NHS Confederation

Health Inequalities Leadership Framework

Board assurance tool

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

About this tool

This board assurance tool is built on the Care Quality Commission's (CQC) well led domain eight key lines of enquiry measures (KLOEs),* and the five national priorities for tackling health inequalities 2021/22:

1. Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile.

2. Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.

3. Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.

4. Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.

5. Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.

*These have been modified in the tool to reflect the specific action required on tackling health inequalities.

How to use this tool

The tool can be used in conjunction with other frameworks or reports already in use by boards or board sub-committees, which are based on the CQC domain measures. It can also be used as a standalone tool. It is intended to assist board members to assess any strategies, delivery plans or other initiatives for their impact on health inequality, not just those proposals that have addressing inequality as a specific purpose. The text in each box is intended to be a prompt to stimulate questioning and to act as an assurance mechanism. The tool may be supplemented by a scorecard, provided separately, so that assessment outcomes can be seen at a glance.

This tool does not remove the need for an Equality Impact Assessment (EIA), although elements of an EIA may flag up potential positive or negative impacts on health inequalities to take into account.

The tool is for collaborative use, especially with the Executive lead (SRO) for health inequalities.

National priorities for **health inequalities**

Key Lines of Enquiry	P1. Restore NHS services Inclusively	P2. Develop digitally-enabled pathways inclusively	P3. Ensure datasets are complete and timely	P4. Proactively engage people at greatest risk in prevention	P5. Strengthen leadership and accountability
K1. Leadership capability focused on achieving health equity	*Bring questioning and challenge to ensure health equity is at the heart of plans for restoring services and reducing waiting lists.	*Ensure focus on equitable access for all in digital plans, and fair access for all via digital routes, face to face and telephone.	*Ensure relevant and complete datasets are collected and utilised in decision-making to tackle inequality. *Ensure collaborative working to complete patient datasets across the system. *Include patient-level data on social factors so that prioritising is based on the whole person, balance of clinical and social factors.	*Collaborative leadership with partners and primary care, place-based approach, empowering communities, and building on assets and strength.	*Tackling inequality is not a separate programme. Embed it in leadership, decision-making, strategies and delivery plans. *Board health inequalities senior responsible officers (SROs) to have passion, commitment and ensure a high profile on health inequalities. *Show leadership across the system. Collaborative working with senior leaders and health inequality leads in the integrated care system (ICS), other provider organisations and primary care networks (PCNs). *Resist pressure on delivering numbers, eg waiting list reduction, without taking into account the impact of inequality. Give board backing to operational staff.

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K2. Clear vision and credible strategy to deliver action on inequalities with robust delivery plans	*Clear strategy and plans in place on how inclusivity will be achieved, with regard to socio-economic disadvantage, protected characteristics, disability, ethnicity, LGBTQ+, socially excluded, clinically vulnerable to COVID-19, frail elderly. Check against the Core20PLUS5 measures.	*Specific actions in place to remove barriers to digital access. Ensure equal access via digital, face to face and by telephone for all.	*Delivery plan monitoring to include datasets broken down to characteristic/marker level and remedial actions reported/ assurance provided.	To include: *Improve flu/COVID-19 vaccine uptake. *Long-term care management, obesity, smoking, alcohol, cardiovascular disease, hypertension, diabetes, respiratory disease. *Annual health checks for serious mental illness and learning disability. *Maternity continuity of care and focus on the five priorities chosen in the Core20PLUS5.	*Board-level challenge and support to achieve equity for strategies, plans and performance reports, assure excellent access, outcomes and experience for all. *Ensure staff at all levels of the organisation are aware of the vision and strategy for tackling health inequalities and understand their roles in delivering these.

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K3. Equality and diversity are actively promoted in the workplace so that service access and delivery is high quality, sustainable and sensitive to the needs of all – and that staff health and wellbeing is being supported	*Planning and delivery of services are carried out with the leadership and input of diverse staff, knowledgeable about their service and those using it.	*Digitally inclusive, face-to-face and telephone services are delivered by staff sensitive to and knowledgeable about the needs of all people using the service.	*WRES and WDES datasets are complete and timely and available for scrutiny to underpin strategies and delivery plans. *The Equality Delivery System (EDS) is in place. *Actively question and draw insight from the data.	*Planning and delivery of services are carried out in collaboration with external partners and empowered communities. *Focus on risk management and safety of staf- ensure equity in staff access to health and wellbeing support. Monitor uptake of support services through inequality lens.	*Organisational culture is centred on the needs of all those accessing and using the services. *Executive SRO for health inequalities to ensure integrated working with HR and equality, diversity and inclusion (EDI) executive leads to achieve strategic alignment for workforce EDI and tackling inequality.

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K4. Clear responsibilities, roles and systems of accountability, to support good governance and management to tackle inequality	*Ensure clarity on roles, responsibilities and systems to achieve excellent access, outcomes and experience for all, as services are equitably restored and waiting lists addressed across all specialties.	*Ensure clarity on roles, responsibilities and systems so that digital pathways are inclusive. Equal access for all via digital routes, face to face and telephone.	*Ensure managers at appropriate levels have timely and complete datasets to monitor services, support timely decision-making and have freedom to act, to ensure equity.	*Ensure clarity on roles and responsibilities, in partnership with primary care/voluntary sector/communities for place-based delivery.	*Different leadership and management styles are required to collaborate inside and outside the organisation, with clarity on responsibilities and accountabilities. *Staff are inclusively involved in shaping vision and strategies, and delivery plans. *Give operational staff board backing to focus on inequality as a priority.

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K5. Clear effective processes for managing risks, issues and performance, with focus on achieving equity	*Performance reports and risk logs in place measuring inclusivity of restored services/ equitable management of waiting lists. *Gap analysis of expected uptake against actual undertaken. *Use feedback from patients, staff and communities on fairness. Take notice of complaints.	*Performance reports and risk logs in place measuring inclusivity/ uptake of digital, face-to-face and telephone services. *Gap analysis of expected uptake against actual undertaken.	*Datasets used as part of performance reporting to be broken down sufficiently for meaningful interpretation and intervention. *Ensure the monitoring of Core20PLUS5 dataset is completed and used as a key measure set.	*Performance reports and risk logs available, measuring progress on preventative programmes, working with communities, external partners, primary care. *Gap analysis of expected against actual undertaken.	*Performance reports, risk logs and datasets to be monitored and acted upon at the appropriate organisational level, including at board/sub-committee. *Datasets to be broken down by ethnicity, deprivation and social factors. *Reports are shared with the public.

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K6. Appropriate and accurate information available on progress against inequality	*Appropriate, comprehensive and timely service and speciality-level data being collected. *Data being shared with services to inform timely decision-making at an appropriate level. *Actions taken to address inequity in access, outcomes and experience.	*Appropriate, timely and comprehensive digital, face-to-face and telephone delivery data being collected. *Data being shared with services to inform timely decision-making at an appropriate level. *Actions taken to address inequity in access, outcomes and experience.	*Datasets to be comprehensive, timely and understandable, to support timely decision-making, challenge and assurance. *Work with partners, especially primary care, to ensure patient records are complete, ie ethnicity, disability, long-term conditions flags, social factors.	*Datasets must be comprehensive, timely and understandable to support collaborative decision-making, challenge and assurance. *Datasets shared with external partners, primary care and communities.	*Leadership from board to front line to ensure comprehensive data is being collected and made available to services at all levels in a timely manner, to support prompt, informed decision-making. *Datasets to be broken down as a minimum by ethnicity, deprivation and other relevant social factors.

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K7. People who use services, our communities, staff and external partners are involved and empowered to ensure services have excellent access, outcomes and experience for all	*Co-production Working in partnership with staff, partners and communities to restore and reshape services, ensuring equity and excellence in access, outcomes and experience for all. *Strength-based collaborative approach exists. *Listen and use feedback constructively, both good and bad.	*Co-production Working in partnership with staff, partners and communities to ensure digital, face-to-face and telephone services provide excellent access, outcomes and experience for all.	*Co-production Sharing meaningful, comprehensive, timely datasets with staff, partners and communities to inform joint decision-making, agreed action and provide assurance. *Openness in sharing data across organisational boundaries.	*Co-production Actively engage with external partners, primary care and communities to seek out those with greatest need and deliver tailored prevention programmes. *Ensure appropriate access, service delivery and experience to meet the needs of all.	*Collaborative leadership required from the board to the front line, within and outside the organisation. *Community empowerment, strength-based approach, local insight, views and experience of all groups served, including those often excluded. *Approachable open style exists. *Openness to listening and learning from staff, partners and communities.

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K8. Robust systems and processes for learning, continuous improvement and innovation to achieve equity	*Quality improvement methodologies: Model for improvement, appreciative inquiry, co-production. *Listen with curiosity.	*Quality improvement methodologies: Model for improvement appreciative inquiry, co-production. *Listen with curiosity.	*Use datasets to support improvement. *Challenge and ask different questions focused on achieving equity.	*Collaborative learning with partners and communities undertaken. *Share data and information widely for continuous improvement.	*Ensure an open style of leadership from the board to the front line. *Champion learning and innovation. *Staff trained to use tools and methods to empower them to tackle health inequalities as a core part of their role. *Ensure the culture supports learning and continuous improvement, and role model this from the board leadership. * Listen and hear feedback and stories.

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The **NHS Confederation** is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

NHS Confederation EDI programme

Our equality, diversity and inclusion (EDI) programme supports members to improve EDI accountability and leadership, tackling inequality through our EDI networks and partnerships.

We aim to increase the diversity of NHS leaders and to empower communities by working with a wide range of staff to develop and lead radical approaches addressing health inequity.

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