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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Fairness, Rights and Responsibilities



Annual Equality Report

2012 -2013

‘Meeting the equality duties with substance,
with rigour and with an open mind’

**This report and any supporting documents can be made available in other languages
or formats on request**



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Contents Page

Introduction	3
Betsi Cadwaladr University Health Board	4
• About the Health Board	
Our key achievements during 2012/13	5
Our Equality and Human Rights Objectives	6
Monitoring Our Progress	7
Equality Information	11
Assessing Impact	16
Promoting Knowledge and Understanding	17
Language	19
Any Other Information that is Relevant to Meeting the General Equality Duty	22
“Focus On” Our Primary and Community Care Directorate	25
Focus For the Future	26

Appendices

Appendix A	Progress Towards Fulfilling Our Equality Objectives	29
Appendix B	Information Relating To Our Workforce	47
Appendix C	BCUHB Equality Objectives By Protected Characteristic	48

Examples of good practice

Throughout this report, you will see boxes with a light bulb as shown below. This is where we have captured examples of good practice from across the organisation that demonstrate how we are working to meet the requirements of the General and Specific Equality Duties and to improve patient experience by removing barriers and promoting equality of opportunity.



Introduction

Welcome to Betsi Cadwaladr University Health Board's (BCU HB) Annual Equality Report covering the period April 2012 to March 2013. This is our first report on the Strategic Equality and Human Rights Plan that we published in April 2012.

Our focus this year has been to raise capability within the organisation and further embed the principles of equality and human rights into all relevant functions to ensure that the values of fairness, respect, equality, dignity and autonomy are properly considered within the organisation and influence decision-making at all levels. This has included close collaboration with senior Planning and Service delivery colleagues to embed Equality Impact Assessment into all major strategic planning and service re-configuration projects. This has enabled us to assess the impact of service changes in regard to the specific equality duties and to work with stakeholders to strengthen scrutiny and ensure this is a core part of our service review and policy development processes. We have aligned the Strategic Equality Plan with the business planning process so that equality priorities are now reflected in the service plans within Clinical Programme Groups.

We have been training our staff in equality impact assessment and also the e-learning package on Equality and Human Rights, "Fairness, Rights and Responsibilities" which is part of the mandatory training for all staff, at all levels, across the Health Board.

Working with our staff we have significantly improved our ability to monitor and report on the protected characteristics of our employees to better understand the profile of our workforce and meet the reporting requirements of the Equality Act 2010. We joined the Stonewall Diversity Champions Scheme in May 2012 and took part in the workplace equality index for the first time, achieving a creditable ranking which we are now building upon by working in partnership to drive forward a range of workplace initiatives.

Further detail on this work and other aspects of our work, together with the specific requirements of the public sector equality duties as they relate to Annual Reporting are contained later in this report.

The BCU Board are committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. Evidence gathered from national and local reports and from staff and service users is being used to work with and support Clinical Programme Groups as they identify priorities for action and inclusion within their service plans.

About the Health Board

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 676,000 people across the six counties of North Wales as well as some parts of mid Wales, Cheshire and Shropshire.

The philosophy of the organisation is based on an inverted triangle, with a small corporate function that supports the strategic and operational delivery of clinical care through autonomous Clinical Programme Groups (CPGs) led by clinicians. These 11 CPGs are led by Chiefs of Staff (practising clinicians).

Our principles are laid out in the document, 'A Strategic Direction 2009/12' with five key themes of; 'Making it Safe', 'Making it Better', 'Making it Sound', 'Making it Work' and 'Making it Happen'. We also have a 3-Year Plan that sets out how we will achieve this and progress is reported annually. A copy of the Plan can be found at:

<http://www.wales.nhs.uk/sitesplus/861/document/180383>

Our Annual Report also provides an update on progress as a Health Board and the latest available Report for the year 2012/13 is available via our website at: www.bcu@wales.nhs.uk, or by contacting our Corporate Communications Department (please see front cover for contact details).

Our latest Public Health Annual Report can be found at:

<http://www.wales.nhs.uk/sitesplus/861/page/40903>

Our Key Achievements During 2012/13

Key achievements include:

- We have undertaken engagement and consultation with a range of stakeholders and more recently focused on disability issues.
- The equality outcomes and objectives have been incorporated within planning guidance and inform the development of specific actions within Clinical Programme Group service plans that are proportionate and relevant to the clinical specialities.
- We have strengthened Board Governance arrangements for Equality Impact Assessment and ensured that EqIA is embedded within our service review and policy-development processes. Our approach is one of “evidence-based policy making, not policy-based evidence gathering”.
- Equality Impact Assessment was also integral to the development of our Strategic 3-year plan.
- Our e-learning package for Equality and Human Rights called “Fairness, Rights and Responsibilities” has been successfully completed by more than 4,000 staff. The training is mandatory for all staff and is linked to, and promotes the Social Model of Disability, so that staff understand that the poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers.
- We have implemented a number of actions arising from the first assessment within the Stonewall Workplace Equality Index including the launch of a LGBT Staff Network (jointly with Welsh Ambulance Services NHS Trust) and we commissioned a workshop from Stonewall Cymru targeted at managers and Human Resources staff.
- We have continued to develop our network of Clinical Programme Group Equality Leads. These are staff from all areas of the Health Board who have been nominated for a specific lead role in promoting the equality objectives within their respective areas. The network meets every two months and we have worked with the leads to implement actions that aim to provide them with both the skills and the support they need to fulfil their role.
- We have continued to embed Equality Impact Assessment into all major strategic planning and service re-configuration projects.
- We have worked with stakeholders to strengthen scrutiny of Health Care In North Wales Is Changing.
- We worked with nursing staff to develop a toolkit called “Putting Human Rights at the Heart of Nutrition and Hydration” to assist Ward Sisters and Charge Nurses to develop and use human rights based approaches to the planning and delivery of care.

- We have made significant progress towards implementing the employment and pay reporting duties within the Welsh Specific Equality Duties and this led to the publication of a range of employment reports in March 2013 This includes employee self-service for large numbers of staff, enabling them to make changes to their own personnel record on-line; implementation of a major data cleanse exercise where more than 10,000 of our staff have so far returned information to update their employee data; and continuing to lobby for changes to the national ESR (Employee Staff Record) database.

More details of the above achievements as they relate to our equality objectives can be found later in this report at Appendix A.

Our Equality and Human Rights Objectives

Our Equality and Human Rights Objectives were published within our Strategic Equality and Human Rights Plan 2012-16 in March 2012. They were developed in collaboration with other public sector organisations in North Wales following a review of national and local reports, literature and other evidence; a number of key themes emerged in relation to equality that were then further refined during cross-sector engagement with a wide range of stakeholders.

The themes described above are detailed in Appendix A as a number of high level Outcomes which describe what we are seeking to achieve over the duration of the plan. A number of Outcome Focused Objectives are then listed which have informed Planning Guidance to inform the development of specific actions by Clinical Programme Groups (CPG's) within their service plans that will help to tackle inequality and move us closer to the desired outcomes.

We believe that our approach is inclusive and the table in Appendix C demonstrates that we have at least one equality objective for each protected characteristic. It is also important to understand that our objectives are not limited to the protected characteristics as defined in the Equality Act 2010 and extend, for example, to include other groups such as homeless people.

This Annual Report includes a progress report against each of the Outcomes and Objectives (see Appendix A).

Monitoring our Progress

Scrutiny

The Equality and Human Rights Strategic Forum scrutinises progress and provides assurance to the Workforce & Organisational Development Committee which is a Sub-Committee of the Board. Scrutiny also takes place at the Forum through “Focus On” sessions where CPG representatives who are invited to present their action plans and progress on implementing the equality objectives contained in the Strategic Equality Plan.

Membership of the Equality and Human Rights Strategic Forum comprises an Executive Director, Assistant Directors, our Independent Board member Champion for Equality, senior staff from different disciplines across the Health Board and a representative of our Trade Union Partners together with external stakeholders represented by the Community Health Council and a member of our Equality Stakeholder Scrutiny Group. The Terms of Reference for the Forum can be found at: <http://howis.wales.nhs.uk/sitesplus/861/page/47699>

In addition to monitoring of progress by the Equality and Human Rights Strategic Forum and by the BCUHB Local Partnership Forum comprising of managers and Trade Union representatives, we report regularly to our Equality Stakeholder Network that was instrumental in the development of our objectives. This group meets at least twice yearly, and comprises of individuals and groups representing people with protected characteristics and others who have identified themselves as willing to work with us in this role.

Recent meetings of this group have focused on disability issues, and have helped to identify some of the barriers faced by disabled people in accessing Health Care services. This work has informed a number of specific actions currently being taken forward in collaboration with group members including an identity card for deaf service users to help health staff understand their communication needs.

Items of significance from the Strategic Forum are reported directly to the Workforce and Organisational Development Director who escalates these to the Chairs of all other Board Sub-Committees and Chiefs of Staff for action.

Reviewing and revising the Strategic Equality Plan

The Health Board will review progress towards our objectives every year and will undertake a full review of the SEP after three years, working with staff and

service users to take into account information gathered including outcomes of impact assessments.

Other Scrutiny and Measures

(a) Doing Well, Doing Better – Standards for Health Services in Wales

The Standards for Health Services in Wales are integral to the five year strategic framework for the NHS and key to underpinning the vision, values, governance and accountability framework for the new NHS Wales.

They are at the centre of our drive for continuous improvement in the quality and experience of services and care that citizens of Wales have a reasonable right to expect.

The Standards include a number of cross cutting themes that organisations and services need to take into account across the range of their activities, notably sustainable development, language, and equality and diversity.

The Standards provide a key tool, alongside the learning from the 1000 Lives Campaign and other initiatives, in helping us drive up clinical quality and patient experience. They support us in making changes and improvements at the front line of care to improve our performance and in our drive to reduce harm, waste and variation within and across our services. They will continue to be a key element of the NHS Performance Improvement Framework.



Mental Health and Learning Disabilities CPG

All concerns raised in the NHS Concerns Process are documented using SharePoint, and trend analysis undertaken, which includes ensuring compliance with the Strategic Equality Plan Statutory advocacy and IMHA services are available to all mental health inpatients in compliance with the Mental Health Measure.

(b) Setting Measures for Improvement

The evidenced based, outcome focused objectives for BCUHB were informed by the findings from the report 'How Fair is Wales?' This report offers a new perspective on some persistent inequalities and it identifies some new challenges. The report provides a baseline for measuring whether the decisions we take now help us to move towards a fairer society.

At BCUHB we recognise that the cultural shift we are seeking to achieve will take time and that this change is very difficult to measure. Following the triennial review of 'How Fair is Britain' expected to be presented to Parliament

in 2013, we will be able to see more clearly where progress has been made and where more needs to be done.

To support this work, the supporting action plan for 2012/13 includes current priority areas and clear agreed measures for service improvement, identifies other vehicles which will contribute to the delivery of our equality objectives and also identifies exploratory actions that need to be undertaken to give us the opportunity to gather and analyse more information to inform objective setting for future years. We believe this is a robust and meaningful approach to meeting our equality duties and evidencing progress within the lifetime of the Plan.

(c) Key Performance Indicators (KPIs) for Equality and Human Rights

BCUHB has developed a number of performance measures (key performance indicators or KPI's) for equality and human rights within the Health Board.

The KPI's will help to assess progress and performance within BCUHB in implementing the objectives within Clinical Programme Groups and Corporate Support functions, including how they are meeting the requirements of the Specific Equality Duties for public sector organisations in Wales.

The KPI framework was approved by the Strategic Equality & Human Rights Forum at its meeting in September 2013, and the KPI's will be piloted later in 2013 for full adoption in 2014.

(d) Clinical Programme Groups and Corporate Support Functions

Clinical Programme Groups and Corporate Support Functions are scrutinised in relation to the following key areas:

- How equality, diversity and human rights are incorporated into the governance arrangements of the CPG/CSF, including reporting mechanism and links to the Equality Operational Group (Sub Group of the Equality and Human Rights Strategic Forum for BCU)
- How equality and human rights are promoted within the CPG/CSF and outline your arrangements for training staff
- How the CPG seeks to reduce health inequalities, including how and where the strategic equality objectives have informed CPG/CSF service plans
- How the CPG takes account of the needs of individuals, including, patients, service users, carers and staff, ensuring that engagement activity is inclusive and represents all protected characteristics
- How EqIA informs decision making in the CPG/CSF. How the CPG Board seeks assurance of compliance with the equality duties in relation to policy and strategy development

The development of the Equality and Human Rights KPI's described above will complement this scrutiny and provide further, objective measures by which progress on equality and human rights issues can be assessed.



Reporting and monitoring of equality, diversity and human rights within the **Pathology CPG** is achieved by the following mechanisms:

- Attendance at BCUHB Corporate Equality meetings
- Bi-monthly Governance report to the CPG Board including Equality and Human Rights issues of significance
- Governance and / or Equality Lead attend the quarterly site-specific Safety Committee meetings to discuss equality and human rights issues

Equality Information

It is important to be able to identify the information which informs us about the various functions we undertake; these functions can be summarised under two key headings: Service Provider and Employer.

Gathering and using evidence is at the heart of the Equality Duties and is part of the process in achieving greater equality. The Health Board recognises it is essential to have a clear picture and evidence base of how we are performing on equality, measuring where individuals or groups, on the basis of their protected characteristics, do not currently experience fair treatment.



Ethnicity information is routinely gathered during the admission procedure within the **Mental Health & Learning Disability CPG**; for community patients, this forms part of the Care Programme Approach. This is monitored by Healthcare Inspectorate Wales on their unannounced or short notice inspection visits.

Our Role as a Service Provider

The ways in which we have identified and gathered equality evidence as it relates to our role as a service provider include:

- A review of available evidence and literature in collaboration with other public sector organisations
- A further review of evidence and information by BCUHB Equalities Staff; this was further informed by work undertaken as part of our Task and Finish Group by Public Health Wales and BCUHB Librarians
- Regular meetings with the BCUHB Equality Stakeholder Group;
- We contract an external organisation to undertake patient satisfaction surveys on our behalf. Discussions have taken place with the Assistant Director of Nursing to ensure that future commissioning of Patient Satisfaction Surveys include a requirement to request information that is capable of being disaggregated across the protected characteristics. We will continue to work with Service User Experience colleagues to influence how equality information is gathered and used as part of future developments in implementing systems to gain and publish the views and experiences of service users;
- Conducting a survey of people attending North Wales Pride in October 2012 at Hendre Hall near Bangor; more than 60 people completed a questionnaire seeking their opinions on, and experiences of health services in North Wales;

- We have been working to address challenges and risks on a number of key service areas through a programme of work called **Healthcare in North Wales is Changing**. Each of the areas examined has been the subject of rigorous Equality Impact Assessment processes which have included extensive consultation and engagement with a wide range of stakeholders and this has been instrumental in informing the final outcomes now being implemented.



Radiology CPG continue to undertake regular patient satisfaction surveys to identify any areas for improvement and are able to take account of patients views and suggestions and improve service by doing so.

Another source of equality information is data relating to concerns and incidents, including information that might indicate emerging themes identified from within our systems for logging concerns raised by service users and other incidents and these are gathered in a system called Datix. BCUHB played a leading role in ensuring that the new complaints and concerns process for NHS Wales (Putting Things Right) incorporated the requirement for equality monitoring and have worked closely with colleagues in BCUHB to ensure our systems are designed to meet this requirement.



The Datix Incident reporting system has been reviewed and amended to enable the organisation to capture equality issues under each of the protected characteristics. An email is then auto generated and forwarded to the Corporate Equalities team for review and advice. This data gathering is also now extended to the reporting of concerns.

There remain barriers to collecting and using disaggregated data relating to concerns raised through our Putting Things Right processes. These have been escalated on an All Wales basis through the Director of the NHS Centre for Equality and Human Rights and include:-

- The nature of what is being reported or raised will impact upon whether equality data is capable of being gathered. For example, if it is a complaint, then it will usually be the patient (or a friend or relative) who raises the concern; on the other hand, if it is a patient safety incident, then it will generally be raised by a member of staff. In the latter case, the incident may well affect a number of patients, all with different personal information.
- There are currently three different systems in use in BCUHB for recording patient information; these systems are a legacy of the three former NHS Trusts and hold data in different formats.
- The information we are seeking to gather will include patient identifiable data which raises Information Governance and Data Protection issues.

- Gathering sensitive equality information from people who are in the process of making a complaint remains a difficult challenge.

An All Wales Task and Finish Group was formed to look at ways of overcoming these barriers and as part of the work of this group, representatives from BCUHB Equalities and Concerns teams have agreed to develop and pilot a system for capturing information contained in concerns that raises issues related to protected characteristics. This work will involve some system changes together with tailored equality training sessions for concerns staff. Equality information will form part of the regular reports be reported quarterly to the Health Board Quality and Safety Committee.

Our Role as an Employer

BCUHB is one of the largest employers in Wales with a workforce of around 16,000 spread across the six counties in North Wales.

Information relating to the equality characteristics of our workforce is gathered as part of the recruitment process via a national system known as NHS Jobs and this also enables us to understand the profile of people applying to work for us and whether or not they are successful. NHS Jobs does not however enable us to separate internal and external applicants and this limits our ability to report on staff who have applied for promotion and whether or not they are successful. BCUHB has lobbied for changes to the development of a new version of NHS Jobs to be implemented during 2013 however we understand this request has not been included in the development and we are now exploring other ways of capturing this information.

The greater majority of equality information relating to employees is sensitive personal data as defined within the Data Protection Act 1988, and this information is held as part of the employee's record within the electronic payroll database known as Electronic Staff Record (ESR).

The level of declaration of equality information in ESR varies across the characteristics and this is a legacy of the information that was transferred into ESR from predecessor organisations when BCUHB was formed in 2009.

Improving the levels of confidence to increase disclosure of employee equality data continues to be one of the actions we are taking to meet the requirements of the Specific Equality Duties in Wales. This is being managed by the Workforce Information Systems (WfIS) Programme Board.



BCUHB continues to roll out Employee Self-Service for staff to access and update certain fields of their own record within ESR. This includes equality data fields and is seen as the future method of ensuring employee equality data is as complete and up to date as possible.

ESR is a national system for the NHS in the UK and therefore within BCUHB we are limited in what we are able to report by the information that is available to us. There are currently no fields within ESR for recording the characteristic of Gender Reassignment, nor is there provision for capturing information about staff who have caring responsibilities. We have, however, continued to lobby throughout the year for system changes so that we are better able to meet our statutory reporting requirements. As at the date of this report, the requested changes have not yet been made however we understand that provision for the necessary changes is included within the ESR re-provision taking place during 2014.



A major data cleanse of employee equality data commenced in December 2012 to enable us to better understand the profile of staff working for us and this will help to inform workforce planning and future equality objectives. This work is due to be completed by December 2013 and as at the date of this report, more than 10,000 of our staff have provided updated details of their equality characteristics. Much of this updated information is reflected in the employment reports referenced in Appendix B of this Annual Report.

Assessing Impact

Our approach to embedding processes for Assessing Impact has been to ensure our staff understand the principles of Equality Impact Assessment (EqIA), and that it is not a complicated process. It is a structured process that is designed to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of those who might be affected.



Children and Young Peoples CPG

Equality Impact Assessment (EqIA) is applied to all policy and procedure documents developed within the CPG as part of the revised BCU Written Control Document Process.

EqIA training has been provided to staff resulting in pooled resource of trained individuals to support any aspect requiring consideration of equalities – crucially within wider consideration of Service Review and Development and not solely in relation to policy documents.

A strategy to address the specific equality duties around assessing impact was developed during 2010 and has been implemented as a priority at BCUHB through the following measures:-

- EqIA Procedure:- This document provides guidance for staff on what they need to do and includes links to other documents and an overview of the process we have adopted
- EqIA Toolkit:- BCUHB adopted the toolkit developed by the NHS Centre for Equality and Human Rights (CEHR) and adapted the toolkit for use in BCUHB that incorporated our own user feedback
- EqIA website:- We have developed our intranet site as a resource to help guide staff involved in undertaking Equality Impact Assessments, and to provide sign-posting to other support resources and information. The site also includes completed Impact Assessments so that staff can learn from good practice examples and a section specifically developed to support the embedding of impact assessments within service reviews
- The Equalities Team continue to provide support and advice for the Impact Assessments supporting the implementation of service reconfiguration within the Healthcare In North Wales is Changing programme
- EqIA Training and One-to-One support:- An extensive programme of training has continued across BCUHB during 2012/13, including 90-minute skills workshops held at all main sites across the area and bespoke training provided on an ad-hoc basis to project teams, individuals and as part of departmental team meetings.



The BCUHB Board have strengthened governance arrangements in observing the equality duties particularly around Equality Impact Assessment. Cover sheets accompanying papers submitted for consideration to Board or any of its sub-committees now have explicit requirements regarding Equality Impact Assessment, and include a requirement for authors to provide a statement as to how their document or proposal supports the Strategic Equality Plan Objectives. There is also a clear statement that: “*The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty.*”

Where any Impact Assessment reveals that there is a potential substantial adverse impact upon any of the protected groups which may impact on our ability to meet the general duty, we will publish the assessment on our Internet site. We are also exploring how to extend this provision to other Impact Assessment documents.

BCUHB Policy Development

The Corporate Governance department is responsible for ensuring that Equality Impact Assessment is embedded within our policy-development processes throughout BCUHB and joint training was carried out for all Policy leads between Corporate Governance and Equalities departments. EqlA is integral to our Policy for the Development of Policies and Written Control Documents. Our approach is one of “evidence-based policy making, not policy-based evidence gathering”.



Equality in decision-making is supported by mechanisms such as the Board paper coversheets described above. Compliance with the equality duties in relation to policies is assured by the mandatory impact assessment of all new policies, which is itself enshrined in the BCU ‘policy for policies’. All policies approved during the past year had an associated equality impact assessment carried out. Standardised documentation for the development of policies and procedures and their associated EqlAs has been adopted and is posted on the website.

Promoting Knowledge and Understanding

Equality and Human Rights e-Learning

Following the NHS re-structuring and changes to equality legislation we identified an urgent need to increase awareness of Equality and Human Rights issues throughout the organisation. BCUHB equalities staff led the development of an e-learning package for Equality and Human Rights in collaboration with service users and staff, and the package was rolled out to all staff in BCUHB in February 2012. It is called “Fairness, Rights and Responsibilities”. The training is mandatory for all staff.

The Specific Equality Duties for public sector organisations in Wales, which became law on the 6th April 2011, requires BCUHB:

“..to make appropriate arrangements to promote knowledge and understanding of the general duty and specific duties amongst (our) employees.”

An e-learning package was viewed as the most effective way in which large numbers of staff would be able to access the necessary training at times, and at a pace, that could be adapted to individual circumstances. We also recognise that a ‘one-size-fits-all’ approach will not necessarily meet all our equality and human rights training requirements: workshops and other job-specific training have continued to be provided as part of a ‘blended’ package of equalities training throughout the year.



Over the past year, the **Governance & Communications Corporate Support Function** has demonstrated its commitment to developing knowledge and understanding of equality issues by having the highest proportion of staff undertaking the e-learning module of all the corporate support functions and clinical programme groups. A reminder of the importance of undertaking the e-learning as mandatory training forms part of annual staff appraisals.

As at the date of this report, more than 4,000 of our staff have successfully completed the e-learning training package representing more than 23% of our workforce; reports showing progress on up-take and implementation by CPG/CSF are being scrutinised at quarterly meetings of the Equality and Human Rights Strategic Forum.

Clinical Programme Groups and Corporate Support Functions are regularly reminded of the requirement for all staff to be enabled to complete this training within a 3-year rolling cycle.



To ensure that all staff are confident in completing the e-learning course, personalised sessions are available in an informal classroom setting hosted by an experienced equalities practitioner, this ensures staff with literacy issues or who are unable to use a PC can partake in the training in a supportive environment

Other Ways in Which We Promote Knowledge and Understanding

Whilst we believe that providing good quality, up to date training that helps staff understand the relevance of equality and human rights issues to their day-to-day jobs is the most effective way of improving awareness and understanding, we also promote knowledge and understanding in many other ways, including:

- Our **website** has been developed to provide information and to help signpost staff to other sources of help and support. The site remains under regular review and reflects user feedback in terms of both content and format. We also use the website to promote campaigns and other events we believe staff may be interested in
- In addition to developing the new e-Learning package for equality and human rights, we have also provided a significant amount of other **training** that helps to promote knowledge and understanding
 - Equalities staff attend all induction (Orientation) sessions for new staff to provide an overview of our approach to equality and human rights. Feedback from these sessions is consistently positive
 - We provide regular 90-minute Workshops and other bespoke training to equip staff with the skills and knowledge required to undertake Equality Impact Assessments
 - Equalities staff have provided human rights training as part of a wider Dignity In Care programme for clinical staff
 - We have provided equality and human rights training as part of the Consultants Foundation Programme and regularly update Workforce and Organisational Development colleagues through team meetings
 - Each year we provide an introduction to Equality, Diversity & Human Rights as part of the foundation programme operated by the Wales Deanery for new medical staff
- Assistant Directors of Workforce and Organisational Development are members of **CPG Boards** where they provide advice on, and promote awareness of, the equality and human rights implications of the work of the CPG, and the decisions the CPG Board is making
- Our **Governance Structure** provides a mechanism for the management of equality and human rights strategy in BCUHB, including the notification of

areas of concern to the Chairs of all Board Sub-Committees and Chiefs of Staff. Targeted training through an action learning approach has been provided to CPG Equality Leads to help build knowledge and understanding

- Equalities staff have provided regular **briefings on the latest case law** relating to equality and human rights which is circulated to all Directors/Assistant Directors, Chiefs of Staff/Assistant Chiefs of Staff and other appropriate staff within the organisation

Language

Welsh Language

The Health Board is committed to the principle that in the conduct of public business in Wales it will treat the Welsh and English languages on a basis of equality and that patients, as a matter of good practice, should be provided with a service in the language of their choice or need. BCUHB's Welsh Language Scheme sets out how it will give effect to that principle when providing services to the public in Wales. Public bodies are required to have a Welsh Language Scheme under the Welsh Language Act 1993 and compliance is monitored by the Health Board's Welsh Language Forum which meets quarterly and annually by the Welsh Language Commissioner's Office via the Annual Report.

The nomination of a Welsh Language Champion in each Clinical Programme Group (CPG) has proved to be successful and they all strive to ensure Welsh language matters are mainstreamed into CPGs working practices. The Champions meet quarterly with the Welsh Language Officers to discuss concerns, share good practice and to support each in the development of new policies, services and initiatives to provide a bilingual service to patients.



Following completion of Welsh Language Skills audit, **Pathology CPG** was acknowledged for its good practice. The CPG will ensure compliance with the Health Board's Welsh Language Scheme and maintain attendance at Champions' working group meetings in order to minimise the potential risk to patient safety.

A significant step forward by the Health Board was the work with the Electronic Staff Record (ESR). A major data cleanse exercise was conducted towards the end of 2012 to update equality and Welsh language details of staff across the organisation.

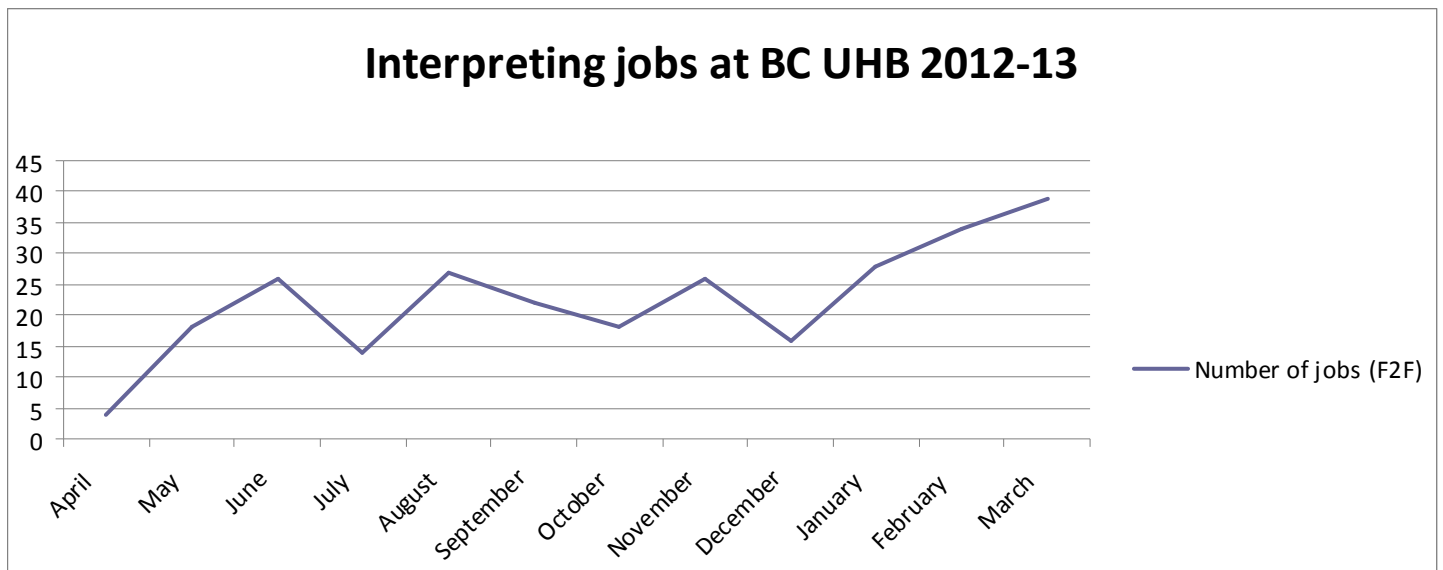
The BCUHB Values and the FREDA model (fairness, respect, equality, dignity and autonomy) includes a Dignity Pledge which clearly outlines to service users and staff the standard of behaviour/care that is expected.



The communication section of the Dignity Pledge was audited by BCUHB Public Members (lay volunteers who undertake surveys for the Health Board). This section of the pledge outlines the expected standard of communication which is essential to ensure care is patient centred and patients feel included in their health care decisions. 347 patients were interviewed and were asked 8 questions about the way staff had communicated with them. One question asked whether staff asked patients about their preferred language. Of the patients interviewed, 243 (70%) had been asked this question. The Health Board recognises that additional work is required in this area.

Wales Interpretation and Translation Service

BCUHB formally adopted WITS as its preferred provider of interpretation and translation services in April 2012 and the following statistics for the year to 31st March 2013 will provide a useful benchmark for future years' comparisons.



Face to face interpreting
April 2012 to March 2013

Telephone interpreting
April 2012 to March 2013

Language	Number of jobs	Language	Number of jobs
Polish	128	Polish	87
Portuguese	26	Spanish	77
Mandarin	20	Mandarin	42
Bengali	19	Farsi	23
Czech	13	Bengali	21
Turkish	13	Slovak	20
Russian	12	Cantonese	16
Slovak	7	Czech	15
Cantonese	6	Portuguese	15
Spanish	5	Vietnamese	13
Lithuanian	4	Pashto	8
Arabic	3	Lithuanian	8
Tamil	2	Arabic	7
Thai	2	Russian	6
BSL	1	Latvian	4
Bulgarian	1	Bulgarian	4
Farsi	1	Hungarian	4
French	1	Punjabi	3
German	1	German	2
Punjabi	1	Urdu	2
Sinhalese	1	Turkish	2
Cantonese	1	Kurdish	2
Urdu	1	Hmong	1
Welsh	1	Hindi	1
		Haitian	
	270	Creole	1
		Dari	1
		French	1
		Romanian	1
		Laotian	1
		Tagalog	1
			389

Any other information that is relevant to meeting the General Equality Duty

In addition to our equality objectives and service plans, a number of other linked initiatives are being progressed within the organisation that will enable us to better demonstrate how we are advancing equality of opportunity by showing due regard to the General Equality Duty. Further details are included under the appropriate objective within Appendix A, however these initiatives include:

Improving the Patient Experience for People with Learning Disabilities

People with a learning disability have greater health needs than the rest of the population and have even greater difficulty in getting those needs met in acute hospital care. This has highlighted the need for further joint working between primary & secondary healthcare staff and specialist learning disability services.

Human Rights in Healthcare

Betsi Cadwaladr University Health Board was pleased to be invited to be part of the Human Rights in Healthcare Programme led by Mersey Care NHS Trust on behalf of the Department of Health in England. This has led to the development of a toolkit for Nutrition and Hydration to support staff in delivering care.

Homelessness

It is recognised that homeless and other vulnerable people can experience significant ill-health and have worse health outcomes than the general population.

In April 2013, the Welsh Government launched the new *Standards for Improving the Health and Well-being of Homeless and Specific Vulnerable Groups* (commonly referred to as the 'Health and Homelessness Standards'). These revised Standards are based on those originally published in 2009 and set out more clearly the expectations on Local Health Boards and Local Authorities.

Accessible Healthcare Project

The Accessible Healthcare for People with Sensory Loss in Wales, Ministerial Report was received in 2012. The report is designed to assist the NHS in Wales to deliver high quality and accessible services to people with sensory loss in Wales.

Procurement

In common with most public authorities, BCUHB contracts with external organisations in the private and third sectors to carry out works and/or to provide goods and/or services on our behalf.

Our aim is to use our procurement activity to further equality in a way that is consistent with EU procurement rules by demonstrating due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

BCUHB Corporate Equalities representatives have been involved in an All Wales Task & Finish Group formed to explore how Equalities experts can support colleagues working for NHS Wales Shared Services Partnership (NWSSP) - Procurement to better understand the duties so that they can provide the necessary assurances about compliance to Health Boards. This work includes:-

- A joint review of documents used in Procurement processes with recommendations for improvements to make equality considerations more explicit including the development of a group of generic equality-related questions that can be included in tender documents as appropriate;
- A review of Health Board Standing Financial Instructions to make more explicit links to the equality duties;
- Development of guidance on implementing the duties within Procurement and Commissioning functions; and
- Recommendations for minimum levels of training to ensure Procurement staff better understand the requirements of the public sector equality duties

It is expected this work will be completed by the end of 2013.

Our collaborative work with partners in the public sector in North Wales

During 2012/13, we continued to work with Equality leads in all 6 North Wales Local Authorities, Fire Service, Ambulance Service, Snowdonia National Park and North Wales Police to share good practice and develop joint initiatives including an engagement event with stakeholders that is being held in November 2013, and best practice advice in “Top Ten Tips” publications in the following areas:

- Equality Impact Assessment and Due Regard
- Equality in Schools
- Accessible meetings and events
- Equality Monitoring
- How to get involved in decision-making in public sector bodies

We are also exploring how we can benchmark our respective organisations' employment and pay data to identify any common themes or trends that could lead to developing further joint objectives. This work is at a very early stage.

The Group has provided a joint response to an inquiry carried out by the National Assembly on the Future of Equality and Human Rights in Wales and is currently engaged in the consultation on the Draft Framework for Action-Tackling Hate Crimes and Incidents developed by the Welsh Government.

“Focus On” Our Primary Care Support Unit

Primary and Community Care Corporate Support Function which is responsible for developing BCU LHB’s policy and strategy in relation to primary care contract development and assurance, and implementing this to deliver improved primary care services for the population of North Wales. This applies across all primary care contractors - GP’s, Dentists, Pharmacies and Opticians.

Single Point of Access

Another example of the use of EqIA is with the Single Point of Access (SPoA) developments. An initial desk top screening exercise was completed and submitted to Welsh Government on behalf of BCUHB and partners in all six North Wales counties. An in depth screening session is due to take place in Denbighshire on 1st October with invitations having been sent to a wide range of interested stakeholders, including those representing people with protected characteristics.

- **Access to services**

A GMS Access Task & Finish group was established in April 2012 to review access to general medical practices across North Wales and agree actions to improve access in line with patient needs. Minimum access criteria were agreed for all GP Practices which are in the process of being implemented including support for the small number of practices that were partially compliant or who were unable to meet the criteria.

Focus For The Future

This section outlines some of the challenges we have met in relation to our equality objectives, and what we plan to do about them to move the agenda forward.

Equality Information:

Whilst we have made significant improvements to the information we hold on our staff, we still do not have the ability to capture information relating to staff who are transgender or those who have caring responsibilities. This is due to the limitations of the national (UK) electronic pay and personnel systems (ESR) . We continue to make representations to incorporate the necessary changes.

Similarly, the national recruitment advertising system which we use (NHS Jobs) does not distinguish between internal and external job applicants so we have been unable to report on staff applying for promotion. Again, BCUHB has led the lobbying for the necessary changes to be incorporated over the last three years, but to date there is no indication that the systems will be adapted to enable us to fulfil this element of the duties.

There remain significant barriers to the gathering and analysing of equality information on service users. We believe that the logical place for this to take place is at the first point of contact which in many cases will be the patient's GP; however GP's are not funded to gather this information and changes would need to be made to the GMS contract to enable this work to be undertaken. Service users who's first contact is with one of the acute centres will often be through accident and emergency where gathering equality information will often not be a priority; even where this is possible, our systems are not built to gather and store the information in a way that facilitates easy analysis, and the legacy systems still used on the three acute sites are different from one another and not capable of being brought together. Similar barriers exist in gathering equality information on concerns, and the point at which a complaint is made will often not be the best place or time to ask equality questions. It is also true that the person raising the concern or reporting an incident is often not the subject of the concern/incident.

Staff Training:

Training has been a priority this year. Whilst we are pleased with the number of staff who have now successfully completed the innovative training package we developed and deployed during 2012, there remain barriers to staff being released from clinical areas to attend workshops or to undertake the training themselves. Some of our CPG's have prioritised this objective more than others and we are working with many of the CPG's to understand more about the barriers they face and to help design solutions.

People with Sensory Impairments:

Many people with sensory impairments still face significant barriers in accessing health services, despite initiatives such as WITS (Wales Interpretation and Translation Services). We are working with representatives to make some important changes during the current year which we hope will mitigate or remove some of these barriers and will be monitoring progress against the new Standards implemented by Welsh Government.

Monitoring Progress:

Whilst we are able to report on a number of initiatives and work in progress to tackle the barriers to reducing inequalities, the difference these are making to service users remains extremely difficult to measure. We will be piloting a new set of Equality Key Performance Indicators (KPI's) during 2013/14 which will give us an indication of how well our CPG's and CSF's are performing against certain measures; however we remain dependent upon wider studies of inequality (e.g. "How Fair is Wales?") to determine how well our objectives are performing in delivering real improvements in outcomes.

Appendices

	Page
Appendix A Progress Towards Fulfilling Our Equality Objectives	28
Appendix B Information Relating To Our Workforce	46
Appendix C BCUHB Equality Objectives By Protected Characteristic	47

Appendix A

Progress Towards Fulfilling Our Objectives

The Outcomes for People Living in North Wales

Following extensive research and consultation, the following outcomes were identified for joint adoption by Betsi Cadwaladr University Health Board, North Wales Police, Welsh Ambulance Services NHS Trust, the six Local Authorities in North Wales, the Office of the Police and Crime Commissioner and Snowdonia National Park Authority.

- Reduction in **Health** inequalities
- Reduction of inequalities in **Employment**
- Reduction of inequalities in personal **Safety**
- Reduction of inequalities in **Representation and Voice**
- Improve **Access** to information, services and the built environment

A number of objectives were then developed, again following engagement and consultation with a range of stakeholders. Progress made by Betsi Cadwaladr University Health Board is listed under each of the objectives.

1. Health Objectives

- Increase the number of people, in under-represented groups, choosing healthy lifestyles
- Increase the number of people, in under-represented groups, accessing health care services
- Improve the care of older people ensuring they are treated with dignity and respect
- Improve uptake of preventative health care services by Gypsy Travellers
- LGB and Transgender people receiving care will be treated with dignity and respect
- Improve healthcare and outcomes for people with Mental Health problems and Learning Disabilities

Key Achievements in 2012/13

Improving the Patient Experience for People with Learning Disabilities

People with a learning disability have greater health needs than the rest of the population and have even greater difficulty in getting those needs met. Several national reports, public inquiries and investigations into the experiences of people with a learning disability in acute hospital care have highlighted the need for further joint working between primary & secondary healthcare staff and specialist learning disability services.

We are working to drive improvements in patient experience for patients with learning disabilities accessing services on general wards in acute hospital settings. This year we have established a working group, agreed terms of reference and developed a set of expected standards in partnership with service users. This work is based upon information gained from both local and national information and research. The standards will be communicated widely and will form the basis for the development of an audit tool this year. Work has commenced to strengthen the sharing of information held on IT systems so that patient's specific needs can be flagged and identified on admission, this system will also alert the specialist nurses to a patient's admission. A web site page has been set up and a range of tools made available for staff to access, this includes rapid risk assessments, traffic light documents and the agreed standards.

In recognition of the difficulties highlighted locally and nationally in relation to people with learning disabilities trying to access acute health care the Acute liaison nurses at BCUHB have been seconded from the Community Learning Disability Teams and based within the Acute Hospitals to make access to specialist support and advice easier for patients. The focus of this project has

been on improving access to hospital services for people who have learning disabilities and ensuring a more co-ordinated approach to service delivery.

We are seeking to build upon this work in a number of areas and further drive improvements in patient experience for patients with learning disabilities accessing services on general wards in acute hospital settings. This is being achieved by:

- Raising awareness and promoting ownership of this work with Clinical Programme Groups and Corporate Support Departments
- Developing a set of standards in partnership with service users
- Developing an audit tool for CPG self assessment
- Undertaking a policy review
- Identifying organisational wide systems issues/ barriers for escalation

Improve the care of older people ensuring they are treated with dignity and respect

During 2011, the Older People's Commissioner for Wales published a report "Dignified Care?" which highlighted issues with the care of older people in hospitals in Wales. BCUHB has been working to implement the 12 areas of recommendations contained in the report and provides regular updates to the Commissioner.

"Dignified Care: Two Years On" considers the progress made against these twelve areas and the priority that is now afforded to ensuring that quality of care is an integral part of the NHS in Wales.

BCUHB is reported as demonstrating positive examples in the following areas:

- [Recommendation 1 – Stronger ward leadership is needed to foster a culture of dignity and respect](#)

In Betsi Cadwaladr University Health Board the Tall Poppies scholarship programme is a bespoke leadership development programme that is a combination of formal taught sessions and experiential learning. It includes action learning sets, together with educational/research sessions with an increased amount of exposure to leadership opportunities internally and externally to the Health Board.

- [Recommendation 5 – too many older people are still not being discharged in an effective and timely manner and this needs urgent attention](#)

In one hospital in the Betsi Cadwaladr Health Board area, a discharge support nurse makes home visits post discharge to those who have required intensive discharge planning support due to complex issues, giving patients and their family a chance to discuss their hospital experience.

- [Recommendation 6 – the appropriate use of volunteers in hospitals needs further development, learning from successful initiatives](#)

The 'Robin' volunteer scheme was initially developed in Glan Clwyd hospital - where volunteers wear red t-shirts and work on wards and outpatients departments. They assist patients by running errands for them, befriending them, and assisting with activities and at meal times. This scheme is now being rolled out, not just in other hospitals in Betsi Cadwaladr Health Board, but in other Health Boards.

- [Recommendation 9 – effective communication can raise patient expectation and involvement and can improve their hospital experience](#)

In Betsi Cadwaladr University Health Board, lay volunteers carry out patient surveys and one specifically on communication showed mostly positive results particularly in terms of patient involvement in, and understanding of, their care.

Local Public Health Strategic Framework (LPHSF)

Where sound evidence of effectiveness specific to people with protected characteristics exists this is incorporated in the LPHSF however systems for recording and monitoring implementation and evidence of impact at the level of individuals and groups are currently limited. Routine use of Impact Assessment is gradually being implemented and will support reduction of differential impact. The use of Mental Well Being Impact Assessment has been piloted in relation to the development of a strategic approach to falls prevention and management, and appears to offer valuable insight across a number of aspects of inequality

Equality Impact Assessment and Service Reconfiguration

In BCUHB, we have been working to address challenges on a number of key service areas through a programme of work called "Healthcare in North Wales is Changing".

The principles of Equality Impact Assessment (EqIA) have been embedded within the Terms of Reference and built into this work from the outset. High level screenings have been undertaken on all projects under the direction of an Equality Stakeholder Reference Group. We are working to ensure that consideration is given to the effects that decisions may have on people, on the basis of their 'protected characteristics' defined within the Equality Act 2010. The draft published EqIAs have informed decision making. This work continues as proposals are implemented.

2. Employment Objectives

- Increase the Employment rate for under-represented groups
- Reduce inequalities within the employment cycle
- Reduce Gender Pay differences
- Reduce the Gender Pay gap
- Improve staff awareness and understanding of equality and human rights issues

Key Achievements in 2012/13

Data Cleanse and Employee Equality Data Reports

In preparing employment reports for publication to meet the requirements of the Welsh Public Sector Specific Equality Duties, Betsi Cadwaladr University Health Board undertook a major data cleanse exercise this year.

A new approach was developed with the full support of the Trade Unions using an electronic form which could be completed and submitted on-line and the data migrated electronically into the Electronic Staff Record.

The exercise enabled BCUHB to have much greater confidence in the accuracy and reliability of the workforce reports that were published under the Specific Equality duties in March 2013. More than 10,000 staff have taken part and we continue to seek to improve the quality of the employee equality data held.

Gender Pay

Following the publication in our Strategic Equality Plan of pay data that identified differences in both basic pay and total earnings between men and women employed by BCUHB, we have established a Task and Finish Group to start to explore what factors may have contributed to establishing these gaps, and to recommend actions that will help address the issues identified.

It is anticipated that this work may well extend over a long period, possibly a number of years, and progress is being reported to the Workforce and Organisational Development Committee of the Board.

In addition to developing a better understanding of our own pay data, we have initiated a number of benchmarking exercises with other organisations including NHS Wales Health Boards, NSH Scotland Health Trusts and our North Wales Public Sector partners. We have also enrolled as a “Shadow Organisation” to the WAVE (Women Adding Value to the Economy) Project at Cardiff University which is exploring many of the same issues.

Stonewall Diversity Champions

In May 2012, BCUHB joined the Stonewall Diversity Champions programme and in September 2012 we made our first submission to the Workplace Equality Index which provides benchmarking opportunities with other organisations and measures progress in achieving greater equality for lesbian, gay and bisexual staff working for the Health Board. BCUHB achieved a creditable ranking and has since been working to build upon in partnership with the Trade Unions to drive forward a range of workplace initiatives including the development of a Staff Support Network for LGBT staff in both the Health Board and the Welsh Ambulance Services NHS Trust.

Fairness, Rights and Responsibilities

An innovative, bespoke training programme was developed in partnership with staff and service users using real patient stories to help staff gain a better understanding of equality and human rights issues, and to make the link between the learning and their day-to-day roles in the organisation. So far, more than 3,700 staff have successfully completed this programme and the uptake continues to improve. The training is linked to the NHS Knowledge and Skills Framework (KSF) which is embedded within each employees job description.

BCU Staff Achievement Awards

Held each year, the BCUHB Staff Achievement Awards provide an opportunity to raise awareness of and showcase examples of good practice across the Health Board in a number of areas, and there is a specific award for equality - the 'Advancing Equality Award'

This award provides 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. Nominations are received annually for contributions made by individuals, teams and/or departments to improving patient care and services.

3. Safety Objectives

- Increase the reporting of hate crime and harassment
- Increase the reporting of domestic abuse
- Reduce the incidence of hate crime, harassment and domestic abuse

Key Achievements in 2012/13

Domestic violence policy

Mandatory training has increased the awareness and reporting of domestic abuse for both service users and staff. Since the establishment of the domestic abuse training programme MARAC referrals across North Wales by Health staff have increased by 400%. 568 high risk cases (cases at risk of homicide or serious harm) were identified and supported through the BCUHB Domestic Abuse pathway between the reporting period of 2012-2013.

Hate crime

BCUHB Domestic Abuse Procedures have now been approved by the Safeguarding People at Risk Sub Committee. The procedures provide guidance on dealing with both staff and service users who are subject to domestic abuse. The principles contained within the procedure document are supported through the Safeguarding Domestic Abuse Mandatory Training strategy. Following the training there has been an increase in the number of disclosures within the workforce of BCUHB, many of them involve external agencies such as the Crown Prosecution Service (CPS) Public Protection Unit (PPU) of North Wales Police, Social Services, specialist domestic abuse services and multi-agency public protection forums. A Domestic Abuse Workplace Safety Group has been established to discuss complex/high risk cases and ensure that the safety of staff is paramount.

Accountability for the delivery and evaluation of training to frontline staff in relation to hate crime & harassment currently sits within Corporate Safeguarding and will feature as a high priority in the Domestic Abuse Operational Plan for 2013-2014. Following on from the Hate Crime Framework Consultation Events, Welsh Government colleagues acknowledge that there is a clear need to drive this agenda through a two-pronged approach involving divisions of Equality & Diversity, and Safeguarding to ensure that other areas of vulnerability can be considered. Training in relation to awareness raising will form part of the already established safeguarding training strategy and roll out will begin in high risk areas such as Emergency Departments and the Mental Health CPG when clear reporting systems/mechanisms have been identified across North Wales with external partners – target date for training April 2014.

Disability-Related Harassment Inquiry

Following the publication of the “Hidden in plain sight” report - The Equality and Human Rights Commission's Disability Related Harassment Inquiry, BCUHB established a Task & Finish Group chaired by the Deputy Director of Nursing and Safeguarding to explore how the recommendations from the report were to be implemented within the Health Board. An action plan was developed and this is now being implemented under the scrutiny of the BCUHB Domestic Abuse and Operational Forum, which reports directly to the Quality and Safety Committee of the Board.

4. Representation and Voice Objectives

- Increase the numbers of people with different protected characteristics on decision making bodies
- Improve engagement with people from protected groups in the review and re-design of services.

Key Achievements in 2012/13

Inclusive consultation for service review activity and gap analysis and targeted consultation

In 2010 the Health Board developed and adopted a 5 year plan setting out its vision for the future of health services in North Wales. The plan described a number of key areas for the development of services based upon work undertaken during the development of the North Wales Clinical Strategy in 2009 – 2010. A wide range of individuals and community group representatives, as well as partner organisations in the third sector and statutory services were involved in the engagement work to develop the North Wales Clinical Services Strategy.

This work, along with the national Primary Care and Community Services Strategic Delivery Programme (Setting the Direction, 2009) led by Chris Jones provided the strategic framework upon which the 'Healthcare in North Wales is Changing' consultation proposals for primary and community services were taken forward. The public consultation commenced on the 20th August 2012 and included proposals for change in healthcare services provided in the community (including community hospitals), older people's mental health, highly specialist neonatal intensive care for babies and vascular surgery.

Equality Impact Assessment (EQIA) screening commenced early in the planning stages of the proposals and continued throughout the process. This was an extensive work programme which included support from a working group of equality stakeholder representatives as well as input from an independent adviser on equality matters. The EQIA work helped to identify communities and groups for whom there may have been an impact (whether negative or positive) and these groups were targeted for the engagement and consultation process.

Examples of the targeted engagement that took place include:

- meeting with learning disability groups, people with learning disabilities and carers of people with learning disabilities

- meeting with professional staff and third sector organisations working directly with homeless people
- meeting with gypsy/travellers, professional staff and third sector organisations working directly with the gypsy/traveller community
- meeting with individuals from multi-cultural backgrounds and professional staff working with multi-cultural/ethnic minority groups
- discussions with carers
- the involvement of service users and carers in engagement work on older people's mental health
- the development of a reference group of families in relation to maternity and paediatric services
- the completion of travel surveys with patients, families and carers at Community Hospital sites across North Wales to help understand how patients and visitors have travelled to hospital, their experiences/views on current transport provision and how patients/visitors might travel to alternative sites.
- drop-in sessions for specific community and patient groups that were more likely to be affected by the proposed changes

One of the challenges we have, as a large Health Board, is undertaking engagement that allows representative input from a broad range of interests, communities and geographical areas – have we engaged enough people? Have we heard from different groups and areas? Have our efforts been proportionate? We need to keep working to improve our methods and also ensuring that people feel that they can be heard and that we respond to their views – and that they see a change as a result, or that we explain why we cannot make a change if that proves to be the case.

In addition to the above, we established locality stakeholder groups for the 14 localities in North Wales which contributed to the planning and development of their community health services, working with the Locality Leadership Teams.

We undertook specific work to consider the impact on local authorities and the third sector. This included a joint workshop with community transport associations, local authority transport officers and the third sector; the inclusion of the local authority and third sector representatives on Project Boards for the specific work-streams; Inclusion of community, local authority and third sector representatives in engagement sessions; discussion with third sector forums and on-going discussion with local authority scrutiny committees.

We briefed major stakeholders on a monthly basis through a 'key issues' update and held a series of briefing events for AMs, MPs, Local Authorities,

Third Sector, Primary Care representatives and the Community Health Council.

We talked to our main advisory groups – the Stakeholder Reference Group, Healthcare Professional Forum and the Local Partnership Forum – on a regular basis, and also to other key groups such as the Local Medical Committee and the North Wales Medical Advisory Group; Local Authority Scrutiny Committees (held in public; Community Health Council local committees.

Overall, a wide range of representatives, patient and community groups have been able to hear about the issues being considered and give us their views. The issues raised through the engagement and consultation, including the issues raised through the Equality Impact Assessment work, resulted in changes to some of the proposals. In addition, further mitigating actions were set in place in accordance with the actions plans in the EQIA work.

The Equality Impact Assessment documents are published on the Health Board website.



Good practice: BCUHB representatives meet four times each year with our Equality Stakeholder Group. This group was formed to provide scrutiny on progress towards the objectives in our Strategic Equality & Human Rights Plan 2012-16 and includes individuals and organisations who have expressed an interest in working with us to advance equality and tackle discrimination. The group also recently held key sessions to identify and address issues related to disabled people accessing health services in North Wales and a number of initiatives are now being progressed.

North Wales Public Sector Equality Network

The Network have produced a joint information leaflet designed to provide information for members of the public about opportunities within North Wales Public Sector organisations for becoming involved in decision-making to increase representation and voice. The leaflet aims to identify key opportunities including membership of Community Health Council or Public Members Group at BCUHB and also to raise awareness of how to join. The leaflets will be promoted on the internet and targeted distribution amongst groups representing people with protected characteristics is planned.

5. Access Objectives

- Improve access to the built environment by adopting inclusive design principles
- Identify and remove barriers to accessing and using services, including those faced by homeless people.
- Ensure complaints systems are fully accessible



BCUHB is working with representatives of the deaf community to develop a card which deaf people can carry and use in the event of needing medical treatment. The card informs health workers of the person's hearing impairment and how to access communication support.

Key Achievements in 2012/13

Homeless and Specific Vulnerable Groups

It is recognised that homeless and other vulnerable people can experience significant ill-health and have worse health outcomes than the general population.

In April 2013, the Welsh Government launched the new *Standards for Improving the Health and Well-being of Homeless and Specific Vulnerable Groups* (commonly referred to as the 'Health and Homelessness Standards'). These revised Standards are based on those originally published in 2009 and set out more clearly the expectations on Local Health Boards and Local Authorities. The Welsh Government will now be working closely with Public Health Wales to support and monitor their implementation and will expect to see Homeless and Vulnerable Groups Health Action Plans in place and operation during 2013/14 and beyond.

Work has commenced at Betsi Cadwaladr University Health Board to produce a Homeless People and Vulnerable groups' Health Action Plan (HaVGHAPs) showing how BCUHB will ensure the health needs of all ages of homeless people and specific vulnerable groups are addressed. This includes:-

- Homeless
- Asylum Seekers and Refugees
- Gypsies and Travellers
- Substance Misusers
- EU Migrants who are homeless

NHS organisations are responsible for implementing the Standards through partnership working via the group is considered appropriate and relevant, e.g. Health, Social Care and Well-being Partnerships or their replacement bodies.

At BCU HB a North Wales Group has been established with the aim of overseeing progress against the Standards, Terms of Reference have been agreed and lead people identified have undertaken a review of the current position against the Standards. This work will inform the development of a Homeless and Vulnerable Groups Health Action Plan in compliance with the Standards.

Accessible Communication and Information for people with Sensory Loss

The Accessible Healthcare for People with Sensory Loss in Wales, Ministerial Report was received in 2012. The report is designed to assist the NHS in Wales to deliver high quality and accessible services to people with sensory loss in Wales. The recommendations contained within this report are the result of extensive liaison with service users, professional bodies representing people with sensory loss, patient groups and the NHS community within Wales.

Patients with sensory loss are significant users of health care services, spanning the spectrum of care, from primary to community to secondary care and onwards to specialist and tertiary services. Many, but not all, people with sensory loss are older and therefore have other health conditions, including chronic health conditions, which are not linked to their sensory loss. It is therefore important that their needs are recognised not only within ophthalmic and audiology settings but across the spectrum of service provision. In 2013 the Welsh Governments Accessible Healthcare Standards were launched which further direct this work.

The purpose of these standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing our healthcare services. The term 'people with sensory loss' is used to refer to the following:

- People who are Deaf; deafened or hard of hearing;
- People who are Blind or partially sighted;
- People who are Deafblind: those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility.

A working group at BCUHB chaired by the Assistant Director of Organisational Development is working to implement the All Wales Standards

for Accessible Communication and Information for people with Sensory Loss. Progress to date includes:

- Developed and implementation of an interpretation and translation policy to be applied by all staff.
- Patient Information guidelines developed which include comprehensive guidance for staff and sets out the standards required to ensure accessible information for those with sensory loss
- Focus groups have been held with deaf service users and partnerships formed
- Dedicated email address for the three patient appointment booking centres across North Wales have been established to increase accessibility
- Texting service for appointments is being scoped and texting is possible in some departments
- BCU have been working with service users and North Wales Deaf Association and North Wales Police to develop and print an ID card for use by deaf service users to inform staff of how to meet their communication needs.
- Working across Wales with Welsh Government representatives and NHS Wales Information Services to explore the sharing of information to highlight an individuals communication needs as part of the GP electronic referral system.

It is apparent from the work undertaken by the BCUHB working group to date, that the issues raised by service users locally, mirror the themes within the national report hence there is a significant amount of awareness raising and systems development required to meet the needs of service users with sensory loss.

The North Wales Deafness and Mental Health Network

Individuals with hearing loss and a Mental Health Condition face an even bigger challenge when trying to access the most appropriate service to meet their needs. In North Wales a new approach has been taken and an initiative developed 'The North Wales Deafness and Mental Health Network', this is the first development in Wales to address the issue of access to mental health care for Deaf people. The networks principal aim is to improve Deaf people's access to mental health care, which they hope will encourage individuals to seek help sooner. The network provide several means of accessible contact and have produced a BSL video which is available on the Betsi Cadwaladr Health Board Intranet (<http://www.wales.nhs.uk/sitesplus/861/page/64962>) The Network have utilised social networking and made information accessible on 'you tube' which ensures it can also be widely shared through different

social media sites and as a link on websites. All information is also available in DVD format with BSL interpretation.

Work is ongoing to ensure that awareness of the network reaches the Deaf community and in further developing the network. Close working with the Deaf Community, Primary Care, Specialist Deaf Mental Health Services in England, Local Authority Social Services Teams, Community Mental Health Teams and the Voluntary Sector continues and is paramount to the success and in alleviating some of the issues faced by making it a simplified and accessible single point of access for users.

Access improvements agreed at Equality Stakeholder Group meetings

At meetings held with equality stakeholders during May and July 2013, a number of access issues were highlighted, particularly in relation to people with sensory impairments, and BCUHB representatives agreed to make a number of improvements, including:

- The development and distribution of an ID Card for deaf service users to help staff meet their communication needs when accessing health services
- Wider promotion of a communication aid (pictorial book) developed primarily to assist people with learning disabilities when accessing health services, but equally helpful for people with sensory impairments
- Developing a strategy to promote better dementia awareness and understanding of the issues surrounding dementia for staff, patients and their carers
- Providing service users with better access to influence building design and service changes

Adoption of Inclusive Design Principles

In May 2012 the Equality & Human Rights Strategic Forum endorsed a paper submitted by the BCUHB Head of Estates Development that described how BCUHB has adopted Inclusive Design principles for all future capital estates developments. The paper described how the organisation will address the following:-

- How equality and human right principles are embedded within capital / estates planning process including equality impact assessment
- Involvement and engagement of service users in the process at development and build / implementation stage(s)
- How issues or sensory impairment are addressed
- How the BCUHB ensures that developments reflect the principles of inclusive design and not just meeting Building Design Regulations.

North Wales Public Sector Equality Network

The Network have produced a joint information leaflet designed to provide information for both staff and members of the public about arranging accessible meetings and events. The leaflet is promoted on the internet and targeted distribution amongst groups representing people with protected characteristics is planned.

6. Organisational Objectives

- Improve joint working between public sector organisations in North Wales including the development of common processes to enable them to meet the requirements of the public sector duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Reduce costs and duplication through collaborative working by sharing information and best practice to advance equality in North Wales
- Ensure the development of equality actions is synchronised with normal business planning processes by embedding within planning guidance for Clinical Programme Groups and Corporate Support Functions



The North Wales Public Sector Equality Network continues to meet every month and is chaired by the Senior Equalities Manager from BCUHB. Good progress is being made towards the agreed joint working projects including arrangements to hold a meeting with stakeholders in November 2013. This will provide the opportunity for scrutiny of the work of the group, the launch of a number of jointly-developed good practice guides, and a forum for networking between and beyond our respective organisations.

Key Achievements in 2012/13

BCUHB 3-Year Operational Plan

The 3 year Plan for the organisation has undergone EqIA screening and the following equality priorities have been reflected in the Plan as explicit commissioning requirements for CPGs to deliver

- A commitment to training all staff in the mandatory Equality and Human Rights e learning resource.
- A commitment to better meeting the needs of patients with Learning Disabilities by undertaking self assessment audit
- Meeting the needs of people with sensory impairments – a commitment to raise awareness with all frontline staff of how to ensure communication support is in place and review barriers to access via patient experience activity

Embedding Equality Objectives into Business Planning

A key focus this year has been to raise capability within the organisation and further embed the principles of equality and human rights into all relevant functions to ensure that the values of fairness, respect, equality, dignity and

autonomy are properly considered within the organisation and influence business planning and decision-making at all levels. We have aligned the Strategic Equality Plan with the business planning process so that equality priorities are now reflected in the service plans within Clinical Programme Groups.

North Wales Public Sector Equality Network

The Network has continued to meet every month during the last year and has been working to develop a number of joint initiatives aimed at improving collaboration and reducing costs. We are exploring how employment data can be benchmarked between member organisations to identify common themes or trends, and we have developed a number of good practice guides that we have called “Top Ten Tips”. These guides have been jointly developed to reflect best practice amongst member organisations and are designed to provide information in a number of key areas to both organisations and members of the public. They include:

- Equality Impact Assessment and Due Regard
- Equality in Schools
- Accessible meetings and events
- Equality Monitoring
- How to get involved in decision-making in public sector bodies

We have also developed a joint response to the inquiry of the National Assembly into the Future of Equality and Human Rights in Wales and we are currently engaged in the Welsh Government consultation on the Draft Framework for Action on Hate Crimes and Incidents.

In November of this year, we are holding a second major engagement event with a wide range of stakeholders designed to provide an update on our progress, and an opportunity for our stakeholders to scrutinise and comment upon our work.

Appendix B

Betsi Cadwaladr University Health Board Information Relating To Our Workforce

We have used the updated information provided by our staff through a major data cleanse exercise not only to meet our reporting requirements, but also to inform work currently taking place to develop actions to address any areas of inequality identified, and this work forms part of our commitment within our Strategic Equality and Human Rights Plan 2012/16 that is available on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/47421> .

The first set of reports were published in March 2013 and are available on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/63948>

A further set of reports showing information as at 31st March 2013, or for the year ended 31st March 2013 is now available on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/69480>

Appendix C BCUHB Equality Objectives by Protected Characteristic

		Age	Disability	G/Re-ass't	Mar & CivP	Preg & Mat	Ethnicity	Relig & Bel	Sex	Sex. Oreint
Health Objectives	• Increase the number of people, in under-represented groups, choosing healthy lifestyles	√	√	√	√	√	√	√	√	√
	• Increase the number of people, in under-represented groups, accessing health care services	√	√	√	√	√	√	√	√	√
	• Improve the care of older people ensuring they are treated with dignity and respect	√	√				√			
	• Improve uptake of preventative health care services by Gypsy Travellers	√					√		√	
	• LGB and Transgender people receiving care will be treated with dignity and respect	√		√						√
	• Improve healthcare and outcomes for people with Mental Health problems and Learning Disabilities		√							
Employment Objectives	• Increase the Employment rate for under-represented groups	√	√	√	√	√	√	√	√	√
	• Reduce inequalities within the employment cycle	√	√	√	√	√	√	√	√	√
	• Reduce Gender pay differences								√	
	• Reduce the gender pay gap								√	
	• Improve staff awareness and understanding of equality and human rights issues	√	√	√	√	√	√	√	√	√
Safety	• Increase the reporting of hate crime and harassment	√	√	√		√	√	√	√	√
	• Increase the reporting of domestic abuse								√	

		Age	Disability	G/Re-ass't	Mar & CivP	Preg & Mat	Ethnicity	Relig & Bel	Sex	Sex. Oreint
Objectives	<ul style="list-style-type: none"> Reduce the incidence of hate crime, harassment and domestic abuse 	√	√	√		√	√	√	√	√
Representation and Voice Objectives	<ul style="list-style-type: none"> Increase the numbers of people with different protected characteristics on decision making bodies 	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> Improve engagement with people from protected groups in the review and re-design of services 	√	√	√	√	√	√	√	√	√
Access Objectives	<ul style="list-style-type: none"> Improve access to the built environment by adopting inclusive design principles 	√	√			√				
	<ul style="list-style-type: none"> Identify and remove barriers to accessing and using services, including those faced by homeless people 	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> Ensure complaints systems are fully accessible 	√	√	√	√	√	√	√	√	√
Organisational Objectives	<ul style="list-style-type: none"> Improve joint working between public sector organisations in North Wales including the development of common processes to enable them to meet the requirements of the public sector duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. 	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> Reduce costs and duplication through collaborative working by sharing information and best practice to advance equality in North Wales. 	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> Ensure the development of equality actions is synchronised with normal business planning processes by embedding within planning guidance for Clinical Programme Groups and Corporate Support Functions 	√	√	√	√	√	√	√	√	√