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Betsi Cadwaladr
University Health Board

Fairness, Rights and Responsibilities



An Equality and Human Rights Strategic Plan for Betsi Cadwaladr University Health Board

2012-2016

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



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Commitment

Welcome to Betsi Cadwaladr University Health Board's (BCU HB) first Strategic Equality Plan, a requirement of the Equality Act 2010. We welcome the Act and recognise that it simplifies and strengthens anti-discrimination law, removes inconsistencies and makes it easier for our organisation to understand and comply with. We are delighted to be able to write a foreword to this crucial document.

This Plan builds upon the progress of our Single Equality Scheme (SES) published in 2009. The NHS Reforms in North Wales have brought eight organisations, with different ways of working together to establish a Health Board, the aim of which is to deliver higher standards through the integration of public health, primary, community, mental health and secondary care services in partnership with citizens, public bodies, staff, trade unions, professional organisations and the voluntary sector. We are committed to the Triple Aim

- Improving the health of the population of the communities we serve
- Improving the patient experience (safety and quality)
- Reducing or at least controlling the cost of healthcare

Our collective focus is on well-being in its widest sense to improve and enhance the lives of individuals, communities and the population of North Wales. The values of fairness, respect, equality, dignity and autonomy, set out within the equality duties and the principles of human rights, underpin our strategic direction. This Plan seeks to ensure that equality is properly considered within the organisation and influences decision-making at all levels. Importantly it will promote knowledge and understanding of the general and specific duties amongst our employees and help shape the culture of our organisation.

As Chair and Chief Executive of BCU Health Board we are committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. Evidence has been gathered from national and local reports and from staff and service users to inform this work. We have listened and heard key messages and value this feedback, which will be used to work with and support Clinical Programme Groups as they identify priorities for action and inclusion within their service plans.

This Plan provides a framework to continue to make progress on advancing equality. We want it to be based on the human rights principles of fairness, respect, equality, dignity and autonomy (FREDA), focusing on the needs of the citizens of North Wales.

As Chair and Chief Executive, we will scrutinize implementation of this Strategic Equality Plan and the underpinning Equality Objectives agreed by the Board. We will promote our vision for equality that goes beyond legal compliance, but sets new standards in the field of equality and human rights in health. We will work to ensure that the Health Board provides a fair, responsive, inclusive and appropriate service for all and will help to drive forward the necessary pace of cultural change within the public sector. It is our duty and that of the Board to ensure that this Plan is implemented.



**Chair
Professor
Merfyn Jones**



**Chief Executive
Mary Burrows**

**Independent
Member
Equality Champion
(not yet appointed)**

About the Health Board

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

The Health Board has a workforce of around 16,000 staff and has a budget of around £1.2 billion. It is responsible for the operation of three district general hospitals as well as 22 other acute and community hospitals, and a network of over 90 health centres, clinics, community health team bases and mental health units. It also coordinates the work of 121 GP practices and NHS services provided by North Wales' dentists, opticians and pharmacies.

The Health Board itself is made up of people with individual as well as collective responsibility – The Chairman, Vice-Chairman, Chief Executive, Executive and non-voting Directors and Independent Members. The Chief Executive delegates authority to Directors to operationally support the BCU Health Board objectives and responsibilities. Each Director manages a small team of senior staff that support Clinical Programme Groups in the development and delivery of care.

The philosophy of the organisation is based on an inverted triangle, with a small corporate function that supports the strategic and operational delivery of clinical care through autonomous Clinical Programme Groups (CPGs) led by clinicians. These 11 CPGs are led by Chiefs of Staff; they unify the functions of the previous eight organisations by adopting a clinically led and accountable approach.

Our principles are laid out in the document A Strategic Direction 2009/12 with five key themes of; 'Making it Safe', 'Making it Better', 'Making it Sound', 'Making it Work' and 'Making it Happen'. This 5-Year Plan sets out how we will achieve this and progress is reported annually. A copy of the latest report for 2011/12 can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/861/Year%20of%205%20Year%20Plan%20FINAL%20MASTER120711.pdf>

Our Annual Report also provides an update on progress as a Health Board and the latest available Report for the year 2010/11 can be found at: <http://www.wales.nhs.uk/sitesplus/documents/861/Final%20Annual%20Report%202010-11.pdf>

Further information is available via our website at: www.bcu@wales.nhs.uk , or by contacting our Corporate Communications Department (see front cover for contact details).

Key Strategic Documents

Together for Health

Together for Health is a 5 Year Vision for the NHS in Wales. It was launched by the Minister for Health, Social Services and Children on the 1st November 2011 and sets the scene for an NHS that is fit for the 21st Century. It builds on the Bevan Commission's report reaffirming the importance and values of the NHS, yet recognising that a system of care designed in 1948 will not meet the needs of health care today.

Our local plans that reflect Together for Health will be part of an engagement and consultation exercise over the coming months building on much of the engagement work that has been done so far. It is based around community services with patients at the centre, and places prevention, quality and transparency at the heart of healthcare.

The document outlines the challenges facing the health service and the actions necessary to ensure it is capable of world-class performance. It also sets out how the NHS will look in five years time, with primary and community services at the centre of delivery.

The main commitments in Together for Health are:

- Service modernisation, including more care provided closer to home and specialist 'centres of excellence'
- Addressing health inequalities
- Better IT systems and an information strategy ensuring improved care for patients
- Improving quality of care
- Workforce development
- Instigating a 'compact with the public'
- A changed financial regime.

The Together for Health document can be located at:

<http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>

Leading this Work at BCUHB

Equality and Human Rights are promoted as part of the strategic direction described above. Leadership support for the Equality and Human Rights agenda is provided at the highest level by the **Chief Executive and Chairman**, together with the **Executive Team**. The Chief Executive leads the organisation on behalf of the Board and is held to account for its performance, quality, safe delivery of care and governance. The Chief Executive is the Accountable Officer designated by the Welsh Assembly Government. As a member and leader of the Board of Directors, the Chief Executive sets the example for the organisation, its culture and behaviour, values and aspirations. This agenda is relevant to the portfolios of all Directors.

The **Director of Workforce and Organisational Development** has a major role in mobilising the talent, leadership and ability of the workforce to deliver safe, effective, efficient and high quality services through role redesign and engagement. The Director promotes the equality and human rights agenda for the organisation, and champions legal compliance and the use by the organisation of equality impact assessments as part of an informed decision-making process. The Director provides advice and guidance to the Board.

The **Director of Nursing, Midwifery and Patient Services** has responsibility for the professional management and regulation of midwifery, nursing and non-qualified nursing practitioners, spiritual and pastoral care; the safeguarding of children and adults, the health care environment, patient experience and patient and public involvement.

The **Director of Primary, Community and Mental Health Services** has the overall responsibility for the development of primary, community and mental health services. The Director takes responsibility for making sure there are effective contractual arrangements and performance of primary care practitioners. The Director oversees community partnership arrangements through localities and the development of collaborative arrangements with local authority, independent and voluntary sector partners.

The **Medical Director** has responsibility for the professional management and regulation of Doctors employed and contracted by the Health Board. The Director oversees the delivery of high quality, safe and effective care.

The **Director of Therapies and Health Science** represents therapists and health scientists and has responsibility for regulation of professionals allied to medicine.

The **Director of Public Health** works closely with Public Health Wales to make sure that the Health Board fulfils its statutory public health duties and improves the health of the population in North Wales.

The **Director of Finance** is responsible for the range of financial planning, management and investment functions.

The **Director of Planning** role embraces strategic planning, commissioning of external providers, capital and estates strategic development and the operational management of the Health Board's estate. The Director oversees the necessary service planning function required for Clinical Programme Groups to operate.

The **Director of Improvement and Business Support** supports the delivery of national and local performance and improvement outcomes using improvement techniques and tools for Clinical Programme Groups and demonstrates improved performance of the Health Board. The Director oversees the necessary infrastructure required for Clinical Programme Groups to operate.

The **Director of Governance and Communications** manages the compliance and regulation function for the Health Board. The Director is responsible for ensuring that risk management, health and safety, clinical investigation and learning into a cohesive system that underpins and supports Clinical Programme Groups.

Chiefs of Staff are clinically qualified practising professionals appointed to lead and manage each of the 11 clinical programmes and to take responsibility for services. They determine their Clinical Programme Group structures and appoint senior leaders for example general managers, heads of nursing, midwifery and/ or head of service and clinical leads.

Organisation Chart: A copy of the BCUHB organisation chart can be accessed using the following link:

<http://www.wales.nhs.uk/sitesplus/861/page/40836>

Our Values as an Organisation

The 'Big Conversation' was an engagement event, inclusive of all staff groups from within the organisation. It was intended to stimulate discussion, thinking and learning in order to create a common outcome which helped in developing values for Betsi Cadwaladr University Health Board.

The conversation involved a two-way dialogue between staff groups and senior executives along with key influential leaders from national organisations. The conversation began with questions posed to the panel of senior executives and key thought leaders, these questions were then debated in small groups with outcomes from each group captured.

The Values statements that emerged from these events (see http://www.wales.nhs.uk/sitesplus/documents/861/11_044_2e.pdf) have been identified by our staff and stakeholders and help us to define and develop our organisational culture. We are working to make the values part of our culture and demonstrate them throughout the organisation to help us develop a shared way of behaving.

The FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy) have under-pinned this work.

Our Links with Public Health Wales

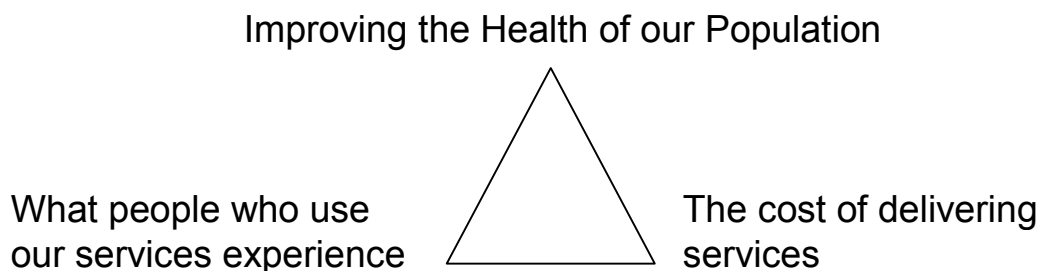
Reducing health inequalities is a whole-organisation responsibility. The corporate equalities team have supported Public Health Wales in making connections between public health and equalities agendas particularly those areas that evidence the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups. The recently-published "Deprivation Profile of North Wales" helps provide detailed information about the extent and location of deprivation in North Wales.

Senior Public Health staff have been involved in, and provided advice on, the development of our strategic equality objectives.

Local Public Health Strategic Framework

'Our Healthy Future', the Welsh Assembly Government's Public Health Strategic Framework, aims to increase years of healthy life and achieve fairer outcomes for the population of Wales.

As a Health Board, we have adopted the 'Triple Aim' concept developed by the Institute of Health Improvement to guide the development of all our strategies and action plans. As the diagram below illustrates, this has population health at its heart.



Our aim this year has been to raise standards to the best. We are a practicing public health organisation so we know the improvements that are needed will take time. We manage by:

- Focusing on improving the health of the population
- Improving the standard, quality and reliability of care including the experience people have and how it can be better
- Making sure we can control or reduce our costs thus making best use of the money we are given

As an “increase in years of healthy life and fairer outcomes for all” are good descriptions of what we mean by improving the health of our population, our Local Public Health Strategic Framework adopts the same aims as Our Healthy Future for the population of North Wales. A copy of the full document can be obtained via our website www.bcu@wales.nhs.uk or by contacting our Corporate Communications Department (see front cover).

Further information can be obtained from the BCUHB website and the latest Public Health Annual Report can be found at:

http://www.wales.nhs.uk/sitesplus/documents/861/11_002_2e.pdf

Our Equality and Human Rights Objectives

What we have done so far

The specific equality duties for public sector organisations in Wales state that: A listed body in Wales must:

- Prepare and publish its equality objectives by 2 April 2012
- Publish objectives to meet the general duty. If an authority does not have an objective for each protected characteristic – in addition to any objective to address pay differences – it must publish reasons why not

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

Our work to date started with a review of existing national and local reports, literature and other evidence from which a number of key themes have emerged in relation to equality. These are detailed in Appendix A as a number of high level Outcomes which describe what we are seeking to achieve. A number of Outcome Focused Objectives are then listed which will inform the development of specific actions by Clinical Programme Groups (CPG's) within their service plans that will help to tackle inequality and move us closer to the desired outcomes.

The key report which has informed our work is “How Fair Is Wales?” published by the Equality and Human Rights Commission in March 2011, This document sets the Triennial Review “How Fair Is Britain?” in a Wales context and includes baseline data in a number of areas including Health where the findings are:-

- Levels of long-term illness and disability are higher in Wales than in the rest of Britain
- The level rises with age, to a point where over half of people aged over 55 in some areas of Wales are disabled
- Levels of poor mental health are much higher among lower socio-economic groups, and women are more likely to experience poor mental health than men

- Patterns of healthy behaviour vary from group to group and measure to measure. For instance, people from lower socio-economic groups are more likely to smoke but less likely to exceed the recommended amount of alcohol
- Most people in Wales feel that the health service treats them with dignity and respect. There is, though, evidence from England suggesting that LGB and transgender people have lower expectations of such treatment than the rest of the population

The full report can be accessed at the following link:

<http://www.equalityhumanrights.com/wales/projects/how-fair-is-wales>

Engagement and Consultation

We have undertaken engagement and consultation with a range of stakeholders to inform the development of the draft objectives detailed in Appendix A so that they are relevant and meaningful.

An event was held on the 21st September 2011. We asked those attending two key questions:

1. Do you think that the identified themes correctly capture the issues we should be addressing as an organisation – are there any gaps? and
2. What issues are most important to you?

The report on the feedback from this event is available from our website at

http://www.wales.nhs.uk/sitesplus/documents/861/workshop_report_e.pdf .

The feedback from the event has been incorporated with work carried out to review our previous Equality and Human Rights Scheme, and with the work that we have been developing jointly with public sector partners, the result is the list of draft objectives shown in Appendix A.

These draft outcomes and objectives were approved for formal consultation by the BCUHB Board in November 2011. The draft objectives were also presented to the BCU Local Partnership Forum meeting with Trade Union representatives during November 2011 and were discussed with the Community Health Council at a meeting on the 14th February 2012.

Achieving our Equality and Human Rights Objectives

The Director of Planning is responsible for ensuring that the development of our equality objectives are included within business plans. The equality outcomes and objectives have been incorporated within planning guidance and will inform the development of specific actions within CPG service plans that are proportionate and relevant to the clinical specialities. Support to Chiefs of Staff and CPG Boards to enable this is being provided by the Equalities Team, Heads of Planning, and Workforce leads.

The results of this work will identify which actions within the CPG Service Plans will assist towards delivery of the equality objectives that have been agreed by the Board. The Corporate Equalities Team will provide strategic support and advice during the development and implementation of these actions across BCUHB. This will include support to CPG Boards and key staff in understanding their legal responsibilities and the provision of bespoke learning and development interventions to build understanding and capacity within their teams.

The Director of Nursing, Midwifery and Patient Services is responsible for ensuring that the values and philosophy of equality and human rights are embedded into everyday practice and become an integral part of service delivery. BCUHB's 'Improving Service User Experience Strategy' sets out the organisation's strategic objectives and provides direction to CPGs in the development of their service user experience plans.

The objectives set by the Improving Service User Experience Team support this strategy. They are an essential component in measuring the effectiveness of this plan through the recording of patient views and stories, and by encouraging and facilitating the involvement of people from all protected characteristics.

Monitoring our Progress

Scrutiny

The Equality and Human Rights Strategic Forum will scrutinise progress and provide assurance to the Workforce & Organisational Development Committee which is a sub-committee of the Board. Scrutiny will also take place at the Forum through "Focus On" sessions where CPG representatives will be invited to present their action plans and progress on equality initiatives.

Membership of the Equality and Human Rights Strategic Forum comprises senior staff from different disciplines across the Health Board, together with

external stakeholders represented by the Community Health Council and a member of our Equality Stakeholder Scrutiny Group. The Terms of Reference for the Forum can be found at:

<http://howis.wales.nhs.uk/sitesplus/861/page/47699>

We will undertake a review of the objectives each year and progress will be formally reported and published in our Annual Equality Report.

Monitoring of progress against implementation of this Strategic Equality Plan will be carried out by the Equality and Human Rights Strategic Forum and by the BCUHB Local Partnership Forum. In addition, we have an external Equality Stakeholder Network that will meet twice yearly, comprising individuals and groups representing people with protected characteristics and who have identified themselves as willing to work with us in this role.

The structure which has been established to ensure there is scrutiny of all our equality and human rights work is shown in Appendix B. Items of significance are reported directly to the Workforce and Organisational Development Director who also formally notifies these items to the Chairs of all other Board sub-committees and to Chiefs of Staff in writing.

Reviewing and revising the Strategic Equality Plan

The Health Board will review progress towards our objectives every year and undertake a full review of the SEP after three years, working with staff and service users to take into account information gathered including outcomes of impact assessments.

Other Scrutiny and Measures

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

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

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

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

be a key element of the NHS Performance Improvement Framework through the Annual Quality Framework.

(b) Setting Measures for Improvement

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

At BCUHB we recognise that the cultural shift we are seeking to achieve will take time and that this change is very difficult to measure. Following the triennial review of 'How Fair is Britain' expected to be presented to Parliament in 2013, we will be able to see more clearly where progress has been made and where more needs to be done.

To support this work we have identified outcome-focused objectives and supporting process-related objectives. The supporting action plan for 2012/13 includes current priority areas and clear agreed measures for service improvement, identifies other vehicles which will contribute to the delivery of our equality objectives and also identifies exploratory actions that need to be undertaken to give us the opportunity to gather and analyse more information to inform objective setting for 2013/14. We believe this is a robust and meaningful approach to meeting our equality duties and evidencing progress within the lifetime of this Plan.

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

BCUHB aims to develop a number of performance measures (key performance indicators or KPI's) for equality and human rights within Health Boards in Wales. This is being progressed in collaboration with Health Service partners and facilitated by the NHS Centre for Equality and Human Rights.

The KPIs will help to assess progress and performance within Health Boards against a number of key measures including meeting the requirements of the Specific Equality Duties for public sector organisations in Wales.

It is expected that the KPIs will be piloted in the 2012/13 year for full adoption in 2013/14.

(d) Clinical Programme Groups Mid-Year Reviews

Performance reviews are conducted regularly with Clinical Programme Groups and include the following where senior managers from CPGs are required to report progress in these key areas:

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

The development of the Equality and Human Rights KPIs described above will complement the mid-year and annual review processes and provide further, objective measures by which progress on equality and human rights issues can be assessed.

(e) Equality Operational Group

As part of the structure for Equality and Human Rights Governance in BCUHB (see Appendix B), we have established a group comprising of nominated equality leads from all CPG's and CSF's. A role profile (see Appendix D) has been developed that details the way in which they will act as a link between the Corporate Equalities agenda and the operational area they represent.

A key element of the work of the group will be a competency framework to identify the skills and competencies required to enable the leads to work to the agreed role profile and where additional support or learning and development is needed.

Annual Reporting

To demonstrate the Health Board's commitment to promoting and protecting rights and advancing equality we will publish a report annually containing a summary of:

- The steps we have taken to fulfil our equality duties and what we have done over the past year to eliminate discrimination and promote equality of opportunity and meet our targets
- The results of the information-gathering – what evidence has been obtained and what it indicates
- What the Health Board has done with the information gathered and what actions will be taken as a result
- What our stakeholders think of the progress we have made

This information will be made available in a range of accessible formats and circulated internally and published on the website.

Equality Information

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

Gathering and using evidence is at the heart of the Equality Duties and is part of the process in achieving greater equality. The Health Board recognises it is essential to have a clear picture and evidence base of how we are performing on equality, measuring where individuals or groups, on the basis of their protected characteristics, do not currently experience fair treatment. We will gather, analyze and use information on the extent to which the services we provide, and those other functions performed, take account of the needs of service users in relation to their equality characteristics.

Within BCUHB, we recognise the importance of the Specific Duties; the Equality and Human Rights Strategic Forum formed a Task and Finish Group to oversee the work of identifying equality information to help inform the development of our equality objectives.

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

- A review of available evidence and literature in collaboration with other public sector organisations
- A further review of evidence and information by BCUHB Equalities Staff (see Appendix C); this was further informed by work undertaken as part of our Task and Finish Group by Public Health Wales and BCUHB Librarians
- An engagement event held jointly with other North Wales public sector organisations in September 2011 to explore the key themes we identified from the above work
- A workshop with the BCUHB Equality Stakeholder Reference Group;

- Information that might indicate emerging themes identified from within our systems for logging concerns raised by service users (“Putting Things Right”) and other incidents (“Datix”)
- BCUHB played a leading role in ensuring that the new complaints and concerns process for NHS Wales (Putting Things Right) incorporated the requirement for equality monitoring and have worked closely with colleagues in BCUHB to ensure our systems are designed to meet this requirement
- We contract an external organisation to undertake patient satisfaction surveys on our behalf. Discussions have taken place with the Assistant Director of Nursing to ensure that future commissioning of Patient Satisfaction Surveys include a requirement to request information that is capable of being disaggregated across the protected characteristics

Our Role as an Employer

BCUHB is one of the largest employers in Wales with a workforce of around 16,000 spread across the six counties in North Wales. Information relating to the equality characteristics of our workforce is gathered as part of the recruitment process via a national system known as NHS Jobs and this also enables us to understand the profile of people applying to work for us and whether or not they are successful.

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

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

Improving the levels of confidence to increase disclosure of employee equality data continues to be one of the actions we are taking to meet the requirements of the Specific Equality Duties in Wales. This is being managed by the Workforce Information Systems (WfIS) Programme Board. Several work-streams have been established to look in detail at the requirements of the Specific Equality Duties and to put in place the necessary actions to enable BCUHB to better meet these requirements.

ESR is a national system for the NHS in the UK and therefore within BCUHB we are limited in what we are able to report by the information that is available to us. There are currently no fields within ESR for recording the characteristic of Gender Reassignment, nor is there provision for capturing information

about staff who have caring responsibilities. We have, however, lobbied for system changes so that we are better able to meet our statutory reporting requirements.

Data from ESR forms the basis for the reports that are used within this Plan. These reports have been used to enable us to start to analyse available information and to identify where gaps exist in the data that need to be addressed.

The following table shows how we are addressing the requirements for collecting and publishing employment information:

Table 1: Welsh Specific Equality Duties: Employment and Pay Information

Specific Duty Requirement	Current Position	Work Required	By When
The number of people employed by BCUHB on 31 March each year	Data available in ESR	N/a	
The number of men and women employed broken down by: a) Job b) Grade c) Pay d) Contract type (including permanent and fixed-term contracts) e) Working pattern (including full-time, part-time and other flexible working patterns)	a) Data available b) Data available c) Data available d) Data available e) Some data available (full time/part time)	Data capture on flexible working patterns required	March 2013
The number of people who have applied for jobs with BCUHB each year	Data available from NHS Jobs	N/a	
The number of employees who have applied to change position within BCUHB, identifying how many were successful in their application and how many were not	NHS Jobs does not differentiate between internal and external applicants	System changes have been requested to meet this requirement	Not yet known
The number of employees who have applied for training and how many succeeded in their application	In practice most training provided is either statutory or mandatory – staff do not “apply” for this training. Systems do not currently exist to capture and report information relating to applications for study leave.	Local information suggests it is necessary to establish a process to enable data to be captured and reported relating to non-mandatory training starting with medical staff.	March 2013
The number of employees who completed the training			
Employees involved in grievance	Data on staff who	N/a	

procedures either as complainant or as a person against whom a complaint was made	raise a grievance is available from ESR. Data is not captured on those against whom a grievance is raised, however in practice this number is very small and therefore is not capable of being published		
Employees subject to disciplinary procedures	Data available in ESR	N/a	
With regard to pay information, the duty states that BCUHB is required to make appropriate arrangements to identify and collect information about differences in pay, and the causes of any such differences, between employees who have a protected characteristic and those who do not.	Data available in ESR	N/a	

Publishing Equality Information

Information that we gathered from engaging with protected groups about how our work relates to the general duty has been detailed in the chapter headed “Our Equality and Human Rights Objectives” and is contained in Appendix A. Further information is also contained in the chapter “Any Other Information that is Relevant to Meeting the General Equality Duty” within this Plan.

We have also carried out an assessment of relevant equality information that we hold. The information which we consider appropriate to publish is contained in Appendix E and can be summarised as follows:

Table 2: Publishing Equality Information

Equality Information	Available from / held within	Publication
Employment Information (see Table 1)	ESR NHS Jobs	Annual Equality Report 2012/13
Information on Pay Differences	ESR	Appendix E
Patient Satisfaction	External Survey	Next survey 2012.
Patient Concerns	Putting Things Right Co-ordinator	Annual Equality Report 2012/13
Other reported incidents	Datix	Annual Equality Report 2012/13

Assessing Impact

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

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

- EqIA Procedure:- This document provides guidance for staff on what they need to do and includes links to other documents and an overview of the process we have adopted
- EqIA Toolkit:- BCUHB adopted the toolkit developed by the NHS Centre for Equality and Human Rights (CEHR) and adapted the toolkit for use in BCUHB that incorporated our own user feedback
- EqIA website:- We have developed our intranet site as a resource to help guide staff involved in undertaking Equality Impact Assessments, and to provide sign-posting to other support resources and information. The site also includes completed Impact Assessments so that staff can learn from good practice examples. The website also includes a section specifically developed to support the embedding of impact assessments within service reviews (see below)
- EqIA Training and One-to-One support:- An extensive programme of training has been implemented across BCUHB. The BCUHB Board received a presentation on their role in scrutinising the implementation of the strategy for Equality Impact Assessment. Short presentations have been made to all CPG Boards to focusing on their scrutiny responsibilities, and a programme of 90-minute skills workshops has been held at all main sites across the area. We have also held a number of 'drop-in surgeries' at main locations that have enabled staff undertaking assessments to call in and obtain support

Where any Impact Assessment reveals that there is a potential substantial adverse impact upon any of the protected groups which may impact on our ability to meet the general duty, we will publish the assessment on our Internet site.

Service Reviews

Equality Impact Assessment is crucial to improving the quality of local health services and to meeting the needs of those using them by ensuring that consideration is given to the effects that decisions, policies or services may have on people; both service users and staff. The paper accessed via the link below was jointly developed with Planning colleagues and will ensure we are building equality and human rights considerations into service review projects. <http://howis.wales.nhs.uk/sitesplus/861/opendoc/236558>

BCUHB Policy Development

The Corporate Governance department is responsible for ensuring that Equality Impact Assessment is embedded within our policy-development processes. EqlA is integral to our Policy for the Development of Policies and Written Control Documents. We conducted an extensive programme of joint training so that policy makers are clear about the need to ensure that equality impact assessment informs policy development and is not seen as a means of justifying policies that have already been developed. Our approach is one of “evidence-based policy making, not policy-based evidence gathering”.

Promoting Knowledge and Understanding

Equality and Human Rights e-Learning

BCUHB equalities staff led the development of a new e-learning package for Equality and Human Rights in collaboration with service users and in conjunction with a local supplier, and the package is now being rolled out to all staff in BCUHB. It is called “Fairness, Rights and Responsibilities”.

Following the NHS re-structuring and changes to equality legislation we identified an urgent need to increase awareness of Equality and Human Rights issues throughout the organisation. This was reinforced by both staff and service users who identified staff training around equality and human rights as the highest priority for action within our Single Equality and Human Rights Scheme published in March 2010.

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

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

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

Extensive engagement and consultation has taken place in the design and development of the content and format of the package with both staff who formed the Project Board, and with service users who were invited to join a Stakeholder Group. The final product adopts a citizen-centred approach and includes a number of patient stories that reflect this involvement and help to bring some of the principles to life.

The package is linked to, and promotes the Social Model of Disability. This recognises that the poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers.

The concept of the package is to provide staff with information to enable them to understand the background to equality and human rights, together with the current legislative framework, including the general and specific equality duties. It also encourages them to translate the theory in practice by challenging staff to consider how the learning can be applied in their day to day jobs. Tools are provided to assist this.

The training is linked directly to the NHS Knowledge and Skills Framework (KSF) Core Dimension 6 (Equality and Diversity) and successfully completing the package will enable staff to demonstrate that they meet the requirements of level 2 of this dimension – this is the minimum level that has been set for all staff to achieve.

Reports showing progress on up take and implementation by CPG will be scrutinised by the Equality and Human Rights Strategic Forum.

Other Ways in Which We Promote Knowledge and Understanding

Whilst we believe that providing good quality, up to date training that helps staff understand the relevance of equality and human rights issues to their day-to-day jobs is the most effective way of improving awareness and

understanding, we also promote knowledge and understanding in many other ways, including:

- Our **website** has been developed to provide information and to help signpost staff to other sources of help and support. The site remains under regular review and reflects user feedback in terms of both content and format. We also use the website to promote campaigns and other events we believe staff may be interested in
 - In addition to developing the new e-Learning package for equality and human rights, we also provide a significant amount of other **training** that helps to promote knowledge and understanding
 - Equalities staff attend all induction sessions for new staff to provide an overview of our approach to equality and human rights
 - We provide regular “90-minute Workshops” to equip staff with the skills and knowledge required to undertake Equality Impact Assessments
 - Equalities staff have provided human rights training as part of a wider “Dignity In Care” programme for clinical staff
 - We have provided equality and human rights training as part of the Consultants Foundation Programme and regularly update Workforce and Organisational Development colleagues through team meetings
 - Assistant Directors of Workforce and Organisational Development are members of **CPG Boards** where they provide advice on, and promote awareness of, the equality and human rights implications of the work of the CPG, and the decisions the CPG Board is making
 - Our **Governance Structure** (See Appendix B) provides a mechanism for the management of equality and human rights strategy in BCUHB, including the notification of areas of concern to the Chairs of all Board sub-Committees and Chiefs of Staff. Targeted training through an action learning approach has been provided to CPG Equality Leads to help build knowledge and understanding
 - All staff undertake an annual Personal Development Review (PDR) within which they are required to demonstrate they meet the levels of competence appropriate to their job as defined within the **NHS Knowledge and Skills Framework (KSF)**. Equality and Diversity is one of the Core Competencies within the KSF and this helps to ensure staff are not just gaining the necessary knowledge and understanding, but also able to demonstrate how they apply this in their day-to-day work
 - The annual PDR is also the way in which staff and their managers can identify and specific training needs the employee may have with regard to equality, human rights and the duties
 - Equalities staff provide regular **briefings on the latest case law** relating to equality and human rights which is circulated to all Directors/Assistant Directors, Chiefs of Staff/Assistant Chiefs of Staff and other appropriate staff within the organisation
-

Pay Differences (including Gender Pay)

More than 93% of staff in BCUHB are paid in accordance with the NHS Agenda For Change (A4C) Terms and Conditions within which all posts are evaluated and allocated to one of the nine pay bands. Any person appointed to an A4C post will receive the pay for that post according to its allocated pay band, and this will apply regardless of the personal characteristics of the individual (gender, ethnicity etc). The consistent application of this system therefore ensures no person is discriminated against with regards to their pay by reason of their protected characteristics.

The following table shows a gender analysis of our senior management team:

Table 3: Senior Management Team By Gender	Female	Male	Total
Chief Executive	1	-	1
Chair and Vice Chair	-	2	2
Independent Members	4	6	10
Executive and Associate Directors	3	7	10
Chiefs of Staff	2	9	11
Associate Chiefs of Staff – Nursing	8	1	9
Associate Chiefs of Staff – Operations	3	8	11
Assistant Directors	18	22	40
Totals	39 (41%)	55 (59%)	94

Work is underway within the Workforce Information Systems (WfIS) Programme to further analyse the pay of staff in BCUHB to provide evidence that no person is paid differently to another by reason of their protected characteristics. We will publish the results of this work in so far as we consider it appropriate to publish the information, having due regard to confidentiality and protection of personal data.

We have looked at available data on earnings analysed by staff group in relation to:

- Age
- Gender
- Sexual Orientation
- Religion and Belief
- Ethnicity
- Disability

This has revealed that there are gaps in current data (except that relating to age and gender) and we have identified the need to strengthen employee

equality data as a priority within our objectives within the Data Standards and Reporting Workstream of our WfIS Programme for the coming year. This will give us a more robust basis for the future analysis of pay between the different protected characteristics and the development of objectives for 2013/14.

The tables below which show analysis of pay by age and gender using mean annual salary as the basis. Basic pay is the earnings staff are contracted to do, whilst total earnings includes variable pay such as overtime and other payments. Figures shown are those for August 2011.

Age

An analysis of pay reports (see below) by age and staff groups has identified no significant differences between different age groups, other than those that can be attributed to increases in pay by reason of experience, qualifications and progression through pay scales over time. Most staff groups show a peak in pay at or around the 50 to 54 age group followed by a small decline. This is likely to be attributed to staff being able to access such benefits as wind-down and step-down, or retire and return.

Table 4: Analysis of Pay by Age Group and Staff Group

	Professional Scientific and Technical		Clinical Services		Administrative and Clerical		Allied Health Professionals	
	Total Earnings	Basic Pay	Total Earnings	Basic Pay	Total Earnings	Basic Pay	Total Earnings	Basic Pay
Under 25	£23,300	£22,000	£16,600	£14,900	£16,500	£16,100	£24,100	£22,700
25 to 29	£27,200	£25,700	£19,900	£17,700	£19,300	£18,600	£28,900	£27,200
30 to 34	£35,300	£33,800	£20,100	£17,800	£21,800	£21,200	£32,600	£31,300
35 to 39	£33,300	£31,800	£20,900	£17,900	£23,000	£22,300	£35,600	£33,900
40 to 44	£38,800	£37,500	£21,000	£17,800	£25,300	£24,900	£37,400	£36,400
45 to 49	£39,400	£38,200	£20,800	£18,000	£27,700	£27,000	£39,000	£38,000
50 to 54	£40,500	£39,800	£20,800	£17,900	£27,900	£27,100	£41,500	£40,400
55 to 59	£39,500	£38,700	£21,100	£18,100	£25,400	£24,900	£38,700	£37,700
60 to 64	£37,700	£36,500	£20,700	£17,800	£23,000	£22,800	£40,200	£39,600
65 to 69			£19,800	£17,600	£23,700	£22,400		
70 +								
	£36,100	£34,900	£20,500	£17,800	£24,700	£24,200	£35,400	£34,100

	Estates and Ancillary		Healthcare Scientists		Medical and Dental		Nursing and Midwifery Registered	
	Total Earnings	Basic Pay	Total Earnings	Basic Pay	Total Earnings	Basic Pay	Total Earnings	Basic Pay
Under 25	£18,500	£14,300			£33,700	£24,400	£27,000	£22,400
25 to 29	£20,300	£16,800	£30,500	£26,100	£43,200	£30,200	£28,600	£25,000
30 to 34	£21,000	£17,900	£35,400	£30,300	£56,800	£40,400	£31,000	£27,300
35 to 39	£22,200	£18,400	£37,100	£31,400	£77,400	£58,500	£33,200	£29,000
40 to 44	£22,400	£18,600	£41,900	£39,400	£96,000	£79,400	£34,800	£31,400

45 to 49	£21,700	£18,100	£40,600	£37,600	£106,300	£80,300	£35,500	£32,500
50 to 54	£21,200	£18,100	£46,700	£40,200	£113,300	£85,000	£36,100	£33,200
55 to 59	£21,300	£18,300	£52,400	£45,100	£122,300	£86,400	£35,700	£32,800
60 to 64	£21,800	£18,300			£107,900	£82,700	£39,500	£31,600
65 to 69	£20,000	£17,200			£123,000	£85,400	£37,100	£32,000
70 +								
	£21,500	£18,000	£40,900	£36,100	£83,700	£63,000	£34,400	£31,000

Gender Pay

High level analysis of gender pay reports (see below) has identified differences between the basic pay and total earnings for men and women employed within the following staff groups:

- Medical and Dental
- Administrative and Clerical
- Estates and Ancillary
- Professional, Scientific and Technical Staff

Our gender pay objectives will include actions to explore and address the issues that have given rise to these differences and will include the following areas: recruitment and retention activity, leadership development, flexible working and work life balance initiatives.

Table 5: Analysis of Pay By Gender and Staff Group

	Female		Male		Total Earnings	Basic Pay
	Total Earnings	Basic Pay	Total Earnings	Basic Pay		
Professional Scientific and Technical	£34,600	£33,300	£39,100	£37,100	£35,900	£34,400
Clinical Services	£20,600	£17,700	£21,800	£18,200	£20,800	£17,800
Administrative and Clerical	£22,700	£22,200	£34,900	£33,300	£24,800	£24,100
Allied Health Professionals	£35,400	£33,900	£35,800	£34,400	£35,500	£34,000
Estates and Ancillary	£17,800	£15,300	£21,900	£17,700	£19,800	£16,500
Healthcare Scientists	£41,800	£33,500	£48,500	£42,100	£44,400	£36,900
Medical and Dental	£67,000	£53,200	£93,300	£69,200	£83,900	£63,500
Registered Nursing and Midwifery	£34,300	£30,800	£35,900	£31,900	£34,500	£30,900
	£29,700	£26,800	£44,700	£36,600	£33,100	£29,000

Developing a fuller understand of the reasons for the differences illustrated by the analysis of pay by gender and staff groups will involve a more detailed analysis taking into account the many and complex factors which may include (but are not limited to):

- Part-time working
- Access to and uptake of Flexible Working Arrangements
- Maternity/paternity and adoption leave

- Access to affordable childcare facilities
- Access to additional payments such as overtime

This work will be led by the Assistant Director of Workforce Development and Service Improvement.

Gender Pay Action Plan

The table included as part of Appendix E shows how we plan to explore the issues that have emerged from the analysis of earnings by gender.

Language

Welsh Language

The Health Board shares the Welsh Government's commitment to creating a bilingual Wales, as set out in "Iaith Pawb", its action plan for the language. There is specific legislation for the language, the Welsh Language Act, 1993. The BCUHB Welsh Language Scheme (<http://howis.wales.nhs.uk/sitesplus/861/page/42280>), which was approved by the Welsh Language Board under section 14(1) of the Welsh Language Act 1993 on 13th October 2010, describes how the English and Welsh languages will be treated on a basis of equality as we deliver health services to the people of North Wales and develop new policies, services and initiatives.

Whilst executive accountability for delivery of the Welsh Language Scheme action plan remains with the Director of Governance & Communication, it is recognised that language choice is an important underpinning factor in ensuring a positive patient experience and meeting the principles of equalities and human rights. The Strategic Equality & Human Rights Forum will scrutinise access issues in relation to preferred language choice including Welsh Language and make recommendations where appropriate.

Implementation of improved interpretation and translation services (WITS)

The Strategic Themes that underpin the BCUHB 5 Year Plan (2010/15) are "Making It Safe", "Making It Better", "Making It Sound", "Making it Work" and "Making It Happen". Improving communication with service users is entirely consistent with these themes and with our Vision which states that service users should "...receive a responsive, safe and high quality service that is easy to access and understand." This can only be achieved if we have in place a consistent, efficient and effective process to identify and meet their communication needs.

This provides a compelling business case, therefore, and is directly related to the Patient Safety, Governance and Equality and Human Rights Work-streams.

A project team was established to explore the potential implementation of a standardised approach known as WITS (Wales Interpretation and Translation Services). This provides a one-stop-shop service that is available round the clock, and has already been adopted by a number of other Health Boards and Local Authorities in Wales.

The proposal to move to this new and improved service was accepted in principle by the BCUHB Board and an implementation work-stream has now been established to develop operational guidance and ensure a consistent approach throughout BCUHB.

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

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

Public bodies are required to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

In addition to our equality objectives and service plans, a number of other initiatives are being progressed within the organisation that will enable us to better demonstrate how we are showing due regard to the General Equality Duty. These include:

British Institute of Human Rights nutrition and hydration project in collaboration with Merseycare NHS Mental Health Trust

The project proposes to develop a toolkit for ward managers to put human rights at the heart of nutrition and hydration in the ward environment. It is being championed at Board level by the Director of Nursing, Midwifery and Patient Services who is the strategic lead for Nutrition and Patient Services. High quality nutrition and hydration are a basic human right, and fundamental aspects of care.

The importance of good nutrition in supporting patients' recovery is well recognised. Nutrition is an important factor that influences patient clinical outcomes and also their satisfaction with the quality of care provided and hospital stay overall.

The toolkit will seek to embed dignity and respect and promote human rights with respect to nutrition and hydration within the everyday ward routine to ensure that it truly is a fundamental aspect of care, as a result of the development and implementation of the toolkit during the 12-month project implementation initial changes expected within the organisation would be increased knowledge, training and awareness around the concept of human rights and nutrition and hydration for the steering group, and operational groups.

Once the draft toolkit has been developed this increased knowledge and awareness would encompass the pilot area. The toolkit is designed to drive high quality nutritional care standards and ensure that ward managers and the wider multidisciplinary team have a practical toolkit to adopt a human rights based approach and apply relevant human rights principles to their everyday practice.

Once the toolkit was finalised the health board would implement via existing structures with sustainability and success of the toolkit in practice being monitored via matrons. It is expected that the project will be completed by September 2012.

Improving the Patient Experience for People with Learning Disabilities

Betsi Cadwaladr University Health Board has pledged its support to MENCAP's 'Getting it Right Campaign and Charter'. The charter aims to enable people with learning disabilities to have access to the high quality health care they require and to which they have a right. The charter also aims to reduce discrimination against people with learning disabilities within the NHS. Guidance issued with the charter demonstrates ways in which this can be achieved.

The Joint Committee on Human Rights (2008) highlighted the widespread denial of fundamental human rights to people with learning disabilities by mainstream public services. The former Disability Rights Commission, in a nationwide audit of access to health care for people with learning disabilities (and also people with mental health problems) found that they were less likely to be offered health screening, fewer investigations were undertaken and they were subject to “diagnostic overshadowing”, in other words, presenting problems or symptoms tended to be attributed, by health professionals, as being part of the learning disability rather than some other health condition. The commission found evidence of “a complacency and a lazy fatalism that these groups ‘just do’ die younger”.

MENCAP’s 2008 report, *Death by Indifference* highlighted diagnostic overshadowing as one of the issues contributing to the deaths of 6 people with learning disabilities from alleged discrimination and lack of appropriate and timely treatment from the NHS and which in 2010 were the subjects of the Health Ombudsman’s critical report.

Government response to these reports has been to establish an independent inquiry which produced its report in 2008 making clear and strong recommendations for the way in which health services make provision and necessary adjustments in their interactions with people with learning disabilities and their family and carers and for the training and professional practice of health service personnel.

A Public Health Observatory and a National Confidential Inquiry are also being established. A task and finish group has been established at involving senior clinicians and managers to drive implementation of the Charter by developing a Prevention and Action plan for the safe and high quality health care of people with learning disabilities within all parts of the Betsi Cadwaladr University Health Board. This work is championed by the Chief Executive and led by a Consultant Psychiatrist. It is expected that the project will be ongoing for the life of this Plan.

Procurement

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

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

When procuring works, goods or services from other organisations on the basis of a relevant agreement, **BCUHB is committed to ensuring we:-**

- have due regard to whether it would be appropriate for the award criteria for that contract to include considerations to help meet the general duty
- have due regard to whether it would be appropriate to stipulate conditions relating to the performance of the contract to help meet the three aims of the general duty.

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

Equality leads in all 6 North Wales Local Authorities, BCUHB, Fire Service, Ambulance Service and North Wales Police have shared good practice for many years and have previously undertaken joint consultation events to share resources. With the introduction of the new legislation, this group have joined forces to work collaboratively to advance the equality agenda and to tackle issues on inequality that cut across the public sector in North Wales as required to meet the Statutory Equality Duties.

Plans for the coming year include the development of joint initiatives to share good practice and reduce costs, and exploring how the network can be expanded to include local universities and other public sector bodies.

Publishing this Plan, obtaining a copy and making comments or concerns

Publishing the Plan

This Strategic Equality Plan will be published and circulated widely. It will be placed on the website for public consumption and provided to individual members of the public in a range of formats and languages upon request.

Obtaining a Copy of the Plan

Please contact BCUHB at the address below to obtain further copies of the Strategic Equality Plan or to request a copy in the format or language of your choice. We recognise the diverse needs of the communities we serve and welcome communication in either Welsh or English and other languages on request.

Comments and Concerns

The Health Board aims to provide the highest quality of service responsive to the needs of the diverse population it serves but realises that on occasion

problems may occur. If you wish to make a comment or raise a concern about this Plan, please address it to:

Director of Governance and Communications
Betsi Cadwaladr University Health Board, Headquarters
Ysbyty Gwynedd
Penrhosgarnedd
Bangor, Gwynedd LL57 2PW

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Fairness, Rights and Responsibilities

Equality Outcomes and Objectives

Developing Equality Objectives to Meet the Specific Equality Duties

A Statutory Requirement

Introduction

Under new regulations introduced in April 2011, all public sector organisations are required to identify and publish strategic equality objectives by 2nd April 2012.

The Equality Act 2010 includes a new **public sector equality duty** (the 'general duty'), replacing the separate duties on race, disability and gender equality.

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

Public bodies are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The new general duty covers the following protected characteristics:

- Age
- Gender reassignment
- Sex
- Race – including ethnic or national origin, colour or nationality
- Disability
- Pregnancy and maternity
- Sexual orientation
- Religion or belief – including lack of belief

It applies to marriage and civil partnership, in respect of the requirement to have due regard to the need to eliminate discrimination.

About the Shared Outcomes and Joint Objectives

Our work to date has included a review of existing national and local reports, literature and other evidence from which a number of key themes have emerged in relation to equality. These are listed below as a number of high level “Outcomes” which describe what we are seeking to achieve. A number of “Outcome Focused Objectives” are then listed which will inform the development of specific actions by Clinical Programme Groups (CPG’s) within their service plans that will help to tackle inequality and move us closer to the desired outcomes.

Engagement and Consultation

We have undertaken engagement and consultation with a range of stakeholders to inform the development of the draft objectives listed below so that they are relevant and meaningful.

An event was held on the 21st September 2011. We asked those attending two key questions:

1. Do you think that the identified themes correctly capture the issues we should be addressing as an organisation – are there any gaps? and
2. What issues are most important to you?

The report on the feedback from this event is attached at Appendix 1. Overall, the feedback we received was consistent with the themes that had already been identified, particularly around access issues.

The feedback from the event has been incorporated with work carried out to review our previous Equality and Human Rights Scheme, and with the work that we have been developing jointly with public sector partners, and the result is the list of draft objectives shown below.

These draft outcomes and objectives will now be presented to the BCUHB Board for approval so that they can undergo a period of further consultation. They will also be presented to the BCU Local Partnership Forum during November 2011 and will be discussed with the Community Health Council. Following this consultation, the final draft objectives will be presented back to the Board for formal adoption during January 2012, and published in our Strategic Equality Plan in April 2012.

The Outcomes for People Living in North Wales

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

Outcome Focused Objectives

Health Objectives

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

Employment Objectives

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

Safety Objectives

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

Representation and Voice Objective

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

Access Objectives

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

Organisational Objectives

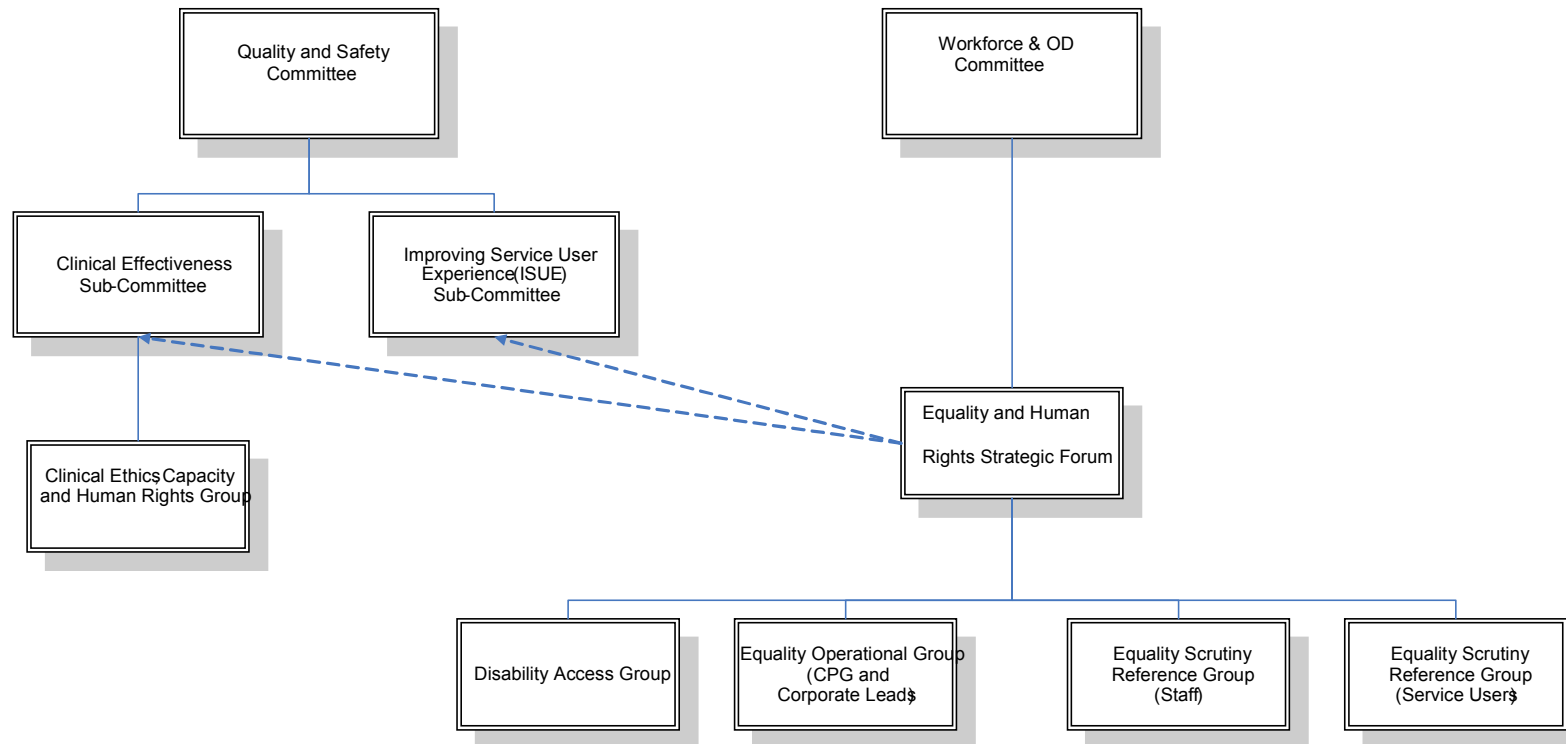
- Improve joint working between public sector organisations in North Wales including the development of common processes to enable them to meet the requirements of the public sector duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Reduce costs and duplication through collaborative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

Our Values

These objectives are aligned to our Organisational Values which have been developed by our staff. The values reflect the FRED A principles (Fairness, Respect, Equality, Dignity and Autonomy). Making our values part of our culture and demonstrating them throughout the organisation will help us develop a shared way of behaving in everything we do.

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Appendix B Equality and Human Rights Committee Structure



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Key Equality, Diversity and Human Rights Reports and Recommendations as they relate to Health and Employment

Appendix C

In developing our equality objectives, our literature review has included the following documents/publications:

How fair is Wales? Equality, human rights and good relations - The Equality and Human Rights Commission - March 2011

Human Rights Inquiry – Equality and Human Rights Commission 2009

Just Ageing? Fairness, equality and the life course - Final report - The Equality and Human Rights Commission - December 2009

Gypsies and Travellers – Simple solutions for living together Commission for Equality and Human Rights

From Safety net to springboard - Equality and Human Rights Commission

Independent Inquiry into the death of David ‘Rocky’ Bennett 2003

Inquiry into the death of Victoria Climbié by Lord Laming 2003

‘Death by indifference’ Mencap Report 2007

Treat me Right Campaign Mencap 2004

Double Stigma The needs and experiences of lesbian, gay and bisexual people with mental health issues living in Wales – Stonewall Cymru 2009

Inside Out Report – by Stonewall Cymru 2007

Standing up for Wales – Welsh Labour Manifesto 2011

Equality issues in Wales: a research review Equality and Human Rights Commission 2009

Equal Treatment, Closing The Gap – Disability Rights Commission 2005

Not Just Another Statistic – Equality and Human Rights Commission November 2010

Better Public Services - Breaking the silence on violence against women – Equality and Human Rights Commission November 2009

Better Public Services – Plugging The Gaps – Equality and Human Rights Commission November 2009

A report of the Older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people – July 2010

Who Do You See? Equality and Human Rights Commission Wales Attitudinal Survey 2008

The double-glazed glass ceiling: Lesbians in the workplace – Stonewall 2008

A Road Less Travelled - A Draft Gypsy Traveller Strategy Consultation Document, Welsh Assembly Government August 2009

NHS Wales Staff Survey 2007—Results Conwy & Denbighshire NHS Trust

Sex and Power 2011 – Equality & Human Rights Commission (UK)

Monitoring Poverty and social exclusion in Wales 2011 – Research report by the Joseph Rowntree Foundation, July 2011

Hidden in Plain Sight – An EHRC Inquiry into disability-related harassment, September 2011

“Seizing the Moment”- The Equalities Agenda for Older People in Wales – “How to Age Proof”, October 2011

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Appendix D

Betsi Cadwaladr University Health Board Role of the Equality Lead

Equality and Human Rights at Betsi Cadwaladr University Health Board. Our focus is to build a culture that recognises and respects equality and human rights as part of our everyday work. Equality and human rights principles are a core part of the Strategic Direction and Five –year corporate plan. This ensures that meeting equality duties is a commitment running through all activities.

Equality Leads

All Corporate Support Functions and Clinical Programme Groups have identified Equality leads to attend the Equality Operational Group.

Equality Operational Group

The Group's role is to drive implementation of the Single Equality and Human Rights Scheme operationally. This will be achieved by providing training and guidance to and a supportive network for Equality leads driving implementation of the SES within Clinical Programme Groups and Corporate Support Functions. The Group will provide assurance that equality, diversity and human rights issues are mainstreamed into the strategic and operational planning of the relevant CPG/CSD and that CPG Boards, sub-committees and groups, are addressing equality and human rights requirements as part of their action planning, recognizing the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Equality Lead Competencies

- Knowledge and understanding of the principles of equality and human rights
- Knowledge and understanding of the Public Sector Equality Duties and implications for CPGs/CSDs.
- The ability to evaluate the extent to which legislation is applied in the culture and environment of area of activity.
- The ability to communicate and influence at all levels across the CPG/CSD

Equality Lead Role Outline

The Equality Leads network will act as a link between the CPG/CSF and corporate equalities agenda. They will drive implementation of the Single Equality and Human Rights Scheme operationally. The network will receive training and support to increase members' knowledge and skills so they are better equipped to act as advisors to senior management teams. With support from the Corporate Equalities Team the Equality leads will advise CPG/CSF Boards who are responsible for ensuring that services are planned and delivered in a way that promotes human rights and are aligned to the equality duties and that systems are in place to mainstream equality, diversity and human rights principles into all organisational activity. Equality leads will escalate barriers to progress via the Equality Operational Group.

Equality Leads on behalf of CPG/CSF will provide assurance to the Equality Operational Group in the following specific areas:-

Governance

- That there is clear accountability for equality and human rights within the CPG/CSF and that this is communicated to all staff
- Gate keeping is in place to ensure that Equality Impact Assessment informs decision making – no decisions are made or documents approved without evidence that the impact for equality has been assessed

Engagement

- Engagement and consultation is inclusive and evidences involvement with such persons as BCU HB considers represent the interests of individuals who share one or more of the protected characteristics

Equality Impact Assessment

- The principles of equality impact assessment inform decision making, are evidenced and published. The aim is to promote equality and human rights and seek to reduce health inequalities through CPG/CSF strategies, policies, practices and procurement processes.

Gathering Information

- Relevant themes around human rights and equality issues including discrimination or disadvantage, are identified from concerns and are addressed. Issues of concern / risk are escalated to CPG Boards and the Equality Operational Group

Standards for Health Services in Wales

- Compliance in respect of the Standards for Health Services in Wales: Standard 2
- Liaison with Health care standard leads to raise awareness of equality and Human Rights as a cross cutting theme with relevance to all Standards for Health Services

Training

- Systems are in place to identify, ensure access to, and monitoring of training and development to advance organisational understanding and competence in respect of equality and human rights across the CPG/CSF

Accessibility

- Patient information is published in accessible formats and barriers to access to services are identified and escalated to CPG Boards for action

Communication

- Equality briefings are communicated to the CPG Board and across the CPG/CSF and information is disseminated. This will include organisational priorities raised by the Equality and Human Rights Strategic Forum, the work plan and activity of the Equality Operational Group

Reporting

- Leads for each CPG/CSF will be required to compile an annual progress report for inclusion in the Annual Equality and Human Rights report, and provide other information as required

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Appendix E Draft Gender Pay Action Plan

Outcome: Reduction in differences in pay between men and women

Objective	Actions		By Who	By When	Progress reported to, and scrutinised by:	Status: Red, Amber, Green	Progress/ update
	Ref:						
Develop a fuller understanding of the reasons for differences in pay	G1	Undertake a detailed analysis of differences in pay identified in iVIEW reports and set actions for, and measures of, improvements for 2013/14 and beyond	Assistant Director Workforce Develop't and Service Improv't	31/3/2013	Strategic Equality & Human Rights Forum and Workforce & Organisational Development Committee		
Develop a better understanding of the key issues impacting upon, and contributing to gender stereotyping and how this impacts upon career choices and opportunities.	G2	Develop questions for inclusion in the next Staff Survey to establish local intelligence.	Assistant Director Employment Strategies & Practices	30/9/2012			
Explore recruitment and retention activity to identify any areas contributing to occupational segregation	G3	Further analyse available data and evidence to inform the setting of actions for, and measures of improvement in 2013/14.	Assistant Director Workforce Develop't and Service Improv't	31/3/2013			

Explore leadership development initiatives	G4	Further analyse available data and evidence to inform the setting of actions for, and measures of improvement in 2013/14.	Assistant Director OD	31/3/2013			
Explore Flexible Working and Work Life Balance initiatives including impact on staff with caring responsibilities	G5	Further analyse available data and evidence to inform the setting of actions for, and measures of improvement in 2013/14.	Assistant Director Employment Strategies & Practices	31/3/2013			

Appendix F: BCUHB Equality Objectives by Protected Characteristic

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

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

Appendix G

Glossary of Terms and Acknowledgements

Part A: Glossary

A comprehensive Glossary of Terms can be found within the Toolkit for Carrying out Equality Impact Assessment developed by the NHS Centre for Equality and Human Rights. This can be found at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=256&pid=4315>

Part B: Acknowledgements

We would like to take the opportunity to thank the following for their help in developing our equality objectives and this Strategic Equality Plan:

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- Members of our Equality Stakeholder Reference Group and others who attended our workshops or contributed to the consultation
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- Staff and Trade Union representatives at BCUHB who have attended meetings and workshops, or contributed in other ways
- Members of the Task & Finish Group set up to oversee this work
- Staff at Public Health Wales who have helped to guide the development of our objectives so that they address key health inequalities
- Members of the Planning Team for their help in embedding our equality objectives into the development of CPG service plans
- Members of the Equality Operational Group for their help in taking this work forward within their respective CPG's and CSF's
- Staff at the Equality and Human Rights Commission in Wales for their guidance in helping us to better understand the requirements of the Equality Duties

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