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Betsi Cadwaladr  
University Health Board



# Annual Equality Report 2020-2021

## Advancing Equality in Challenging Times



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

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**Front cover logos (in order left to right):** Equality and Human Rights Commission: Working Forward logo; Disability Confident Leader Logo; BCUHB Celtic Pride (LGBT+ staff network) logo; Stonewall Top 100 Employer 2020 logo; BCUnity Staff Networks logo.

**Cover photograph:** Montage of images including online virtual meetings; Attend Anywhere initiative; Interim Chief Executive holding the 'Happy Pride' Progressive Pride flag for Virtual Pride Week; Clear Face Mask initiative; iPads used for Patient Virtual Visiting initiative.

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# Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2020 to March 2021. This report summarises the action we have taken to promote equality during this very challenging year. [Our Strategic Equality Plan \(SEP\) for the period 2020-2024](#) was agreed and published in March 2020 and at that time it was our intention to focus on strengthening performance management of the SEP across all functions of the Health Board. However, as a result of the pandemic the planning process has differed from that in previous years, a shorter term operational focus has been necessary to prioritise the Health Board's response to Covid-19 which has resulted in a more responsive approach to equality issues as they have become apparent.

It is well recognised that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged. This is set out in the Chief Medical Officer for Wales Report published in January 2021 [Protecting our Health. Our response in Wales to the first phase of Covid-19. Chief Medical Officer for Wales](#). During this year we have reviewed and communicated emerging evidence to inform a range of activity that has taken place. We have maintained engagement with communities, individuals and groups, our staff and experts to inform our equality work and are grateful for the insight and support of so many as we work together across North Wales.

It is now more important than ever that equality and socio-economic considerations are placed at the heart of our work.



A handwritten signature in black ink, appearing to read 'Sue Green'.

Sue Green - Executive Director Workforce and Organisational Development



A handwritten signature in black ink, appearing to read 'J Hughes'.

Jacqueline Hughes - Independent Member and Equality Champion

# 1. Background and Context

The Equality Act 2010 protects people from discrimination because of their protected characteristics, which are: age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, non-belief including philosophical belief, and sexual orientation. These categories are known in the Act as 'protected characteristics'. The Act places a duty on listed public sector organisations to have Due Regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

In order for public bodies to better perform and demonstrate compliance with the Public Sector Equality Duty, the Welsh Government legislated to bring in specific equality duties as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties). The regulations aim to ensure that the Health Board and others carrying out 'public functions' consider how we can positively contribute to a fairer society in our day-to-day activities. The Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Equality Act coming into force on 8 April 2010, Part 1 of the Duty regarding socio-economic inequality lay dormant on the statute book, as neither the UK Government nor the devolved legislatures elected to commence it. Welsh Ministers have since elected to commence the Socio-economic Duty on 31<sup>st</sup> March 2021. The statutory requirement places a legal responsibility on relevant bodies when taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. We continue to work to maximise the opportunities presented to align the equality duties within this framework. There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. A number of achievements from the past year are outlined in this report.

## 2. Our Vision, Values and Purpose

### Our Vision

- We will improve the health of the population, with 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.

### Our Values

- Put patients first.
- Work together.
- Value and respect each other.
- Learn and innovate.
- Communicate openly and honestly.

### Our Purpose

- To improve health and deliver excellent care.

### The Health Board's Strategic goals

- Improve health and well-being 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.

For more information visit: [About the Health Board.](#)



### 3. Equality Key Achievements in 2020-21

- We have continued to advance equality through the delivery of a revised year 1 Strategic Equality Plan.
- We have taken action to understand the impacts of Covid-19 on people with protected characteristics and supported teams to consider the potential impact of equality within their decisions.
- We have delivered new programmes such as Test, Trace and Protect, Virtual Visiting and Attend Anywhere informed by Equality Impact Assessments.
- We have taken action to strengthen equality and human rights scrutiny in governance and decision making structures.
- We have facilitated an equality update for the Board led by the Equality and Human Rights Commission.
- We have maintained and promoted evidence bases to support Equality Impact Assessment (EqIA) and Socio-economic Impact Assessment (SEIA).
- We have prepared for implementation of the Socio-economic Duty.
- We have built upon organisational understanding and capacity by adapting our in-house Equality Impact Assessment training and have delivered this virtually to over 100 staff.
- By December we had achieved 85.5% mandatory equality training compliance.
- We have grown our BCUnity staff support networks for individuals with protected characteristics.
- We have established a network of Equality Champions led by an Independent Member.
- We have improved staff equality monitoring data completion rates.
- We have established a monthly Equality Briefing series and library resource to communicate emerging evidence and key messages widely across the Health Board.
- We have worked with our partners and supported a range of awareness raising initiatives and campaigns including NHS Wales Virtual Pride Week celebrations.



## 4. Delivering the Public Sector Equality Duty

### **Equality Objectives**

Our Equality Objectives have been developed on the basis of a consideration of all the Health Board's work and activities, including employment, service delivery and policy development and informed by gathering and analysing information from national and local evidence, impact assessment and from ongoing engagement with staff and service users. An overview of progress against the objectives is provided in section 5 of this report.

### **Engagement**

We have continued to strengthen our engagement with people representative of protected groups, an overview of progress is provided in section 5.6.

### **Assessment of Impact**

Our aim in meeting the Statutory Duty on Equality Impact Assessment (EqIA) is to ensure 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 have continued to strengthen scrutiny of Equality Impact Assessment this year, build understanding and provide training, guidance and support for staff undertaking assessments.

Focused EqIA work has taken place with a number of programmes and service areas this year, including Mental Health and Learning Disability Division, Patient Experience, Risk Management, Informatics and Nursing teams. We have also worked with the North Wales Public Sector Equality Network to develop a recommended consistent approach and tool for Equality Impact Assessment for use in partnership decision making.

We have built upon organisational understanding and built capacity by adapting our in-house Equality Impact Assessment training and have delivered this virtually to over 100 staff. We have prioritised EqIA training, developed a video and are rolling out training sessions, targeting Band 8 managers, and both Band 7 and 8 colleagues working in Workforce and Organisational Development.



## Equality Information

### Gathering Information from Patient Experience

Patient experience feedback data is collected through a number of different processes.

#### Patient Experience “In their own Words”

We have continued to develop, and in the light of our response to the Covid -19 pandemic, adapt our in-house approach to listening, learning and acting on Patient, Carer and Service User Experience. The continued use of the Real and Near Time Patient and Service User Feedback Questionnaire, which has recently been enhanced with the development of an on-line version, has enabled us to listen to feedback from service users with protected characteristics.

Examples of Feedback from Service Users who have self-identified as being deaf or hearing impaired or blind and sight impaired include:

“Staff very happy and cheerful always very helpful.”

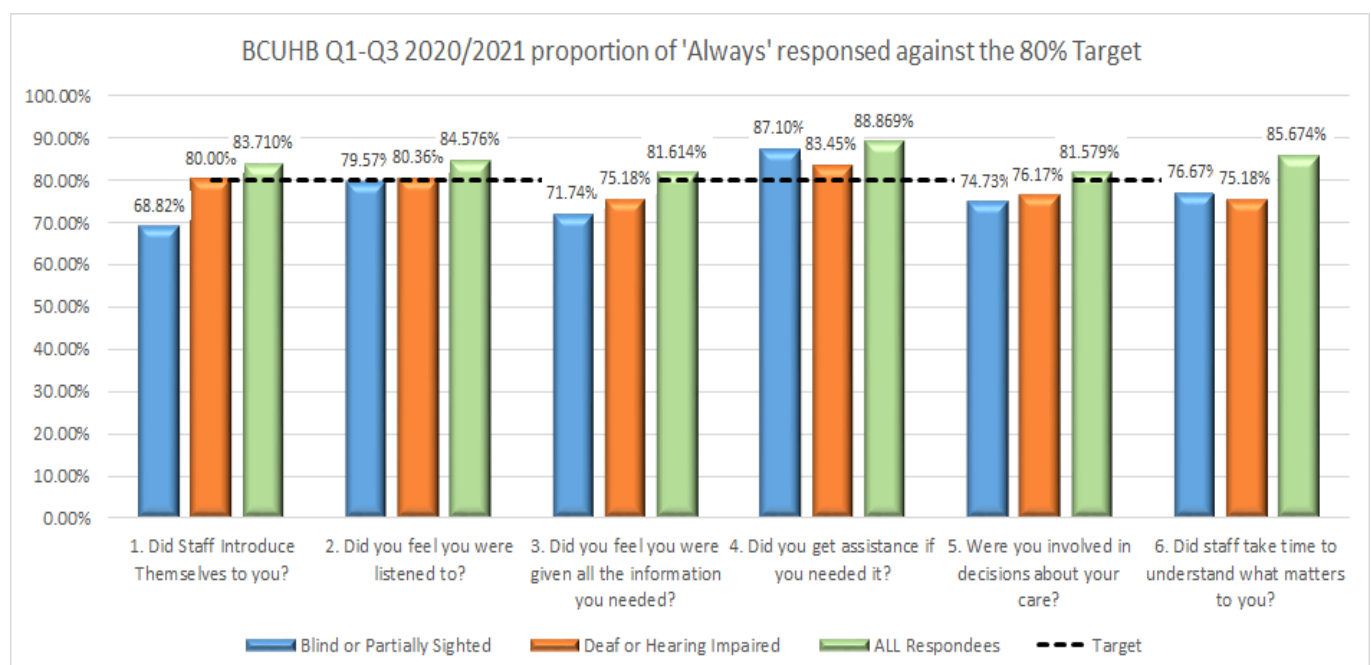
“I was treated with dignity and respect and staff were quite willing to discuss my case with my son that we found helpful.”

“Never being ignored when feeling afraid and needing to talk, support and understanding is always there, this helps a lot.”

## Patient & Service User Satisfaction by Protected Characteristics

During 2020, as well as providing leadership to the National Once for Wales Patient Experience Feedback Project Team, BCUHB has opted to bridge the gap between the discontinuation of the previous contract and the roll out of the new system in April 2021 with the development of an in-house system. This has enabled the Health Board to continue to listen, learn and act on patient and service user feedback by some protected characteristics pending the adoption of the Civica Real-Time Patient Feedback System in 2021.

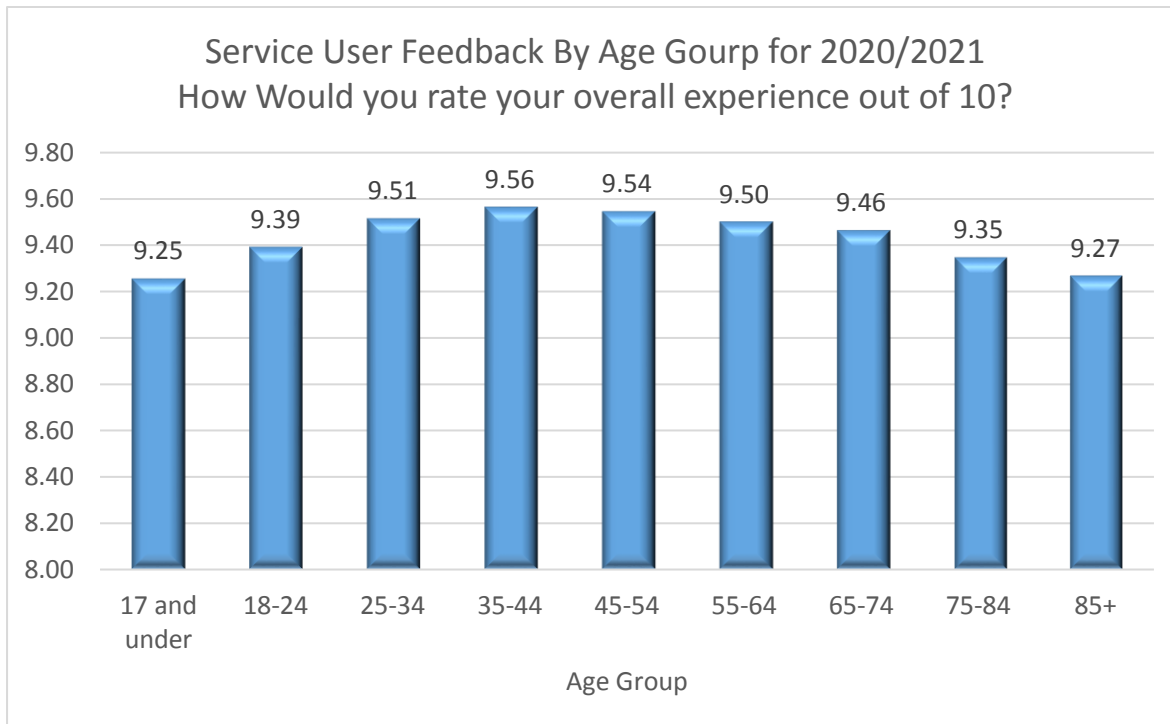
Responses to the core Patient Related Experience Measures (PREMS) are summarised below, against the 80% target of these features of care ‘Always’ being experienced. Blind or partially sighted patients and service users report a lower level of satisfaction across all areas compared to other service users. It is however, pleasing to report that blind or partially sighted and deaf or hearing impaired service users did report that 80% of the time they were ‘ALWAYS’ ‘listened to’ and ‘received assistance when needed’.



**BCUHB Q1-Q3 2020-2021 proportion of 'Always' responded against the 80% Target**

<b>Question</b>	<b>Blind or Partially Sighted</b>	<b>Deaf or Hearing impaired</b>	<b>All Respondees</b>	<b>Target</b>
<b>Did staff introduce themselves to you?</b>	68.82%	80.00%	83.710%	80%
<b>Did you feel you were listened to?</b>	79.57%	80.36%	84.576%	80%
<b>Did you feel you were given all the information needed?</b>	71.74%	75.18%	81.614%	80%
<b>Did you get assistance if you needed it?</b>	87.10%	83.45%	88.869%	80%
<b>Were you involved in decisions about your care?</b>	74.73%	76.17%	81.579%	80%
<b>Did staff take time to understand what matters to you?</b>	76.67%	75.18%	85.674%	80%

Clearly improvement is needed in relation to the other service user experience measures discussed above. The Sensory Loss Toolkit, its associated audit instrument and the on-line teaching and learning materials are designed to develop further the skills and knowledge necessary to understand and respond to the needs of patients, relatives, carers and service users who are blind or partially sighted and deaf or hearing impaired. Our current Service User Feedback System enables the Health Board to segment overall satisfaction rating by age group and this is summarised below.



**Service User Feedback by Age Group for 2020-2021. How would you rate your overall experience out of 10?**

<b>Age Group</b>	<b>Out of 10</b>
<b>17 and under</b>	9.25
<b>18-24</b>	9.39
<b>25-34</b>	9.51
<b>35-44</b>	9.56
<b>45-54</b>	9.54
<b>55-64</b>	9.50
<b>65-74</b>	9.46
<b>75-84</b>	9.35
<b>85+</b>	9.27

Overall satisfaction with the service tends to be greatest in the middle age groups (35-54 years). Feedback from service users in the age groups either side of middle groups tends to be lower; this may represent in the case of the (18-34 years) age group service users who are time poor, and in the case of service users in upper age groups due to a greater likelihood of more complex needs which are more difficult to satisfy, as opposed to any substantive difference in the quality of service

received. However, without further investigation it is difficult to be sure and other explanations are equally likely.

**Special Note:** It is difficult to directly compare patient and service user experience data collected within the context of the organisational and national response to the Covid-19 pandemic with that of previous reporting periods. In particular the relative sample sizes are smaller and represent a smaller spread of services, and clearly the anxiety caused by Covid-19 will either directly or indirectly impact on perceived experience and the delivery of care itself.

Looking forward we will optimise the functionality of the new Civica Real-Time Patient Feedback System to strengthen reporting of patient experience information by protected characteristic.

## **Gathering Information Relating to Our Workforce**

We have published our [employment information](#). Information relating to the equality characteristics of our workforce is held in our electronic payroll system, Electronic Staff Record (ESR). Information on job applicants is gathered as part of the recruitment process via a national system known as NHS Jobs and this enables us to understand the profile of people applying to work for us, those who were shortlisted for interview, and those who were successful. This year we have improved staff equality monitoring data completion rates. We will continue to highlight the importance of gathering equality workforce data to improve visibility of our workforce with protected characteristics and thereby, improve our ability to analyse equality employment reports from ESR and identify themes. Our Gender Pay Gap report shows that we still have work to do to reduce our pay gap, the report is published on our [Equality and Human Rights Reports page](#).

We continue to analyse our BCUHB Staff Survey and NHS Staff Survey results to gain valuable insights into the experiences of our staff from protected characteristic groups in order to shape our strategy going forward. This work is ongoing, and is showing us that many groups are on or above the average engagement level for the Health Board, but several are below, giving us a clear focus for further investigation. Generally disabled staff show a lower engagement score, staff from Black and Minority Ethnic backgrounds show a higher level of engagement than the average, with the exception of staff from mixed

ethnic backgrounds, showing slightly under the organisational average. Engagement from some LGBT+ groups also shows a below average score. Interestingly the engagement index for staff who chose not to share their protected characteristics in the survey score on average 10% lower than average engagement.

We have undertaken a review of current information relating to workforce race equality and Covid-19. A report has been produced, evaluating the background, current national and local issues, and studying the BCUHB employee ethnicity demographics. This report includes a number of recommendations for action in the following areas: support and advice; data; training and development; raising concerns and recruitment; retention and progression.

This year we have grown our BCUnity staff support networks for individuals with protected characteristics. The networks facilitate ongoing engagement, help us better understand lived experience and inform our priorities for action.

### **Staff training**

Promoting knowledge and understanding of the General Duty and specific duties amongst our staff has remained a priority this year. We have achieved 85.5% mandatory equality training compliance in December 2020.

### **Strategic Equality Plan**

[Our Strategic Equality Plan \(SEP\) for the period 2020-2024](#) was agreed by Board in December 2019 and published in March 2020.

### **Procurement**

Equality considerations are embedded within procurement processes, which are managed on our behalf by NHS Wales Shared Services Partnership (NWSSP).



## 5. Our Strategic Equality Objectives

### 5.1 BCUHB Equality Objective 1: We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales

#### 5.1.1 The Socio-economic Duty

The Health Board welcomes the introduction of the Socio-economic Duty in Wales, which aims to ensure better outcomes for those who experience socio-economic disadvantage and while the Covid-19 pandemic has delayed the implementation, we have been working to prepare for the revised 31 March 2021 implementation date. A Board awareness session was held in November with an overview given by the Equality and Human Rights Commission and a follow up discussion facilitated in March. The Health Board has been represented on the Welsh Government Group developing the Welsh guidance, and Jacqueline Hughes, Independent Member and Equality Champion, has contributed to a [Welsh Government video: The Socio-economic Duty: A film for Public Sector Leaders](#) promoting the Socio-economic Duty and its benefits.



A working group has been established bringing together colleagues from Public Health Wales, Strategy and Planning, Governance, Engagement, Equality, and an Independent Member of the Board. The group have worked to brief the organisation and develop guidance and tools to support implementation. The Duty has been incorporated into the Health Board's Governance process through the new Socio-economic Impact Assessment Procedure.

A North Wales Equality Evidence Portal is being developed as a gateway to signpost decision makers to sources of socio-economic information, this includes for example, demographic profiles by local authority areas and school achievement and attendance. This portal will support staff in undertaking both Socio-economic Impact Assessments and Equality Impact Assessments.

### **5.1.2 Well North Wales Programme**

There are significant pockets of deprivation in North Wales. On average, people living in our most deprived communities experience a 25% higher rate of emergency hospital admissions; there is a life expectancy differential of 7 years; and a poor health and disability differential of 14 years.

The concept of Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales, specifically in terms of generating robust local partnerships to drive community-based initiatives. Many of the established partnerships encompass organisations drawn from the public sector, third sector and housing providers. The overall framework provides co-ordination to tackling health inequalities across the region. The success of this approach can be seen in the number of inter-agency collaborations that have generated a number of fruitful partnerships, demonstrating the power of collaboration, shared agendas, and putting into practice local strategic aims.

As health inequalities arise from a web of interrelated factors which largely fall outside the primary scope of the NHS, the Well North Wales programme is the bridge between the NHS and the actions that address the wider social determinants of health.

Well North Wales has evolved to support a number of inter-related initiatives, supporting the wider public health agenda around health inequalities. In particular, the programme has made a demonstrable difference in a number of areas. These include developing health and well-being centres in our most disadvantaged areas, actively supporting the homelessness agenda, and contributing to the recent All Wales Homelessness Action Group that developed a revised and robust strategy to tackle homelessness in Wales. The Well North Wales programme supports social prescribing and in collaboration with Glyndwr

University, runs a successful Social Prescribing Community of Practice. We have worked to develop bespoke programmes to tackle food poverty in different areas of North Wales and provide access to affordable fresh produce. Programme structures have been developed in Anglesey and Wrexham, with on-going support to the well-established programme in Flintshire. Under the umbrella of the North Wales Food Poverty Alliance, Well North Wales has been at the forefront of developing these food poverty initiatives.

### **5.1.3 In Work Poverty**

We have set up an information resource for staff about financial inclusion, signposting to resources and support including the North Wales Credit Union, Cavell Nurses Trust, National Debt Helpline, Citizen's Advice, Unison Welfare and the Conwy and Denbighshire Joint Local Service Board Financial Inclusion Together.

### **5.1.4 Looking Forward**

We will continue to develop resources to support staff, including guidance documents, templates and training materials to increase capacity and understanding of the Socio-economic Duty. We will work across NHS Wales and with our North Wales public sector partners to maximise opportunities to embed knowledge of the Duty and we will train staff in both application and scrutiny roles. We will continue to progress the Well North Wales Programme and take action to raise awareness of and support for those living with in work poverty.

## **5.2 BCUHB Equality Objective 2: We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales**

### **5.2.1 Reducing health inequalities and increasing the accessibility of healthcare**

We have continued to raise awareness of emerging equality issues during the Covid-19 pandemic, act in an advisory role and escalated issues throughout the organisation. This included the report from the Equality and Human Rights Commission: [How coronavirus has affected equality and human rights.](#)

We have continued to strengthen scrutiny of Equality Impact Assessment and facilitated specific EqIA advice and stakeholder engagement to inform a number of programmes including the Attend Anywhere initiative.

## = Equality in Action = Attend Anywhere

### Hospital services offer video consultations following successful trial



Following a rollout to GP surgeries across Wales, Attend Anywhere, a new video consultation service to help North Wales patients attend appointments without leaving their homes, has been successfully trialled within several BCUHB specialties.

Once available within a service, patients are offered the option of a video appointment where it could enhance the remote consultation experience, with the clinician having the final say in consultation with the patient. Arrangements are in place for three-way screen access to enable interpreters and carers to join remotely, and the appointments can be accessed through a browser on tablets, smartphones or computers. Consultations cannot be recorded, and the secure platform has been thoroughly tested to meet NHS requirements.

A spokesperson for the Health Board, said: “We’ve already seen colleagues in primary care make great use of video technology to overcome some of the challenges presented by Covid-19. It’s important to strike a balance between using this technology to work more efficiently and not losing out on benefits of a face-to-face meeting.”

A representative from the Pain Management Service based at Abergele Hospital, said: we can also see people who have difficulties travelling, but the hope is that this may well help avoid patients who are unable to attend because their condition means travel is difficult.” To read more, go to: [Hospital services offer video consultations following successful trial](#)

## 5.2.2 The Estate

The Health and Safety team work collaboratively with the Capital Planning Team in all major refurbishments and new builds, ensuring that accessibility is considered along with building notes and hospital technical memoranda. This year accessibility has been a key consideration in the design and construction phases of all three Enfys Hospitals, the BCUHB vaccination centres and facilitating the change of use of existing facilities to be Covid-19 secure.

### Enfys Hospitals

Accessibility and safety considerations informed site layout in order to ensure minimum risk and maximum accessibility for service users, identifying and removing potential physical and environmental barriers.



## Vaccination Centres

During the identification of suitable sites for vaccination centres we surveyed each potential site against accessibility audit guidelines and applied these to the decision making process alongside the urgency of the population health issues. Considerations taken in to account for each potential site were access to the sites, including travel and public transport availability, access to buildings, separating entrances and exits, physical and environmental barriers, car parking and the internal environment and facilities.



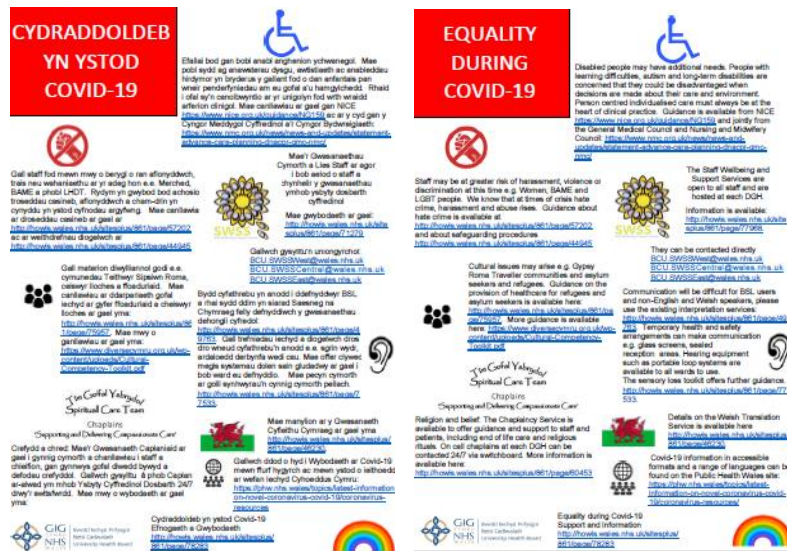
## Hospital Sites

Significant work has been undertaken to make our estate more Covid-19 safe. Guidance and risk assessment templates have been produced along with check sheets for managers to assess their working environments and activities, ensuring risk to them, their teams and



service users is minimised. The Health and Safety team have visited a large variety of sites and departments to support managers. The Estates department has undertaken work to install partition screens, wall and floor markings, fixed temperature sensors and sanitiser stations amongst other measures. Technicians have worked side by side with senior staff to ensure that Business Continuity Plans have been actioned in order to ensure that service is maintained safely, and that required accessibility measures are extended or adapted to fit new arrangements.

An equality poster was developed during the beginning of the pandemic and circulated widely to provide staff with an aid memoir and quick access to sources of further support when meeting individual needs.



### 5.2.3 Strengthening the Equality and Human Rights Infrastructure Equality and Human Rights Forum

The Equality and Human Rights Strategic Forum has continued to meet to consider:

- Reports and emerging evidence and reports from Welsh Government and the Equality and Human Rights Commission (EHRC).
- Commencement of the Socio-economic Duty.
- Building organisational capacity to embed the principles of Equality Impact Assessment into governance structures.
- A new Equality Accountability Framework to ensure delivery of our duties and priorities.
- Strategic Equality Plan implementation plan for year 2.

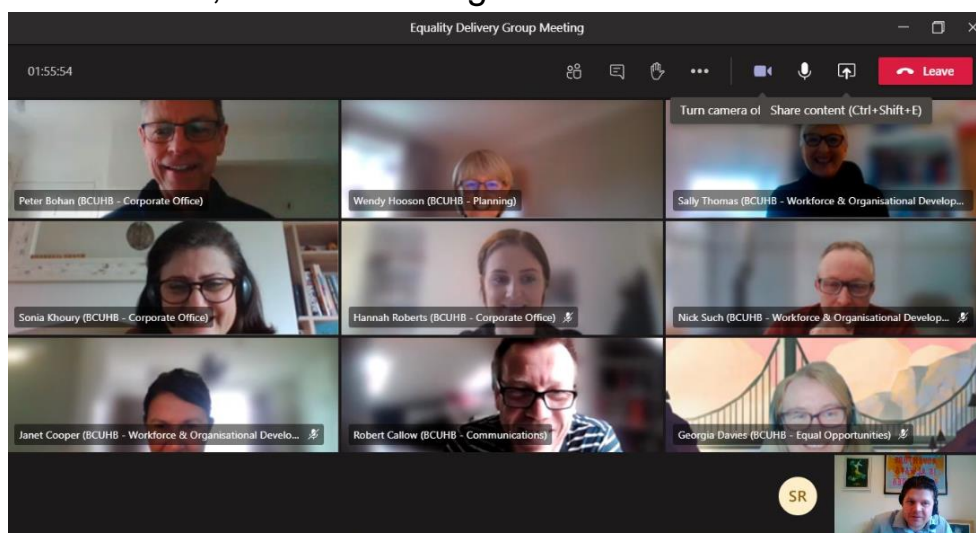


- Undertaking EqlAs in partnership with other public sector organisations in North Wales.

In light of the emerging evidence, the Equality and Human Rights Strategic Forum (EHRSF) reviewed the published objectives and agreed an additional specific and focused objective to advance race equality in North Wales.

### **Equality Delivery Group (EDG)**

This year we reviewed and updated the terms of reference of the Equality Delivery Group. The group has continued to meet in a virtual environment with a focus on supporting the Equality and Human Rights Strategic Forum (EHRSF) in delivering the Health Board’s responsibilities to embed equality priorities within the functions of the Health Board. The EDG is attended by representatives from Community and Primary Care, Mental Health, Patient Experience, Organisational Development, Public Health and Planning and Engagement teams. The meetings this year have focused on how we can deliver progressive programmes to promote equality and diversity in an extremely challenging time. The group has progressed with developing an Equality Champions Network and has developed mechanisms to embed the principles of equality and diversity, specifically Equality Impact Assessment, into divisional governance structures.



Above: screenshot from the Equality Delivery Group online meeting 19 January 2021.

### **Equality Stakeholder Group**

The Equality Stakeholder Group has met virtually this year. Despite our concerns about digital access, we were delighted to be joined by

external stakeholders and staff from across BCUHB. This was a good opportunity for the Health Board to hear directly from people in North Wales with protected characteristics about their experiences and concerns during the pandemic and their experience of health care and other services during that time. Issues discussed at the meetings included:

- The Health Board's Head of Engagement encouraged members of the group to take part in the Health Board's public survey about experiences of Covid-19.
- National concerns around access to services for some groups.
- The benefits and problems associated with virtual appointments, particularly for people with sensory loss and neurological difference.
- Access to sexual health services during the pandemic.
- Access to mental health services.
- The barriers that facemasks provide for people with sensory loss.
- The Test, Trace and Protect programme and the availability of public health information in a range of languages including British Sign Language (BSL).

### **Equality Impact Assessment Scrutiny Group**

The Equality Impact Assessment Scrutiny Group have provided scrutiny to EqlA of strategic initiatives. This has included:

- Virtual Visiting,
- Test, Trace and Protect,
- Mobilisation of Enfy's Hospitals.

### **Looking Forward**

We will implement our Equality Accountability Framework to ensure ownership of the delivery of the plan is shared across leaders and staff and mainstreamed throughout the organisation. We will increase the percentage of staff who have undertaken EqlA training.

## **5.3 BCUHB Equality Objective 3: We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales**

During a difficult year for everybody we have continued to respond to policy developments for people with protected characteristics.

### **5.3.1 Increasing access to healthcare for Gypsies, Roma and Travellers, homeless and other vulnerable groups across North Wales**

The impact of the pandemic on vulnerable groups is well recognised. We used our Equality Briefing Series to raise awareness of the impacts and key messages, including the report from Doctors of the World: [An Unsafe Distance: The impact of the Covid-19 pandemic on excluded People in England and Digital Exclusion in Gypsy and Traveller communities in the United Kingdom.](#)

The Health Board is engaged with the All Wales Homelessness Action Group that has developed a revised and robust strategy to tackle homelessness in Wales.

### **5.3.2 Promoting the Social Model of Disability**

We have expanded our intranet resources on the Social Model of Disability and used the monthly Equality Briefing in May to promote the principles and language of the Social Model across the Health Board. In this issue we also shared the North Wales Public Sector Equality Network's Top Ten Tips on the Social Model of Disability, and highlighted an article in Forbes magazine showing how the pandemic had really shown the full power of the Social Model.

In May the Health Board was an early signatory to the Wales Disability Reference Group statement on Covid-19 and the rights of disabled people in Wales. The principles we adopted were included in the monthly Equality Briefing.

## **Wales Disability Reference Group Statement**

- Our individual chance of benefiting from treatment should we have coronavirus (Covid-19) must not be influenced by how our lives are valued by society.
- Where we have existing health conditions or impairments that are unrelated to our chance of benefiting from treatment, they must not play any part in decision-making regarding our equal right to access such treatment.
- The fact that we might have significant levels of social care and support needs, or that we may do so in future as a result of the pandemic, should not make health staff think that we will not benefit from treatment.
- We have the right to be fully involved in decisions about our own lives, including life and death decisions. Decisions should never be made without our involvement, or consideration of our best interests. There is no justification for policies based on age or disability that do not treat each of us with respect and as individuals.
- We all, and our advocates, have the right to know about decisions that may be made about us that will affect us.
- Guidelines on the assessment, provision, and evaluation of treatment and care provided to individuals during the coronavirus pandemic must be developed in collaboration with disabled people's organisations and representatives from human rights bodies.

### **5.3.3 Increasing access to healthcare and improving the accessibility and quality of translation services available to people with sensory loss**

#### **Partnership Working – Improving Compliance with Accessible Communication & Information Standards for People with Sensory Loss**

BCUHB has continued to promote access to, and participation in, health services for people with sensory loss. We work in partnership with the Centre for Sign Sight and Sound (COSS) and other charities. These organisations provide support for patients, carers and relatives in accessing services, making and amending appointments and supporting BSL interpretation arrangements locally. Whilst services were curtailed

during the initial Covid-19 pandemic, the table below provides a summary of supported activity for the period September 2020 – January 2021.

<b>Month</b>	<b>Making &amp; Arranging Appointments</b>	<b>WITS (BSL)</b>	<b>Advice to Health Care Professionals</b>	<b>Other</b>	<b>Total</b>
<b>Sept 2020</b>	57	8	10	161	236
<b>Oct 2020</b>	54	2	21	80	157
<b>Nov 2020</b>	46	8	41	257	352
<b>Dec 2020</b>	34	7	31	286	358
<b>Jan 2021</b>	30	14	38	37	119
<b>Total</b>	<b>221</b>	<b>39</b>	<b>141</b>	<b>821</b>	<b>1222</b>

BCUHB in collaboration with the Centre of Sign Sight Sound ([COSS](#)) has ensured that central messaging relating to the national and organisational response to the Covid-19 pandemic have been made available on our intranet and internet sites in British Sign Language (BSL), as well as providing information relating to our Letters to Loved Ones, PALS and Bereavement Services.

Whilst the roll out of digital interpretation services including BSL was initially halted due to our response to the Covid-19 pandemic, it remains the aim of the Health Board to begin piloting Digitally Accessed Interpretation Technology in 2021. A key aim of the project will be to provide increased access to BSL interpretation in general, with a key focus on emergency care.

This year BCUHB has continued to increase awareness within the organisation in relation to understanding and meeting the needs of service users with sensory loss. Notable achievements include; the continued development of the Sensory Loss Toolkit and associated web based information and learning materials. Given the constraints placed on us due to social distancing, we have taken the opportunity to update our existing customer care programs into a generic 'Patient & Carers Experience' on-line program with a strong focus on understanding and responding to the needs and expectations of patients and service users who are deaf, hearing impaired, blind or partial sighted. The mandatory 'Treat Me Fairly' training module, and the NHS Wales e-learning, 'Sensory Loss Awareness' module provided an important focus for

raising staff awareness in the absence of face to face teaching, and are cited within the Sensory Loss Toolkit.

Health inequalities for people with sensory loss have been exacerbated by the pandemic. Virtual solutions and meetings can create additional barriers for people with sensory loss, as can environmental barrier, protective screens and facemasks. We are encouraging staff to educate themselves on barriers faced by people with sensory loss and some of the adjustments we can make to our services. We have promoted the e-learning resource on sensory loss and the Sensory Loss Toolkit available on the intranet. BCUHB has led the way in innovations on clear face masks to aid communication which will now be trialled across the UK.

## = Equality in Action = Health Board leads development of clear face masks

In May, a BCUHB staff member who won an Awyr Las award of £2,500 joined with partners across Wales to form an innovation team to develop clear face masks to reduce the impact that the wearing of face masks has on communication.

Clear face masks were trialled across the Health Board to support better care for people with certain conditions such as hearing loss and dementia. The masks are see-through and have an anti-fogging barrier to ensure the face and mouth are always visible to help health care professionals communicate better with their patients.



Feedback was received for **133 masks worn** and **204 patients or colleagues** that staff interacted with whilst wearing a mask. The masks were reported to have **made a difference in 96% cases and** benefits described were:

- Improved understanding and ability to have a conversation.
- Improved hearing, lip-reading and helped in using BSL.
- Improved attention and engagement, especially with children.
- Helped patients feel reassured and know the clinician cared.
- Helped in being able to answer questions and feeling confident to make a choice.
- Family and friends were able to help those they were supporting.

To read more about this, go to: [Clear face masks trialled to support people with hearing loss](#)





In December, the Health Board joined with other health providers and third sector organisation's to promote the It Makes Sense campaign for Sensory Loss Awareness Month.



**It Makes Sense**  
SENSORY LOSS AWARENESS MONTH

<p><b>It Makes Sense</b> SENSORY LOSS AWARENESS MONTH</p> <p>More than 600,000 people in Wales have sight or hearing loss.</p> <p>The All Wales Standards for Accessible Communication and Information for People with Sensory Loss are about ensuring equal access to health services for people with sight and/or hearing loss.</p> <p>There are lots of different steps that NHS organisations and their staff take to meet the needs of people with sensory loss. This November we'll be finding out about some of these.</p> <p>You or some of your colleagues may be living with sensory loss. Find out more about our Workplace Adjustment Passport <a href="#">here</a>.</p>	<p><b>Gwneud Synnwyr</b> MIS YMWYBYDDIARTH COLLED SYNHWRAIDD</p> <p>Mae mwy na 600,000 o bobl yng Nghymru wedi colli eu golwg neu eu clyw.</p> <p>Nod Safonau Cymru Gyfan ar gyfer Darparu Gwybodaeth Hygyrch i Bobl â Nam ar eu Synhwyrau a Chyfathrebu â Hwys yw sicrhau mynediad cyfartal at wasanaethau iechyd i bobl sydd wedi colli eu golwg a/neu eu clyw.</p> <p>Mae sefydliadau'r GIG a'u staff yn cymryd llawer o wahanol gamau i ddiwallu anghenion pobl gyda nam ar y synhwyrau. Yn mis Tachwedd, cawn wybod am rai o'r rhain.</p> <p>Efallai eich bod chi neu rai o'ch cydweithwyr yn byw gyda nam ar y synhwyrau. Darganfyddwch fwy o wybodaeth am ein Pasbort Addasu i'r Gweithle <a href="#">yma</a>.</p>	<p><b>Access to services</b> Mynediad at wasanaethau</p> <p><b>Fair services</b> Gwasanaethau teg</p> <p><b>Effective communication</b> Cyfathrebu effeithiol</p> <p><b>Check</b> Gwirio</p>	<p>Search '000 NHS Wales - Sensory Loss' on ESR to find out from our Sensory Loss e-learning module the most effective ways to communicate.</p> <p>Clwbio <a href="#">000 NHS Wales - Sensory Loss</a> ar ESR i gael gwybod y ffordd ffordd effeithiol a gwybodaeth am rai broffesiynol a'r GIG a'u staff.</p> <p>Click <a href="#">here</a> to read more about equality and diversity in our health boards/trust.</p> <p>Clwbio <a href="#">yma</a> i ddarllen mwy am gydraddoldeb ac amrywiaeth yn ein bwrdd iechyd/ymddiriedolaeth.</p> <p>Ask patients how they would like to communicate with you.</p> <p>Golywch i gaelion sut hoffon nhw gyfathrebu â chi.</p> <p>Offer to give information in an accessible format e.g. British Sign Language, large print, electronic or Braille.</p> <p>Cynwch i gwybodaeth ar Ffur Ffyrch e.e. iaith Areyddion Prydan, print bras, electronig neu Braille.</p>
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### 5.3.4 International Day of Disabled Persons



In December, we celebrated the International Day of Disabled Persons and International Human Rights Day with a special edition of the monthly briefing focussing on the Social Model of Disability and Building Back Better from the pandemic, tackling health inequalities and removing structural barriers.

### 5.3.5 Gender Identity Pathway

The Welsh Gender Service is commissioned by Welsh Health Specialised Services Committee (WHSSC) to provide a gender service

for adults in Wales. The pathway has been implemented at BCUHB and positive feedback received. We maintain ongoing engagement with UNIQUE Transgender Network, a voluntary group supporting transgender people in North Wales and West Cheshire, VIVA LGBT+ youth network and other groups to help inform our work. This year we have developed a short training resource on working with Trans and gender diverse people in association with UNIQUE, which has been trialled with the Sexual Health Team at BCUHB.

### 5.3.6 Transgender Day of Remembrance



In November the Health Board joined with other organisations and individuals across the world in recognising Transgender Day of Remembrance. Our Equality Briefing invited staff across the organisation to join in remembering and honouring the lives of Trans and gender-diverse people reported murdered over the previous 12 months. We used this briefing as an opportunity to raise awareness of the importance of the correct use of pronouns, encouraging staff to state their individual pronouns within their email signature strips.

### 5.3.7 Virtual Pride



In August we joined with other health organisations across NHS Wales to celebrate Virtual Pride 2020. A full programme of events throughout the week leading up to the Bank Holiday weekend took place. We held a social media parade looking back at all the Pride events that our staff and stakeholders have been involved with over the years. Staff across the organisation also took part in a number of the activities.



Interim Chief Executive Simon Dean joined with other leaders in Healthcare to promote the event.

In June, we celebrated the victory of Mandy Pike from Wrexham Maelor Hospital who was announced the winner of a Wales wide poetry competition, Love is Love, to celebrate LGBT History Month. Congratulations again Mandy! See [Beautiful](#), the winning entry, penned by Mandy.

Mandy said, “I am not a nurse, but I have worked closely with the nurses in Mold Minor Injury Unit and I have seen first-hand how they treat patients from any background. They have treated them with the upmost respect and I feel very proud to work with them”.

“I was so shocked to win! I have been writing poetry since I was a young girl, but only for my family and friends”.

“Since winning this competition I have written another poem which will be placed inside Ysbyty Enfys Deeside!”

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

In October, we celebrated International Day of Older Persons and its 2020 theme “Pandemics: Do They Change How We Address Age and Ageing?”



### **5.3.8 Spiritual and Pastoral Support**

During the pandemic, direct face-to-face pastoral visiting on wards has been restricted, subject to individual circumstances, guidance on infection control and social distancing. We continue to provide 24 hour, 7 days a week urgent pastoral care upon request. We have adapted our approach to providing spiritual and pastoral support to patients, visitors and staff at this time. We have achieved this in a number of ways including:

1. The use of telephone and video facilities directly to patients at the bedside, in addition to family members who remain at home. We also give support to a number of staff members who benefit from Spiritual care during this difficult time.
2. The introduction of a Chaplaincy Hour on Radio Ysbyty Gwynedd (by the Reverend. Wynne Roberts) on Tuesday evenings. Members of the Board joined Wynne virtually for a special Christmas Broadcast. This service benefits both our patients, staff, family members and the wider public, as the programme is also broadcast live online. Different chaplains contribute a 'Thought for the Day' to each programme.
3. The delivery of a live service each Sunday via Facebook Live by the Reverend. Wynne Roberts, which attracts several hundred views per week; this service benefits patients, staff, family members and the wider community and raises awareness of the Chaplaincy, its staff and its provision.
4. The introduction of 'Teams' services by individual chaplains with wards and community hospitals. A successful service, followed by a chat, has been running with Bryn Beryl hospital since the autumn.



S4C filmed a storyboard of the above initiatives for their 'Prynhawn Da' programme, which was broadcast in January 2021, further highlighting the efforts of Chaplaincy Staff at this challenging time.



### **5.3.9 Looking Forwards**

We will continue to work to provide detailed evidence on the demographics of North Wales to support localised evidence-based decision making. We will work with partners to progress the Gypsy, Roma and Traveller (GRT) health needs assessment and priorities for action, and promote the GRT e-learning module. We will work to increase access to healthcare for migrants, refugees and asylum seekers and raise awareness of interpretation services with primary care independent contractors. We will continue to implement and report progress against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. We will continue to work with partners and stakeholders to maintain awareness of and respond to key policy developments in healthcare for people from protected characteristic groups.

## **5.4 BCUHB Equality Objective 4: We will prioritise action to advance gender equality in North Wales**

### **5.4.1 Gender Pay**

We have continued to monitor and report on our Gender Pay Gap. The latest report shows that the gender pay gap remains. Further research has been undertaken to better understand why these gaps exist, and the early indications are that this could be attributable to the high numbers of women in some of the lower grades, as well as a high proportion of men in senior grades, where staff numbers are not so great. This is borne out

by the numbers shown in Table 4 and the accompanying graph. The report including further information is included in Appendix 1.

### 5.4.2 Impact of Covid-19

Our series of equality briefings this year have helped raise awareness of a number of reports that have highlighted the disproportionate impact the pandemic has had on some women, working mothers balancing childcare and homeschooling and those with caring responsibilities. Maintaining a clear picture of the pay gap, staff experience and emerging evidence will help inform our priorities going forward. Reports include Equality and Human Rights Commission's [How coronavirus has affected Equality and Human Rights](#) and [TUC response to inquiry on Coronavirus \(Covid-19\) and the impact on people with protected characteristics](#). We have further developed our evidence base to support impact assessments and updated the section on sex, including signposting people to the Welsh Government commitment to ongoing support for people living with domestic abuse. In the October Briefing we highlighted the rise in reported domestic abuse and concerns about access to justice, this work is led by the Safeguarding Team.

### 5.4.3 International Women's Day

We celebrated International Women's Day again on the 8 March, this year's theme was "[Choose to Challenge](#)" by raising our hand assertively we are showing that we choose to challenge inequity.



Showing support for International Women's Day: (in order left to right): Jo Whitehead - Chief Executive; Jacqueline Hughes - Independent Member and Equality Champion; Sue Green - Executive Director Workforce and Organisational Development.

## = Equality in Action = It's OK not to be OK: new and expectant dads encouraged to reach out for support

Staff from Betsi Cadwaladr University Health Board's Perinatal Mental Health Service wanted more new dads to know that it's ok not to be ok.



BCUHB's Perinatal Mental Health Service provides a range of specialist support for new and expectant parents as well as education and training for health visitors, midwives and GPs that they come into contact with.

The number of men who become depressed in the first year after becoming a father is double that of the general population, with first time dads particularly vulnerable. A spokesperson for the Health Board, said: "People rarely talk about men's mental health in relation to becoming a parent and the stigma surrounding mental health problems in early parenthood is even higher for men than it is for women. We also know that men generally find it harder to seek support for emotional problems. We want new and expectant dads to know that maternity and health visiting services are there for both parents, and that if they have seen a change in their mental health, or they are experiencing difficulties bonding with their baby, they should talk to their partner, health visitor or GP so they can be signposted to further support." [Full article: It's OK not to be OK: new and expectant dads encouraged to reach out for support](#)



## **5.5 BCUHB Equality Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales**

### **5.5.1 Working with partners to improve the identification, reporting and support for victims of incidents and hate crime across all protected characteristics**

We have promoted Hate Crime Awareness Week this year across the Health Board and worked with the Health and Safety Team to strengthen the process for reporting incidents and ensuring that victims of hate crime can access support services more easily. We have worked with North Wales Police and third sector organisations to signpost to sources of support and published a clear pathway for members of staff who may be victims of hate crime and incidents.



We have worked with North Wales Police's Diversity Team to promote the hate crime action service across the Health Board and raised awareness with our staff networks. Data on hate crime in North Wales is routinely shared between North Wales Police and the Health Board and shared with the North Wales Public Sector Equality Network.

### **5.5.2 Looking Forwards**

Next year we will focus on encouraging and improving hate crime reporting through the health and safety framework and use this information to develop evidence-based responses. We will raise awareness of our Dignity at Work procedure, Hate Crime Procedure and reporting mechanisms.

## **5.6 BCUHB Equality Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales**

### **5.6.1 Maintaining Partnerships and Networks**

#### **Equality Stakeholder Group**

The Equality Stakeholder Group has been in existence for a number of years and has continued to meet virtually this year. Its purpose is to advise the Equality and Human Rights Strategic Forum, help formulate solutions via co-production that overcome barriers faced by groups and people and engage and involve as wide a representation of people and organisations as possible. Membership has continued to increase and we are grateful for the ongoing insight this Group provides.

#### **5.6.2 Engagement Practitioners Forum**

We have used virtual platforms to maintain partnership engagement. The Engagement Team has held several Engagement Practitioners Forums via Skype and Zoom and also supported a wide range of joint network events. Although circumstances have been challenging we continued to grow our networks and provided opportunities for a constructive two way dialogue with the public and stakeholders. This has helped the Health Board to maintain continuous engagement during the Covid-19 pandemic.

Our forums and networks have helped improve understanding of how stakeholders, patients and the public felt about our services, and their wider well-being during the pandemic in North Wales. Our ongoing engagement has helped to provide reassurance, share key information in accessible formats, resources and extend our reach to be more inclusive and accessible to wider groups of the population.

Great to present at the Gwynedd Health Engagement Practitioners Forum on the work of the Engagement Team and hear from @CynforGwynedd Health @ Wellbeing Dept and @BetsiCadwaladr Patient and Carer teams



### 5.6.3 Community Cohesion Forums

An example of this approach is our collaboration with the North Wales Community Cohesion Forums.

In November the Health Board’s Engagement Team facilitated a virtual event in collaboration with the All Wales Black and Minority Ethnic Engagement Team at EYST Wales to build upon our understanding of the lived experience of people from Black and Minority Ethnic backgrounds living in North Wales.

The Forum “Your voice matters!” was for Black and Minority Ethnic people, migrants and immigrants living in North Wales who were invited to join representatives from the Health Board virtually to discuss their experiences. The session was well received and provided an opportunity to discuss how engagement can be sustained. This resulted in new links being established with the Chinese in Wales Association and the Chinese Women’s Association based in Flint.

The Health Board has used its strong links with many stakeholders from third sector and community groups and those representing people who speak a variety of first languages, including Portuguese, Polish and Romanian. This has been important in supporting engagement, particularly during the Covid-19 pandemic.



#### **5.6.4 Advancing Equality through Engagement**

Engagement has enabled us to understand and remove barriers people may face in fully engaging with their Health Service. This included producing information materials in several languages, enabling increased engagement with programmes such as the Test Trace and Protect Programme and other Covid-19 advice.

Engagement with partners enables us to understand barriers people may face in accessing services. During the Covid-19 pandemic we have been able to give advice on accessible information and links to information resources to ensure that materials are offered in appropriate languages and alternative formats such as easy read.

During outbreaks in Wrexham and Anglesey we were able to use our contacts, networks and intelligence to disseminate information in a range of languages tailoring to the need of the local population, including Romanian, Portuguese and Polish. In December we used our internal networks and contacts through our Equality Stakeholder Group to disseminate Welsh Government's door drop information on "Keeping Safe this Winter" in over 30 languages. We also distributed the British Sign Language video of key messages.

Another channel for sharing information and reaching communities is through the Team's 'Covid Conversations' and our ['BCU Get Involved' email newsletter](#). These provide not only opportunities to share BCUHB and Public Health Wales information but also wider partnership messages which are routinely included.

In order to understand more about people's experiences during lockdown, the Engagement Team undertook both a public survey and a series of informal conversations with partners.



The objectives of our ‘Covid Conversations’ engagement programme were to capture high level feedback about some of the Health Board’s service changes, access to health care and the new ways of delivering services during the pandemic. The survey was also available in British Sign Language (BSL) format. In total, 556 people completed the survey, with 59 completing the BSL version. The Engagement Team also took part in several virtual health and well-being networks and community events where they could capture feedback about the health impacts of Covid-19 on communities. These findings were shared with service leads working on a number of programmes including the impact and future use of telephone and video technology, delivery of the Together for Mental Health Strategy in North Wales and corporate and service communications.

This year the North Wales Community Health Council have worked with the Health Board to facilitate virtual ‘safe space’ events. The events, which can also be accessed via social media, telephone and personal contact with individuals on request are focused on broad themes of mental health services in North Wales:

- Community Mental Health
- Older Persons Mental Health
- Substance Misuse Services
- Learning Disabilities
- Adults with Functional Mental Health Problems & Adult Psychiatric Services
- CAMHS & the transition to Adult Mental Health Services.

More events are planned going forward including:

- LGBTQ+ Service User experience
- Covid and Mental Health Care
- Mental Health Services in Agriculture/Rural Communities.

### 5.6.5 Strengthening Staff Networks

#### BCUnity Staff Networks



Our BCUnity staff support networks for disabled staff and Black and Minority Ethnic individuals including overseas staff have been established this year. The Networks provide a pathway of support to staff in the workplace and facilitate a forum for discussion and escalation of issues relevant to individuals from protected characteristic groups. The focus this year has been on increasing membership, agreeing terms of reference and identifying priorities for action. This includes a collaborative project to provide additional support for new recruits from overseas.

#### Celtic Pride

Celtic Pride is the Lesbian, Gay, Bisexual and Transgender (LGBT+) Staff Network that supports staff at Betsi Cadwaladr University Health Board, the Welsh Ambulance Services NHS Trust, and NHS Wales Shared Services Partnership in their working lives and promotes awareness of LGBT+ issues within the organisations. Due to the impact of Covid-19 the Celtic Pride Network has moved on-line to continue to support each other this year, this has been particularly important at a time when North Wales has seen a rise in LGBT and Trans\* hate crime.

In Wales, as around the rest of the world, Pride events have been cancelled, but innovative ways of holding Prides on-line have been sought. In August, we took part in a week of NHS Wales Pride events. We have continued to work with Stonewall as Diversity Champions and work with other organisations, such as UNIQUE and VIVA.



Celtic Pride has also maintained links with researchers from the University of York, following participation in their 2 year project to examine LGBT+ Staff Networks in the NHS.

### **5.6.6 Looking Forwards**

In year two of the Strategic Equality Plan we will build upon our understanding and mapping of stakeholder groups, networks and community assets for those organisations representing people with protected characteristics across North Wales. We will strengthen the engagement element of the EqIA process to promote meaningful engagement with people with protected characteristics.

The Health Board is seeking to recruit an engagement officer to help increase engagement with people from Black and Minority Ethnic backgrounds to help drive this work. Our staff networks will develop their work plans and the network chairs will have a voice at the Equality and Human Rights Strategic Forum.

## **5.7 BCUHB Equality Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales**

### **5.7.1 Digital Accessibility**

During this year the Health Board agreed and published our Accessibility Statement. We have made the website text as straight forward as possible to understand and promoted the use of AbilityNet, which offers guidance about individual adjustments people can make to their computer, laptop, tablet or smart phone device to make it easier to access the website. We have made progress on the overall accessibility of the website and have acknowledged through this statement that there is still work to be done to make the site fully accessible. The website is partially compliant with the Web Content Accessibility Guidelines version 2.1 AA standard. The 'non-compliances and exemptions' are listed on the site. We have committed to a two day response time for requests for information in alternative formats.

### **5.7.2 Accessible Health Care Scheme**

The Accessible Health Care Scheme is provided in collaboration with the Centre for Sign Sight and Sound (COSS), who can provide help in



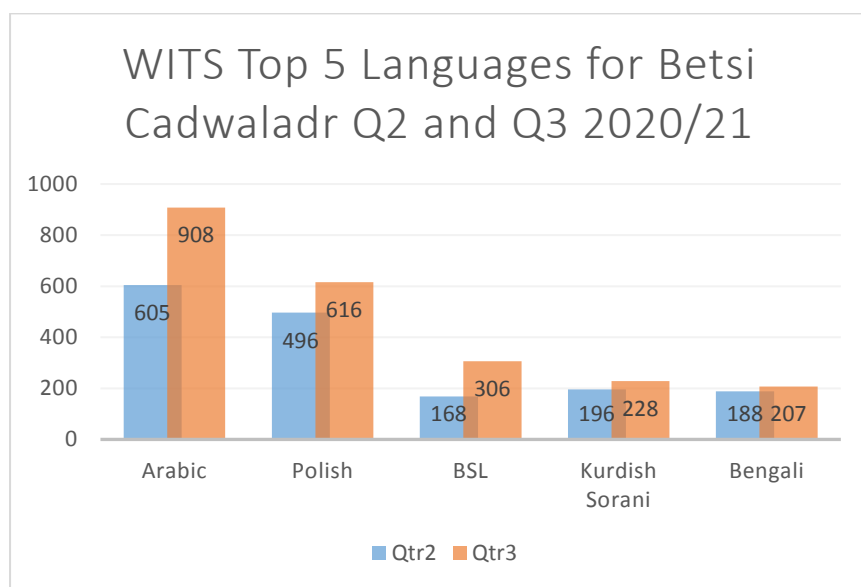
making and changing appointments, providing advice and guidance and support to facilitate communication with BCUHB, GPs and other health services. They also provide an Accessible Health Communication Card which enables individuals to raise awareness of their individual communication needs with health care professionals, these can also be obtained from the Audiology Department(s). To find out more about the Accessible Health Care Scheme, please contact the Centre for Sign Sight and Sound (COSS) by Tel 01492 530013 or by email: [info@signsightsound.org.uk](mailto:info@signsightsound.org.uk).

### 5.7.3 Language

#### Wales Interpretation and Translation Service

The Wales Interpretation and Translation Service provides 24-hour interpretation and translation services to public authorities in Wales, including county councils, police forces and health and social services. They provide face-to-face interpretation and a telephone service through Language Line.

Provided below is an analysis of the interpretation services provided by WITS to the Health Board during Quarters 2 and 3 2020 highlighting the top 5 languages booked.



<b>Language</b>	<b>Bookings Qtr2</b>	<b>Bookings Qtr3</b>
<b>Arabic</b>	605	908
<b>Polish</b>	496	616
<b>BSL</b>	168	306
<b>Kurdish Sorani</b>	196	228
<b>Bengali</b>	188	207
<b>Total Bookings</b>	3455	4787

The demand on the Wales Interpretation and Translation Service (WITS) has seen a year-on-year increase. Covid-19 has required Health Boards to look at how services are provided and has required innovative thinking to look for alternative methods.

The Covid-19 pandemic has meant that the general population have had to adapt to the situation and part of this has meant communicating with friends and family via the means of technology. It is anticipated that these effective and efficient new ways of working will be continued in the future.

One way of improving the quality of our interpretation services for our patients, and providing a more accessible and real time translation, is to look at the emerging technology that is increasingly implemented by other organisations.

Language Line already provide our telephone interpretation services but they can also provide video interpreting through their Insight App. The Health Board rolled out a pilot of the Language Line Insight Video Interpretation app in October 2020 in a small number of departments and also a GP practice. Positive feedback has been received to date and staff and service users have found the WITs video interpretation easy to use, very quick whilst still providing a good service for patients.

### **Advice and Resources**

Guidance in a number of different languages on health care and health information has been produced and is available online in English, Polish,

Romanian, Portuguese, Kurdish, Sorani, Arabic, Farsi, Albanian and Bengali. This includes Covid-19 information.



**Covid-19 help for refugees and asylum seekers** [↗](#)

Information in English, Kurdish Sorani, Arabic, Farsi, Albanian and Bengali.

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**Cymorth ynghylch Covid-19 ar gyfer ffoaduriaid a cheiswyr lloches**

**Covid-19 help for refugees and asylum seekers**

یارمەتی کۆفید-19 بۆ پەنەباران و داواکارانی پەنابەری

مساعدة كوفيد 19 للاجئين وطالبي اللجوء

کمک در خصوص کووید-19 ویژه پناهجویان و متقاضیان پناهندگی

**Ndihmë për refugjatët dhe azilkërkuesit në lidhje me Covid-19**

উদ্বাস্তু ও আশ্রয়প্রার্থীদের জন্য কোভিড-19 সংক্রান্ত সহায়তা

#### 5.7.4 Looking Forwards

We will widely promote the importance of inclusive communications, increasing access and reducing cultural and language barriers. We will present the BCUHB Communication and Campaigns Strategy to the Equality Stakeholder Group.

## = Equality in Action = Virtual Visiting Project

During the initial response to the Covid-19 pandemic, BCUHB Informatics, in collaboration with the North Wales Regional Partnership Board, and with support from the Awyr Las Digital Fund, deployed iPads for patient use in Acute and Community sites. These were to support in-patients maintain contact with family and friends during restricted visiting.

Staff and volunteers were enlisted to support older patients less familiar with the technology, patients with physical impairments, neurodiverse patients and patients with sensory loss. iPads were also provided to family and friends of staff who don't have access to devices at home.



### Some of the feedback received:

“Patients with close relatives living overseas, so virtual visiting has been a great asset.”

“Very beneficial, frequent use – patient feedback very positive.”

“They have supported on-going contact with families during the Covid-19 pandemic.”

## **5.8 BCUHB Equality Objective 8: We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce**

### **5.8.1 Developing an Inclusive Leadership Culture**

Wales 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' was launched by Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) in October 2020. It sets out the vision, ambition and approaches that put well-being at the heart of plans for the NHS and social care workforce in Wales. It reflects a core element of the Parliamentary Review and 'A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services. This is reflected in the Health Board's Workforce and Organisational Development Strategy.

Equality sessions for Board have been held in November and March this year. The Office of the Board Secretary have worked to strengthen continuous horizon scanning for legislative, case law and policy development. Relevant information is shared through the Board Structure. All papers that go to Board and Sub-committees explicitly require evidence that equality and human rights considerations have been considered and issues addressed.

Considerable work has been undertaken to ensure that all Health Board written control documents (WCDs) policies, procedures, protocols, guidelines etc. are accompanied by a robust Equality Impact Assessment (EqIA). The EqIA, along with the WCD are submitted to the relevant approving group for scrutiny. This ensures not only that authors consider and mitigate negative impacts, but that the Health Board proactively seeks to identify and promote positive equality impact, access and inclusion.

### **Leadership Development**

We have worked with colleagues in HEIW to explore opportunities for leadership development with staff members and leaders from Black and Minority Ethnic backgrounds across the Public Sector in Wales. We are actively reviewing our management and leadership development offers

to ensure they are consistent with an NHS Wales emphasis on compassionate and inclusive leadership. We have worked closely with colleagues in HEIW to develop resources and leadership network pages on their leadership portal Gwella, including shared resources on compassionate and inclusive leadership.

2020 and the restrictions placed on all of us with Covid-19 saw the Organisational Development (OD) team undertake a process of reworking our management and leadership development offer so that it could be delivered virtually. Working with service leads, including colleagues in the Equality and Human Rights team we ensured that we continued to provide managers with EqIA training as part of the 'Step into Management' programme.

Going forward we will continue to offer virtual learning, this includes plans to provide access to recorded sessions, webinars, downloadable resources, and leadership networks spaces for staff to connect. This will support our aim to improve accessibility to learning by providing development opportunities to staff outside of usual working hours and in support of flexible working and supporting work-life balance.

### **5.8.2 Building Knowledge and Capacity**

An All Wales group has been established this year, led by HEIW to review and update the NHS Wales mandatory equality e-learning resource Treat me Fairly, BCHUB is engaged with this project. The Organisational Development Team have worked with our subject matter experts on our learning programmes to provide audio narration of any online visual learning materials to ensure we support the needs of staff members with different learning styles and or additional sensory needs. The new OD programme development is reviewed against EqIA criteria to ensure we actively meet the needs of a diverse and representative staff group as much as is possible, especially as we move more learning content into an online environment as needed during the Covid-19 pandemic.

### **5.8.3 Demonstrating Equality Values and Communicating Messages**

#### **Equality Champions Network**

In October, we launched our Equality Champions Network. Led by Independent Member Jackie Hughes, the network aims to support staff

to engage with and promote equality and diversity issues in their own teams and directorates.

### **= Equality in Action = What does an Equality and Diversity Champion do?**



- Acts as a role model for Equality and Diversity, we practice what we preach and lead by example.
- Promotes understanding of Equality, Diversity and Human Rights issues.
- Supports Equality awareness campaigns through the dissemination of information to teams and networks.
- Raises awareness through promotion and dissemination of the monthly Equality Briefing.
- Acts as a local link to Equality and Human Rights duties, policies, procedures and strategies.
- Acts as an ally for colleagues in the workplace.
- Challenges unacceptable behaviour and stereotypes and promotes tolerance and acceptance.
- Supports peers by signposting to resources and information.
- Endeavours to learn more about the lived experience of people who share protected characteristics.
- Develops own personal competencies.

#### **5.8.4 Enabling a Fair and Inclusive Workforce**

We have further developed our evidence base to support workforce impact assessments and reviewed key workforce evidence including the report of the [TUC response to inquiry on Coronavirus \(Covid-19\) and the impact on people with protected characteristics](#). We have continued to promote the EqIA process within WOD activity this year and the Equality Team is represented on the BCUHB Workforce Policy Group, ensuring equality oversight and benchmarking of EqIA's informing policy



decisions. We have analysed workforce information and strengthened our staff engagement with people from protected characteristic groups.

In early 2021, the Health Board participated in the Equality and Human Rights Commission inquiry into racial inequality in Health and Social Care workplaces. The inquiry looked at the working conditions of ethnic minority workers in lower paid roles in the Health and Social Care sectors.

### **5.8.5 Providing Opportunities**

#### **Apprenticeships**

Work is ongoing to increase apprenticeship uptake in BCUHB. We continue to work with Project SEARCH and employment agencies to provide opportunities to groups who are often disadvantaged in obtaining apprenticeships.

#### **Adult Volunteer Programme**

The adult volunteer work placement programme in BCUHB incorporates initiatives from groups who are furthest away from the job market or in work poverty. Before the volunteers are supported in to the work place they are all required to be all 100% compliant with statutory and mandatory training, this includes Equality and Human Rights, to attend BCUHB orientation, and be DBS and Occupational Health cleared. They then complete a 6 week volunteer placement at a minimum of 16 hours per week. If posts become available in the organisation, the volunteers are guaranteed interviews if they meet the essential requirement of the role. For those who complete the programme and are competency approved they are recruited to bank roles as Health Care Assistant or administration. Many would ordinarily not be able to apply for posts through traditional methods, as they have large employment gaps and no work references; the programme has facilitated a process that eases these difficulties so that they can be supported in to work. We continue to work with job centres and employment agencies to provide online sessions for participants who wish to take part in the programme. Placements are tricky currently due to the constraints of Covid-19 however, where it is safe to do we have continued to offer placements and move people in to employment.

An example of our offer adapting to the Covid-19 restrictions are virtual mentoring circles for individuals who are applying for vacancies in their

area. This comprises of 3 virtual sessions over 3 weeks and includes how to complete an NHS application form and Interview skills. Feedback from the pilot groups has been positive and to date it is recorded that 4 individuals have gone on to secure employment using the skills that they have learnt.

## Step into Work



BCHUB is proactively developing new ways of attracting local staff to the organisation. The Step into Work programme is one such approach, and provides a systematic programme of careers support, work on increasing apprentice provision and volunteer work placements. Step into Work supports a range of people, for example, students, those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training (NEETS), and other seldom-heard groups. Step into Work supports the Welsh Governments tackling poverty agenda which has the objective of creating prosperous communities, learning communities and healthier communities.

## Project Search



We are also continuing to support apprenticeship places and will identify and address any barriers to participation through 2021 and into 2022 by extending the roll out of project SEARCH. Project SEARCH is an international transition to work programme committed to transforming the lives of young people with learning disabilities and autism.

## = Equality in Action = I CAN WORK



An employment support programme, which is the first of its kind in Wales, was extended amid concern over the economic and mental health impacts of the Covid-19 pandemic. People struggling to find or hold down a job because of mental health difficulties were encouraged to take advantage of the I CAN Work programme, which provides intensive support from employment specialists and health professionals. Following a successful 12 month pilot, which saw 500 individuals supported across North Wales, the programme was extended for a further six months, with funding from the Welsh Government.

The economic fallout from the Covid-19 crisis is expected to have a significant impact on employment, with more than a fifth of UK employers planning to make redundancies in the coming months. Young people and the lowest paid are expected to be hardest hit, with women more adversely affected than men.

For the full article go to: [Unique employment support programme extended amid concern over the economic and mental health impacts of the Covid-19 pandemic](#)

### 5.8.6 Looking Forwards

We will strengthen performance and accountability and apply the Equality Accountability Framework to divisional governance structures.

We will continue to build upon progress and ensure that EqIA and SEIA inform strategic decision making, including EqIA and SEIA of the WOD strategic organisational development programme.

We will continue to grow our network of equality champions, celebrate Diversity and Inclusion with a week of events across the Health Board and continue to produce and disseminate monthly Equality Briefing to raise awareness of key messages.

## **5.9 BCUHB Equality Objective 9: We will prioritise action to advance race equality in North Wales**

It is widely recognised that whilst the coronavirus pandemic has created widespread fears and risks to lives and livelihoods across communities in Wales and around the world, the impacts on Black and Minority Ethnic individuals have been especially profound. A key focus of the Health Board's work this year has been to maintain awareness of this evidence as it has emerged, work with our stakeholders and staff to address immediate issues and identify longer term actions for future years. This includes building understanding; we acknowledge that BME is a broad blanket term often used to refer to most people who are not White British. We recognise that there are vast differences between ethnic groups labelled with this term and that inequalities exist within the Black and Minority Ethnic group.

### **5.9.1 Reflecting the Race Equality Plan for Wales within the SEP and identifying actions to advance race equality at BCUHB**

We have received and communicated the report and recommendations of the BME Covid-19 Socio-economic Subgroup Chaired by Professor Emmanuel Ogbonna published in June 2020. This report highlights the entrenched inequalities experienced by many Black, Asian and Minority Ethnic people and makes a number of recommendations for Welsh Government. A Race Equality Action Plan for Wales is under development currently which will provide the foundation for bringing about necessary change. At the Health Board we have worked with our stakeholders and staff to better understand and identify actions for improvement. A number of actions have been agreed and this work will be reviewed and aligned following publication of the [Race Equality Action Plan for Wales](#).

### **5.9.2 Promoting collaborative working with organisations working with Black and Minority Ethnic individuals**

We have worked closely with the North Wales Regional Equality Network (NWREN) for many years and have welcomed their continued engagement, support and advice during this challenging year.



Over recent months we have worked together to develop a proposal for NWREN to undertake a project in the Central Area to map the agencies engaged with Black and Ethnic Minorities individuals, identify gaps and help strengthen and sustain our opportunities for engagement going forward.

The North Wales Population Health Directory has also been published this year, it focuses on public health priorities and provides information on demographics and population health need at different geographical levels to NHS staff and partners for planning purposes. It has been developed by a group which included Public Health Wales and BCUHB Board staff and is maintained by Public Health Wales. It includes a wealth of sources of information to help us better understand the demographics of North Wales.

We have worked with EYST to widely promoted the new All Wales national multi-lingual telephone helpline for Black and Minority Ethnic communities impacted by Covid-19 needing advice and support around a range of areas including, employment and welfare, education, housing, personal safety and health.

**BAME** Lein Gymorth **BAME** Cymru  
**BAME Helpline Wales**

**Mae Lein Gymorth BAME Cymru ar agor!!**

Llun – Gwener  
o 10.30yb tan 2.30yp

**Galwch: 0300 2225720**  
(Codir tâl am alwad leol)

**Tecstiwch i: 07537 432416**

Mae ein cynghorwyr ar y lein gymorth yn gallu:

- Eich cyfeirio at sefydliadau a gwasanaethau perffhansol yn eich ardal
- Rhoi cynngor arbenigol lnyghych swyddi
- Eich cyfeirio at sefydliadau arbenigol
- Darparu gwybodaeth mewn nifer o ieithoedd cymunedol
- Darparu gwybodaeth am:
  - Iechyd
  - Addysg
  - Gwaith
  - Cartrefi
  - Llesiant
  - Diogelwch Personol
  - Eich hawliau

**BAME Helpline Wales is open now!!**

Monday to Friday  
10.30am to 2.30pm

**Call: 0300 2225720**  
(Local Rate Number)

**Text: 07537 432416**

Our helpline advisors can:

- Signpost to relevant organisations and services in your area
- Provide specialist employment advice
- Signpost and refer to specialist organisations
- Provide information in a range of community languages
- Provide information in relation to:
  - Health
  - Education
  - Work
  - Housing
  - Personal safety
  - Welfare entitlements
  - Your rights

Ethnic Minorities & Youth Support Team Wales | Tin Cymorth Llafar/fondod Ethnig & Ieuenctid Cymru | women connect first | HENNA FOUNDATION | Wales TUC Cymru

The helpline was a direct response to the disproportionate impact of the pandemic on Black and Minority Ethnic individuals, and recognition that usual face to face services were mostly closed, with many having limited access to internet advice. The helpline is staffed by call handlers who



speaking a range of community languages including Arabic, Urdu, Hindi, Bangladeshi and Mandarin. They can provide a first port of call and further signposting to the right specialist organisation.

This year we have worked with Diverse Cymru to commission Cultural Competency training for key staff for delivery during 2021-2022.

### 5.9.3 Black History Month

In October, we celebrated Black History Month, this was included in the weekly briefing from the Chair and Chief Executive on 2 October and promoted widely via our Equality Briefing Series and our BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies was launched. The theme this year was “Dig Deeper, Look Closer, Think Bigger.”



### Jackie Hughes, Independent Board Member and Equality Champion said:

“Events over the past months have highlighted the discrimination and inequality experienced by people from Black and Minority Ethnic heritage every day, whether this is through the disproportionate impact of Covid-19, or racism and discrimination brought into focus through the killing of George Floyd. As a country we need to see change through being curious, compassionate and seeking to understand the issues. Black History month allows organisations to have an opportunity to be part of the national celebrations and events. It helps to create awareness, understanding and deepen much needed knowledge to help honour the accomplishments of Black Britons throughout our history.”

### 5.9.4 Establishing additional Staff Networks and support for Black and Minority Ethnic Staff to better understand staff experience

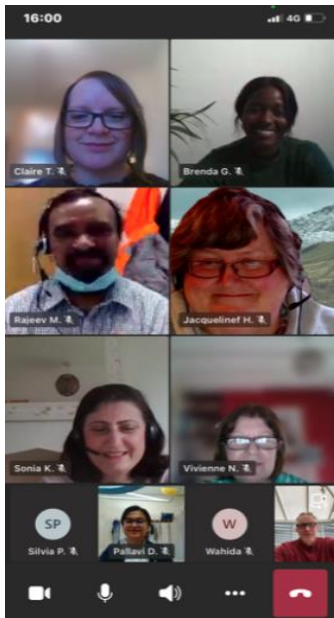
The BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies was launched in October. The network has been very well received and is sponsored by the Acting Executive Medical Director, Executive Director of Workforce and Independent Member of the Board Equality Champion at the Health Board. Our Chair is also a member of the British Indian Nurses Association (BINA) and the network will be working to raise awareness of this and other national associations. Membership continues to grow, this year the Group have acted as key advisors in informing the Strategic Equality Plan (SEP) workforce race equality actions. There is a wide range of support for the Network, and external speakers have included North Wales Police and Race Equality First.



HEDDLU  
GOGLEDD CYMRU  
NORTH WALES  
POLICE



RACE  
EQUALITY  
FIRST





## **BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies - Member Story**

“I was born and raised in Kenya have been there for the best part of my life (save for my university years, which I spent in the kingdom of Morocco). December 2020 marked the third month since I arrived in the UK for the very first time.

I am a Registered General Nurse just halfway through settling here. Why the BCUnity Ethnic Minority and Overseas Staff Network? Because I hate being alone...honestly, the only way campus life away from home was manageable was through similar networks as this, which made it possible for all foreign students to come together in a safe haven where we could just fit and feel free.

Sometimes all we are focused on is achieving a dream or vision and many times lose sight of what essential aspects of life we sacrifice while at it. Most of us think about the perks of being out there and assume our system is just going to slide in and conform...truth is, one goal achieved or one dream realized or even one vision attained comes with a price...loss of friends, distance from family, colleagues and closest acquaintances, new weather and all! While this may not affect some at all a good majority find it so hard to find an equilibrium just as fast, and on top of having to fit and match with the fast pace that they wake up into.

This initiative is not only a good way of making things better for anyone coming in to BCUHB, especially by providing a safe hub where one can track and trace anything that's closest to what is familiar, but it's also one of the avenues where many will find their voice in regards to the things they go through even as they try to fit in.

I'm passionate about being a part of this network because I really know just how much a challenge it can be, and would appreciate if anyone made any small effort to make it better for me...I wouldn't think twice about doing the same for someone else.”

### **5.9.5 Implementing the All Wales Covid-19 Workforce Risk Assessment Tool**

The Covid-19 Workforce Risk Assessment Tool was adopted in the Health Board in May 2020. It was introduced to the NHS and Social Care for all staff who are vulnerable or at risk of contracting coronavirus, including people from Black and Minority backgrounds. At that time targeted letters and communications were issued to staff from Black and Minority backgrounds and their managers to reinforce the importance of risk assessment. Risk assessment implementation providing operational guidance and support has been a priority for workforce and health and safety colleagues throughout. Regular communications continue to be issued widely and compliance monitored. The tool is a live document and continues to evolve as evidence emerges. It applies to everyone including bank and agency staff, volunteers, students and staff returning to work for the NHS. [Welsh Government COVID-19 workforce risk assessment tool website](#). As part of this work we have encouraged all staff to ensure that the ethnicity information held on their Electronic Staff Record system is complete, whilst there remains work to do to increase self-declaration rates across all protected characteristic groups, the recording of ethnicity information has increased significantly this year. This information helps the Health Board maintain an accurate picture as possible of the demographics of our organisation.

### **5.9.6 Looking Forwards**

We will continue to build understanding and use of appropriate language, we will adopt the term Black and Minority Ethnic people which better reflects the vast differences between ethnic groups. We will align our race equality actions with the Race Equality Action Plan for Wales. We will build upon our work with partners to strengthen and sustain opportunities for engagement, continue to raise awareness of peoples lived experience and deliver cultural competence training to key groups. We will enable our staff network and ensure that their voice continues to be heard and influences this work going forward.

## 6. Looking to the Future

We look forward to delivering the second year of our Strategic Equality Plan. We know that the ongoing Covid-19 pandemic will continue to highlight and exacerbate existing health inequalities and it is as important as ever for us to plan and deliver our services from a founding principle of equality. In year two we will be focusing on ensuring understanding of and compliance with the Socio-economic duty and signposting leaders to guidance and support in understanding their roles and responsibilities. We will be continuing to build our North Wales Equality Evidence Portal and will be furthering our governance mechanisms to ensure equality and human rights principles are at the heart of decision making at every level, and we will continue to ensure robust Equality Impact Assessment processes are a part of this. We will promote the Autism Code of Practice, the importance of inclusive communications, increasing access and reducing cultural and language barriers. We will continue to train our staff and drive cultural competence and sensory loss awareness. We will optimise the functionality of the new Civica Real-Time Patient Feedback System to strengthen reporting of patient experience information by protected characteristic. We will work to improve data collection by protected characteristic and improve the identification, reporting and recording of hate crime. We will continue to grow our BCUnity Staff Network for people with protected characteristics including the establishment of a Women's Network and work to understand the gender equality impact of the pandemic. We will fully support the roll out of the Race Equality Action Plan for Wales.

Finally and most importantly, we will continue to work with our partners, stakeholders and the people of North Wales to advance equality of opportunity and tackle health inequalities.

## Appendix 1 – Gender Pay Gap report



# Gender Pay Gap Report 2021

## Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

We have therefore, decided to go beyond the specific legal requirements contained in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and to voluntarily publish this pay gap report based upon the 2017 Regulations.

This is our third Gender Pay Gap Report. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31<sup>st</sup> March 2020).

This report contains the following:-

- Average & Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

**Table 1. Average & Median Hourly Rates and Pay Gaps**

<b>Gender</b>	<b>Average Hourly Rate (£p per hour)</b>	<b>Median Hourly Rate (£p per hour)</b>
<b>Male</b>	22.18	16.20
<b>Female</b>	15.97	14.36
<b>Difference</b>	6.21	1.84
<b>Pay Gap %</b>	27.97%	11.36%

The gender pay gap is defined as the gap in median pay that male and female employees receive.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary.

The figures above highlight a gap between the average hourly pay for men and women in the organisation. Further research has been undertaken to better understand why these gaps exist, and the early indications are that this could be attributable to the high numbers of women in some of the lower grades, as well as a high proportion of men in senior grades, where staff numbers are not so great. This is borne out by the numbers shown in Table 4 and the accompanying graph.

Gender pay reporting is different to equal pay- equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across BCUHB. More than 93% of BCUHB staff are paid in accordance with NHS Agenda for Change Terms and Conditions – these are the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

**Table 2. Average and Median Bonus and Pay Gaps\*\***

Gender	Average Bonus (£)	Median Bonus (£)
Male	11,474.79	10,003.02
Female	9,069.67	8,057.67
Difference	2,405.12	1,945.35
Pay Gap %	20.96%	19.45%

In line with the reporting requirements, our mean bonus gap of 20.96% is based on actual bonuses and so it does not take into account part-time working.

**Table 3. Proportion of staff receiving a bonus\*\***

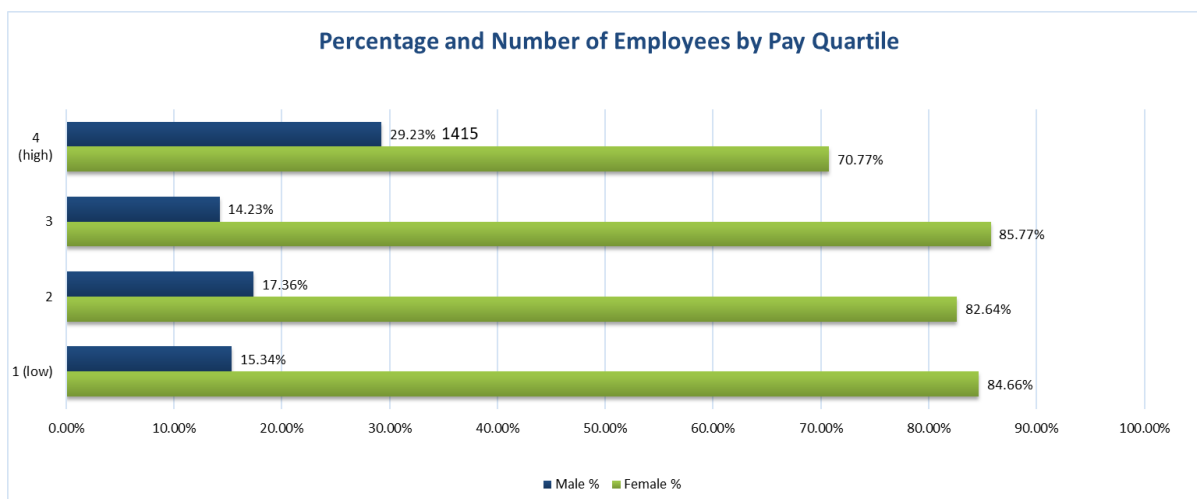
Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	297	4,405	6.74%
Female	104	17,091	0.6%

\*\* Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

**Table 4. Number and percentage of Employees by Pay Quartile**

Pay Quartile	Female	Female %	Male	Male %
1 (Lowest)	4012	84.66	727	15.34
2	3917	82.64	823	17.36
3	3978	85.77	660	14.23
4 (Highest)	3426	70.77	1415	29.23





The table and graph demonstrate how the proportions of women and men change from lowest to highest pay quartiles, meaning that fewer women are employed in senior roles than men. The spread of Male and Female across the pay quartiles has changed very little since 2018.

## Conclusions and Next Steps

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We are working to better understand these issues. A number of themes have emerged which will be aligned to the BCUHB Workforce Strategy and Key Priorities:-

1. **Work-life balance**
2. **Networks and Support Mechanisms**
3. **Organisational Development and Training**
4. **Recruitment, Retention and Progression**

## Statement by our Executive Director Workforce and Organisational Development

"We recognise the disproportionate impact of the Covid-19 pandemic on some groups, our organisation employs over 18,000 people, the majority of whom are members of communities across North Wales. Pay gap reporting is a vital tool in helping us understand and tackle gender inequality at work. Creating a culture of inclusion, fairness and equity across our workforce is at the heart of our Workforce Strategy. This is reflective of the Health Boards' strategic equality objectives, and is

supported by an increasing body of evidence, which correlates inclusion, wellbeing and the engagement of the workforce with the quality of health and care experienced by the people we serve. The Covid-19 pandemic continues to shape our strategy and the operations of our organisation, we recognise the disproportionate impact the pandemic has had on some women, working mothers balancing childcare and homeschooling and those with caring responsibilities. Our move this year to agile and more flexible working will provide valuable insight going forward. Maintaining a clear picture of both the pay gap, staff experience and strengthening our BCUnity staff networks will help us take the right steps as we progress.”