequalities and support exploratory work in this area.
  - Automated data feeds directly from the Trust's data warehouse with (where possible) complementary data from primary care and other commissioning data.
  - Data sharing agreements with academic and technical partners to enhance collaboration and human resource available for this work.
- Assess high-use postcodes for targeted outreach:
  - Map to outpatient non-attendance.
  - Targeting high use postcodes or frequent attenders.
- Low-cost community and GP collaboration to test change and demonstrate success:
  - Neighbourhood model of care.
- Simple data monitoring and audit:
  - Scalable, user-friendly dashboard which tracks by age, acuity, ethnicity, deprivation and wait time (as well as other useful metrics).
  - Monthly mini-audits (e.g. 20 cases) to assess (mis)aligned triage especially in older patients.

EHqIA assessment framework

The Equality Act 2010 and the Public Sector Equality Duty set out the Trust's statutory obligations when delivering and implementing services and/or employment practices. The aim of the process is to ensure as far as possible the Trust mitigates any adverse impact on diverse groups of people.

The Trust's current process, Equality Analysis, does not account for the impact of the wider determinants of health and therefore does not proactively identify opportunities to mitigate for widening health inequalities as a provider and employer. A revised Equality and Health Inequality Impact Assessment (EHqIA) was therefore developed and piloted across UHL.

After in-depth research into good practice models the re-designed EHqIA was developed. The process has been piloted with clinical and non-clinical areas across the Trust to determine whether:

- the guidance documentation, form and training was clear and understandable;
- the step-by-step approach to completing the EHqIA application was user friendly; and
- that local governance processes could meaningfully challenge any ambiguity in the presentation of information related to equity in policies, practices and functions in the Trust.

The pilot programme included:

- existing and new build areas such as Hinckley CDC unit, Sandringham Building, Osbourne Building, EMPCC.
- existing and new policies and practices such as people services policies, MOC processes, guidelines on glycaemic management during enteral feeding for adults with diabetes in hospital, TRIM SOP, Reconfiguration programmes, UHL advertising policy, RRCV/ Pulmonary and Covid Rehabilitation.
- design and development of strategies such as Pharmacy and Medicines Optimisation Strategy (2025-30).

The feedback received from the service areas (clinical and non-clinical) indicated that the revised process was well received, in particular for being streamlined and simpler in application when considering the impact and adjustments needed for diverse groups of people.

EDS 2024-25

The EDS was developed to ensure accountability and improvements in equity in services and employment practices in the NHS. The standard has been mandated within the NHS Standard Contract since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination), and all NHS providers are required to implement and report against the EDS.

The EDS has three core domains:

Domain 1: Commissioned or provided services
Domain 2: Workforce health and well-being
Domain 3: Inclusive leadership.

This report presents the findings relating to domain 1 only. LLR ICB identified three services for review under domain 1, giving the LLR system an overall score of 'developing':

- chaplaincy services

- intermediate care
- perinatal mental health services.

Services are assessed against four outcomes:

1a: Patients (services users) have required levels of access to the service.
1b: Individual patients (services users) 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.

The findings for each service are summarised below:

1. Chaplaincy Service: developing. The service received a positive review from stakeholders, partners and community members. Provision made for multiple access points for referral, visible presence, 24/7 availability, integrated chaplaincy provision, drop-in spiritual care sessions were notable positives. Areas identified for improvement included:

• review and update chaplaincy information leaflets, website and posters and to undertake an audit of information displayed;
• review staff training with a specific EDI lens to enhance staff referrals and understanding;
• develop patient, staff and ward feedback mechanism into Trust structures and create feedback survey to capture patient feedback.

2. Intermediate Care: developing. A number of gaps were identified in service delivery, including provision in deprived areas, lack of knowledge on the overall effects of daily living, health care and services at home support. The practical patient experience was mixed. The areas where evidence showed a need for improvement included:

• listening to service users and addressing communication difficulties.
• communicating, planning and providing better support during discharge.
• improving data intelligence by district area/postcode.
• improving barriers faced by groups of people such as English as a second language, access for people with disabilities.

3. Perinatal Mental Health Services: developing. The team demonstrated good service provision and the ability to meet targets. For example, women having contact with specialist community perinatal and maternal mental health services, receiving treatment, first face to face or video contact. The service has struggled to meet access targets. However, referrals to the service have been steadily increasing. Areas identified for improvement included:

• developing initiatives that have a wider reach into communities in the city.
• understanding barriers for people living in the city.
• improving data and engagement with service user in the development of the service.
• developing literature to support women for whom English is a second language.
• engaging activity to improve understanding of under-represented groups, improve data collection and undertake a survey to understand the barriers faced by patients.

Performance Oversight Framework 2025/26

The updated NHSE POF (July 2025) describes a consistent and transparent approach to assessing the performance of NHS organisations. The Trust will be assessed in six domains:

- Access to services
- Effectiveness and experience of care
- Patient Safety
- People and Workforce
- Finance and Productivity
- Improving health and reducing inequality (non-scoring).

Each domain has a range of assessment metrics though not all metrics contribute to the organisation's overall score. There are no *specific* health inequalities metrics for acute trusts that contribute to UHL's score. However, of the metrics identified for acute trusts, several could appropriately be disaggregated for equity, for example percentage of patients waiting over 52 weeks.

The NHSE PAF (March 2025) which maps to the 25/26 operating priorities has 32 metrics for acute trusts (including ones labelled 'all trusts'), including 3 specifically focussed on inequalities. A further 22 metrics could appropriately be presented through the lens of equity to ensure that health inequalities in services are consistently reported and identified, for example rate of inpatients to suffer a new hip fracture.

UHL's mechanism for reporting these metrics is through the trust's IPR, which currently includes minimal specific metrics relating to health inequalities (DNA's and late bookings for antenatal care). The POF renewed focus on population health and prevention present an opportunity for UHL to lead the approach to reporting metrics for acute trusts through the lens of equity.

It is recommended that metrics included in the trust IPR are disaggregated for equity where possible and practical.

NHSE Patient safety healthcare inequalities reduction framework

NHSE have identified 5 principles to reduce patient safety health inequalities aligning to NHS England's Patient safety strategy. The principles are as follows:

Principle 1: All staff, patients, service users, families and carers have access to information, translation and interpretation services when needed.
Principle 2: All healthcare staff receive undergraduate patient safety training, ongoing training, and accessible resources that improve their awareness and understanding of healthcare inequalities related to patient safety risks.
Principle 3: Accurate and complete diversity data are collected for protected characteristics and inclusion health groups on digital platforms. This work includes making disaggregated data available so evaluation can drive improvements in patient safety and healthcare inequalities.
Principle 4: Representatives of diverse communities are involved in the design and delivery of improvements aimed at reducing patient safety healthcare inequalities. This co-production involves

drawing on the knowledge and experience of patients, service users, carers, families, communities and staff.
Principle 5: Improve the understanding of patient safety healthcare inequalities and drive improvement through identifying priority areas for research.

A working group will be established to review UHL's performance against the 5 principles**.**

Project	Project Lead	Aim	Update
STORK	Professor Tilly Pillay	Provide safe and high quality perinatal care for the population of Leicester, Leicestershire and Rutland.	Pending
Janam App for maternity services	Professor Angie Doshani	Provide safe and high quality maternity care for the population of Leicester, Leicestershire and Rutland.	Version 2 roll out complete. Evaluation pending (under academic review).
Maternity Black African Research Programme	Professor Angie Doshani	Provide safe and high quality maternity care for the population of Leicester, Leicestershire and Rutland.	Write up for submission in progress, due in Oct. Results to be shared thereafter.
Core 20 IMD & Ethnicity DNA Pilot	Ruw Abeyratne	To provide Outpatien	Working with community sites to explore introduction of IMD calls. Working groups set up with UoL colleagues to explore understanding health economic benefit.
Breast Cancer DNA Pilot	Ruw Abeyratne	To provide accessible and timely cancer services for the populations Leicester, Leicestershire and Rutland.	Health creation workshiops hosted in partnership with Novartis and The Health Creation Alliance. Working group set up with community leaders to develop Community Champions programmes in response to feedback from workshops.

General Anaesthetic Programme (LD Community)	Richard Philips and Pedro Correia	Equal access & waiting times to/for imaging requiring general anaesthetic for LD patients	Update regarding Adult GA: RRCV to support recovery and bedding of patients, no matter which specialty refers them. ITAPs agreed can utilise Anaesthetic teams when not using Interventional Radiology cases for Anaesthetic support on Fridays (Team vacancies and in-cases where we can do procedures without GA support, we will). Learning Disability team able to assist with planning for cases with patient, families and carers. So far we have now achieved 4 successful cases at Glenfield in 2025.
General Surgery Listing	Ruw Abeyratne	An equitable process for queuing for inpatient services	Moved into broader Planned Care Partnership working, with a view to developing through neighbourhood work.
Cancer surgery Prehabilitation	Dr Andrew Packham	To ensure patients can experience the maximum outcomes from the surgical intervention by supporting them to achieve maximum health outcomes prior to the procedure and undertaking the correct recovery processes post the operation.	Significant service challenge; continued focus on delivering service to address inequalities but limited by reduced service capacity due to funding.
Bowel Cancer Screening	Alexander J Bonner	Equal access for Bowel Cancer Screening patients	Ongoing work to engage with communities. Closer working with Public Health screening team. Supporting Somali Messenger video development (Macmillan funding). Uptake and improvements tracked through the Planned Care Partnerships.

Inclusion, Homeless DNA pilot	Sarah Styles	To provide Outpatients services that are accessible to all.	The project is going really well with reduction in DNA due to the booking centre calling patients to remind them of their appointments and the MDT held by Inclusion and the Booking centre to identify patients who the booking centre have been unable to contact, update contact details and try to identify a way of contacting the patient to remind/support them to attend the appointment.The OPD DNA slides that I keep asking to be copied into will have some actual figures showing the change from November 2022 to April 2025. Ruw will have those.
The Centre Outreach Pilot	Ruw Abeyratne	To provide accessible and timely care services for the populations Leicester, Leicestershire and Rutland, focussing on the most deprived communities.	Work paused due to Centre Project staffing issues.
UHL Colleagues' health equality	Linsey Milnes, Charlotte Grantham	Proposal to address inequalities across the national workforce through regular staff health checks aligned to CORE20PLUS5 as outlined in King's strategy.	Employee / Organisational health needs assessment in progress.
Radiation Information Sharing	Elizabeth M Davies/Amy Collis	Those undertaking interventions that involve radiation therapy need to be informed of the potential risks associated with radiation	First draft of leaflet has been produced by AMC. It is currently being reviewed by a member of the Radiology team. However, there is a slight delay as there are several other leaflets that are up for review.

Breast Cancer Clinical Trials	Dr Sam Khan	Improving equity of access to Clinical Trials for the South Asian Population.	We have not completed the education pack/ videos and have had community launch event to share the materials. We are now creating an introduction video with a industry partner to have a platform for sharing materials.
Renal Transplant	Suzanne Glover & Richard Baines	Improving equity of access for patients who are receiving dialysis who do not have transplant status	Pending
Home Dialysis	Suzanne Glover & Richard Baines	Equitable provision of Home dialysis treatment to all the population of LLR.	Pending
IHI Pursuing Equity	Ruw Abeyratne, Flo Cox	To improve late bookings for antenatal care for the black and asian ethnic communities served by LGH	Work into communities expanded to IMD1&2, irrespective of ethnicity. 'You Said, We Did' shared with communities; focus on cultural competency and Capital Midwives programme.

Pulmonary Rehab	Steven Harvey	Explore the barriers and health inequalities impacting the access to pulmonary rehabilitation for Leicester city population	1.) Continuing to look at Ethnicity of referrals we hare receiving to Pulmonary Rehabilitation, moving on to look at outcomes in terms of walking tests and quality of life by ethnicity. 2.) Continuing to be involved with inclusion health respiratory project, attending monthly clinics and recently have run an education session for COPD patients at Inclusion health practice. Plans currently are to try and complete some assessments at inclusion health and offer more bespoke programme. 3.) Continuing health and well being events and various locations in Leicester to promote lung health and Pulmonary Rehab. 4.) Holding training sessions for GP's in areas of low referrals, high deprivation and high disease prevalence.
TB Migrant Latent TB Clinic	Helena White	Outpatient clinic for patients who have a positive quantiferon test following GP screening of newly arrived migrants to Leicester	Pending
Inflammatory Arthritis	Veena Patel/Arjun Raj	To understand the any association between socio economic deprivation and disease activity,which will help to enhance the care in the future.	Statistical analysis of data completed with UoL

Osteoporosis	Veena Patel/Arjun Raj	To understand the relationship between socioeconomic deprivation and poor bone health and fractures	Statistical analysis of data completed with UoL
Cardiology non-attendance	Richard Lea, Megan Holmes		AI booking paused while Trust tender in progress.
IHI RHO LAN Maternal Disparities	Flo Cox, Fran Hill	To improve referrals of South Asian women/birthing people in Leicester city to antenatal perinatal mental health services by 20% by June 2025.	Formal programme with IHI complete; pathway re-estsablished and MINT clinic promoted into primary care to increase referrals.
Impact of ethnicity on Head & Neck cancer outcomes in multicultural Leicester over 10 years (2014-2023)	Oladejo Olaleye	Impact of ethnicity on Head & Neck cancer outcomes in multicultural Leicester over 10 years (2014-2023)	Ongoing regular community engagement events with increasing profile. Successful screening events in HighCross and African Caribbean Centre. Increasing awareness through community arts and theatre.
High Frequency Users	Danisha Champineri	To improve care coordination and outcomes for homeless individuals who frequently attend the LRI Emergency Department (ED), recognising their complex needs and disproportionate use of acute services.	Reduced ED attendance, increased LoS, reduced 'did not wait'. Next steps focus on sustainability and economic evaluation.
VITAL tool - embedding the social determinants of health in clinical history taking.	Kath Higgins / Ruw Abeyratne	To pilot the VITAL tool for assessing the impact of the wider determinants of health on medical presentations	Diabetes foot clinic agreed as pilot service; support from Public Health agreed. Data requested.

TB Contact DNA deep dive	Caitlin Kerr	To improve non attendance rates for TB contact tracing clinics.	Initial data analysis complete