

Meeting title:	Public Trust Board				
Date of the meeting:	8 th October 2026				
Title:	Health Inequalities Improvement Update				
Report presented by:	Dr Ruw Abeyratne, Director of Health Equality and Improvement				
Report written by:	Dr Ruw Abeyratne, Director of Health Equality and Improvement				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	Quality Committee - July 2026				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
BAF Risk 01-Quality-4 Health Inequalities in Access, Experience and Outcomes. Operational risk 4315: patients with protected characteristics and those from vulnerable populations may experience delays or barriers in accessing services and navigating care pathways; score 20. Operational risk 4027: incorrect provision of information due to barriers to updating patient information leaflets; score 12. Operational risk 4178: issuing information or communication to patients, carers, or parents in an incorrect format; score 16. Operational risk 4242: poor provision of information and communication between the patient and healthcare professional due to poor performance of interpretation and translation service; score 16

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: AIS – Accessible Information Standard EDS – Equality Delivery System PIC – Patient Information Committee ICB – Integrated Care Board ED – Emergency Department EDI – Equality, Diversity and Inclusion
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Purpose of the Report

To provide assurance on progress to improve health inequalities in access, experience and outcomes, with particular reference to the BAF and Operational Risk Register.

Recommendation

- To approve the recommendations of the review of Health Inequalities Improvement governance.
- To be assured of progress with relation to the areas specified.
- To recognise and record emerging risks to continued progress.

Summary

This paper provides assurance on progress/achievements in the key areas of:

1. Interpretation and translation
2. Accessible Information Standard (AIS)
3. Patient Information Committee (PIC)
4. Equality Delivery System (EDS) Domain 1
5. Together We Can: Health Equality Summit
6. Neighbourhood Health programme
7. Review of Health Inequalities Improvement governance

Main report detail

1. Interpretation and Translation

The Trust continues to provide Interpretation and Translation Services through Dals, the current contracted provider. Performance, service delivery, and emerging concerns are routinely reviewed through monthly contract management meetings. Effective monitoring is supported by staff feedback, including incidents and concerns reported via the Datix system, which provide valuable evidence of barriers to communication and access. This intelligence helps identify areas for improvement and supports action to reduce inequalities in care, ensuring patients receive safe, accessible, and equitable healthcare services.

In parallel, the Trust has developed an Interpretation and Translation Policy (in draft) to strengthen governance, clarify roles and responsibilities, and support consistent practice across the organisation. The policy is currently progressing through the Trust's governance and approval processes to ensure compliance with organisational requirements, statutory obligations, and best practice standards before implementation.

The trust has recently confirmed procurement of a new provider for its interpretation and translation service after a challenging procurement process. Word360 will deliver the service as of 1st August 2026. The trust's Head of Patient experience will be responsible for contract management with oversight through the Health Inequalities Improvement Board.

2. Accessible Information Standards (AIS)

The Trust's Accessible Information Standard (AIS) Task Group, comprising staff representatives and key stakeholders, continues to oversee and monitor delivery against the AIS requirements. Progress has been made in advancing key actions aimed at improving equitable access to healthcare for patients with sensory impairments, learning disabilities, and other communication needs, ensuring that services are accessible, inclusive, and responsive to individual requirements.

To support implementation, the Trust has developed an Accessible Information Standard Policy and accompanying [guidance](#). These resources provide staff with clear direction on identifying, recording, sharing, and meeting patients' communication and information needs, while ensuring reasonable adjustments are consistently considered and implemented to improve access, experience, and outcomes for patients.

While progress has been made, the Trust recognises that delivery of some actions has been slower than anticipated. A review of the current action plan and governance arrangements is planned for July 2026 to strengthen oversight, identify barriers to progress, and accelerate implementation of outstanding priorities.

The AIS e-learning programme continues to be actively promoted across the organisation to increase awareness and understanding of staff responsibilities. To further embed compliance and support a consistent approach to making reasonable adjustments, introduction of mandatory AIS training was proposed; this has been decided against to date as part of the Trust's wider review of mandatory training. This training if delivered consistently would help ensure that all staff have the knowledge and confidence required to meet patients' diverse communication needs and fulfil the Trust's obligations under the Accessible Information Standard.

The trust had previously provided training to staff on an as requested basis in partnership with Vista. Funding for this has now ended; alternative routes for funding are being actively explored.

3. Patient Information Committee

The trust's Patient Information Committee meets monthly, chaired by the Head of Patient Experience. The Terms of Reference of this group has been reviewed recently to clarify governance and membership.

A key focus has been on the editing, updating and migration of leaflets into a single platform to enable timely updating and monitoring by the trust's Patient Information Librarian. A detailed update was provided to PSC in June 2026, however since then a further 1900 leaflets have been migrated to SharePoint. Confirmation of resource to enable review and upload of these leaflets onto the trust's public website is still pending.

4. Equality Delivery System (EDS) Domain 1 (25/26)

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. In previous years, LLR ICB had determined which clinical services providers were to review. However, for this cycle, providers were asked to identify services. In line with organisational priorities, UHL identified the relatively new Frailty SDEC service for review.

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.

They can be rated as:

- Undeveloped
- Developing
- Achieving
- Excelling

Following data collection and analysis and stakeholder engagement Frailty SDEC has achieved a '**developing**' rating. The review highlighted the operational success of the Frailty Same Day Emergency Care (SDEC) service, which has delivered safe, effective and person-centred care for frail older adults since its introduction in January 2025. The service has supported over 4,200 attendances, with 69% of patients discharged home without hospital admission, 99% of incidents resulting in no or low harm, and 87% of patient feedback rated as good or very good. The service is contributing to improved patient flow, reduced avoidable admissions and better patient outcomes.

Key insights:

- Roughly double the number of service users are from the county as from city neighbourhoods.
- Service users are predominantly white and less deprived. (Non-white patients: County 2.5%, City 15%).
 - But Asian individuals are *overrepresented*.
 - There is underrepresentation at the highest and lowest ends of deprivation.
- County service users are less deprived; City service users are more deprived.

The primary area for improvement relates to ethnicity data completeness, which is required to strengthen the assessment of equity of access and outcomes across protected groups.

5. Together We Can: Health Equality Summit

UHL hosted its second Health Equality Summit in partnership with University of Leicester and Novartis in April 2026. The event was a huge success, bringing together over 200 colleagues from across the health ecosystem. The aim of the event was to share best practice and learning in improving health inequalities whilst also enabling direct problem-solving conversations with local communities and organisations. Feedback will be used to inform next year's event, planning for which is already underway.

6. Neighbourhood Health programme

The UHL City Neighbourhoods group continues to focus on UEC demand reduction. Progress in this work has been significantly impeded by the ICB management of change process and internal lack of resource and funding.

Cohort identification is critical to the success of neighbourhood health interventions. Analysis of low acuity patients (using VB11Z code as a proxy) suggests a cohort size of approximately 50000 patients (all neighbourhoods) potentially amenable to intervention. Taking an equity approach to this shows that VB11Z demand is driven by city neighbourhoods, particularly neighbourhoods 2 and 4.

The first round of qualitative data collection is due for completion and analysis in late July 2026. A sum of £200k has now been identified through the ICB to invest in UHL led city neighbourhood reduction schemes; UHL is awaiting transfer of this funding into the organisation to begin implementation. Schemes include care navigation and social prescribing to low acuity patients presenting at ED and health literacy programmes. UHL is working to identify primary care partners within target neighbourhoods (City 2 and 4) to co-deliver interventions to at risk populations.

7. Review of Health Inequalities Improvement governance

The UHL Health Inequalities Taskforce has to date been the focal point for health inequalities improvement work at UHL. It is an open membership, including to external stakeholders, many of who actively contribute to conversations. However, it is felt that the taskforce has evolved into a community of practice, rather than an operational delivery group. Rather than disband or reform the group – acknowledging the vital role of relationships and connections in improving health inequalities – it is proposed that an operational Health Inequalities Improvement Board will convene on a monthly basis to oversee all workstreams aligned to the health inequalities mandate and portfolio. The group

will meet on a monthly basis to oversee eight key areas (core roles are identified below):

1. Neighbourhoods and strategy – Associate Director of Strategy and Partnerships
2. Patient experience – Head of Patient Experience
3. Workforce health inequalities – Head of EDI
4. Improvement through the lens of equity – Head of Continuous Improvement
5. Patient and public engagement – Head of Communications and Engagement
6. Innovation - Health Innovation Hub Project Manager
7. Operations - ops member TBC
8. Prevention – Health Inequalities Fellow

The Health Inequalities Improvement Board will report to Patient Safety Committee, Quality Committee and Trust Board quarterly.

Significant gaps in membership (because UHL does not currently employ these roles) include:

- Healthcare Public Health
- Health Inequalities data science and analytics

While these roles can to some extent be met through partnership working and ad hoc arrangements, lack of consistency undermines the importance of this work and the likelihood of impact and progress.