# EDS Domain 3: Inclusive Leadership

## Domain 3 Outcomes and Evidence

### Outcome 3A: Leadership Commitment to Equality and Health Inequalities

The organisation ensures that board members, system leaders, and line managers demonstrate their commitment to equality and addressing health inequalities. Several key initiatives and frameworks support this commitment:

* Board and Committee Report Template: The NHS STW Committee Board Meeting Report Template includes dedicated sections that explicitly address equality and health inequalities. These sections require reports to outline their impact on population health, service access, and workforce inclusion.
* NHS Leadership Framework for Health Inequalities Improvement: The Board Assurance Tool is routinely used in risk assessments and operational decision-making to integrate health inequalities considerations into leadership oversight.
* Board Meeting Engagement: The organisation has dedicated time for "Staff/Resident/Patient Stories" to provide direct insight into the lived experiences of staff and patients, ensuring leadership decision-making is informed by real-world challenges.
* Board Development Programme: The NHS Confed Board EDI Development Proposal includes targeted initiatives such as:
* Strategic integration of equality, diversity, and inclusion (EDI) across leadership levels.
* Action-oriented improvement frameworks, including the "Equality through Quality" model.
* Capacity-building workshops and leadership coaching to sustain EDI efforts.
* A focused approach to tackling racism and systemic inequalities.

### Areas for Improvement:

* There is currently no board or senior leader representation in the Staff Health and Wellbeing Group.
* Access to staff networks for ICB employees needs to be expanded.

### Outcome 3B: Addressing Equality and Health Inequality Risks in Board Decisions

Board and committee meetings routinely include discussions on equality, diversity, inclusion, and health inequalities. Notable agenda items from recent board meetings include:

* System-Wide EDI Updates: Regular updates on ongoing initiatives and strategic priorities related to inclusion and workforce diversity.
* Committee Reports on People, Culture, and Inclusion: Reports presented by the chair highlight progress on fostering an inclusive work environment and mitigating systemic disparities.
* Resident and Patient Stories: Real-life experiences shared with board members to ensure diverse perspectives are heard and considered in decision-making.
* Health Inequalities Reports: Presentations detailing data-driven approaches to reducing disparities in healthcare access and outcomes.
* Staff Survey Results: Analysis of NHS Staff Survey responses related to workplace culture, experiences of discrimination, and employee well-being.
* Policy Impact Assessments: Equality Impact Assessments (EIAs) are conducted to evaluate the potential effects of policies on protected groups, ensuring inclusivity in organisational planning.

### Areas for Improvement:

* Impact assessments have not been completed for all projects and policies.
* Not all actions and interventions related to equality and health inequalities are consistently measured and monitored.

### Outcome 3C: Leadership Accountability and Performance Monitoring

Board members and system leaders ensure that mechanisms are in place to monitor performance in relation to equality and health inequalities. Key frameworks and initiatives include:

* Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES): Used to assess disparities in workforce demographics and drive strategic interventions.
* Gender Pay Gap Reporting: Data analysis conducted in partnership with the Midlands and Lancashire Commissioning Support Unit (MLCSU) to address gender-based pay disparities.
* Executive Oversight: Action plans developed from equality assessments are reviewed and approved by the Executive Group to ensure accountability.
* Health Inequalities and Prevention Group: The Terms of Reference (ToR) for this group outline a system-wide partnership approach to addressing disparities in healthcare access, including:
* Cross-sector collaboration with NHS trusts, local councils, and primary care networks.
* Data sharing and analysis to inform targeted interventions.
* Governance structures that ensure strategic oversight and measurable outcomes.
* EDI System Group: The draft Terms of Reference for the Shropshire Telford and Wrekin ICS EDI Steering Group establish:
* Collaborative objectives for workforce inclusion and patient equity.
* Formation of specialist Task and Finish Groups to drive system-wide EDI priorities.
* Regular reporting to the ICS People Delivery Committee to maintain transparency and accountability.
* Accessible Information Policy: Ensures that patients and staff with communication needs receive appropriate support, with compliance monitored through quarterly reports to the Quality and Performance Committee.

### Areas for Improvement:

* Data from workforce and patient equality reports should be more actively used to inform improvement actions.
* Comparisons between workforce demographics and population data should be conducted to assess representation gaps.

## Overall Rating and Next Steps

Overall Rating for Domain 3: Inclusive Leadership: 3

* Outcome 3a score was 1
* Outcome 3b score was 1
* Outcome 3c score was 1

The evidence and policies presented will be reviewed by key stakeholders, including the Staff Wellbeing Group, Freedom to Speak Up Guardians, and staff members. The independent evaluator for this assessment is the Freedom to Speak Up Non-Executive Director.

## Action Plan for Improvement

* Include senior leadership representation in the Staff Health and Wellbeing Group.
* Expand and enhance staff networks to ensure accessibility for all employees.
* Complete Equality Impact Assessments (EIAs) for all projects and policies.
* Develop metrics to systematically measure and monitor actions related to equality and health inequalities.
* Leverage workforce and patient data to drive targeted improvement actions.
* Conduct workforce representation analyses by comparing staff demographics with local population data.
* By addressing these areas, the organisation aims to strengthen inclusive leadership and create a more equitable work environment and healthcare system.