

# **Betsi Cadwaladr University Health Board**

## **Equality and Human Rights Annual Report**

**‘A Conscious Approach and State of Mind’**

### **April 2010-April 2011**

**This report can be made available in other languages or  
formats on request**



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## **Introduction**

We are pleased to present Betsi Cadwaladr University Health Board's (BCU HB) first Equality and Human Rights Annual Report following the formation of the new organization. This narrative is further supported by detailed progress of the Single Equality and Human Rights Scheme (SES) for BCU Health Board over the past year (Appendix 3). The Single Equality and Human Rights Scheme describes both our commitment and how BCU HB intends to meet the duties placed on it by equality and human rights legislation. The SES is relevant to the functions and operations across the organization. It sets out how we will promote equality of opportunity for all, and how we recognise and value diversity.

To build a culture that recognises and respects equality and human rights as part of our everyday work, we have ensured clear accountability; strengthened leadership and governance, strategy and policy and practices and processes. We are working with our staff and citizens to empower service users, carers and staff about human rights and enable stakeholders to participate in our equalities work in a meaningful way.

## **Our Vision and strategic direction**

Our vision is to ensure that anyone should be able to access equitable, safe and high quality care no matter who they are, their language choice or where they live.

Over the next five years North Wales' health services will change, placing the citizen at the centre of our planning and delivery actions. Our system of health and social care will be built with citizens who exercise responsibilities as well as rights. The values of fairness, justice and self-determination, set out within the equality duties and the principles of human rights, underpin the strategic direction of the organization.

## **5 year plan**

The Health Board is committed to the Institute of Healthcare's Triple Aim:

- Improve the health and wellbeing of the population
- Improve the patient experience
- Reduce (or at least control) the cost of healthcare

The role of the BCUHB Board is to put quality and safety at the heart of service, uphold public standards and best use of taxpayer money and to exercise strong leadership, direction and control, including:

- setting the organisation's strategic direction
- establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Board's performance across all areas of responsibility.

Equality and human rights principles are a core part of the Strategic Direction and Five –year Corporate plan. This ensures that meeting equality duties is a commitment running through all activities. In addition to these corporate objectives, equality is a core dimension within the Knowledge and Skills Framework competencies for each post. The five year plan states that we will provide services in a way that promotes human rights and is aligned to the Equality Act 2010 and the Specific Equality Duties for Wales. The principles of equality impact assessment will inform decision making and engagement and consultation will be inclusive and evidence involvement with such persons as BCU HB considers represent the interests of individuals who share one or more of the protected characteristics as set out in the Equality Act 2010.

### **Development of the Single Equality and Human Rights Scheme**

Prior to the formation of BCUHB, there were 23 existing Equality schemes and action plans in place which required review and further development to inform the Single Equality and Human Rights Scheme for health in North Wales (SES). NHS Reform provided an exciting opportunity for us to reflect on the organisational learning gained by all legacy organisations, agree an approach and model for our North Wales SES and develop an understanding of the increased requirement of the Equality Act 2010. We have also learnt about adopting a human rights based framework in practice and have secured support from Mersey Care NHS Trust as a learning partner in this regard. We have gathered evidence from the former organisations, national and local reports, and undertaken a significant amount of staff and service user

engagement, working closely with our colleagues from Public and Patient Involvement teams to inform and shape our priorities. We listened and heard key messages and value this feedback. The SES was developed following the engagement we undertook during June to October 2009 and was further developed following consultation during December 2009 to March 2010. The final SES was published in April 2010. BCU HB's first Single Equality and Human Rights Scheme sets out how the Health Board intends to work towards our vision for equality and human rights and how we will monitor access, experience and outcome for both service users and our workforce. We wish to respect the rights of all those who come into contact with us and show respect to everyone irrespective of their situation. Progress against the action plan is set out in Appendix 3.

### **Accountability**

The Chief Executive is accountable for ensuring that the Health Board meets its responsibilities under the Act and for ensuring that the Single Equality Scheme is implemented. The Health Board is responsible for approving the scheme and scrutinising its implementation. All Executive Directors and Chiefs of Staff use their leadership position to ensure the equality and human rights principles of objectives within their service plans are identified for relevance and actioned by adopting a proportionate approach to advancing equality.

### **Leadership**

Board Development sessions, which included the principles of equality and human rights, have been facilitated across Wales. At BCU HB these sessions took place in October 2010, January 2011 and February 2011 and aimed to better equip the Board to scrutinise decisions from an equality perspective. A further Board Development day is planned for October 2011 which will focus specifically upon the Public Sector Equality Duties for Wales. The following resources are identified to support our equalities work:

- A budgeted central corporate expert resource that consists of a dedicated team of three posts, together with senior leadership from the Assistant Director of Organisational Development as part of his work portfolio.
- Identified Senior Equalities leads in Clinical Programme Groups and Corporate Departments.
- A network of Clinical leaders with a strong interest in Equality and Human Rights issues.

- Support from the NHS Centre for Equality & Human Rights

## **Governance Arrangements and Committee Structures**

### **Equality and Human Rights Strategic Forum**

The Group's role is to advise the Health Board in relation to the strategic direction for equality, diversity and human rights, for both employment practice and delivery of patient care. The Forum scrutinises progress and provides assurance to the Remuneration and Terms of Service Committee, a sub Committee of the Board. All Issues of significance are reported to the Remuneration and Terms of Service Committee. Issues of significance specific to the service user domain will also be reported to the Quality and Safety Committee. An Annual Report is presented to the Board. A six monthly progress report will be presented to the Partnership Forum .A six monthly progress reports will be presented to the Stakeholder Reference Group.

### **The Equality and Human Rights Operational Group**

The Group's role is to drive implementation of the Single Equality and Human Rights Scheme operationally. This will be achieved by providing training and guidance to and a supportive network for Equality Champions leading the implementation of the SES within Clinical Programme Groups (CPG) and Corporate Support Departments (CSD).

The Group will provide assurance that equality, diversity and human rights issues are mainstreamed into the strategic and operational planning of the relevant CPG/CSD and that CPG Boards, sub-committees and groups, are addressing equality and human rights requirements as part of their action planning, recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Under the direction of the Equality and Human Rights Strategic Forum the Equality Operational Group will make recommendations to CPGs/CSDs to advance equality, identify and prioritise key targets within service plans and offer guidance in operationalising the SES.

## **Organisational Development**

This year we have started to explore the links between the equalities agenda and Organisational Development (OD). OD is the only whole systems approach that is concerned with managing planned change in a flexible manner. OD applies to entire systems, but can operate at a variety of levels including an organisation, a single building, a department or work group, or individual role or job. OD involves both the creation and the subsequent reinforcement of change by institutionalising and embedding it at the core of organisational activity.

The Health Board's OD programme will consist of a set of planned interventions that will build the organisation's ability to meet the strategic challenges outlined in the 5 year strategy with a successful OD programme being built on:

- Creating and communicating a shared vision and set of values for the future of the Health Board
- Building strong relationships based on trust
- Using the skills and knowledge of staff to find solutions to problems rather than imposing solutions from senior management
- Valuing learning as a key tool in problem solving
- There will be a specific focus on supporting the organisation to meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) which came into force on the 6 April 2011.

## **The Big Conversation - Determining our values**

We have started a conversation about what kind of organisation we want to be, what kind of values will define us as an organisation and which behaviours can underpin these values. We are asking staff to generate ideas. Take their ideas back to colleagues and have a conversation and ask, "what helps us give our best for patients?" we are working to engage everyone in shaping our Health Board to deliver the best service we can for patients, carers and the communities we serve.

## **Big Conversation Events**

These events were interactive discussions amongst groups of staff from across the Health Board involving dialogue between the participants and senior executives, along with key influential leaders from the National Leadership and Innovation Agency for

Healthcare and Mersey Care NHS Trust. The engagement work has been further developed by utilising World Cafe events to stimulate deeper conversations and determine the behaviours which will be required to demonstrate the values identified from the Big Conversation.

### **Top Ten Values**

Equality has been determined by staff at BCU HB as one of the top ten most important values for the organisation, other principles of human rights including fairness, respect, dignity and autonomy have also been identified.

### **The Equality Act 2010**

The Equality Act 2010 (Statutory Duties) (Wales) came into force on the 6 April 2011. The Health Board have actively contributed to the consultation in respect of the Act and more recently the Specific Duties in Wales. We have been preparing to meet the strengthened requirements of the Equality Act by:

1. Ensuring clear accountability for equality within the Executive Team and wider Management Structure. Ensuring equality and human rights remain a priority for the organisation and that equality objectives are aligned to core business.
2. Establishing an Equality and Diversity Department to expand the capacity of the team leading on, developing and advancing equality within BCUHB providing strategic and operational advice and support to the Clinical Programme Groups and Corporate Departments. This includes both service and workforce issues in respect of all protected characteristics.
3. Further building capacity to translate the equality schemes into operational objectives and action plans. Advising all Clinical Programme Groups and Corporate Departments in respect of better embedding the principles of equality and diversity within their service development plans.
4. Embedding equality impact assessment into all policy decision making and service reviews.
5. Reviewing our policies.
6. Reviewing the approach to training and developing a flexible suite of training programmes linked to the Knowledge and Skills framework.
7. Strengthening links between equality and diversity and service improvement. Further developing links between



equality and diversity and patient experience cemented by the principles of a citizen centred approach and building upon links with clinical ethics, capacity and human rights.

8. Providing briefings for the Remuneration and Terms of Service Committee and Management Teams and updating the Board accordingly.

### **A range of initiatives and events support this work:**

#### **Regional Equality Conference**

The Health Board hosted a NHS Centre for Equality and Human Rights (NHS CEHR) and the Welsh Local Government Association (WLGA) regional workshop on the Equality Act 2010 and the proposed Public Sector Equality Duties in Wales in November. The conference was opened by the Director of Workforce and Organisational Development and Chaired by the Assistant Director of Organisational Development at the Health Board. The event was well attended and gave BCU Health Board staff the opportunity to learn more about the Equality Act and the actions that will be required to ensure that public authorities meet the equality needs of local communities.

#### **Working in Partnership across North Wales**

During the last 6 months, Equalities staff from BCUHB have lead a partnership group with other public sector organisations including Local Authorities across North Wales and the Police. The Group is now looking to develop a set of common strategic equality objectives to which all partner organisations will subscribe with the aim of tackling areas of inequality collectively across North Wales.

#### **MENCAP's Getting it Right campaign and charter**

The Health Board has pledged its support to MENCAP's Getting it Right campaign and charter. The charter aims to enable people with learning disabilities to have access to the high quality health care they require and to which they have a right. The charter also aims to reduce discrimination against people with learning disabilities within the NHS.

A Task and Finish Group has been established involving Associate Medical Directors and Directors of Nursing from across the Health Board to drive implementation of the Charter and develop a prevention and action plan for the safe and high quality health care

of people with learning disabilities across all activity within the Health Board.

### **Accessible Health Care for Service Users with Sensory Loss**

A Group has been established to develop an accessible health care strategy and action plan to better meet the needs of service users with sensory loss. Engagement meetings have taken place with service users at North Wales Deaf Association. The Head of Patient Experience, Public Involvement Manager and Head of Equality will be visiting all Deaf Clubs across North Wales over coming months to learn more about the barriers experienced by people accessing services to inform this work.

### **All Wales Black and Ethnic Mental Health Group (AWETU) Conference**

The Director of Primary, Community and Mental Health gave the opening address at this North Wales conference, where service users shared accounts of the barriers they experienced when accessing and receiving mental health services. The see me, hear me, count me event in Wrexham was one of seven events across Wales to raise awareness of black and minority ethnic mental health issues. A report will be compiled and recommendations made for Health Boards across Wales.

### **Equality and Human Rights Commission Equality Exchange**

The Equalities Team hosted a recent Equality Exchange Event. The Event followed the EHRCs communication with Chief Executives of public sector organisations and service providers about the importance of conducting equality impact assessments on proposals to make cuts to services. At this event in January, the conference looked at the potential impact of cuts on protected groups. The aim was to learn from each other, identify potential solutions and share good practice. The new report 'Not Just Another Statistic' was also presented which builds an evidence base around transgender, asylum seekers and refugees, people with a mental health condition and Gypsy Travellers and raised awareness of some of the entrenched problems experienced by these groups.

### **Stonewall Cymru Event**

The Assistant Director of Organisational Development was invited to open the Stonewall Cymru event in Deganwy this year and talk with the audience about the Health Board's approach to advancing

equality for lesbian, gay and bisexual (LGB) people. This 'LGB Have Your Say' event is intended for LGB people and provides the opportunity for service users and public sector organisations to discuss barriers experienced when accessing services.

### **The National Assembly for Wales' Equality of Opportunity Committee inquiry into discrimination against people living with HIV**

The Health Board was pleased to be invited to give evidence to this Inquiry and inform the recommendations of the report. The launch of the findings from the national inquiry into discrimination against people living with HIV in healthcare settings and in other settings by healthcare professionals, took place on 17<sup>th</sup> May, in Ysbyty Gwynedd Bangor. The Chief Executive opened the event and Consultants facilitated a tour of the newly opened Heulwen/Sexual health centre.

### **Attendance at the Equality and Human Rights Commission Disability Related Harassment Inquiry Panel March 2011**

The Health Board has attended a joint Inquiry Panel with the Police and Local Authority this Inquiry which will focus on two cases where disabled people were murdered in North Wales. A report following this national inquiry is awaited.

### **Inter-faith Development**

The Health Board is very much involved in the development of interfaith understanding and capacity building across Wales. This provides support to both our staff themselves and in enabling them to better meet the needs of patients from non Christian faith communities. Inter-faith Week was celebrated all around Wales, with seven regional Inter-faith groups holding a wide range of events and activities just prior to or during the designated week of 21<sup>st</sup>-27<sup>th</sup> November. The inaugural meeting of the North West Wales Inter-faith was held on Tuesday 23<sup>rd</sup> November. Bahá'í, Buddhist, Muslim and Secular representatives attended in addition to various Christian denominations including Anglican, Catholic, Church of South India, Non-conformist and Presbyterian. An Interfaith Conference was held in Catrin Finch Centre Glyndwr University, Wrexham on 25 November 2010. The purpose of the conference was to strengthen good interfaith relations at all levels; to increase awareness of the different and distinct faith communities in Wrexham and North East Wales; to recognise, celebrate and build on the contribution which their members make

to their neighbourhoods and to wider society; and to increase understanding between people of religious and non-religious belief. Through the facilitated workshops it was made clear that considerable work is undertaken in communities by faith groups and this has a significant beneficial impact on the lives of local people and on social inclusion. Feedback from the workshops has been collated and a draft action plan developed.

### **Integrating equality and human rights principles within the work of Clinical Programme Groups.**

In February Chiefs of Staff (COS) , Senior Staff including former Equality Leads were invited to join a workshop, to develop a plan to lead to better integration of equality and human rights principles within CPGs. The workshop, was opened by Martin Jones, Executive Director of Workforce and Organisational Development, Gareth Foulkes, Policy Officer from the Equality and Human Rights Commission, facilitated a presentation to set the context: The relationship between the Equality Duties and core Business

The aim of the workshop was enable the development of a plan to lead to better integration of equality and human rights principles within CPGs, by exploring the following: (Examples of progress by CPGs is included in Appendix 1)

- Operationalising the equality and human rights strategic objectives within CPG Service Plans
- Clarifying governance arrangements for equality and human rights within CPGs
- Developing an agreed role profile for Equality Leads within clinical areas including primary care
- Implementing the Equality Impact Assessment (EqIA) Policy within CPGs
- Clarifying the links between Equality , Diversity , Human Rights, PPI, Patient Experience, Clinical Ethics, and Mental Capacity Act

### **Gathering and Analysing the Evidence**

Previous legacy risk management systems in use within former North Wales NHS organisations did not readily facilitate the capture of data specifically related to disability related harassment. This was due in main to the fact that they had never been set up by previous organisations to capture this data. A single integrated

risk management system (Datix) will be implemented across all areas of activity and has provided an opportunity to review the capture of data across a number of inter related modules that will support reviews of disability related harassment. Work has already been undertaken, jointly with the Head of Equality, Diversity and Human Rights, to incorporate data collection in respect of all equality characteristics in the incident reporting module. Following the introduction of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, the BCUHB are reviewing the requirement for data capture in respect of Complaints Monitoring. The new system has the capability of being designed in such a manner that it can be used to capture a range of complaints specific data including, but not restricted to, disability related harassment.

Formal review of the range of complaints made to the BCUHB is undertaken by the Complaints Scrutiny Group and is based on the information contained within the Datix system. Clinical Programme Groups (CPGs) also have Quality and Safety Groups whose role it is to analyse information, identify trends and learn lessons.

Training in relation to the use of the integrated risk management system is provided to system users as required by their roles and responsibilities.

### **The analysis of complaints**

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations came into effect on the 1<sup>st</sup> April 2011. These regulations set out requirements to capture a mix of qualitative and quantitative data. Including equality and diversity information. The BCUHB needs to comply with these regulations and is using the Datix reporting system to collate this information. The above mentioned regulations specify that an Annual Report must be prepared and made available to WAG, Regulators, Public and Stakeholders. The regulations state that the Health Board must learn lessons from its concerns. The Health Board must put in place practical and proportionate arrangements to enable the regular and ongoing review of concerns to ensure service improvements are identified and acted upon.

## **Meeting our Statutory Requirements**

### **Equality and Diversity Training**

A major development this year has been the agreement to design, pilot and evaluate a new equality e-learning package for BCUHB staff that is capable of being rolled out to all other Health Boards across Wales. The initiative has been part-funded by the NHS Centre for Equality and Human Rights and led by the equality Team at BCU HB. We have been working with a local company to co design the product in collaboration with staff and service users. The resource includes patient stories and is linked to the knowledge and skills framework, it will be a mandatory training requirement for all staff at the Health Board. The package is undergoing pilot during April 2011 and will go live from July 2011 onwards.

### **Domestic Abuse Study Days**

These on going training sessions are available to all staff and seek to raise awareness of

- Dynamics of Domestic Abuse
- Escalating Concerns
- Specialist Support Services
- Honour Based Violence
- Female Genital Mutilation
- Forced Marriage

### **‘Who Do You Think You’re Talking To’ Training**

Provides an introduction to learning disabilities and dementia and guidance on working with people who have difficulties understanding others and expressing themselves and dealing with different behaviors.

### **Dignity in care Training**

This multi disciplinary training programme seeks to equip staff with the skills necessary to champion dignity and human rights within their work place.

## **Equality Impact Assessment Training**

A new strategy for Equality Impact Assessment (EqIA) at BCUHB was developed during early 2010 to ensure we are meeting the requirements of the Equality Duties contained in legislation with regard to assessing the impact of our policy and decision-making processes upon different groups of people who are protected under equality and human rights legislation.

This strategy was designed around five key actions:

- Aligning BCU HB policy with the Equality Act 2010 and the revised toolkit published by the NHS Centre for Equality and Human Rights;
- Strengthening gate keeping of EqIA by Corporate level committees;
- Agreeing an approach to training, supporting and coaching to develop confidence and organisational competence in application of the policy;
- Establishing an information management system; and
- Publishing EqIAs

All of these actions have been implemented following approval of the strategy with a significant amount of training and one-to-one support undertaken. We have worked with colleagues in Planning to develop and publish guidance that is specific to service review projects and have agreed that the principles of Equality Impact Assessment will be incorporated into the terms of reference for all service review projects. Our intranet site has also been significantly improved and extended to provide both guidance and resources for staff undertaking Equality Impact Assessments.

## **Provision of Interpretation & Translation Policy and Services**

Following reorganisation it is necessary to develop and implementation a revised and consistent Interpretation & Translation Policy for BCUHB.

The Executive Team agreed that development of an Interpretation & Translation Policy would be led by the corporate Governance & Communications team at BCU Health Board, with specialist advice from the equalities team. Day to day implementation and operation would be organised and managed by the patient experience team. A Task & Finish Group was established in November 2010 with representation across several Corporate Directorates and Clinical Programme Groups .A scoping exercise has been undertaken and interim arrangements for accessing

interpretation and translation services were confirmed and notified to staff via the corporate bulletin and intranet. A business case for standardising interpretation & translation services has been drafted which includes adoption of the Wales Interpretation and Translation Service (WITS) which provides full linguistic services 24 hours a day to public services across Wales.

## **Procurement**

The Equality Act has brought together and strengthened all previous public sector equality duties and in particular those related to public sector procurement. In particular, each public sector organisation will be required to show how they intend that public procurement policy and practice will further its equality objectives. This requirement was escalated to the Finance and Performance Committee at the Health Board. Equalities and Human Rights clauses are incorporated in the NHS standard terms and conditions for the supply of goods and services, the contents of which can be viewed on the Department of Health website

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121260](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121260)

The Procurement Management team ensure that Procurement staff are kept fully informed on current legislation requirements and of any amendments in UK/European law pertaining to Procurement which may have implications on the work which we undertake on behalf of the Betsi Cadwaladr Health Board. Arrangements are currently underway to conduct an awareness workshop tailored for Procurement staff

## **Primary care**

The Team are working with the Primary Care Support Unit at BCU Health Board to raise awareness of the requirements of the Equality Act and have addressed the North Wales Practice Managers meeting.

Following the reorganisation of NHS Wales it is now necessary to clarify responsibility and accountability for meeting the statutory duties in primary care for General Practitioners and other independent contractors. This includes accountability in respect of meeting the General Duty and Public Sector Equality Duty which comes into force April 2011, and how primary care practitioners will work in collaboration to meet the equality objectives of the



Health Board. This has been escalated to the Centre for Equality and Human Rights, NHS Wales, they have agreed to engage with other interested parties to explore and clarify responsibilities for BCU and Health Boards across Wales.

The Primary Care Support Unit at BCU Health Board supports awareness raising across the primary care profession and are actively involved at both a strategic and operational level. The E-learning training pack which is currently being developed includes reference to primary care and is capable of being rolled out to primary care contractors in North Wales. Practices have been asked to complete elements of the All Wales Clinical Governance practice self-assessment tool as part of the BCUHB General Medical Services Contract Monitoring Arrangements for 2010/11. This includes the completion of Indicator 3 - Equality, Diversity and Human Rights in relation to Equity of Access.

### **Guidance to Clinical Programme Groups/Corporate Departments**

Guidance was developed in year to assist CPGs and Corporate Departments in relation to service reviews. This emphasised the importance of engagement and impact assessment.

### **Our Role as an Employer**

Equality Information about our workforce is included in appendix 2. Our focus this year has been to improve the quantity and quality of employee equality data captured and this is evidenced by the reduction in “Undefined” categories for most of the characteristics.

### **Staff achievement awards**

In September nominations were invited from the Health Board for contributions made by individuals, teams and/or departments to improving patient care and services. The Staff Achievement Awards are an opportunity to recognise the commitment and dedication individuals and teams have made to Betsi Cadwaladr University Health Board and to the people of North Wales. The Advancing Equality Award is aimed at staff who demonstrate a strong commitment to advancing equalities work. This includes innovative practice in the delivery of the Health Boards Single Equality and Human Rights Scheme for our workforce and/or service users, examples include promoting equality and human rights for all,

working to eliminate discrimination, reduce inequality, protect human rights and building good relations. The Advancing Equality Award at BCU Health Board was awarded to the Sexual Health Team following their work around promoting equality for people living with HIV; the Mental Health Team were also highly commended.

## **Workforce & Organisational Development Policy Development**

A significant piece of work was undertaken to review all of our policies following the implementation of the Equality Act 2010 in October to ensure that they remained compliant and reflected the changes implemented. We have also been involved in drafting a new set of guidelines for managers aimed at capturing best practice and advice in the area of employing disabled people in BCUHB. There are a range of initiatives in place e.g. Library services offer a support package for staff with dyslexia.

More latterly, we have been involved in re-drafting our retirement policy to reflect the changes announced by the government to phase out the default retirement age and extended working procedure.

We have also supported the development and delivery of a programme of training for managers and staff to ensure they understand the changes that have been made to policies recently. An updated Procedure for Equality Impact Assessment was developed and implemented through an extensive training programme that included ensuring Equality Impact Assessment is mainstreamed into the Corporate Policy development processes. This was part of a wider strategy to improve awareness and skills

## **Focus for the future**

There will be a specific focus on supporting the organisation to meet the requirements of the Equality Act 2010 this year. Compliance with the duty is a legal obligation with the intended result of better informed decision-making and policy development and services that are more effective for users. The specific equality duties for Wales have been developed using four guiding principles being:

- **Use of evidence:** good robust evidence to understand the communities served and shape future actions;
- **Consultation and involvement:** so that the needs of the citizen can help shape the design and delivery of services that are fit for purpose, meet needs and deliver a positive outcome;
- **Transparency:** about how objectives have been set and reporting progress takes place against objectives; and
- **Leadership:** strong leadership which sets a positive culture and climate within the public sector to use resources effectively to help successfully discharge their equality duties

The specific duties in Wales cover:

- Objectives
- Engagement
- Assessing impact
- Equality information
- Employment information
- Equal pay
- Staff training
- Strategic Equality Plans
- Procurement
- Reporting
- Welsh ministers reporting
- Publishing
- Review
- Accessibility

### **Strategic Equality Plan**

We will prepare and publish our equality objectives by 2<sup>nd</sup> April 2012. We recognise that setting appropriate outcome focused, evidenced based equality objectives, that are shaped by user involvement, will assist us in paying due regard to the general duty. We will ensure that the objectives are set out within a wider Strategic Equality Plan which includes an adequate evidence base

to inform our decision making and makes provision for any outstanding commitments carried over from the current Single Equality Scheme. A task and finish group will be established to undertake this work under the direction of the Strategic Equality and Human Rights Forum.

## **Appendix 1**

### **Examples of progress reported by the Clinical Programme Groups (CPGs)**

The Health Board is committed to creating senior leadership to advance equality and human rights operationally within the health board. This has been made explicit in the job descriptions of Associate Chiefs of Staff. The CPGs are currently working to strengthen leadership and governance for this work. There are Identified Equalities leads in Clinical Programme Groups and Corporate Departments and a network of Clinical leaders with a strong interest in Equality and Human Rights issues.

#### **Pharmacy and Medicines Management CPG**

The CPG have established formal structures for monitoring and reporting progress through the Quality and Safety groups with Issues of Significance reported to the CPG Board. Progress is monitored through Standards for Health Services in Wales and Improvement Plans .the CPG Board has identified a lead person to co-ordinate and advance this work. Priorities include:

##### **Building capacity**

Awareness raising and training in respect of equality human rights and equality impact assessment is a focus for the CPG this year.2 training events have been organised in Ysbyty Gwynedd Pharmacy to raise awareness of the importance of respecting the Welsh language both in the workplace and professionally with patients. ]

## **Accessibility**

West and Central division patient information leaflets are written in Welsh and English, Welsh speaking staff are identifiable by means of the “logo” worn on uniform. Public areas within pharmacies are wheelchair accessible and large print labels are provided to help patients who are partially sighted on request.

All documents/posters and patient information leaflets are fully bilingual in Welsh and English in the patient waiting area: Any patient information leaflets on medicines produced in-house are bilingual. Bilingual Patient Helpline is in operation 9-5 on weekdays from the Medicines Information Centre within the pharmacy. An audit has been completed which shows that Welsh to English calls have been equally processed i.e. 50% in each language. This has won 2 awards for innovative practice in care in Wales. When requested the pharmacy staff ensure that relevant information is provided for patients in respect of problems with medication and religious beliefs

## **Equality Monitoring Data**

The CPG plans to gain views re- patient’s experience via questionnaires on discharge from hospital. Equality monitoring will inform this work.

## **Pathology CPG**

The CPG Board has overall responsibility for the Equality and Human Rights (EHR) Agenda within the Pathology CPG. Under the Equality Act 2010, The CPG is aware it is essential that all staff, patients and service users should be treated with fairness, respect, equality, dignity and autonomy, supporting BCUHB in improving the lives of the population of North Wales. To address the EHR Agenda, the CPG Board has identified a lead person to co-ordinate and support this work, which is the Governance Lead for the CPG. Reporting and monitoring of EHR within the CPG is via;

- Governance Lead bi-monthly Governance report to the full CPG Board.
- Governance Lead bi-monthly Governance report to the CPG Management Group.
- Governance Lead attends the quarterly site-specific (West, Central and East) Safety Committee meetings, when EHR issues can be an agenda item and “Issues of Significance” can be reported to the CPG Board.

- Governance Lead attends monthly Work Stream management meetings, where EHR issues can be reported as part of the Governance report.

In addition, Standards for Health Services in Wales (“Doing Well, Doing Better – Standards for Health Services in Wales” April 2010) are part of the EHR monitoring process as they can be referred back to the principles of fairness, respect, equality, dignity and autonomy. WAG requires that all Pathology departments in Wales are registered with the Clinical Pathology Accreditation (CPA) UK Ltd, whose standards have been cross-referenced against these Health Service standards to confirm compliance. All departments within the Pathology CPG are CPA registered, with 7 departments Accredited and 3 conditionally Accredited. The Pathology CPG will continue to develop and improve its EHR process to translate the BCUHB strategic equality schemes into Pathology operational services that deliver improved equality outcomes for CPG staff, patients and service-users. This is in line with citizen-centred governance principles, allowing efficient, effective and innovative design and implementation of services.

The Pathology CPG will continue to support the Corporate EHR Agenda, including;

- **Recruitment, Selection and Progression:** the Pathology CPG is aware of its Equality Duty in line with BCUHB policies on EHR, ensuring recruitment activities are fair and transparent.
- **Equality Impact Assessment (EqIA):** continued use of EqIA for all policies, procedures, guidelines and protocols, ensuring due regard is given to equality in decision-making processes.
- **Review and Modernisation of Pathology Service:** the CPG is committed to inclusive engagement, involving all stakeholders in the development of the Service.
- **Staff Induction:** ensure all new Pathology CPG employees attend BCUHB induction to ensure awareness of diversity, equality and human rights.
- **Welsh Language:** comply with the requirements of the BCUHB Welsh Language Scheme in accordance with the Welsh Language Act 1993.

## Pathology CPG Proposed Actions

- Improve awareness of EHR throughout the CPG.
  - Appoint “Equality Champions” to promote equality, diversity and human rights, and ensure actions and training are implemented across the CPG.
  - Ensure all staff attend mandatory training on equality and diversity to improve awareness and understanding around equality, human rights and dignity.
  - Equality Champions and Line Managers to attend training about managing staff in respect of disability issues including mental health, communication and dignity at work.
  - Standard agenda item at Pathology CPG Safety Meetings.
- Improve access to the service.
  - Audit access to “Welsh speakers” across the CPG.
  - Audit availability of Bilingual Leaflets/Documents.
  - Audit availability of Easy Read/Large Print Documents.
  - Investigate feasibility of Audio Loop System in Reception areas and Phlebotomy.

### **Cancer, Palliative Care and Clinical Haematology CPG**

**The Equality and Human Rights (EHR) agenda** within the Cancer, Palliative Care and Clinical Haematology CPG is incorporated in the CPG Service Development plans. Equality Impact Assessment is fundamental to supporting all service development and policies/guidance. Formal structures have been determined for monitoring, reporting and providing updates -

- 
- via local Quality and Safety groups with Issues of Significance reported to the CPG Board
  - monitoring through Standards for Health Services in Wales (replaces old Healthcare Standards) and Improvement Plans
  - other groups also monitor and receive reports as part of their EHR agenda - e.g. CPG User Experience and Information Group has key EHR targets as part of their action plan – e.g. equity of access to information; Cancer Nursing strategy – Quality Rounds, Fundamentals of Care also address EHR issues
- To address the EHR agenda, the CPG Board has identified a lead person to coordinate and support this work.

- Champions have now been identified in the 3 main hospital sites to support the Lead and staff are made aware of their responsibility to the EHR agenda through updates at meetings, via emails or hard copies of EHR information.
- The Lead represents the CPG on the BCUHB Equalities & Human Rights Strategic Forum, Disability subgroup, Welsh Language Forum (Y Forwm) and Equality E-learning project board and other subgroups as required.

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Some of the additional CPG local initiatives and improvements are as follows –

### **Employment and Recruitment**

- The CPG is aware of its Equality Duty in line with BCUHB policies on EHR, including policies for Employment and Recruitment, e.g. disability, flexible working, dignity at work, bully and harassment.
- Cancer is identified as a disability under the DDA and the CPG continues to support cancer patients and raises awareness of their employment rights with a cancer diagnosis.
- To raise awareness and support the rights of carers of cancer patients, an awareness event was held in June 2010 in partnership with the Carers Forum.

### **Training**

- CPG has identified staff to pilot the new Equality E-learning package to support EHR agenda.
- Further training and awareness around equality impact assessment has been undertaken.
- Training on use of the audio-loop system has been given to key staff to support improved communication for patients/carers

### **Accessible information**

- At the Welsh Language in Health Care Awards in 2010 the CPG received two ‘first’ awards for producing accessible information –
  - In partnership with Macmillan Cancer Support for general cancer leaflets in Welsh and alternative formats
  - In partnership with Wrexham County Borough Council for development of accessible and bilingual information on Welfare Benefits for Cancer patients and carers.
- Easy read documents on cancer are now available to support cancer patients with learning disabilities



- Local cancer information has been translated into Polish and Russian to support patients whose first language is not English.

### **Equality Monitoring Data**

Ways to improve equality monitoring data are being developed

- The new Cancer CPG wide nursing documentation includes more robust equality data, e.g. first/preferred language, religion/belief etc. Plan is to audit compliance of data collection in 2011/12
- In partnership with Macmillan Cancer Support improved equality monitoring data is now being collected at the Cancer Information Centre and reported nationally and locally.

### **Religion and Belief/Spiritual Care**

- As part of Standards for Spiritual Care, Cancer Standards for Rehabilitation and the Improving Outcomes Guidance, work has begun with the chaplaincy teams to ensure more equitable information is available throughout the CPG to support religious and other beliefs.
- Implementation of the Bereavement Contact Card has evidenced inequity of access to support for spiritual care. This will form part of the 2011/12 action plan of the User Experience and Information Group and has been reported to the BCUHB Bereavement Group.

### **Mental Health and Learning Disability Services CPG**

The Clinical Programme Group (CPG) are working with service users and staff to explore how to advance a human rights based approach in the delivery of services. The CPG are committed to making service users the centre of human rights based approach. Priorities have been identified as:

- Developing a culture that promotes rights and responsibilities,
- Communicating this vision and associated values.
- Service user engagement
- Establishment of a job role to lead this work, Head of Engagement and Equality.
- Engagement events have been held with the voluntary sector, service users and carers

## **Service users running new mental health unit café**

KIM (Kindness in Mind) is a small voluntary organisation, based in North East Wales, that gives mental health support and opportunities to women who experience common mental health concerns and severe and enduring mental illness. Their hospital project provides innovative schemes of support for female in-patients, creating focus and providing constructive activities that complement existing mental health inputs and creating a vital bridge, for women, between hospital and community services. KIM's work at Wrexham Maelor Hospital has led to them having the opportunity to run the cafe and shop in the new Heddfan Adult Mental Health Unit on the Hospital

## **Appendix 2**



# **Betsi Cadwaladr University Health Board**

## **Annual Equality Report March 2011**

### **Appendix**

### **Information about our workforce**

Table 1: Workforce Age Profile

	Headcount March 2010	Headcount March 2011	Headcount % (Mar 2011)	% Change 2010/11
<b>Age Band</b>				
16 - 20	182	121	0.65%	-33.5%
21 - 25	1,172	1,002	5.42%	-14.5%
26 - 30	1,807	1,671	9.05%	-7.5%
31 - 35	1,888	1,816	9.83%	-3.8%
36 - 40	2,627	2,402	13.00%	-8.6%
41 - 45	3,016	2,820	15.26%	-6.5%
46 - 50	3,131	3,126	16.92%	-0.2%
51 - 55	2,436	2,474	13.39%	+1.6%
56 - 60	1,743	1,781	9.64%	+2.2%
61 - 65	939	915	4.95%	-2.6%
Over 65	328	346	1.87%	+5.5%
<b>Total</b>	<b>19,269</b>	<b>18,474</b>		<b>-4.1%</b>

Table 2: Staff who have declared a disability

Disabled	No		Prefer Not To Say		Undefined		Yes		Total Head count
	Head count	Head count%	Head count	Head count%	Head count	Head count%	Head count	Head count%	
Mar 2010	4,608	23.91%	98	0.51%	14,365	74.55%	198	1.03%	<b>19,269</b>
Mar 2011	5,259	28.46%	188	1.02%	12,780	69.18%	247	1.34%	<b>18,474</b>
% Change	+14.1%		+91.8%		-11.0%		+24.7%		<b>-4.1%</b>

Table 3: Workforce gender profile

Gender	Female		Male	
	Headcount	Headcount%	Headcount	Headcount%
Mar 2010	15,197	78.87%	4,071	21.13%
Mar 2011	14,588	78.96%	3,888	21.04%
% Change	-4.0%		-4.5%	

Table 4: Numbers of staff who work full time and part time

Full Time		Part Time		Undefined		Headcount Total
Headcount	Headcount%	Headcount	Headcount%	Headcount	Headcount%	

Mar 2010	9,462	49.10%	9,766	50.68%	41	0.21%	<b>19,269</b>
Mar 2011	9,125	49.39%	9,338	50.54%	11	0.06%	<b>18,474</b>
% Change	-3.6%		-4.4%		-73.1%		<b>-4.1%</b>

Table 5: Workforce ethnic origin

	Headcount Mar 2010	Headcount Mar 2011	Headcount% March 2011	% Change
<b>Ethnic Origin</b>				
<b>0 White</b>	3	3	0.02%	N/c
<b>2 Black-African</b>	3	2	0.01%	-33.3%
<b>4 Indian</b>	2	2	0.01%	N/c
<b>9 Not given</b>	9	3	0.02%	-66.6%
<b>A White - British</b>	3,940	4,448	24.07%	+12.9%
<b>B White - Irish</b>	94	95	0.51%	+1.1%
<b>C White - Any other White background</b>	2,999	2,780	15.05%	-7.3%
<b>C2 White Northern Irish</b>	9	8	0.04%	-11.1%
<b>C3 White Unspecified</b>	52	45	0.24%	-13.5%
<b>CA White English</b>	980	874	4.73%	-10.8%
<b>CB White Scottish</b>	73	68	0.37%	-6.8%
<b>CC White Welsh</b>	3,135	3,030	16.40%	-3.3%
<b>CD White Cornish</b>	1	1	0.01%	N/c
<b>CF White Greek</b>	4	6	0.03%	+50.0%
<b>CH White Turkish</b>	1	1	0.01%	N/c
<b>CK White Italian</b>	1	1	0.01%	N/c
<b>CP White Polish</b>	3	4	0.02%	+33.3
<b>CQ White ex-USSR</b>	2	2	0.01%	N/c
<b>CU White Croatian</b>	1	1	0.01%	N/c
<b>CW White Other Ex-Yugoslav</b>	0	1	0.01%	
<b>CX White Mixed</b>	10	9	0.01%	-10.0%
<b>CY White Other European</b>	60	58	0.05%	-3.3%
<b>D Mixed - White &amp; Black Caribbean</b>	6	6	0.31%	N/c
<b>E Mixed - White &amp; Black African</b>	12	12	0.03%	N/c
<b>F Mixed - White &amp; Asian</b>	10	15	0.06%	+50.0%
<b>G Mixed - Any other mixed background</b>	17	15	0.08%	-11.8%
<b>GA Mixed - Black &amp; Asian</b>	1	1	0.08%	N/c
<b>GB Mixed - Black &amp; Chinese</b>	2	2	0.01%	N/c
<b>GC Mixed - Black &amp; White</b>	1	1	0.01%	N/c
<b>GD Mixed - Chinese &amp; White</b>	0	1	0.01%	
<b>GE Mixed - Asian &amp; Chinese</b>	1	0	0.01%	-100.0%
<b>GF Mixed - Other/Unspecified</b>	2	1	0.01%	-50.0%
<b>H Asian or Asian British - Indian</b>	272	276	0.01%	+1.5%
<b>J Asian or Asian British - Pakistani</b>	64	70	1.49%	+9.4%
<b>K Asian or Asian British - Bangladeshi</b>	13	11	0.38%	-15.3%
<b>L Asian or Asian British - Any other Asian background</b>	53	56	0.06%	+5.7%
<b>LB Asian Punjabi</b>	1	1	0.30%	N/c
<b>LD Asian East African</b>	1	2	0.01%	+100.0%
<b>LE Asian Sri Lankan</b>	3	7	0.01%	+133.3%
<b>LH Asian British</b>	2	2	0.04%	N/c
<b>LJ Asian Caribbean</b>	1	1	0.01%	N/c
<b>LK Asian Unspecified</b>	1	8	0.01%	+700.0%

<b>M Black or Black British - Caribbean</b>	5	6	0.04%	+20.0%
<b>N Black or Black British - African</b>	43	42	0.03%	-2.3%
<b>P Black or Black British - Any other Black background</b>	3	4	0.23%	+33.3%
<b>PC Black Nigerian</b>	2	2	0.02%	N/c
<b>PD Black British</b>	1	2	0.01%	+100.0%
<b>PE Black Unspecified</b>	5	5	0.01%	N/c
<b>R Chinese</b>	25	21	0.03%	-16.0%
<b>S Any Other Ethnic Group</b>	68	70	0.11%	+2.9%
<b>SB Japanese</b>	1	0	0.38%	-100.0%
<b>SC Filipino</b>	55	57	0.31%	+3.6%
<b>SD Malaysian</b>	1	4	0.02%	+300.0%
<b>SE Other Specified</b>	4	15	0.08%	+275.0%
<b>Undefined</b>	6,548	5,617	30.41%	-14.2%
<b>Z Not Stated</b>	663	699	3.78%	+5.4%
	<b>19,269</b>	<b>18,474</b>		<b>-4.1%</b>

Table 6: Religion and belief/non-belief

	Headcount Mar 2010	Headcount Mar 2011	Headcount% Mar 2011	% Change
<b>Religious Belief</b>				
<b>Atheism</b>	356	534	2.89%	+50.0%
<b>Buddhism</b>	23	34	0.18%	+47.8%
<b>Christianity</b>	3,747	4,717	25.53%	+25.9%
<b>Hinduism</b>	61	113	0.61%	+85.2%
<b>I do not wish to disclose my religion/belief</b>	591	837	4.53%	+41.6%
<b>Islam</b>	50	81	0.44%	+62.0%
<b>Jainism</b>	2	4	0.02%	+100.0%
<b>Judaism</b>	3	3	0.02%	N/c
<b>Other</b>	499	770	4.17%	+54.3%
<b>Sikhism</b>	3	5	0.03%	+66.6%
<b>Undefined</b>	13,934	11,376	61.58%	-18.4%
	<b>19,269</b>	<b>18,474</b>		<b>-4.1%</b>

Table 7: Sexual orientation

	Headcount Mar 2010	Headcount Mar 2011	Headcount% Mar 2011	% Change
<b>Sexual Orientation</b>				
<b>Bisexual</b>	15	23	0.12%	+53.3%
<b>Gay</b>	25	40	0.22%	+60.0%
<b>Heterosexual</b>	4,422	6,181	33.45%	+39.8%
<b>I do not wish to disclose my sexual orientation</b>	422	548	2.97%	+29.9%
<b>Lesbian</b>	6	13	0.07%	+116.6%
<b>Undefined</b>	14,379	11,669	63.17%	-18.8%
	<b>19,269</b>	<b>18,474</b>		<b>-4.1%</b>

