

## Fairness, Rights and Responsibilities



# Annual Equality Report 2015 -2016

'a conscious approach and state of mind'

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







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## 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 (BCUHB) Annual Equality Report covering the period April 2015 to March 2016. This report summarises the action we have taken to advance equality and shares some of the many examples of excellent work in our Health Board. It also outlines the challenges we face and the areas where we need to drive progress.

The Board is committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. 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 work closely with staff, patients and partners to embed equality and human rights principles into our ways of working and have developed our Equality Stakeholder Group into a more collaborative and interactive forum where external stakeholders set the agenda. We continue to engage with a range of stakeholders and subject experts to help assure our strategic direction.

This Annual Report provides an overview of our progress this year and also identifies those areas that have provided challenges. It gives us the opportunity to share our progress and give interested stakeholders a preview what we are going to be doing in 2016/17, largely focused on embedding our revised equality objectives into operational plans and performance management frameworks.

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:

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## Betsi Cadwaladr University Health Board

#### **Our Purpose**

Our purpose as a University Health Board is to create a healthier and fairer North Wales.

- ✓ To improve the health of the population we serve,
- √ To provide excellent care
- 1. Improving the health of the population we serve means that, over time, everyone will see outcomes in improved quality and length of life, and that these outcomes will be more fairly distributed across the whole population;
- 2. Providing excellent care means that, our focus will be on developing high quality services which are person centred, safe and effective.

#### What we do

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 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 16,500 staff
- Have a budget of around £1.3 billion
- Run three district general hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital 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

Our Annual Report provides an update on progress as a Health Board and the latest available Report can be found at:

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

#### What we believe

Our Vision

• We will improve the health of the population, with a particular focus upon the most vulnerable in our society.

- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.
- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture.

Values statements have been identified by our staff and stakeholders which help us to define and develop our organisational culture.

In everything we do, we will:

- Put patients first
- · Work together
- Value and respect each other
- Learn and Innovate
- Communicate openly and honestly

The human rights principles of fairness, respect, equality, dignity and autonomy (FREDA) have under-pinned this work

#### **Our Strategic Goals**

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

## Our Key Achievements during 2015/16

#### **Key Equalities achievements include:**

- Securing a "Top 100 Employer" placing in the Stonewall Workplace Equality Index making us the 'Most Improved Employer in Wales';
- Successfully piloting the WAVE (Women Adding Value to the Economy)
   Gender Employment and Pay Analysis model;
- Undertaking a comprehensive review of our Strategic Equality & Human Rights Plan, including extensive stakeholder engagement, in order to publish a revised Plan (2016-2020) by 31<sup>st</sup> March 2016;
- We held a consultation event jointly with public sector partners in North Wales to help inform the development of our strategic equality objectives; the event was addressed by Kate Bennett. Director for the EHRC in Wales:
- Securing a successful transition from our bespoke Equality and Human Rights
  e-learning package to the All Wales e-learning resource known as 'Treat Me
  Fairly' and piloting new face-to-face training based upon the same materials
  on behalf of other NHS organisations; we have also explored more innovative
  approaches to ensure access to equality training for employees who have
  difficulties accessing either e-learning or face-to-face training and will be
  piloting a new workbook-based solution during 2016/17;
- Equality and Human Rights priorities are included explicitly within Operational Plans for the organisation. Each Area, Mental Health and Secondary Care Hospital team will have objectives derived from the SEP 2016-20 within their service plans. The governance around monitoring progress against these priorities has been strengthened and will be monitored via the accountability and performance management framework at BCUHB;
- Collaboration with UNIQUE Transgender Network to develop new guidance designed to support transgender staff working in BCUHB;
- Based upon information from incident reporting systems, we developed guidance on dealing with hate crimes and incidents against BCUHB employees;
- Following feedback from members, we have strengthened the governance arrangements for our Equality Stakeholder Group so that agendas for meetings are now determined by members themselves making subject matter more relevant to members' interests;
- We have established a group that includes external stakeholders to provide advice and scrutiny on Equality Impact Assessment relating to key BCUHB Strategies and Plans;
- An Engagement Strategy has been developed this year which sets out how
  we propose to ensure that continuous, meaningful engagement with
  communities and stakeholders is an integral part of the health board's work
  going forward.

### Developing a new Strategic Equality Plan and Objectives

We work within the requirements of the legislation and with the guidance of the <u>Equality and Human Rights Commission</u>. The legislation requires us to review and update our Strategic Equality Plan and objectives every four years, and much of the last year has been spent undertaking this review.

Evidence has been gathered from national and local reports and from staff and service users to inform this work. We have listened, and continue to hear key messages and value this feedback which has led directly to the development of our Strategic Equality Objectives for the years 2016/17 to 2019/20

We began by undertaking a desktop review of evidence contained in reports and other documents published since 2012. We then conducted an internal consultation with equality stakeholders across BCUHB asking them if they thought our previous objectives were still relevant, or whether they needed updating.

We held an engagement event in October 2015 in collaboration with our partners in the North Wales Public Sector Equality Network. More than 70 people attended this event which was addressed by Kate Bennett, Director Equality & Human Rights Commission Wales. Kate talked about the EHRC research which has now been published in their review called "Is Wales Fairer?" and this insight helped delegates to a more informed assessment of our draft equality objectives.



Pictured (left) is Kate Bennett, Director of the Equality & Human Rights Commission for Wales's addressing delegates at the engagement event we held with North Wales Public Sector Partners at Conwy Business Centre in October 2015.

The strategic equality objectives which emerged from the above work will be used to inform our Senior Teams as they identify priorities for action and

inclusion within their plans that contribute towards delivering our BCUHB equality objectives. They are:-

Better health outcomes for all: to achieve better health outcomes for everyone, having regard for a person's protected characteristics.

Improved patient access and experience: to improve access and experience for everyone, having regard for a person's protected characteristics with a focus on dignity and respect.

Becoming an employer of choice: to be a fair and inclusive employer and build a workforce that is equipped to meet the diverse needs of our service users and colleagues, having regard for a person's protected characteristics.

Inclusive leadership at all levels: to provide the vision and motivation to advance equality at BCUHB and harness the energy and efforts of others to make improvements.

## Gender Equality and Reducing Pay Inequalities



BCUHB has worked with the WAVE Project Team based at Cardiff University to help develop and pilot the Gender Employment and Pay Analysis (GEPA) model.

We have continued to monitor the work of the WAVE (Women Adding Value to The Economy) Project and have undertaken further work with the project team to help them to pilot and develop a Gender and Employment Pay Analysis (GEPA) Model which will be made available for use by all organisations in analysing pay and employment differences between men and women.

Phase II of the WAVE project will be focused on supporting organisations to implement the GEPA model and develop actions to tackle any issues identified. BCUHB expects to play a full role in this Phase of the project which will help to support and deliver the Gender Pay/Flexible Working Action Plan that was published as Appendix A to our <a href="Strategic Equality & Human Rights">Strategic Equality & Human Rights</a> Plan 2016 - 2020

Our work during the pilot phase of the WAVE GEPA model development helped us to better understand our pay structures and how they affect men and women working at BCUHB. The work so far tells us that:-

- We have negligible (1.55%) pay differences between men and women who are paid in accordance with Agenda For Change (A4C) Terms and Conditions.
- However, when looking at different grades within A4C, we find that pay gaps start to emerge.
  - For example, men in grades 5 to 9 earn on average 7.1% more than women in the same grades, despite women occupying 85% of the posts.
  - Narrowing this further to grades 8 and 9 only, the difference in average earnings increases to 9.5% despite women holding 72% of the posts in these grades.
  - Only 4% of all women employed hold posts at grade 8 or 9; for men, this proportion is 50% higher (6%).
- Male staff within the Medical and Dental staff group earn on average 18.47% more than women in the same group. For full time staff in this group, the difference rises to 21.56%, however the position is reversed

- for part time staff where women's mean annual earnings are 77% higher than men's. More work is needed to better understand the causes of these differences and what actions can be developed to address them.
- Occupational segregation remains an issue with 93% of all part time
  posts in the organisation held by women, and with half of these posts
  being lower-paid and falling within grades 1 to 4. Research within the
  WAVE project indicates there are barriers which mean that staff in these
  posts find it hard to gain experience and/or training necessary to
  progress to higher-paid positions and will often have concerns that
  increasing earnings may restrict entitlement to benefits.
- Women occupy only 26% of all consultant posts and only 23% of full-time permanent consultant posts. 25% of women consultants work part time, but only 13% of male consultants work part time.

Work will continue to explore these issues during the coming months.

### **Equality Information**

#### Our Role as a Service Provider

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



Annual statistical reports on equality-related Concerns and Incidents are considered by the Equality & Human Rights Strategic Forum.

During the 12 months to 31<sup>st</sup> March 2016, a total of 60 incidents related to one of the protected characteristics were registered.

We conduct surveys that help us to monitor the feedback of inpatients and outpatients by protected characteristic with regular reports made to the Quality, Safety and Experience Sub-Committee of the Board.

One of the richest sources of feedback is when we have undertaken patient experience stories, which are sometimes recorded as video stories.



One such video was recorded for us by Jenny-Anne Bishop representing UNIQUE Transgender Network. In this video, Jenny-Anne describes some of the issues faced by transgender people when accessing healthcare services, and suggests some ways in which healthcare staff can help to address these issues through improved understanding and better communication. This video is now being shared with all front line staff across the organisation.

#### **BCUHB Staff Achievement Awards**

In November 2015, the Health Board held its sixth annual Achievement Award ceremony. The event continues to promote 'Our People at their Best' which aims to celebrate good practice and innovation across the Health Board and also share new ways of working.

This year, the "Advancing Equality Award" went to Dr Carsten Eickmann, Consultant Anaesthetist, Ysbyty Gwynedd, for his work on developing Patient Information 'leaflets accessible to all' – particularly patients with sight and/or hearing loss.

Dr Eickmann highlighted the fact that surgical patients who are deaf, blind or both deaf and blind may be disadvantaged regarding the receiving of information and suggested steps to improve the situation. He wanted to enable our deaf/blind patients requiring surgery to have the same access to information as our other patients i.e. access to information which they could consider privately, and in their own time. Initially, he chose information regarding having a general anaesthetic. A section of the consent form for surgery was also considered.

A decision was made to translate the general anaesthetic information leaflet into Braille and to make available an audio version. 10 x audio CDs, 2 x Braille and 5 x large print versions of the general anaesthetic patient information leaflet were ordered.

Leaflets were sourced showing how to communicate with our deaf/blind patients coming to Main Theatres at Ysbyty Gwynedd, by using British Sign Language and a representative from the deaf blind association gave a talk and demonstration about the difficulties of communication and mobility faced by patients with sensory impairments and how theatre staff could minimise those difficulties.

#### **Working Together – Transgender and Mental Health Project**

During 2015 the Consultant Nurse for dementia and Vice Chair at BCUHB have attended listen and learn sessions with representative of the older transgendered community. Concerns were expressed about the appropriate care of older transgendered people and particularly those with mental health problems or dementia. A working party was established which composed of staff from older peoples mental health services and older transgendered people. The group undertook a two day appreciative inquiry workshop from which emerged the concept of 'working together' and three initial propositions. We are now moving to turn these propositions into reality. We are also coauthoring a paper for the Internal Journal of Transgender Studies setting out the process thus far and the value of utilising an appreciative inquiry methodology.





Pictured above and left are Jenny Burgess (UNIQUE Transgender Network) and Sean Page (BCUHB Consultant Nurse for Dementia) at the launch of our Equality Week.

#### **Minority Ethnic Elders Advocacy Project in North Wales**

BCUHB has continued to engage with elders from minority ethnic groups across North Wales via the MEEA Project to listen and learn about the barriers they experience in accessing services. A range of initiatives have been progressed including working with the Wales Interpretation and Translation Service (WITS) to offer interpreter training to the communities.



Pictured here is Belinda Gammon (left) at our stand in Wrexham Maelor during Equality Week 2016 where she was promoting the Minority Ethnic Elders Advocacy (MEEA) project

#### 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 continued to lobby 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.

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.

Each year we publish employment and pay reports required by the Specific Equality Duties for listed bodies in Wales and these are available on our website at: <a href="http://www.wales.nhs.uk/sitesplus/861/page/63948">http://www.wales.nhs.uk/sitesplus/861/page/63948</a> together with a 'commentary' on the key points of interest in the reports.

### **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.

We continue to run skills workshops for managers and other staff to equip them to carry out equality impact assessments where the emphasis is on how this process helps the organisation to develop better policies and practices through informed and inclusive decision-making.

Our Procedure for Equality Impact Assessment was subject to 3-year review recently and has been updated to reflect minor changes as recommended by staff using the process, and also emerging case law that helps clarify and reinforce the principles around equality impact assessment that we have adopted at BCUHB.

One of the areas where we made improvements to EqIA scrutiny and governance arrangements during the year was in the establishment of a group to provide advice and scrutiny on Equality Impact Assessments relating to key BCUHB Strategies and Service Plans. Membership of this group includes external stakeholders as well as representatives from key BCUHB functions (Planning, Engagement, Communications, Public Health, Equalities) and nominated members of our Equality and Human Rights Operational Group.

This group has provided support and advice on the Equality Impact Assessments in relation to key strategies and plans as they have been developed during the year including major service change proposals.

### 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 January 2016, BCUHB adopted the all-Wales NHS equality training elearning package known as "Treat Me Fairly" and by the end of April 2016, 32% of our staff had completed this e-learning package. At the same time, we also helped to pilot face to face training that uses the same resources as the e-learning package and this has now been rolled out to staff who do not have access to a computer or who are otherwise unable to complete the e-learning.

## 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
- 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
- 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

## **Promoting Greater Sexual Orientation Equality**

We are in the process of submitting our fourth Stonewall Cymru Workplace Equality Index questionnaire, due to be assessed in January 2017.

In January 2016, Stonewall notified us of the outcome of our 2016 Workplace Equality Index submission. We were delighted to learn that we had improved

from 199<sup>th</sup> in 2016 to 72<sup>nd</sup> in 2016, making us one of Stonewall's "Top 100 Employers" in the UK for promoting the rights of LGBT Staff. We were also recognised at the "Most Improved Employer" in Wales and pictured below are Billy Nichols, Chair of our Celtic Pride LGBT Staff Network, and Mark Sykes Assistant Director for Organisational Development, receiving the Most Improved Employer Award at a ceremony in Cardiff.





Pictured (I-r) are:-Billy Nichols, Chair Celtic Pride Mark Sykes, BCUHB Assistant Director Andrew White, Director, Stonewall Cymru Lesley Griffiths Assembly Member Dame Rosemary Butler, Presiding Officer

"Celtic Pride" LGBT Staff Support Network continues to meet every three months and has arranged two social networking events in the last 12 months.

Members attended Chester Pride in October 2015 and North Wales Pride in July 2015 where they were joined by a number of other staff including Jenie Dean, Independent Board Member Equality Champion, and Mark Sykes, Assistant Director for Organisational Development. This is the fourth year running that BCUHB staff have been supported to attend the latter for which BCUHB this year has agreed to become one of the main sponsors.

In May 2015, members from Celtic Pride, together with other guests from inside and outside BCUHB, attended ceremonies at all three main hospital sites across North Wales to raise the rainbow flag to celebrate IDAHoBiT Day (International Day against Homophobia, Biphobia and Transphobia).

Senior staff performed the flag raising at each site and we were delighted that all three ceremonies at Ysbyty Gwynedd, Wrexham Maelor and Ysbyty Glan Clwyd were once again well-attended and included representatives from UNIQUE Transgender Network, and the BCUHB Community Health Council.

We are now exploring the establishment of a formal straight allies programme to build upon the No Bystanders campaign which was launched at the BCUHB Staff Achievement Awards in October 2014 where members of Celtic Pride received a "Highly Commended" award in recognition of their work in advancing equality for LGBT staff.



The picture shows the wall adjacent to the Corporate Equalities Team offices at Abergele where many of the 'No Bystanders' pledges signed to date are on display.

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

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

These standards are now monitored as part of the NHS Outcomes Framework for 2015-16 under the domain 'Individual Care'. The Health Board is required to submit bi-annual progress reports to the Welsh Government Delivery and Performance Unit, the first of which was submitted in October 2015. Considerable progress has been made in raising awareness of the standards and strengthening engagement with service users who have sensory loss. Of particular note is:-

- Development of the Accessible Health Communication service, commissioned from a local third sector organisation to support deaf service users.
- A Communication toolkit has been supplied to all inpatient and outpatient areas across the Health Board. This toolkit has been developed following engagement sessions with staff to assess what additional support they required to enable them to meet the needs of service user's with sensory loss. The toolkit was resourced following a successful bid to Awyr Las Charitable Funds and was launched in December 2015.
- Development of Way finding and Inclusive Design Best Practice Guidance Document; this document provides a consistent approach to way finding and inclusive design principles across all sites within BCUHB.
- Introduction of sensory loss awareness as part of induction training
- Development of a training resource that can be used to raise awareness of the need of people with sensory loss



Pictured left is Dawn
Cooper, Head of
Patient Experience at
our Equality Week
launch event
describing the
Communication
Toolkit now in use at
all inpatient and
outpatient areas
across BCUHB.

#### **Listening and Engagement**

During 2015, the general listening and engagement exercise that was undertaken enabled many people to have a one-to-one conversation with senior Health Board representatives and give their views about what is important in terms of health and healthcare; what the health service does well; what could be done better and any other personal experiences they wished to raise. There were 770 formal responses during this time. The themes from the exercise have fed into the engagement strategy and operational planning for 2016/17 and will be a foundation for further engagement that will follow in relation to the strategy development. Equality impact assessment has commenced, with the gathering of evidence and involvement of representatives of those who share protected characteristics already underway. This work will build on equality profiles developed during 2015. The programme team will work to ensure fulfilment of the statutory equality duties, including the specific duties on engagement.

#### **Hate Crime**

In October 2015, BCUHB joined with other members of the North Wales Public Sector Equality Network to jointly promote National Hate Crime Awareness Week. Each organisation agreed to use jointly-development materials and messages on websites and social media; and messages were broadcast on community radio stations across North Wales.

Information based upon changes we were able to secure to our 'datix' electronic incident reporting system told us that out of a relatively small number of equality-related incidents that were reported during the year to March 2015, the greater majority (~80%) were incidents of racial abuse of staff by patients. We worked with the Violence and Aggression Case Manager at BCUHB to develop guidance for staff who may find themselves the subject of such abuse. This was designed to help staff understand what they can do about it and to promote our organisational values by creating a climate of cultural awareness and the valuing of diversity.

The guidance went further by stating the organisation's commitment to:-

- Challenging and eliminating all forms of harassment and discrimination, whether direct or indirect:
- · Advancing equality of opportunity for all staff;
- Promoting good relation between people from different groups;
- Promoting anti-hate principles in all aspects of our policies and practices;
- Identifying and eradicating the conditions which give rise to, or allow, harassment and discriminatory attitudes and behaviour; and
- Supporting staff who are subjected to, or witness, any hate incidents/crimes.

#### **Primary Care**

#### **Clinical Governance Practice Self Assessment Tool**

We have worked with the Centre for Equality and Human Rights to influence the content of the All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT) The CGPSAT encourages practices to bridge the gap between understanding and thinking about their governance systems and completing the actions needed to improve them. Practices are asked to consider how mature their systems are by means of a matrix and provide assurance to the health board. Equality, Human rights and Welsh language governance has now been included as a distinct section and the sensory loss standards have also been referenced throughout.

#### **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.

#### **Delivering the Equality Duty in the New Organisational Structure**

We will be monitoring progress on implementing equality and human rights practice into BCU HB revised structures as they continue to develop during 2016/17. We have already identified strategic equality leads from each of the five main operational divisions and will be working with these leads to review the membership and functions of the Equality & Human Rights Operational Group. Revised Terms of Reference for our Strategic Equality & Human Rights Forum have recently been drafted for agreement by the Executive Management Group (EMG).

## 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 address the 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 continue to work to promote a consistent approach across BCU HB that is accessible and inclusive.

#### **Impact Assessment**

We will be finalising the review of our Equality Impact Assessment Procedures and documentation in the coming year so that they remain relevant and up to date, and continue to reflect current best practice in this area.

One of the resources we are aiming to develop is a new, interactive manager's guide to EqIA based upon one currently in use at ACAS. The idea will be to issue this as a joint ACAS/BCUHB- developed document.

#### **Staff Training**

Training in equality and human rights remains a priority. Whilst we are pleased with the number of staff who have completed their mandatory equality and human rights training, we need to develop more innovative ways of delivering that training as there remain barriers to staff being released, particularly from clinical areas to attend workshops or to undertake the training themselves. Some of our departments have performed less well than others and we are working with them to help design solutions including attendance at "Mandatory

Training Days" arranged within the CPG and a pilot for an equality and human rights workbook.

We will continue to support the development of additional e-learning resources to complement and reinforce the Treat Me Fairly package and we hope to have new modules on Sensory Loss, 'Positive Ageing', Trans and Gypsy/Roma/Travellers available for staff to access during the next 12 months.

We will also be collaborating with North Wales Public Sector partners during 2016/17 in an exercise to benchmark and share good practice on all aspects of equality training.

A key focus for the coming year will be to facilitate greater access to equality training for staff working in Primary and Community care including those employed within GP Practices.

#### Hate crime

We will continue to work with Safeguarding at BCU and external partners to raise awareness of the 'Welsh Government Framework for Action' across North Wales and ensure an appropriate organisational response to the requirements. We will also be working with public sector partners again during October 2016 to promote Hate Crime Awareness Week.

#### **Gender Equality**

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 did recently with Chwarae Teg.

We will be working to better understand the barriers women experience in areas such as career progression and access to flexible working opportunities through a series of focus groups which will also explore the feasibility of establishing a Women's Network.

#### **Equality Information**

We will be working to strengthen equality information gathered as part of patient experience feedback including "I Want Great Care" and Concerns.

#### **Monitoring Progress**

We have been working with colleagues to strengthen the performance management of our work and will continue to monitor the implementation of the strategic equality objectives contained in our Strategic Equality & Human Rights Plan 2016-2020 through the BCUHB Accountability & Performance Management Framework.

#### **Well Being of Future Generations Act**

From April 2016, the Well-being of Future Generations (Wales) Act 2015 (WFG Act - as referenced in section 2 above) and the Social Services and Well-being (Wales) Act 2014 (the SSWB Act) have come into effect. Both Acts have major implications for the Health Board and the way that we carry out our business. The Acts will require a significant cultural and behavioural shift within the Health Board, especially in relation to the way we work with the public we serve and with our partners. Both, however, represent a significant opportunity to create the conditions in which we can work with others to improve the well-being of both current and future generations in North Wales. The implementation of the WFG Act brings an opportunity to help refocus on improving well-being for current and future generations. The Health Board will need to be able to demonstrate how we will contribute towards meeting the seven well-being goals, which are:

- ✓ A prosperous Wales
- ✓ A resilient Wales
- ✓ A healthier Wales
- ✓ A more equal Wales
- ✓ A Wales of cohesive communities
- ✓ A Wales of vibrant culture and thriving Welsh Language
- ✓ A globally responsible Wales

#### **Equality Week**

Plans were well advanced for holding the first BCUHB Equality Week in May 2016 to coincide with IDAHoBiT Day on the 17<sup>th</sup> May, including contributions from, and collaborations with, a number of internal colleagues and external organisations. A full report on Equality Week will be included in the 2016/17 Annual Equality Report.

#### "Caring for a Transgender Patient" - Patient Story

Our patient experience team has been working with Jenny-Anne Bishop to develop a video story to describe the barriers and issues faced by transgender people when accessing healthcare services.

The video is designed as a resource to help improve understanding of frontline staff when they meet a trans patient for the first time and in particular issues around communication.

It is planned to give this resource a wide circulation during 2016/17 including making it available via our intranet site and including it within team briefing meetings.

#### **International Day of Older Persons**

Plans are well advanced to celebrate International Day of Older Persons in BCUHB. This is celebrated on 1<sup>st</sup> October each year to recognize the contributions of older persons and to examine issues that affect their lives.

There are a number of themes we will be promoting including:-

The Declaration of the Rights of Older People in Wales (Welsh Government) Combating cyber crime/personal safety/hate crime (North Wales Police/Victim Support)

Dementia Awareness with a particular focus on older transgender people Care and support for older LGBT people (Stonewall and Celtic Pride LGBT Staff Network)

Support for Carers (Carers organizations and BCU Patient Experience)

Staff from BCUHB and from external organisations including Carers organisations, Victim Support, North Wales Police and Wrexham Glyndwr University will be speaking to staff and visitors in BCUHB staff restaurants at Bangor, Llandudno and Wrexham during the week leading up to Saturday 1<sup>st</sup> October.

#### **Procurement**

We will be working more closely with our key suppliers during the coming year by offering free equality and human rights training for their staff, helping them with developing best practice policies and procedures, and inviting their staff to join our Celtic Pride LGBT Staff Support Network.

## Appendices

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#### Appendix A

#### **BCUHB - Information Relating To Our Workforce**

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: <a href="http://www.wales.nhs.uk/sitesplus/861/page/63948">http://www.wales.nhs.uk/sitesplus/861/page/63948</a>

The report showing staff in post over the last three years is reproduced below.

The analysis by Age Band shows little movement overall, however there has been a year-on-year increase in the numbers of staff who are 50 and over. This reflects research that shows we have an ageing workforce, and further consideration is being given to the issues that may arise within a "Working Longer" working group that has just been formed and to which the Corporate Equalities Team will be contributing.

The proportion of under-25's (3.4%) remains disproportionately low when compared to the 2011 Census (11.1%).

The proportion of staff who have declared a disability stands at 3.42% which we believe is significantly under-reported when the 2011 Census figure was 21.6%. However the Census statistics include people who report long term limiting illness or disability, and also stated that their day-to-day activities are limited a lot or a little. This is not a definition we have used in seeking staff declaration. Nevertheless, we believe 3.42% still represents a significant reluctance on behalf of staff to declare themselves disabled.

There has been negligible change in the 80/20 percentage proportions of women to men which is also reflected in (and therefore perpetuated by) the proportions of women and men applying to work for BCUHB.

As with disability, under-reporting remains a problem with sexual orientation despite the establishment of our LGBT Support Network. Only 1% of our staff have declared they are lesbian, gay or bisexual. Whilst we do not have census data on sexual orientation, organisations such as Stonewall estimate that approximately 6% of the population are lesbian, gay bisexual or trans.

| Age Band          |        |             |        |
|-------------------|--------|-------------|--------|
|                   | Mar-14 | Mar-15      | Mar-16 |
|                   |        |             |        |
| Under 25          | 530    | 605         | 564    |
| 25 to 29          | 1,285  | 1,330       | 1306   |
| 30 to 34          | 1,675  | 1,690       | 1616   |
| 35 to 39          | 1,730  | 1,790       | 1800   |
| 40 to 44          | 2,300  | 2,240       | 2098   |
| 45 to 49          | 2,745  | 2,685       | 2625   |
| 50 to 54          | 2,775  | 2,870       | 2918   |
| 55 to 59          | 1,850  | 1,980       | 2122   |
| 60 to 64          | 985    | 1,025       | 1084   |
| 65 to 69          | 290    | 330         | 342    |
| 70 and over       | 40     | 55          | 72     |
| Totals            | 16,205 | 16,595      | 16,547 |
|                   |        |             |        |
| Disability        |        |             |        |
| Status            | Mar-14 | Mar-15      | Mar-16 |
|                   |        |             |        |
| Disabled          | 465    | 510         | 567    |
| Not Disabled      | 10,055 | 10,845      | 11,626 |
| Not               | 400    | E 04E       | 4 001  |
| Disclosed         | 400    | 5,245       | 4,291  |
| Unknown           | 5,285  |             | 63     |
| Totals            | 16,205 | 16,595      | 16,547 |
| rotaio            | 10,200 | 10,000      | 10,017 |
| Ethnicity         | Mar-14 | Mar-15      | Mar-16 |
|                   |        |             |        |
| White             | 12,750 | 13,335      | 13732  |
| Black or          | ·      | -           |        |
| Black British     | 75     | 65          | 72     |
| Asian or          | 470    | <b>5</b> 00 |        |
| Asian British     | 470    | 500         | 508    |
| Mixed             | 85     | 95          | 97     |
| Chinese           | 20     | 35          | 29     |
| Any Other         | 100    | 115         | 100    |
| Ethnic Group      | 120    | 145         | 133    |
| Unknown<br>Totals | 2,680  | 2,430       | 1976   |
| าบเลเร            | 16,205 | 16,595      | 16,547 |
|                   |        |             |        |

| Religion or<br>Belief | Mar-14       | Mar-15  | Mar-16      |
|-----------------------|--------------|---------|-------------|
|                       |              |         |             |
| Atheism               | 570          | 830     | 1156        |
| Buddhism              | 55           | 60      | 49          |
| Christianity          | 7,950        | 8,365   | 8621        |
| Hinduism              | 155          | 160     | 164         |
| Islam                 | 120          | 145     | 154         |
| Jainism               |              |         |             |
| Judaism               | 5            | 5       | 5           |
| Sikhism               | 10           | 5       | 8           |
| Other                 | 2,270        | 2,220   | 1962        |
| Not                   |              |         |             |
| Disclosed             | 1,200        | 4,810   | 4427        |
| Unknown               | 3,870        |         |             |
| Totals                | 16,205       | 16,595  | 16,547      |
|                       |              |         |             |
| Sexual                | N4 4 4       | M 45    | M 40        |
| Orientation           | Mar-14       | Mar-15  | Mar-16      |
| Heteropovijal         | 11 000       | 11 045  | 10004       |
| Heterosexual          | 11,220<br>65 | 11,945  | 12394<br>76 |
| Gay                   | 65           | 75      | 76          |
| Lesbian               | 40           | 40      | 49          |
| Bisexual              | 50           | 50      | 47          |
| Not                   |              |         |             |
| Disclosed             | 895          | 4,490   | 3981        |
| Unknown               | 3,935        |         |             |
| Totals                | 16,205       | 16,595  | 16,547      |
| 0                     | M 4.4        | N4 45   | M 40        |
| Gender                | Mar-14       | Mar-15  | Mar-16      |
|                       |              |         |             |
| Female                | 12,985       | 13,325  | 13,304      |
| Male                  | 3,220        | 3,270   | 3,243       |
| Totals                | 16,205       | 16,595  | 16,547      |
| - 0.00.0              | . 5,255      | . 5,555 | ,           |
|                       |              |         |             |
|                       |              |         |             |
|                       |              |         |             |
|                       |              |         |             |

• Note: Numbers of less than 5 rounded to zero.

## Appendix B BCUHB Equality Objectives by Protected Characteristic

|                              |  | Age       | Disability | G/Re-ass't | Mar & CivP | Preg & Mat | Ethnicity | Relig & Bel | Sex      | Sex. Orien |
|------------------------------|--|-----------|------------|------------|------------|------------|-----------|-------------|----------|------------|
| Health<br>Objectives         | Increase the number of people, in under-represented groups, choosing healthy lifestyles                                  | V         | V          | 1          | <b>V</b>   | 1          | V         | V           | 1        | V          |
| 05,000.100                   | <ul> <li>Increase the number of people, in under-represented<br/>groups, accessing health care services</li> </ul>       | 1         | <b>V</b>   | 1          | <b>V</b>   | <b>V</b>   | <b>V</b>  | <b>V</b>    | 1        | <b>V</b>   |
|                              | <ul> <li>Improve the care of older people ensuring they are treated<br/>with dignity and respect</li> </ul>              | 1         | $\sqrt{}$  |            |            |            | V         |             |          |            |
|                              | <ul> <li>Improve uptake of preventative health care services by<br/>Gypsy Travellers</li> </ul>                          | 1         |            |            |            |            | <b>V</b>  |             | <b>V</b> |            |
|                              | <ul> <li>LGB and Transgender people receiving care will be<br/>treated with dignity and respect</li> </ul>               | $\sqrt{}$ |            | $\sqrt{}$  |            |            |           |             |          | $\sqrt{}$  |
|                              | <ul> <li>Improve healthcare and outcomes for people with Mental<br/>Health problems and Learning Disabilities</li> </ul> |           |            |            |            |            |           |             |          |            |
| <b>Employment Objectives</b> | <ul> <li>Increase the Employment rate for under-represented groups</li> </ul>  | 1         | <b>V</b>   | 1          |            | <b>V</b>   | <b>V</b>  | <b>V</b>    | 1        | $\sqrt{}$  |
|                              | Reduce inequalities within the employment cycle  | 1         | V          | V          | $\sqrt{}$  |            | V         | V           | V        | 1          |
|                              | Reduce Gender pay differences  |           |            |            |            |            |           |             | 1        |            |
|                              | Reduce the gender pay gap  |           | ,          |            | ,          |            |           |             | 1        |            |
|                              | <ul> <li>Improve staff awareness and understanding of equality<br/>and human rights issues</li> </ul>                    | 1         | <b>V</b>   | <b>V</b>   | <b>V</b>   | 1          | √         | <b>V</b>    | <b>V</b> | <b>√</b>   |
| Safety                       | Increase the reporting of hate crime and harassment  | <b>V</b>  | 1          | $\sqrt{}$  |            | 1          | 1         | 1           | 1        | $\sqrt{}$  |
|                              | Increase the reporting of domestic abuse   |           |            |            |            |            |           |             |          |            |

|                           |   | Age       | Disability | G/Re-ass't | Mar & CivP | Preg & Mat | Ethnicity | Relig & Bel | Sex      | Sex. Orien |
|---------------------------|---|-----------|------------|------------|------------|------------|-----------|-------------|----------|------------|
| Objectives                | Reduce the incidence of hate crime, harassment and domestic abuse   | <b>√</b>  | V          | V          |            | V          | V         | V           | V        | <b>V</b>   |
| Representation and Voice  | <ul> <li>Increase the numbers of people with different protected<br/>characteristics on decision making bodies</li> </ul>   | 1         | <b>V</b>   | <b>V</b>   | <b>V</b>   | <b>V</b>   | <b>V</b>  | 1           | 1        | <b>√</b>   |
| Objectives                | <ul> <li>Improve engagement with people from protected groups in<br/>the review and re-design of services</li> </ul>  | <b>V</b>  | <b>V</b>   | <b>V</b>   | <b>V</b>   | <b>V</b>   | <b>V</b>  | <b>V</b>    | <b>V</b> | <b>V</b>   |
| Access<br>Objectives      | <ul> <li>Improve access to the built environment by adopting inclusive design principles</li> </ul>   | $\sqrt{}$ | V          |            |            | V          |           |             |          |            |
|                           | <ul> <li>Identify and remove barriers to accessing and using<br/>services, including those faced by homeless people</li> </ul>  | $\sqrt{}$ | $\sqrt{}$  | V          | $\sqrt{}$  | $\sqrt{}$  | V         | V           | <b>V</b> | $\sqrt{}$  |
|                           | Ensure complaints systems are fully accessible  |           |            |            |            |            |           |             |          | $\sqrt{}$  |
| Organisational Objectives | <ul> <li>Improve joint working between public sector organisations<br/>in North Wales including the development of common<br/>processes to enable them to meet the requirements of the<br/>public sector duties under the Equality Act 2010 (Statutory<br/>Duties) (Wales) Regulations 2011.</li> </ul> | <b>V</b>  | <b>√</b>   | V          | V          | V          | V         | V           | <b>√</b> | √<br>      |
|                           | Reduce costs and duplication through collaborative working by sharing information and best practice to advance equality in North Wales.   | $\sqrt{}$ | √          | <b>√</b>   | √          | <b>√</b>   | <b>√</b>  | <b>√</b>    | <b>V</b> | $\sqrt{}$  |
|                           | Ensure the development of equality actions is<br>synchronised with normal business planning processes by<br>embedding within planning guidance for Clinical<br>Programme Groups and Corporate Support Functions   | 1         | V          | V          | V          | V          | ٧         | V           | V        | <b>V</b>   |

## Appendix C BCUHB Gender Pay/Flexible Working Action Plan

| Gender Pay/Flexible Working Action Plan  |                             |              |  |  |  |  |  |  |
|--|-----------------------------|--------------|--|--|--|--|--|--|
| Objective  | By Who                      | By<br>When   | Status/Progress/<br>Update   |  |  |  |  |  |
| <ul> <li>Improve support for women by:</li> <li>Running a series of focus groups and scoping a women's staff network</li> <li>Developing mentoring schemes for</li> </ul>  | ED&HR<br>Team               | Dec<br>2016  | Dates published for<br>Sept & Oct 2016   |  |  |  |  |  |
| <ul> <li>women</li> <li>Improving the support available for staff with caring responsibilities</li> </ul>  | Emplmt<br>Practices<br>Team | Dec<br>2016  | Draft Carers Policy<br>Developed awaiting<br>approval  |  |  |  |  |  |
| Tackle gender stereotyping in schools curricula and careers advice by:  • Working with Chwarae Teg and local public sector partners  | ED&HR<br>Team               | Dec<br>2016  | Included in North Wales Public Sector Equality Network Action Plan 2016/17   |  |  |  |  |  |
| Improve awareness of, and access to, Flexible Working across BCUHB and monitor uptake by:  • Implementing the recommendations approved by the Equality and Human Rights Strategic Forum and the Local Partnership Forum            | ED&HR<br>Team               | Dec<br>2016  | Draft proposals for<br>managers workshops<br>commencing<br>November 2016 to be<br>considered by<br>Strategic Forum in<br>September 2016. |  |  |  |  |  |
| Improve understanding of the factors that give rise to, and sustain gender pay gaps by:  • Implementing the WAVE Gender Employment & Pay Analysis model  | WfIS<br>Team                | June<br>2016 | Awaiting WAVE II Funding approval but Model has been piloted in BCUHB and initial results included in narrative above.                   |  |  |  |  |  |
| Monitor the impact of changes to Agenda for Change Terms and Conditions on Gender Pay Gaps by:  • Monitoring the impact of recent changes to Agenda for Change Terms and Conditions, including Pay Progression, on gender pay gaps | WfIS<br>Team                | Dec<br>2016  | No progress to report to date.   |  |  |  |  |  |