

<b>Meeting title:</b>	Public Trust Board	<b>Public Trust Board paper I</b>
<b>Date of the meeting:</b>	12 October 2023	
<b>Title:</b>	Update on Health Equality and Inclusion	
<b>Report presented by:</b>	Dr Ruw Abeyratne – Director of Health Equality and Inclusion	
<b>Report written by:</b>	Dr Ruw Abeyratne – Director of Health Equality and Inclusion	

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	X
<b>Where this report has been discussed previously</b>	TLT Sept 26 <sup>th</sup> 2023, Quality Committee Sept 28 <sup>th</sup> 2023					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
<ul style="list-style-type: none"> <li>Existing risk on BAF risk 1: failure to maintain and improve patient safety, clinical effectiveness and patient experience).</li> <li>(Existing risk on BAF risk 7b: Framework for health inequalities including resource requirements)</li> </ul>

<b>Impact assessment</b>
<ul style="list-style-type: none"> <li>Patients – improved equity of access to services, improved quality of care, and outcomes.</li> <li>Equality, Diversity &amp; Inclusion – improved inclusivity in delivery of services, improved staff experience with respect to EDI.</li> <li>Services – improved utilisation of services, with impact on efficiency and productivity</li> <li>Finance – potential for cost improvement</li> </ul>

<p>Acronyms used:</p> <p>EDI – Equality, Diversity and Inclusion          UHL – University Hospitals of Leicester          TLT – Trust Leadership Team          BRC – Biomedical Research Centre          NIHR – National Institute for Health and Care Research          PPI – Patient and Public Involvement          EPR – Electronic Patient Record          KPI – key performance indicators          IPR – Integrated Performance Report</p>
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**Purpose of the Report**

- To provide an update and assurance on work to progress improvement in health inequalities in access, experience and outcomes for patients using UHL services.
- To highlight barriers and challenges to progression and where possible provide appropriate mitigations.

**Recommendations**

- Note continued progress in work to address health inequalities.

**Summary**

Since the last update to Trust Board in July 2023, the portfolio of work to address health inequalities in services at UHL has continued to progress and disseminate across the trust. We are in the process of collecting updates from each of the projects currently listed on the UHL Health Inequalities Tracker; a

detailed update on these is therefore not provided here. In addition to continued collaboration between partners and strengthening of relationships with communities and stakeholders, key points covered in the report include:

- Interpretation and translation service procurement
- Patient Information Service
- Inaugural UHL Annual Prevention report
- University of Leicester Centre for Population Health
- UHL strategic framework
- Accessible Information Standard
- Health Inequalities KPIs for reporting to board

## **Main report detail**

### **1. Working with Partners and Communities - highlights**

Since the last update, colleagues working in health equity at UHL have continued to collaborate with partners across LLR to address disparities faced by underserved communities. Recognising disparate rates of cardiovascular morbidity and mortality in underserved groups UHL is working in partnership with Heartwize, a charity founded by two UHL cardiologists whose aim is to *“increase public awareness of the problem of out-of-hospital cardiac arrest, to ensure that basic resuscitation skills are taught in schools and to improve awareness and provision of Automated External Defibrillators (AED) in the community”*. This work continues to progress, with UHL and Heartwize aiming to begin the next round of training in schools early in the new academic year. Next steps include expanding training to include UHL colleagues who do not otherwise receive basic resuscitation skills training as part of their mandatory development.

Collaboration between UHL, partners and The Centre Project has continued to develop with the Centre Project hosting ‘The Best Start in Life’ event in the first week of September with a view to addressing the deep disparities experienced by children and young people in our most deprived communities. UHL services, including the paediatric emergency medicine team, midwives and nurses attended along with breastfeeding support and other community services, such as oral health and nutrition. The event aimed to raise awareness of key topics such as breastfeeding and common childhood illnesses and promote prevention. Feedback from attendees was positive and UHL continues to work proactively with The Centre Project and others to respond to the needs of the most underserved communities.

### **2. Interpretation and Translation**

High quality care for all is dependent on effective communication. UHL is currently undertaking a procurement exercise to appoint a supplier of interpretation and translation services. Recognising that it is unlikely that a single provider will meet all needs, a trust wide survey was undertaken to explore the experiences of colleagues with regards to interpretation and translation services, the use of alternative means of interpreting and translating information and language as a barrier to care.

The survey received responses from a wide range of individuals across all CMGs. Results demonstrated that most colleagues have required help with interpretation and translation in clinical settings. Despite generally positive experiences with the current provider, challenges with accessing the service have caused colleagues to rely on ad hoc solutions to language barriers, including the assistance of other colleagues and family and friends of patients.

Colleagues are proactively involved in developing solutions to the challenges that language barriers pose. Prof Angie Doshani and midwife, Jethi Karavadara continue to progress the roll out of the Janam App since its launch in August. The app facilitates provision of antenatal and pregnancy related information to non-English speaking women in five South Asian languages. This has been through both internal review (Maternity Assurance Committee) and external review (NHS Race Health Observatory). A formal launch event is planned for 5<sup>th</sup> October 2023.

Public Health Midwife Beverley Cowlshaw completed a pilot of CardMedic, a tool that produces scripts in multiple languages that healthcare professionals can use in a variety of healthcare settings. The tool was piloted in maternity services with strongly positive feedback from colleagues. Wider implementation is being explored through the procurement process for an interpretation and translation service provider.

Despite proactive steps to improve interpretation and translation at UHL there have been several instances of an interpreter being unavailable for a variety of languages, including Tigrinya, Malayalam, Vietnamese, Lithuanian, Konyaka and Bilen. This has reiterated that it is unlikely that one provider will meet all interpretation needs and a multimodal approach to interpretation and translation will be needed.

Further updates will come back to TLT as appropriate.

### **3. Patient Information**

UHL is one of three trusts nationally to have been awarded a Patient Information Forum (PIF) TICK as a 'trusted information creator'. This is a nationally recognised quality standard. The Trust is committed to ensuring all its information is reliable, evidence-based and accessible.

To gain accreditation, organisations must meet 10 key criteria in their information production process:

1. Systems: Information is created using a consistent and documented process.
2. Training: Staff receive ongoing training and support.
3. Need: Resources meet a genuine need.
4. Evidence: Information is based on reliable, up-to-date evidence which is communicated clearly.
5. Involving users: Users are involved in the development of information.
6. Health inequalities: Information is written to meet health and digital literacy, language and accessibility needs of the target audience.
7. Content and design: Information is clearly communicated, easy to access and navigate.
8. Feedback: There is a clear process for users to provide feedback.
9. Disseminating: Information is promoted to maximise reach.
10. Impact: The impact of information is measured.

Timely review of the information that services share with patients, families and carers is crucial to this. The patient information service requests updates from services detailing the information they are using with patients, both internally and externally produced, every 6 months. There is significant variation in engagement with this process.

### **4. Prevention**

Recognising the role of acute providers in promoting prevention is vital to sustainable change. UHL works closely with partners to deliver a range of interventions aimed at prevention of long-term conditions, including weight management services, alcohol care teams and smoking cessation services. A key next step will be thinking about how we bring these services to colleagues as well as patients.

Colleagues from UHL and Public Health have collaborated on UHL's first Prevention Report, which aims to highlight progress, challenges and areas for development and strengthening on an annual basis. The first draft of this report was shared at TLT in June 2023. The final report will be brought back to TLT in Q3 of 2023/24 with key recommendations to be agreed.

### **5. Research**

#### **i) University of Leicester Development Centre for Population Health**

The University of Leicester Development Centre for Population Health will improve the health of populations and reduce health inequalities through world-leading applied health research,

engagement with communities, policymakers and the public with the aim of translating evidence into tangible policy-change improving and reducing variations in care and outcomes.

UHL consultant Prof. Manish Pareek will lead the Centre as Director.

**ii) Biomedical Research Centre**

Health inequality is a cross cutting theme in UHL’s NIHR funded Biomedical Research Centre (BRC). A key requirement of the £26m funding awarded to UHL’s BRC was the development and publication of PPI and EDI strategies setting out how inclusive research will be developed throughout the themes of the BRC, addressing training and development needs for colleagues and promoting the representation of underserved communities in research. These strategies are now available on the NIHR BRC website and detailed action plans are being developed.

**6. UHL strategic framework: Health Equality and Inclusion**

UHL’s seven-year strategic framework was launched early in September 2023. This sets out the Trust vision of ‘Leading in healthcare, trusted in communities’ which will be achieved through the delivery of four goals: high quality care for all, a great place to work, partnerships for impact and excellence in research and education. Underpinning these four goals is the foundation of health equality and inclusion.



The Director of Health Equality and Inclusion has begun working with the Head of Strategy and wider team to ensure that an approach to health equality is embedded in the Strategic Delivery Planning Process that will be shared and disseminated through CMGs and services to enable to delivery of the strategic framework.

**7. Accessible Information Standard (AIS)**

The Accessible Information Standard sets out UHL’s statutory obligations to meet the needs of patients with a sensory (deaf and/or blind) impairment and those with Learning Disabilities.

The AIS group continues to meet monthly, aiming to progress actions needed to comply with the organisation’s legal obligations. Progress since the last update include closer working with E&F, IT and communications colleagues to enable key workstreams, for example accessibility of digital signage. AccessAble have completed a survey of UHL’s sites; the report from this is expected imminently and will outline areas of good practice and work needed to improve the accessibility of UHL’s sites.

Communication with patients remains a significant challenge. Colleagues have established mitigations to avoid patients with reasonable communication adjustments being contacted by post where requested. However, a small number of patients continue to receive letters. Solutions to this are being explored with IM&T colleagues, although limitations have been acknowledged in the absence of a fully developed EPR system. External stakeholders including Vista and Action Deafness continue to be involved in the work of the group.

## **8. Health Inequalities KPIs for reporting to board**

As part of UHL's continued commitment to addressing health inequalities and to ensure visible progress and change and facilitate challenge a set of KPIs relating to health inequalities will be reported to public board through the Integrated Performance Report. There is no national guidance on health inequalities KPIs. After a series of conversations with peer trusts and organisations and consideration of UHL's current operational and strategic priorities, the following KPIs have been proposed:

- Non-attendance at outpatients, disaggregated by deprivation and ethnicity.
- Smoking cessation rates, disaggregated by deprivation and ethnicity.
- Late bookings for ante-natal care, disaggregated by deprivation and ethnicity (to be reported via the perinatal surveillance scorecard).

The aim is to begin reporting these KPIs in Q3 of 2023-24.