



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Fairness, Rights and Responsibilities



### Annual Equality Report

2013 -2014

‘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**



**Please contact:**

**The Corporate Communications Department**

Email: [bcuhbpressdesk@wales.nhs.uk](mailto:bcuhbpressdesk@wales.nhs.uk)

Telephone: 01248 384 939

Fax: 01248 384 731

## Contents

## Page

Introduction	3
Betsi Cadwaladr University Health Board <ul style="list-style-type: none"><li>About the Health Board</li></ul>	4
Our key achievements during 2013/14	5
Our Equality and Human Rights Objectives	6
Monitoring Our Progress	7
Gender Equality and Reducing Pay Inequalities	10
Equality Information	12
Assessing Impact	15
Promoting Knowledge and Understanding	17
Language	20
Promoting Greater Sexual Orientation Equality	21
Any Other Information that is Relevant to Meeting the General Equality Duty	22
Our collaborative work with public sector partners in North Wales	30
Focus For the Future	31

## Appendices

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

## 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 2013 to March 2014. Good progress has been made this year. Our focus has been around improving capability within the organisation to deliver improved patient experience and further embed the principles of equality and human rights into the organisation as set out in our Strategic Equality and Human Rights Plan (2012-16)  
<http://www.wales.nhs.uk/sitesplus/861/opendoc/189169>

The past year has been a difficult one for the Health Board, brought into focus by the publication of a report by the Healthcare Inspectorate Wales and the Wales Audit Office in June 2013. A lot has changed since then and we are using this opportunity to further advance the equality and human rights agenda. The Board is committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. This report sets out the work we have delivered to support these aims over the past year. At the beginning of the year the Betsi Cadwaladr University Health Board agreed, in partnership with our staff, a new purpose, values and commitments in support of our common goal and shared vision – **to improve health and provide excellent care**. Our priority is to ensure that the patients we treat receive safe and high quality care, delivered with dignity and compassion and in a way that respects their individuality.

We continue to strengthen the leadership and culture within the organisation to tackle inequalities. We are working closely with staff, patients and partners to embed equality and human rights principles into our ways of working. We are strengthening the extent to which equality is understood and integrated into work across the organisation and have increased our engagement with people with protected characteristics so that we better understand individual needs to inform improvements. This Annual Report provides an overview of our progress this year and also identifies those areas that have caused greater challenges. It provides the opportunity for us to share our progress and what we are going to be doing in the forthcoming year. There is a lot to be done, but we are confident that we are well placed to maintain our progress. If you have any comments or suggestions in relation to the contents of this report, please forward them either by post or by e-mail to:

Sally Thomas, Head of Equality and Human Rights, Betsi Cadwaladr University Health Board, Residences Block, Abergele Hospital, Llanfair Road, Abergele, CONWY. LL22 8DP [sally.thomas4@wales.nhs.uk](mailto:sally.thomas4@wales.nhs.uk)

## 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 678,000 people across North Wales and a significant number of visitors and tourists to the area. Our purpose is to improve health and provide excellent care. We:

- Employ around 16,700 staff
- Have a budget of around £1.2 billion
- Run three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital)
- Provide care at 18 other acute and community hospitals and a network of over 90 health centres, clinics, community health team bases and mental health units
- Co-ordinate the work of 114 GP practices and NHS services provided by dentists, opticians and pharmacies.

To help health, social care and community services to work together effectively to support residents, NHS services outside of hospitals have been organised into 14 localities. The localities are as follows:

Anglesey

Arfon, Dwyfor, Meirionnydd

Conwy West, Conwy East

North Denbighshire, Central/South Denbighshire

North West Flintshire, South Flintshire and North East Flintshire

West and North Wrexham, Wrexham Town, South Wrexham

The Betsi Cadwaladr University Health Board Annual Report provides an update on progress as a Health Board and the latest available Report for the year 2013/14 is available via our website at: [www.bcu@wales.nhs.uk](http://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>

The second Annual Quality Statement for Betsi Cadwaladr University Health Board summarises the action taken during 2013/14 to provide safe, high quality care to our patients across North Wales and can be found at:

<http://www.wales.nhs.uk/sitesplus/861/document/246408>

## Our Key Achievements during 2013/14

### Key Equalities achievements include:

- strengthening the culture within the organisation to tackle inequalities
- working closely with Clinical programme Groups (CPG's) to build capacity and understanding around equality and human rights issues;
- more than 5,000 of our staff have now successfully completed our mandatory equality and human rights training package;
- embedding Equality Impact Assessment within BCUHB Corporate Governance arrangements, including routine application in project development;
- enhancing equality for LGBT people including the development of our LGBT Staff Network now called 'Celtic Pride' and awareness-raising through celebration of IDAHOT Day;
- close collaboration with Stonewall Cymru to achieve an improvement in our ranking in the Stonewall Workplace Equality Index;
- significant improvements in the quality and quantity of equality characteristic data we hold on our staff in our electronic human resources systems;
- leading a major research project into the causes of pay inequality as part of the implementation of our Gender Pay Action Plan in the Health Board;
- advancing equality across North Wales by working in partnership, both with NHS partners across Wales, and with public sector partners through the North Wales Public Sector Equality Network;
- influencing the national equality agenda through partnerships, consultations and leading project work;
- developing good practice information documents to provide consistent guidance for Public Sector organisations across North Wales in implementing the Public Sector Equality Duty in practice;
- developing an organisation-wide implementation plan in response to meeting the requirements of the Standards for Accessible Information and Communication for People with Sensory Loss;
- sustaining engagement with key stakeholders through regular meetings of our Equality Stakeholder Group;
- influencing planning and estates activity to raise awareness of the Public Sector Equality Duty and embed the principles of inclusive design.

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.

We held a further engagement event jointly with our partners in the North Wales Public Sector Equality Network in November 2013 and invited a range of stakeholders to hear what progress we had made. A copy of the report on this event is available on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/59490>. We also took the opportunity to consult stakeholders at this event on a number of good practice guides we had jointly developed. These guides which seek to provide consistent guidance for Public Sector organisations across North Wales in implementing the Public Sector Equality Duty have since been published on our websites and include:

- Top Ten Tips - Equality Impact Assessment and Due Regard
- Top Ten Tips - Expenses for Consultation & Engagement
- Top Ten Tips Equality Monitoring
- Top Ten Tips for Arranging Accessible Events
- Top Ten Tips for Promoting Equality in Schools
- How to Get Involved in Decision-Making Bodies

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

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 as required by the legislation. 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.

## 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 Clinical Programme Group (CPG) representatives 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 representatives from our Equality Stakeholder Group and Celtic Pride LGBT Staff Network.

Items of significance from the Strategic Forum are reported directly to the Workforce and Organisational Development Director who writes to the Chairs of all other Board Sub-Committees and Chiefs of Staff to share current priorities and raise issues of significance for action.

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; this group was instrumental in the development of our objectives. This group meets at least three times each year, and comprises individuals and groups representing people with protected characteristics and others who have identified themselves as willing to work with us in this role.



Pictured are members of BCU HB presenting to the Equality Stakeholder Group at a recent meeting.

## 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 commencing during 2015, 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 current 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.

A Review of the Standards for Health Services in Wales and the Fundamentals of Care Standards is currently being undertaken. The Equality Team have contributed to the consultation.

#### **(b) 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. They are reported to the Equality and Human Rights Strategic Forum every six months.

The KPI's help us 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.

#### **(c) 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 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 Equality Impact Assessment (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

## Gender Equality and Reducing Pay Inequalities

A task and finish group was established by the Equality & Human Rights Strategic Forum to develop an action plan that would enable the Health Board to better understand the reason for differences in average pay between men and women identified within published pay reports.

This group has met regularly over the last 12 months and the work to date has included the following:

- In order to gain a better understanding of the causes of inequality in pay between men and women, we are closely monitoring the work of a major research project at Cardiff University known as WAVE (Women Adding Value to the Economy). The research aims to find out why pay systems/patterns of employment/ occupational segregation continue to produce gender pay gaps and look at how workforce change could address this.
- We have also undertaken a more detailed analysis of the pay differences previously reported, concentrating initially on 'Admin & Clerical' and 'Estates & Ancillary' as these are two areas that show significant percentage pay gaps. A number of interesting points have emerged from this analysis including:-
  - The Admin & Clerical group includes a number of very senior staff (Exec Team and other senior/non-clinical staff): excluding these staff (highest 1% of earners) from the calculations reduces the gap in average pay by more than 13%;
  - Over 83% of women within the Admin & Clerical staff group earn less than £25k per annum, whereas more than 40% of men in the group earn between £25k and £50k per annum, with a further 12% of men earning more than £50k per annum;
  - Men make up only 16% of the workforce within Admin & Clerical group, however they earn more than 22% of the total paybill for the group.
  - Approximately one third (31.6%) of women working in the Estates & Ancillary staff group earn less than £15,000 per annum, whereas only 9.3% of the men in this group are in the same salary range;
  - There are more than twice as many men than women earning over £50,000 per annum in the Estates & Ancillary group.
  - Work is currently under way to undertake a similarly detailed analysis of the 'Medical & Dental' staff group.
- We have conducted a comprehensive literature review as part of the action plan, and we are currently exploring how we can establish the main themes emerging from this review.
- A number of women in senior posts around BCUHB provided information on their careers and current posts which we published, along with other information, on our external website to coincide with International Women's Day on the 8<sup>th</sup> March 2014 (see <http://www.wales.nhs.uk/sitesplus/861/page/72373> )
- We undertook analysis of data to confirm that there is a consistent application of the BCUHB Starting Salary Protocol and no differences in starting salaries were identified between men and women appointed to Agenda For Change posts.
- Benchmarking work undertaken with pay gap information for NHS organisations in Scotland revealed that they use a different measure to calculate pay differences. We undertook an exercise to re-calculate BCUHB pay data using average of basic hourly rate (as used in NHS Scotland) and the results illustrated a similar pattern to previous calculations using mean annual salary.

The next piece of work designed to provide a greater understanding of the factors that create and sustain differences in average pay between men and women working for BCUHB is to analyse the results of a major research study being conducted through a questionnaire recently issued to all staff in BCUHB. This questionnaire explores areas such as equal access to training and promotion opportunities and whether staff feel there are barriers preventing them from progressing in the Health Board. The results are due to be reported to the Equality & Human Rights Strategic Forum by the end of 2014.

BCUHB is also working in a number of areas in collaboration with Chwarae Teg, the Welsh charity that helps women achieve and prosper, as part of their European-funded “Agile Nation” initiative. A key piece of work will explore how improving understanding of, and access to Flexible Working opportunities impacts upon different groups (e.g. men and women) and will also seek to measure the impact upon sickness absence of the improvements in work-life balance attributable to a more flexible approach to working times and patterns.

One of the actions already completed is a review of our Flexible Working Policy and Procedure to ensure it reflects the latest legislative changes and promotes better understanding, for example, of the requirement for recording applications for flexible working within ESR so we can monitor uptake. This will also be highlighted during workshops for managers being piloted in two areas – Mental Health and Learning Disability CPG and the Informatics Department.

The pilot work here will also include a staff questionnaire designed to explore how well our policy is understood and what are the barriers to flexible working in BCUHB both from staff perspectives and from those of managers.

The results of this work will be reported to the Equality and Human Rights Strategic Forum in December 2014 and will be used to inform how the project is then taken forward across the whole organisation.

## Equality Information

### Our Role as a Service Provider

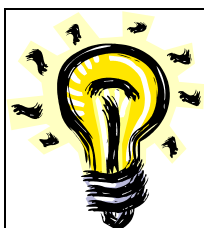
Equality information is data relating to concerns and incidents is gathered in an electronic reporting system called Datix.



BCUHB Equalities and Concerns teams ran a pilot exercise to test a system for capturing equality information contained in concerns related to protected characteristics. This work involved 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.

There remain barriers to the routine collection of equality data relating to patients including:

- 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 but it is not their characteristics we need to know;
- 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.



Monitoring information from the incident reporting system enabled us to identify the need to provide guidance for staff who are the subject of racial abuse by patients. We worked closely with our Safeguarding Team and Violence and Aggression Case Manager to develop a guidance document to help staff deal with all forms of hate incidents and crimes.

### Patient experience

Feedback allows us to make improvements when needed. We collect feedback in a number of ways:

- **Comment cards** These cards are available in hospital inpatient and outpatient areas and are a way of gaining comments or suggestions.

- **Patient stories** These stories allow patients and/or relatives to tell us what it feels like to receive care or a service and are powerful messages that remind us every patient is individual and the impact that we can make on their lives. A patient story describing the experience of a deaf blind service user has been developed this year and circulated widely to help raise awareness of the barriers experienced by this individual whilst in hospital.
- **Surveys** The All Wales survey was introduced by Welsh Government to ensure that patients can provide feedback about their care. We introduced this first in the inpatient wards at our three district general hospitals and our main outpatient clinics in August 2013.

## Our Role as an Employer

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.

We have lobbied for changes to NHS Jobs to ensure we can comply with the Public Sector Equality Duties, however the system still does not 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.

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.

We have improved the levels of confidence to increase disclosure of employee equality data to meet the requirements of the Specific Equality Duties in Wales.



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. 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 duties.



A major data cleanse of employee equality data commenced in December 2012. This has enabled 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 was completed in December 2013 and has resulted in significant improvements in the rates of declaration of equality data as follows:

	Declaration Dec 2012	Declaration Dec 2013
Ethnicity	75%	86%
Religion/Belief	51%	75%
Disability	38%	66%
Sexual Orientation	50%	75%

Staff from the BCUHB Corporate Equalities Team are leading a project aimed at developing standard employment reports for all NHS organisations in Wales which will enable benchmarking against each other and against All Wales data which has previously been unavailable.

## Assessing Impact

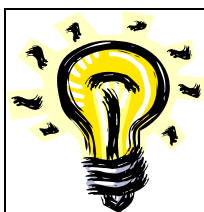
We aim to ensure our staff understand the principles of Equality Impact Assessment (EqIA), and that it is not a complicated process. It is a structured process that tries to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service 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.



In May 2013, the BCUHB Board agreed changes to strengthen governance arrangements in observing the specific equality duties, whereby the Board or any of its sub-committees now have explicit requirements regarding Equality Impact Assessment. This includes 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.*”

Equality Impact Assessments relating to major projects including “Healthcare in North Wales Is Changing” are published alongside other project documentation on our website. We also invite people interested in particular Assessments to contact us to obtain a copy – see <http://www.wales.nhs.uk/sitesplus/861/page/72610>

The Corporate Equalities Team continues to run regular skills workshops and to provide support for staff involved in undertaking equality impact assessments. The level of improvement in understanding around the need for, and processes involved in carrying out impact assessments is very positive.



An Equality Impact assessment was undertaken on the Canolfan Goffa in Blaenau Ffestiniog where issues in relation to access, transport and the design of the building were explored with the needs of key users in mind.



EqIAs were prepared for the Mortuary build at Ysbyty Glan Clwyd (YGC) in operation as of January 2013, and the Pathology Laboratory build (YGC) in operation as of July 2013. The relocation of the Mortuary and Bereavement Services allowed the deceased to be treated with dignity and respect with the construction of the building incorporating modern technology. Relatives have a calm and discrete area in which to receive assistance with bereavement issues, and a landscaped area adjacent to the building which provides a quiet and pleasant space. Visitor parking is next to the entrance. The Pathology build was designed to allow access and exit for disabled people (including safe havens in the case of fire), and adjacent accessible parking. EqIAs have also been prepared as part of the reviews of the BCUHB Cellular Pathology Service and Microbiology (Public Health Wales) services.

We are seeking to strengthen the links between the 'equality' and 'quality' agendas by further developing our integrated impact assessment tool. Implementation of our quality improvement strategy is our top priority this year and provides an opportunity for us to embed equality and human rights principles into its application.



## Promoting Knowledge and Understanding

### Equality and Human Rights e-Learning

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

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

In February 2012, “Fairness, Rights and Responsibilities” was launched across BCUHB as our mandatory equality and human rights training package. BCUHB equalities staff led the development this package in collaboration with service users and staff, and a series of workshops using the same learning materials has been rolled out to staff who do not have ready access to a computer.

In addition, many of our Clinical Programme Groups arrange mandatory training days covering a range of mandatory training topics and Corporate Equalities staff have supported many of these days over the past 12 months.



A mandatory training event was held by the Children’s CPG earlier this year. Equalities training was covered as part of this event and 58 staff attended. For those staff who have not attended the use of the e-learning module is promoted. Attendance at mandatory training is now included in employee’s Annual PDR’s and compliance is monitored by the CPG’s Performance and Information sub group.

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.

As at the date of this report, more than 5,000 of our staff have successfully completed the e-learning training package representing more than 30% 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.

A further updated version of the e-learning module is currently being developed to ensure it remains up to date and reflects the latest developments in legislation and best practice.



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. Following a major review during the year, 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
- 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 continue to provide equality and human rights training as part of the Consultant's Foundation Programme (for newly appointed Consultants)
- 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
- 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 continue to provide 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



In February 2014, Mental Health and Learning Disability CPG worked with colleagues from Diverse Cymru to deliver two training sessions specifically for CPG staff. The aim was that through the giving and sharing of information and experiences, we can create a better understanding and raise awareness of the issues facing people from the Black and Minority Ethnic (BME) communities who have mental health issues. The sessions were interactive and participatory, guided by the values of respect, honesty and involvement. Areas covered during the session included: being aware of the cultural and religious issues faced by individuals from BME communities when accessing Mental Health services and how to address those issues; consider the reasons for the disproportionate numbers of BME referrals and detention; and consider the potential barriers that may be faced by BME individuals.

## Language

### Welsh Language

Betsi Cadwaladr University Health Board has adopted the principle that in the conduct of public business in Wales, it will treat the English and Welsh languages on the basis of equality. To this end, and in accordance with the Welsh Language Act (1993), the Health Board has adopted a comprehensive Welsh Language Scheme which sets out how it will give effect to that principle when providing services to the public.

Further details can be found on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/50097>

### Wales Interpretation and Translation Service (WITS)

BCUHB formally adopted Wales Interpretation and Translation Service (WITS) as its preferred provider of interpretation and translation services in April 2012. The establishment of the service was smooth and feedback received has been positive. The process established between WITS and the healthcare services in all settings are well established and guidance for both secondary and community and primary care have been developed and are now embedded in practice.

In 2014 the decision was taken by the Health Board to incorporate the provision of British Sign language (BSL) services under WITS from July 1<sup>st</sup> 2014. All guidance has been revised to reflect this addition and considerable work has been carried out within BCUHB and within the deaf community to facilitate a smooth transition. The Health Board commissioned a Transition Support Service (TSS) via the North Wales Deaf Association for a period from 1<sup>st</sup> March 2014 to 31<sup>st</sup> March 2015. The aim of this service is to support a smooth transition with minimised disruption for BSL users and ensure no BSL service users are unfairly disadvantaged during the transition or under the new arrangements.

As part of the TSS information will be gathered regarding BSL users' preferences with regard to interpreters and this information shared, with consent of the service user, with WITS. The TSS will also provide feedback to the Health Board in relation to the impact of the transition to WITS on the BSL users and raise awareness of the transition to a new provider within the BSL community.

## Promoting Greater Sexual Orientation Equality

We are pleased with the development of our LGBT Staff Support Network which members decided should be called “Celtic Pride” reflecting both nationality and sexual orientation representation. A new logo was developed to help with group identity and this was reproduced on tee-shirts provided for members attending North Wales Pride in July. This is the third year running that BCUHB staff have been supported to attend this increasingly-important event and those present agreed it was the best year yet (see picture on front cover).



In May 2014, members from Celtic Pride, together with other guests from inside and outside BCUHB, attended a ceremony to raise the rainbow flag at Ysbyty Gwynedd to celebrate IDAHOT Day (International Day Against Homophobia and Transphobia).



Margaret Hanson, BCUHB Vice Chair (pictured here seated, centre) performed the flag raising at Ysbyty Gwynedd and flags were also raised on the same day at Ysbyty Glan Clwyd and Wrexham Maelor. The ceremony at Ysbyty Gwynedd was also attended by representatives from Stonewall Cymru, the BCUHB Community Health Council and BCUHB’s Independent Board member champion for Equality and Human Rights, Jenie Dean.

We are in the process of submitting our third Stonewall Cymru Workplace Equality Index questionnaire, due to be assessed in January 2015. Celtic Pride members have made significant contributions to the submission this year which has been updated and changed substantially by Stonewall Cymru to reflect a different approach to the questions. Celtic Pride members are already considering a number of actions designed to promote greater sexual orientation equality during the next year including better promotion of the Network across BCUHB and beyond, and the deployment of rainbow desktop flags and door stickers at all BCUHB locations.

One of the functions of the Network is to advise the Health Board on the development of new and revised policies from an LGBT perspective.

This year has also seen the development of new guidelines to help support transgender staff in BCUHB. These are currently the subject of wide consultation both within and outside BCUHB including Celtic Pride.

## 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

Research evidence consistently suggests that people with a learning disability are at greater risk of physical and mental ill health than the general population. 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. Last year we 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 and highlights the need for further joint working between primary & secondary healthcare staff and specialist learning disability services.

In January 2014, The 'Care Bundle for People with a Learning Disability in a General Hospital Setting' was launched. It will help NHS Wales Health Boards to be consistently alert to, and to respond to, the needs of people with learning disabilities, and their families and carers, when they access general hospital services. The care bundle sets out key steps, which if taken consistently for all patients who have a learning disability, will ensure:

- Early recognition of patients with learning disabilities.
- Effective communication with patients, carers, family members and clinicians.
- Dignified, person-centred care and treatment.
- Effective review and discharge planning.

The bundle comprises several steps at various stages of the patient's stay. We are working to raise awareness and promote ownership of this work with Clinical Programme Groups and Corporate Support Departments, which will form the basis for the development of an audit tool this year.

## Supporting Carers

In 2010, the Welsh Government introduced a new law called the Carers Measure. It places a duty on us to make sure that the needs of carers are met. We have produced the North Wales Carers Information and Consultation Strategy (<http://www.wales.nhs.uk/sitesplus/861/opendoc/225001>) in partnership with the six local authorities and the third sector carer support organisations. It outlines how we will identify carers as soon as possible and give them the information and support they need.

## Older people

In 2011, due to an increasing number of concerns expressed by older people about hospital care, the Older Peoples' Commissioner for Wales, Sarah Rochira, visited all acute hospitals in Wales to look at the care of older people. She found that the treatment of some older people was inadequate and made twelve recommendations for improvement. Each Health Board in Wales had to produce an action plan to meet the recommendations and submit regular progress reports to Welsh Government. We have made good progress against the recommendations and there are a number of projects in place to maintain the momentum. This includes:

- **Changes in ward environment** We commissioned a review of ward environments from an expert based at Bangor University. It looked at simple changes to ward environments to help older people with dementia, such as colour coded areas and large clock faces. This is priority for 2014, and there is a programme in place across all inpatient wards to implement these changes.
- **Effective communication** Language of choice is emphasised in dignity training that is provided to student nurses and Health Board staff. A recent improvement in this area has been the purchase of a picture-based communication tool for patients with sensory loss, learning disabilities or dementia.

## 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 programme led to the development of a toolkit "Putting Human Rights at the Heart of Nutrition and Hydration". The purpose of the toolkit is to assist Ward Sisters and Charge Nurses to develop and use human rights based approaches to the planning and delivery of care. Nationally and internationally there have been a number of initiatives and documents that set the standards for hospital catering and patient nutrition. However there do not appear to be specific guidelines which make the direct link between hydration, nutrition and human rights, particularly in relation to the obligations on service providers as set out in the Human Rights Act 1998.

The toolkit has been produced by drawing on the experiences of service users, staff, stakeholders and organisations with expertise in both human rights and health. It is championed by the Deputy Director of Nursing who is the strategic lead for Nutrition and Patient Services, and builds upon the work of the Nutritional Assessment and Pathways Transformational Groups at Betsi Cadwaladr University Health Board. The toolkit was launched across BCU at the end of 2013.

### **Health and Wellbeing of Homeless People and Vulnerable Groups**

In April 2013, the Welsh Government launched the new Standards for Improving the Health and Well-being of Homeless and Specific Vulnerable Groups. 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 Standards required each local area to produce a Homeless People and Vulnerable Groups' Health Action Plan showing how it would ensure the health needs of all ages of homeless people and specific vulnerable groups are addressed. This includes:-

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

The Executive Director of Public Health is the named lead and Chair of the group leading this work, a scoping exercise has been undertaken and the requirement for a robust needs assessment to be carried out identified. Work continues in partnership on this.

### **Accessible Information and Communication for People with Sensory Loss**

There is a legal duty under the Equality Act 2010 to ensure that reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes

In May 2013 the Minister for Health and Social Services wrote to all Health Boards introducing the All Wales Standards for Accessible Communication



and Information for People with Sensory Loss. The purpose of the Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. These Standards apply to adults, young people and children. On December 5<sup>th</sup> 2013 the Minister officially launched the Standards. Health Boards are required to put in place an implementation plan under the responsibility of a designated officer which identifies:

- The current picture in terms of compliance with the standards
- The areas where improvements can be made relatively quickly and easily
- Those areas of service provision where compliance with the standards causes greater challenges

The plan has been developed and identifies the policies, procedures and protocols, existing and/or in need of development, to make the changes required to deliver the Standards.

A base line assessment in terms of compliance has been undertaken in relation to the following work-streams:

- Training
- Accessing communication support for service users via the Welsh Interpretation & Translation Service ( WITS)
- Referral process and appointment systems
- Medical records, flagging and alerts
- Hearing loop provision maintenance and training
- Environment and signage
- Improved accessibility of the concerns process

This has identified existing good practice, areas where improvements can be made relatively quickly and areas where compliance provides greater challenges. Existing good practice has been identified during the assessment and includes:

- the development of interpretation and translation guidelines for staff which provide information for staff on how to access timely communication support for patients and carers across BCU.
- guidelines for the development and provision of accessible information
- hospital communication guides for clinical areas have been purchased and distributed to Matrons for use within their clinical areas. The Standards were also publicised widely across BCU during part of this year's Equality and Diversity week in May.

- service improvement initiatives include the provision of a new service for Deaf service users to improve access to mental health services A video to raise awareness of the North Wales Deaf Mental Health Network has been made available on the Betsi Cadwaladr University Health Board internet site. This was produced in British Sign Language and also includes captioning in English and Welsh language
- The Cochlear Implant Team in YGC are developing an individual communication plan for patients so that they can make professionals aware of their individual communication needs when they attend hospital appointments.
- members of the steering group are also working with NHS Wales Informatics Service (NWIS) to explore the electronic referral process from primary to secondary care, and the supporting processes necessary to ensure that the communication needs of people with sensory loss are identified at referral and that this information is flagged to inform appropriate action when the referral is received.
- The Standards have been communicated widely across BCUHB and areas for local action by CPGs identified
- The training plan has been finalised, priority staff groups identified and training has commenced
- Work has commenced to identify (where agreed with service user/patient) an individual's communication needs to be flagged on ward patient status at a glance and boards to raise awareness with staff
- A range of other support services are in place including the Volunteers Service, Vision Support, Eye Clinic Liaison Support Service via RNIB.
- A hearing loop audit has been undertaken and the management of hearing loops and their maintenance clarified.
- The principles of inclusive design are built into the Terms Of Reference for the design user groups promoting inclusive access at YGC
- Improvements to signage are being planned. Good practice has been recognised by NHS Wales in Hywel Dda Health Board, based initially on work with patients with learning disabilities.
- A flagging system on patient's paper record has been developed to enable staff to understand the needs of the patients when they attend for an appointment
- Assurance of adherence with the standards has been raised with Primary Care practice managers across North Wales.
- Discussions have taken place with GP out of hours service where both the primary care and unscheduled care elements of standards apply. A position statement is under development and improvements planned.



The BCUHB Disability Sports Partnership is a real success story. One of the main objectives is to work with front line NHS Teams to raise awareness and improve understanding of the opportunities and scope for participation in Sport for patients with disabilities across the region. Moving away from a 'medical model' of treatment and care, and linking fully with the 'Social Model' to empower individuals with a disability to engage and enjoy any Sport they wish and enhance their health and well being.

## Primary Care Practice Managers Engagement

On-going attendance at County Practice Managers meetings across North Wales has enabled the Equality Team to raise awareness of the "Public Sector Equality Duty and Third Party Service Providers" document published by the NHS Centre for Equality & Human Rights, and the All Wales Standards for Accessible Information & Communication for People with Sensory Loss. Many examples of good practice have been highlighted and equality training support offered to primary care colleagues.

## Safeguarding

Reducing Domestic Abuse, Violence against Women, Sexual Violence and Honour Based Violence are key strategic target areas for the Safeguarding agenda at BCU. This strand of the safeguarding agenda also consists of other areas associated with vulnerability that include Counter Terrorism PREVENT, Child Sexual Exploitation, Human Trafficking, Honour Based Violence (HBV) Female Genital Mutilation (FGM and Forced Marriage (FM). The Domestic Abuse, Violence against Women, and Sexual Violence agendas have a direct impact on both Adult Protection and Child Protection. Further information is available in the Safeguarding Annual Report (see

<http://www.wales.nhs.uk/sitesplus/861/document/225407>)

## Hate Crime

The Welsh Government Framework for Action: Tackling Hate Crimes and Incidents was launched by the Minister for Communities and Tackling Poverty, Jeff Cuthbert in May 2014; it aims to tackle hate crimes and incidents in respect of the protected characteristics under the Equality Act 2010. It includes tackling hate crime in the context of cyber bullying, social media and extremist views.

Victim Support has been commissioned by the Welsh Government as the Official National Hate Crime Report and Support Centre for Wales. The All Wales Hate Crime Criminal Justice Board are seeking a single mechanism and process for ensuring victims receive support and can report hate; therefore services are promoted locally and Regional Equality Groups and Organisations are working with victim support to provide victim services without over-burdening or confusing victims

Good progress has been made. The Equality team are working with Safeguarding at BCU and external partners to raise awareness of the Framework across North Wales. A coordinated North Wales publicity campaign is planned for Hate Crime week during October. 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 and mechanisms have been agreed across North 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.

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 has now been concluded and the amendments have been formally approved by the BCUHB Audit Committee with a recommendation for similar revisions to be made to the Procurement Policy;
- Recommendations for minimum levels of training to ensure Procurement staff better understand the requirements of the public sector equality duties; a pilot joint training workshop for equalities and procurement staff working for organisations that are members of the North Wales Public Sector Equality Network has been arranged for October 2014.

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

During 2013/14, we continued to work with Equality leads in all 6 North Wales Local Authorities, Fire Service, Ambulance Service, Snowdonia National Park, Coleg Cambria and North Wales Police to share good practice and develop joint initiatives. This included an engagement event with stakeholders that was held in November 2013, where we also took the opportunity to consult stakeholders on a number of best practice publications in the following areas:

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

These documents have now been published along with a report on the November event on our WebPages – see <http://www.wales.nhs.uk/sitesplus/861/page/59490>

We have continued to explore 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 included inviting Dr Alison Parken to address the group to update us on the progress of the WAVE (Women Adding Value to the Economy) Project.

The Network recently held a workshop to consider how we can support the implementation of the Welsh Government Framework for Action on Hate Crimes and Incidents. The workshop included representation from interested organisations including NWREN and Victim Support, and actions are being developed to provide support to, and publicity for, the work of our two North Wales Regional Community Cohesion Coordinators.

We have also commissioned a small project to explore how we can adopt a more common approach to the questions used in equality monitoring carried out by member organisations which it is proposed will be issued as further good practice guidance towards the end of 2014.

## 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.

### **All Wales Standards for Accessible Communication and Information for People with Sensory Loss**

We will continue to drive forward the implementation plan and work with representatives to make important changes this year to remove some of these barriers identified and improve services for people with sensory loss. We will continue to monitor progress against the Standards implemented by Welsh Government. We will drive forward the principles of inclusive design and work with planning colleagues and design teams to embed these into service developments. We will work to review signage and develop guidance to promote a consistent approach across BCU HB that is accessible and inclusive.

### **Impact Assessment**

We will seek to strengthen the synergy between the equality and quality agendas by further developing our integrated impact assessment tool. Implementation of our quality improvement strategy is our top priority this year and provides an opportunity for us to embed equality and human rights principles into its application. We will work to scope opportunities to further develop the impact assessment process and develop a practical tool to assist and enrich policy development.

### **Staff Training:**

Training in equality and human rights remains a priority. 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 CPGs have achieved this objective more than others and we are working with them to help design solutions including attendance at “Mandatory Training Days” arranged within the CPG

### **Hate crime**

We will continue to work with Safeguarding at BCU and external partners to raise awareness of the Framework across North Wales and ensure an appropriate organisational response to the requirements.

## **Improving the Patient Experience for People with Learning Disabilities**

We will work to raise awareness and promote ownership of the Welsh Government care bundle with Clinical Programme Groups and Corporate Support Departments, which will form the basis for the development of an audit tool.

## **Gender Pay Differences**

The scope of the work in understanding more about the factors that have given rise to differences in average pay between men and women working for BCUHB is extremely challenging and it is expected that securing any tangible change in the short term will be similarly difficult to attain. Factors such as occupational segregation, which can be attributed, at least in part if not substantially, to societal issues and attitudes about male and female roles/occupations may take generations to effect substantial change. Nevertheless, there are factors which we strongly suspect contribute to sustaining pay differences are well within our scope to effect change, including access to flexible working which we believe will improve as a result of the work we are doing with Chwarae Teg (see p11).

## **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.

Similar representations have been made to secure changes to the national recruitment advertising system which we use (NHS Jobs) as this does not distinguish between internal and external job applicants so we have been unable to report on staff applying for promotion.

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 whose 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.



## **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 have implemented a new set of Equality Key Performance Indicators (KPI's) during 2013/14 which gives us an indication of how well our CPG's and CSF's are performing against certain process 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	35
Appendix B Information Relating To Our Workforce	43
Appendix C BCUHB Equality Objectives By Protected Characteristic	44

## 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 2013/14

Work continues in partnership to inform the development a Homeless and Vulnerable Groups Health Action Plan in compliance with the Welsh Government Standards for Improving the Health and Well-being of Homeless and Specific Vulnerable Groups. A scoping exercise has been undertaken and the requirement for a robust needs assessment to be carried out identified.

A paper was presented to Board setting out the approach to implementing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss, issued by the Minister and launched on 5<sup>th</sup> December 2013. An Accessible Healthcare Working Group has been established to develop a plan that addresses the policies, procedures and protocols, existing and/or in need of development, to effect the changes required to deliver the Standards and a plan developed. An external Sensory Loss Advisory Group has also been established and includes representation from service users, RNIB Cymru, Vision Support, North Wales Deaf Association and Action on Hearing Loss, this Group seeks to shape the direction of the identified improvements.

We have worked to drive improvements in patient experience for patients with learning disabilities accessing services on general wards in acute hospital settings. Last year we 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 and highlights the need for further joint working between primary & secondary healthcare staff and specialist learning disability services.

In January 2014, The 'Care Bundle for People with a Learning Disability in a General Hospital Setting' was launched. We are working to raise awareness and promote ownership of this work with Clinical Programme Groups and Corporate Support Departments.

We have made good progress against the recommendations in the Older People's Action Plan including, a review of ward environments from an expert based at Bangor University. It looked at simple changes to ward environments to help older people with dementia, such as colour coded areas and large clock faces.

## 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 2013/14

Establishment of Celtic Pride LGBT Staff Support Network (see p21)

Publicity to promote, and demonstrate the Health Board's support for IDAHOT Day following a flag-raising ceremony conducted by the Health Board vice chair (see p21).

Significant work undertaken in analysing data on gender pay differences and launch of major research project through questionnaire issued to all staff (see p10-11).

Significant improvements in the quality and quantity of personal equality data held on Health Board staff through a major data cleanse exercise (see p14).

Commitment to training staff using our bespoke, mandatory equality and human rights e-learning resource with more than 5,000 staff now having successfully completed the training (see p17).

### **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 2013/14**

We have contributed to the development of the Welsh Government Framework for Action on Tackling Hate Crimes and Incidents during consultation events attended over the past year and worked closely with colleagues from other public sector organisations in North Wales to explore the opportunities for closer collaborative working to support the implementation of the Framework. We recently held a workshop attended by North Wales Public Sector Equality Network members, Safeguarding and Victim Support staff and a representative from NWREN to scope this work. An action plan to support Regional Community Cohesion Coordinators is being developed to support their work in this area (see p27)

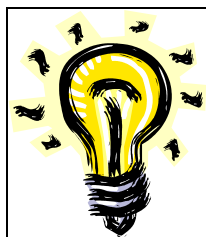
Following the implementation of a system to monitor equality information recorded in our electronic incident reporting systems, we identified a need to provide advice and guidance for staff who are subjected to racial abuse by patients and their relatives/carers. We have now developed draft guidelines in partnership with our Safeguarding Team and our Violence and Aggression Case Manager, and these are currently subject to wide consultation.

Reducing Domestic Abuse, Violence against Women, Sexual Violence and Honour Based Violence are key strategic target areas for the Safeguarding agenda at BCU, the links with the Equality and Human Rights and the Safeguarding agenda has been strengthened at BCU this year (see p27)

## 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 2013/14



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 to explore the issues faced by older people, and a number of initiatives are now being progressed.

Working in collaboration with equality colleagues in other public sector organisations in North Wales as part of the North Wales Public Sector Equality Network (NWPSSEN), we have developed and published guidance and information on how to get involved in decision-making bodies. This was the subject of consultation with a range of stakeholders at an event held in November 2013 and the document has since been published on all member organisations' websites.

Further meetings have been held during the year with our Equality Stakeholder Network comprising individuals and groups representing people with protected characteristics who have agreed to work with us to scrutinise our work in this area.

The principles of equality impact assessment, including inclusive and representative engagement are embedded in planning guidance and processes in respect of service development activity across BCU HB.



## 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 2013/14

The principles of inclusive design are built into the Terms of Reference for the design user groups promoting inclusive access at YGC .Awareness has been raised with colleagues that the way buildings and spaces are designed should reflect the principles to ensure that the design of the physical environment creates a place that everyone can use. Recently published RNIB guidance on access issues has also been distributed to Estates and Planning Teams.

In April 2013, the Welsh Government launched the new Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups. The Standards require each local area to produce a Homeless People and Vulnerable groups' Health Action Plan ensuring the health needs of all ages of homeless people and specific vulnerable groups are addressed.

For progress against The Standards for Accessible Information and Communication for People with Sensory Loss (see p24).

Work is ongoing nationally to review and improve accessibility of the concerns process known as "Putting Things Right"; BCU HB have been actively engaged with this work.

## 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 and a further meeting with stakeholders was held in November 2013. This provided 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 2013/14

### BCUHB 3-Year Operational Plan

Significant work has been undertaken to develop the priorities which will deliver the Health Board's strategic aims and objectives, in order to shape the Three Year Plan. This includes imperatives to reduce health inequalities and inequalities. The principles of equality and human rights underpin this work and the Equality Impact Assessment process is applied.

A range of joint initiatives continue to improve joint working between public sector organisations in North Wales including the development of common processes to enable us to meet the requirements of the public sector duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. Members have been engaged in developing a common equality data gathering framework for use by organisations across North Wales, taking into account good practice and the recommendations of the Welsh Government document "Collecting Equality Data: Harmonised Standards and Best Practice". This will improve our future ability to benchmark between organisations.

## 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> .

Employment and pay reports prepared to meet the requirements of the Specific Equality Duties for public sector organisations in Wales are available on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/63948>

## Appendix C BCUHB Equality Objectives by Protected Characteristic

		Age	Disability	G/Re-ass't	Mar & CivP	Preg & Mat	Ethnicity	Relig & Bel	Sex	Sex. Orien
<b>Health Objectives</b>	• 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		√							
<b>Employment Objectives</b>	• 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	√	√	√	√	√	√	√	√	√
<b>Safety</b>	• 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. Orien
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Reduce the incidence of hate crime, harassment and domestic abuse</li> </ul>	√	√	√		√	√	√	√	√
<b>Representation and Voice Objectives</b>	<ul style="list-style-type: none"> <li>Increase the numbers of people with different protected characteristics on decision making bodies</li> </ul>	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> <li>Improve engagement with people from protected groups in the review and re-design of services</li> </ul>	√	√	√	√	√	√	√	√	√
<b>Access Objectives</b>	<ul style="list-style-type: none"> <li>Improve access to the built environment by adopting inclusive design principles</li> </ul>	√	√			√				
	<ul style="list-style-type: none"> <li>Identify and remove barriers to accessing and using services, including those faced by homeless people</li> </ul>	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> <li>Ensure complaints systems are fully accessible</li> </ul>	√	√	√	√	√	√	√	√	√
<b>Organisational Objectives</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> <li>Reduce costs and duplication through collaborative working by sharing information and best practice to advance equality in North Wales.</li> </ul>	√	√	√	√	√	√	√	√	√
	<ul style="list-style-type: none"> <li>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</li> </ul>	√	√	√	√	√	√	√	√	√