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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **Fairness, Rights & Responsibilities**



**An Equality and Human Rights  
Strategic Plan  
For Betsi Cadwaladr University  
Health Board  
2016 - 2020**

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## Foreword

This Strategic Equality Plan (SEP) seeks to ensure that equality and human rights is properly considered within the organisation and influences decision-making at all levels. As Chair and Chief Executive of Betsi Cadwaladr University Health Board (BCUHB) we are committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all.

We work within the requirements of the legislation and with the guidance of the Equality and Human Rights Commission. Evidence has been gathered from national and local reports and from staff and service users to inform this work. We have listened, and continue to hear key messages and value this feedback which has led directly to the development of our Strategic Equality Objectives, which are:

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

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

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

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

This will be used to inform our Senior Teams as they identify priorities for action and inclusion within their plans that contribute towards delivering our BCUHB equality objectives.

The SEP is a framework for our planned work on equality issues over the next four years. It sets our strategic commitments. Detailed actions to support these commitments will be driven through the BCUHB Operational Plan. We

recognise that the NHS in Wales faces some of the biggest challenges since its creation, and over the duration of this Plan we must adapt to the changing health needs of our communities.

In June 2015, The Health Board was placed in Special Measures as a result of significant concerns. It was made clear that the process of re-building could not be achieved by the Health Board alone. The Special Measures process offered up encouragement to adopt a renewed process of engagement with our staff, population, partners and stakeholders. Working in this way we can address the challenges we face together and seize the opportunities that exist to transform services.

As a Board, we will work to ensure that our statutory obligations to deliver the Public Sector Equality Duty are understood and discharged. We will continue to scrutinize implementation of this Strategic Equality Plan agreed by our Health Board in December 2015 and will strive to ensure that our organisation provides a fair, responsive, inclusive and accessible service for all.

Dr Peter Higson



**Chair**

*Peter Higson*

Gary Doherty



**Chief Executive**

Jenie Dean



**Independent Board  
Member and  
Equality Champion**

*Jenie Dean*

## Introduction and Context

### Introduction

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

- ✓ **To improve the health of the population we serve,**
- ✓ **To provide excellent care**

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

### What we do

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 676,000 people across North Wales and a significant number of visitors and tourists to the area. Our purpose is to improve health and provide excellent care.

We:

- Employ around 16,500 staff
- Have a budget of around £1.3 billion
- Run three district general hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital)
- Provide care at 18 other acute and community hospitals and a network of over 90 health centres, clinics, community health team bases and mental health units
- Co-ordinate the work of 114 GP practices and NHS services provided by dentists, opticians and pharmacies

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

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

### What we believe

Our Vision

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

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

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

In everything we do, we will:

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

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

## **A new story**

### **Our Strategic Goals**

The draft organisational goals detailed on pages 11/12 form an important statement of what the Board aspires to achieve and therefore form the context for the Strategic Equality Plan.

### **Revised organisational structure**

The 4-yearly review of our Strategic Equality Plan (SEP) provides the opportunity to review how equality and human rights practice is embedded within the emerging revised structures at BCUHB. We believe it is through these new structures that our equality objectives will be delivered. A copy of the most up to date BCUHB organisation chart can be found at:

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

### **Living Healthier, Staying Well**

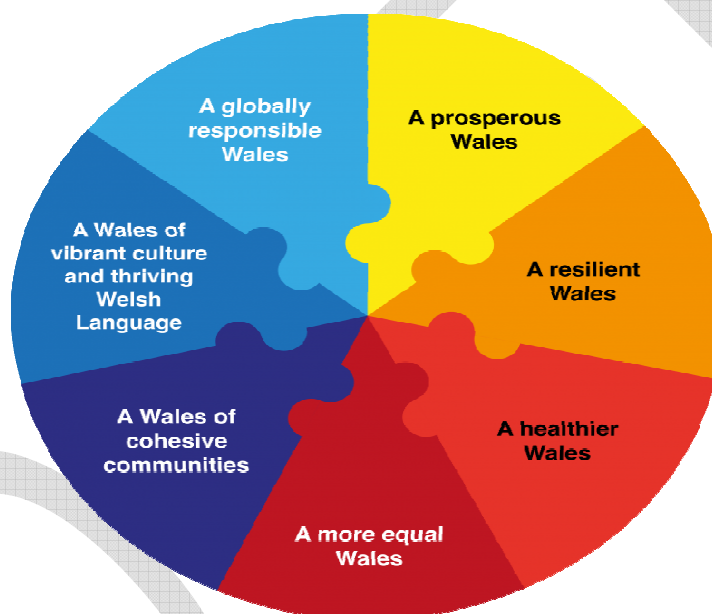
The Living Healthier, Staying Well listening process is part of a package of measures that we hope will enable us to connect and rebuild our relationship with people in North Wales. The listening events gave members of local communities an opportunity to express their views about the health service in North Wales. There have also been events for staff to discuss their views with senior managers. Our aim is to carefully reflect the views of the people in North Wales and going forward to make listening a key feature of our



relationship with the people who use our services, those with an interest in the health service, and our staff.

## **The Well Being of Future Generations (Wales) Act 2015**

The Well-being of Future Generations Act 2015 sets the context for this Plan; it is about improving the social, economic, environmental and cultural well-being of Wales. Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. This will help us to create a Wales that we all want to live in, now and in the future. To make sure we are all working towards the same vision, the Act puts



in place seven well-being goals. The Act also establishes Public Services Boards (PSBs) for each local authority area in Wales. Each PSB will prepare and publish a plan setting out its objectives and the steps it will take to meet them. This is called a Local Well-being Plan. To help us know whether we are making progress towards achieving the well-being goals, Welsh Ministers will set national indicators.

When producing the assessments of local well-being and Local Well-being plan, PSBs must consult widely. (Ref Well-being of Future Generations (Wales) Act 2015. The Essentials. (Welsh Government)). The equality objectives set out in this Strategic Equality Plan will inform the objective setting designed to maximise the PSBs contribution to the wellbeing goals.

## Developing Our Equality and Human Rights Objectives

### Our journey, the story so far....

Our first Strategic Equality & Human Rights Plan (SEP) was published in 2012, and we have carried out a further review of evidence and a range of engagement and consultation activities to give stakeholders an opportunity to work with us to update and shape our equality objectives.

This work, together with a number of joint activities carried out in partnership with other Public Sector organisations in North Wales, then helped to inform a joint equality stakeholder engagement event in October 2015. The event was designed to help all our organisations develop their updated Strategic Equality Plans for 2016 - 2020. We believe that our approach is inclusive; 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. Reports on progress are published annually and can be found at:

<http://www.wales.nhs.uk/sitesplus/861/page/54509>

### Engagement and Consultation

During 2015 a review was carried out of the existing equality objectives from the 2012-2016 Strategic Equality Plan. We asked our stakeholders what was most important when it came to promoting issues of equality and fairness. We undertook the following activities:

- Engagement and consultation with a range of stakeholders to inform the development of the draft objectives and to ensure that they remain relevant and meaningful for the four years ahead.
- A scoping exercise to help identify opportunities to engage with seldom heard groups in North Wales. Information from this work helped to ensure that consultation on our draft objectives was as inclusive as possible.
- An equality stakeholder engagement event in October 2015 in partnership with other members of the North Wales Public Sector Equality Network. A report on the feedback from this event is available from our website.
- A range of internal engagement activity including discussion with the Local Partnership Forum meeting with Trade Union representatives,



## Community Health Council and Stakeholder Reference Group at BCUHB

- Ongoing regular engagement throughout the year with the BCUHB Equality Stakeholder Network, comprising of individuals and organisations who have agreed to work with us to help scrutinise and inform our on-going equality and human rights work. Details about the Network and meetings can be found on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/70189>
- Ongoing regular engagement with the BCUHB Equality Operational Group comprising of members of staff with an interest in our equality and human rights work

We recognise that our engagement must be open, inclusive and accessible to everyone who has an interest in this work and we acknowledge that it should be a continual process. We will continue to involve people through the life of our Equality Plan, drawing on the experience of a wide range of stakeholders to inform our detailed actions, judge whether we have succeeded and consider what more needs to be done.

Our engagement and consultation work is informed by guidance published by the Equality & Human Rights Commission <http://www.equalityhumanrights.com/publication/engagement-and-equality-duty-guide-listed-public-authorities-wales> and more recently by guidance from the Older People's Commissioner for Wales

[http://www.olderpeoplewales.com/en/publications/guidance/14-07-01/Canllawiau\\_ymarfer\\_gorau\\_ar\\_gyfer\\_ymgysylltu\\_ac\\_ymgynggori\\_%c3%a2\\_phobl\\_h%c5%b7n\\_ar\\_newidiadau\\_i\\_wasanaethau\\_cymunedol\\_yng\\_Nghymru.aspx](http://www.olderpeoplewales.com/en/publications/guidance/14-07-01/Canllawiau_ymarfer_gorau_ar_gyfer_ymgysylltu_ac_ymgynggori_%c3%a2_phobl_h%c5%b7n_ar_newidiadau_i_wasanaethau_cymunedol_yng_Nghymru.aspx) both of which have been widely publicised within the Health Board and are referenced on our web pages providing advice on service changes and equality.

## Gathering the Evidence

National research has always been important in developing our local equality objectives. We have

- Considered national reports from bodies including the Equality and Human Rights Commission (EHRC), as well as Welsh Government. We have undertaken a review of current literature to identify what may have changed during the last four years to inform our objective-setting

- We have considered equality information on the profiles of our local communities and reviewed the health inequalities in North Wales identified by Public Health Wales.
- We have gathered information from patient experience feedback and concerns, including the “I Want Great Care” (Pilot) in Wrexham Maelor Hospital.

## **Our collaborative work with North Wales Public Sector Partners**

Equality leads in public sector organisations across North Wales have shared good practice for a number of years and have been working collaboratively to advance the equality agenda and to tackle issues on inequality that cut across the public sector in North Wales. Recent work has included exploring how we can collaborate more closely in areas such as gender pay inequality and advancing the recently-published Welsh Government Framework for Action on Tackling Hate Crimes and Incidents. More information about the development of our joint Strategic Equality Objectives and collaborative work can be found at: <http://www.wales.nhs.uk/sitesplus/861/page/59490>

## **Emerging Themes and Priorities**

### **Prudent Healthcare**

The changing Health and Well-being model, “Prudent Healthcare”, places people and communities at the centre, with safe services that are tailored to their needs and provided as close to home as possible. The prudent health care principles are:

1. Achieve health and well being with the public, patients and professionals as equal partners through co-production.
2. Care for those with the greatest health need first, making the most effective use of all skills and resources.
3. Do only what is needed, no more, no less; and do no harm.
4. Reduce inappropriate variation using evidence based practices consistently and transparently

Through remodelling the way we plan and deliver public services we will create more equal relationships between those who use services and those who deliver them. This change will support the model of public services shared with our partners which creates more resilient people and communities with fairer access to all the resources, benefits and opportunities we have available.

## **The Social Services and Well-being (Wales) Act 2014 (SSWB Act)**

The Act brings together and modernises social services legislation and has legal implications for Health Boards, as well as changing working practice with Local Authority colleagues. The Act is wide reaching and it is expected that the health and well-being needs assessments will identify equality and human rights issues.

The Social Services and Well-being Act will bring in a different emphasis based on these five principles:

- **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being
- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need
- **Well-being** – supporting people to achieve their own well-being and measuring the success of care and support
- **Co-production** – encouraging individuals to become more involved in the design and delivery of services
- **Multi-agency** working and co-operation

## **Health inequalities**

Recent research has reinforced earlier evidence of 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 Deprivation Profile of North Wales).

<http://www.wales.nhs.uk/sitesplus/888/page/63971> )

Although in comparison to other areas of Wales our overall population health status and outcomes are relatively favourable, there remain profound inequalities between different groups and communities across North Wales. Whilst our understanding of inequalities which arise as a consequence of socio-economic deprivation is reasonably well established, we recognise that we have a significant amount of work to do with individuals, communities and other agencies to better understand the inequalities which arise as a consequence of other differences including those identified as Protected Characteristics. Further information including a copy of the Local Public Health Strategic Framework can be obtained from the BCUHB website at:

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

## **Mental Health**

Work is underway to restate the Board's strategic direction in this area. There is a new strategic direction for Older Peoples' Mental Health Services with a

particular emphasis upon engagement with service users and carers. This work has identified clear actions for improvement. A broader refresh of the mental health strategy is being taken forward in partnership with statutory and other partners. This approach has been agreed in principle with partners and is crucial if the principles of the national strategy Together for Mental Health are to be realised at a local level.

The following themes have emerged from engagement sessions with users and carers of mental health services as well as staff from mental health services. Whilst this work was a very positive start, it is recognised that there is still a significant amount of further engagement to be done. Priorities for action include:

- Promote the mental health and well-being of our population
- Improve Access and choice
- Improve Service user and carer involvement
- Support for carers
- Services provided in the Welsh language
- Primary Care mental health services
- Integrate systems and processes with partner organisations
- Workforce design and development
- Integrate direction for mental health and well-being services across agencies

### **Primary Care Development and improving Chronic Conditions Management**

Our model of health and wellbeing means that we will intervene early rather than respond when people become so ill that their health fails, we take them to hospital and offer them prolonged stays. Our plans are centred around 'what matters' to the individual. Through this approach, we aim to make services become more pro-active, delivering more care closer to home, supporting individuals to maintain their own health, well-being and independence and ensuring that hospitals are used only for those who are the most ill.

GPs are central to delivering care out of hospital, but they will be supported by a broader range of other health and social care professionals, including Specialist Nurses, Pharmacists, Therapists, psychology operating as part of a multi-disciplinary team.

## **Tackling Poverty**

The Welsh Governments Tackling Poverty Action Plan:

<http://gov.wales/topics/people-and-communities/tackling-poverty/taking-forward-tackling-poverty-action-plan/?lang=en> sets out the commitment to social justice and equality of opportunity in Wales that prioritises the needs of the poorest and protects those most at risk of poverty and exclusion. It sets out what Welsh Government are doing to build resilient communities and to help prevent and reduce poverty in Wales.

In North Wales, 12% of the population (81,700 people) live in the fifth most deprived areas in Wales. Across the region, percentages range from 4% in Gwynedd (4,800 people) to 16% in Denbighshire (15,300 people).

Wrexham has the highest number of people living in the most deprived fifth, 18,100 (13%). People living in these communities are currently experiencing stark differences in health outcomes. For further information please see :<http://www.wales.nhs.uk/sitesplus/861/opendoc/267188>

We want to reduce inequality in access to healthcare as part of the overall action to reduce inequality in health and well being.

Public services have a statutory responsibility to plan services around the needs of their population in order to improve health and well being and reduce inequalities in health. The NHS Wales planning guidance requires all Health Boards to analyse need and take appropriate action to set out local priorities and interventions in relation to tackling health inequalities. BCUHB will work with its partners and the community to focus on a set of health priorities. This work will involve communities and a wide range of stakeholders in designing and developing a programme that is specific to the needs of the population that draws on the learning and methodologies from existing tackling poverty programmes in Wales such as Communities First. The equality objectives set out in this Strategic Equality Plan will also inform this work. Further information is available from the Executive Director of Public Health:

<http://www.wales.nhs.uk/sitesplus/861/opendoc/271614>

## **Equality and Human Rights Commission research ‘Is Wales Fairer?’**

The Bevan Foundation is working with the Equality and Human Rights Commission (EHRC) to assess whether Wales is fairer than in 2010. For further information: <http://www.bevanfoundation.org/current-projects/is-wales-fairer/> The EHRC has a statutory duty to monitor progress towards equality and human rights and to report on this progress every five years. The first report [How Fair is Wales?](#) was published in 2011. This review will help us see where progress has been made and where more needs to be done. The 2015 report will inform the EHRC’s strategic plan, inform the Welsh and UK

Governments, and will also inform the development of our strategic equality objectives at BCUHB. Is Wales Fairer? has identified the following Key Challenges:

1. Raise standards and close attainment gaps in education
2. Encourage fair recruitment, development and reward in employment
3. Support improved living conditions in safe and cohesive communities
4. Ensure access to civil and political rights
5. Address risk and improve access to mental health services
6. Prevent abuse, neglect and ill-treatment in care and detention
7. Tackle harassment and abuse in the community
8. Improve the evidence and our ability to assess how fair we are as a society

### **Accessible Healthcare**

In May 2013 the Minister for Health and Social Services wrote to all Health Boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. We recognise that effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed our objective setting.

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

The Minority Ethnic Elders Advocacy Project (MEEA) is an all Wales project funded by the Big Lottery fund in partnership with 3 other regional equality councils including the North Wales Regional Equality Network (NWREN). National research has shown that ethnic minority elders are more likely to suffer discrimination in accessing services or gaining employment. The other key issue is isolation which has an effect on mental health and well being. The project has sought to empower ethnic minority elders to take control of their lives, reduce loneliness, improve well being and increase self confidence and self esteem. The project has sought to influence statutory and voluntary organisations to provide better services for ethnic minority elders in North Wales. A number of barriers have been identified which include access to primary care services and increasing levels of interpretation and translation support in health. The recommendations have informed our objective setting.



## Our Equality and Human Rights Objectives

We have taken into account the requirements of the statutory duties in Wales, lessons from the evidence including the Equality Delivery System from England, local issues and those identified as part of our ongoing engagement with our Equality Stakeholder Group at BCUHB and the feedback received during recent targeted consultation and engagement activity. We have identified the following outcome focused strategic equality objectives and mapped them to our BCUHB organisational goals which are:

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

## **Strategic Equality Objective 1 Maps to Organisational Goal 1**

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

- At Betsi Cadwaladr University Health Board (BCUHB) services are commissioned, procured, designed and delivered to meet the health needs of local communities
- Discrimination is challenged, equality and human rights are promoted and efforts are made to reduce health inequities through strategies, equality impact assessment, policies, practices, procurement and engagement
- The needs of individuals are recognised and addressed whatever their identity and background, and their human rights are upheld. Individual people's health needs are assessed and met in appropriate and effective ways
- Transitions from one service to another are made smoothly with everyone well-informed
- When people use BCUHB services their safety is prioritised and care is free from mistakes, mistreatment and abuse

## **Strategic Equality Objective 2 Maps to Organisational Goals 3, 4, & 5**

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

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- People's experience of health care at BCUHB is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, spiritual needs and language
- People are informed and supported to be as involved as they wish to be in decisions about their care and feel that their involvement is valued
- People report positive experiences of BCUHB
- People's complaints about services are handled respectfully and efficiently

### **Strategic Equality Objective 3 Maps to Organisational Goals 5 & 7**

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

- Recruitment and selection processes are fair and lead to a more representative workforce at all levels
- Staff are treated fairly at all stages of the employment cycle
- BCUHB is committed to equal pay for work of equal value and will fulfil our legal obligations
- Training and development opportunities are taken up and positively evaluated by all staff
- When at work, staff are free from abuse, harassment, bullying and violence from any source
- Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

## **Strategic Equality Objective 4 Maps to Organisational Goals 4, 5, 6 & 7**

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

- The Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond BCUHB
- Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
- Middle managers and other line managers act as role models and support their staff to work in culturally competent ways within a work environment free from discrimination
- The delivery of the SEP is embedded within Health Board Operational Plans and synchronised with normal business planning and performance management processes and delivered by the 3 Area Teams Mental Health and Learning Disabilities and Secondary Care teams

## Achieving our Equality and Human Rights Objectives

### BCUHB Operational Plans

Equality and Human Rights priorities are included explicitly within Operational Plans for the organisation. Each Area, Mental Health and Secondary Care Hospital team will have objectives derived from the SEP 2016-20 within their service plans. Progress will be monitored via the accountability and performance management processes at BCUHB.

### NHS Outcomes and Delivery Framework

The NHS Outcomes and Delivery Framework is one of three frameworks published to help drive the continual improvement in the health and wellbeing of the people of Wales, the others relating to social services and public health. It identifies key population outcomes and indicators grouped under seven themes. The seven themes illustrated below as a wheel diagram, collectively describe how a service provides high quality, safe and reliable care, centred on the person. Person centred care is positioned in the centre of illustration and the dependence on good governance, leadership and accountability is illustrated by placing them around the seven themes.

Advancing equality and reducing health inequalities in access and outcomes are fundamental goals of the health and care system. Certain indicators in the NHS Outcomes Framework have been selected based on robust evidence of where there is potential to significantly improve outcomes based on analysis of the needs of groups who risk being disadvantaged. An important part of this is providing clear, comparable data to drive improvements throughout the system. This means where possible, providing indicators disaggregated to capture equalities and inequalities data.





## **Board Performance Assurance and Accountability Framework**

The Board Performance Assurance and Accountability Framework has been developed to connect Board metrics to the frontline staff focus in respect of the 7 performance management domains of: Staying Healthy, Safe Care, Staff and Resources, Timely Care, Effective Care, Dignified Care and Individual Care. Work has taken place to align the Strategic Equality Plan Outcomes Framework to this mainstream assurance mechanism. The equality objectives sit within the Dignified Care and Individual Care domains.

## **Strategic Equality Plan Outcomes Framework**

Each objective is underpinned by a further set of actions. The Strategic Equality Plan Outcomes Framework 2016-2020 has been developed to assist managers in delivering the equality objectives via their service planning processes.

## **Scrutiny and Monitoring**

### **The Equality and Human Rights Strategic Forum**

The Equality and Human Rights Strategic Forum continue to scrutinise progress and provide assurance to the Health Board. Issues of significance from each meeting are reported directly to the Workforce and Organisational Development Director who formally notifies these items to the Chairs of all other Board sub-committees and to the Area, Mental Health and Secondary Care Directors. Regular reporting and updates on key issues affecting staff in particular are made to the Local Partnership Forum (LPF) and Local Negotiating Committee (LNC).

### **Equality Stakeholder Network**

Further scrutiny is carried out by an external Equality Stakeholder Network that meets at least three times per year and comprises individuals and groups representing people with protected characteristics and others who have identified themselves as willing to work with us in this role.

### **Health and Care Standards**

The Health and Care Standards have been designed to fit with the seven themes that were developed through engagement with the public and form the basis of the NHS Outcomes and Delivery Framework. The Health and Care Standards establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for improvement. 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.

Equality and diversity are embedded within all the Standards and in particular within “Individual Care” where one of the standards require that:  
“Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.”

### **Equality Operational Group**

As part of the structure for Equality and Human Rights Governance in BCUHB, we have established a group comprising of nominated equality leads from all Operational Divisions and Corporate Functions. A role profile 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.

### **Annual Reporting**

To demonstrate the Health Board’s commitment to promoting and protecting rights and advancing equality we publish an annual equality report that includes 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

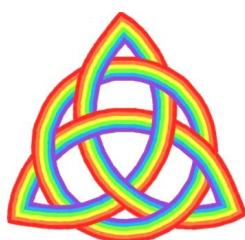
Annual Equality Reports can be made available in a range of alternative languages and formats and are published on our website at:

<http://www.wales.nhs.uk/sitesplus/861/page/54509>

We publish a range of employment and pay reports each year (see <http://www.wales.nhs.uk/sitesplus/861/page/63948> ) and recently collaborated with colleagues across NHS Wales to develop a set of template reports to help bring greater consistency to employment and pay reporting in NHS organisations in Wales, and to enable benchmarking between organisations as a means of identifying and sharing good practice.

## Stonewall Cymru

BCUHB has, for the last three years, been a member of the Stonewall Cymru Diversity Champions Programme. We have also made annual submissions to the Workplace Equality Index (WEI) which is a benchmarking tool which helps us measure progress towards achieving greater workplace equality for lesbian, gay and bisexual staff. From the 2017 index onwards, this will also extend to include transgender staff.



We are pleased with the progress we have made over the last three years, particularly with the way in which our staff network, Celtic Pride, has evolved. This development was instrumental in us achieving a significant improvement in our ranking in the Stonewall Index, moving from 199<sup>th</sup>

in 2015 to 72<sup>nd</sup> and being awarded “Most Improved Employer” in Wales at the Stonewall Cymru awards event in Cardiff.

*Billy Nichols is pictured receiving the award from Andrew White, (Director Stonewall Cymru), Lesley Griffiths (AM), Dame Rosemary Butler (AM)*



During 2015, we were invited to take part in the Stonewall Cymru Health Champions pilot where Stonewall help us to develop actions designed to improve the services we offer to lesbian, gay and bisexual service users, and these are in the process of being adopted by the Health Board. This is another measure of progress against our overall objectives of reducing health inequalities.

## Working across Wales

The Equality Leadership Group includes representation from the NHS across Wales, where issues affecting equality in NHS Wales are considered. The Group comprises of equality leads from all NHS organisations in Wales, together with representatives from Welsh Government and the NHS Centre for Equality & Human Rights. The Group provides helpful benchmarking between organisations in areas such as equality impact assessment, equality training

and other topical issues. We have also formed a small number of task and finish groups to escalate recommendations on specific topics. This has included strengthening the equality requirements of the Public Health Clinical Governance Practice Self-Assessment Tool (CGPSAT) that is used by GPs, and bringing greater consistency to the production of employment and pay reports.

## Becoming an Employer of Choice

### Our Role as an Employer

Information gathered as part of the recruitment process via a national system known as NHS Jobs enables us to understand the profile of people applying to work for us and whether or not they are successful however it does not enable us to report on internal promotions as required by the Equality Duties.

Data from ESR forms the basis for the reports that were published within the original SEP in April 2012 and that form part of our Annual Equality reports. These reports have been used to analyse available information and to identify where gaps exist in the data that need to be addressed and any trends/changes in the data over a period of time.

Significant improvements have been made to the quantity and quality of employee equality data held within ESR through a data cleanse exercise. This enabled us to increase the percentage of equality fields completed within ESR as follows:

	% Completed Fields Before Data Cleanse	% Completed Fields After Data Cleanse
Ethnicity	75%	86%
Religion/belief	51%	75%
Disability	38%	66%
Sexual Orientation	50%	75%

This has enabled us to have a much higher level of reliance on the data held in informing decision-making and supporting Equality Impact Assessments. It also enables a much more robust approach to analysing pay difference data (see 'Pay Differences' below). More recently, we have started to benchmark employment and pay difference information both internally with other NHS organisations in Wales, and externally with members of the North Wales Public Sector Equality Network and this work will continue as we look to share good practice and tackle common themes in employment inequalities.

## Pay Differences

Non-Medical staff (comprising 93% of the workforce) More than 93% 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. This helps to ensure pay equality regardless of the personal characteristics of the individual (gender, ethnicity etc).

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

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

Reports on pay analysed by staff groups across the protected characteristics are published annually on our website and the latest reports, which can be found on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/79511> show:

- 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 attributed to staff being able to access such benefits as wind-down and step-down, or retire and return.
- staff who have declared a disability earn on average approximately 10% less than staff who have stated they are not disabled. \*\*Statistical analysis shows that there is significant under-reporting of disabled people in our workforce when compared to census data, for example, particularly at higher grades in the organisation\*\*.
- staff from white backgrounds earn less on average than all other Ethnic Groups, and in the case of Black/Black British and Asian/Asian British, significantly so. A contributing factor is that 70% of the staff in these two ethnic groups are employed within the Medical and Dental staff group where average earnings are more than twice as high as any other staff group.
- average earnings for staff who have declared their religion as Hindu or Muslim is greater than all other staff groups. This can be attributed largely to the fact that 84% of staff declaring these religions are employed within Medical and Dental Staff Group where average



earnings are more than twice as high as any other staff group. By comparison, only 4% of staff who have declared their religion as Christianity are employed within this staff group.

- negligible differences in average pay between staff in the different sexuality groups.

## Gender Pay

Further work is under way to better understand pay differences between men and women identified within the reports. A Task and Finish Group was formed and a number of recommendations arising from the work were approved by the Equality & Human Rights Strategic Forum in March 2015, and by the Local Partnership Forum in April 2015. An action plan to implement the recommendations can be found in Appendix A.

We have been closely monitoring the work of the WAVE (Women adding Value to the Economy) Project within Cardiff University to ensure the learning from their research is incorporated into our action planning. More recently, we have been working with the WAVE Team to pilot a new Gender Employment and Pay Analysis (GEPA) tool which is helping to identify areas of the organisation where gaps in average pay exist.

Although this work is still at an early stage, the initial results for BCUHB emerging from the GEPA tool are encouraging and indicate that Agenda for Change continues to deliver equal pay for work of equal value for staff employed under Agenda for Change Terms and Conditions. We plan to extend the use of the model to explore other areas of employment in the Health Board, as well as tackling other barriers faced by women in employment at the Health Board such as vertical and occupational segregation, particularly where evidence suggests, for example, barriers to progressing out of lower-paid, part time working.

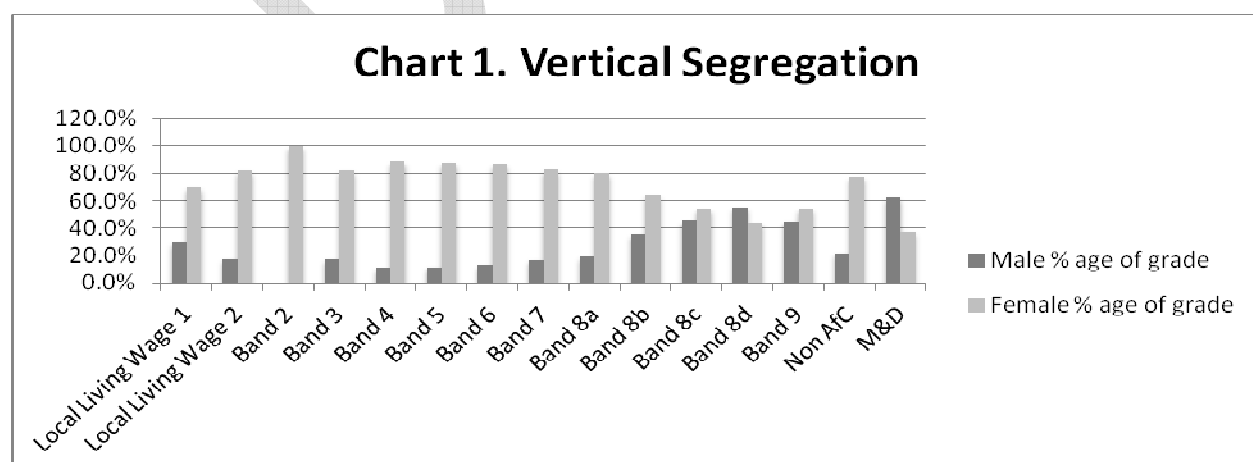




Chart 1 shows an analysis (as at 31<sup>st</sup> March 2015) of each pay band and the percentage of men and women within each band. The general trend as the grades get higher (and therefore more highly paid) is for the proportion of women per grade to decline and for the proportion of men per grade to increase. This is known as vertical segregation.

## Promoting Knowledge and Understanding

### Equality and Human Rights e-Learning

More than 7,000 staff have now successfully completed the bespoke equality and human rights e-learning package developed by BCUHB in collaboration with staff and service users, representing substantial progress in raising awareness of the equality duties and helping staff understand how the duties impact upon their individual roles in the organisation.

The deployment of the e-learning package has been supported by a programme of workshops held every month in each of the three main hospital sites for staff who do not have access to a computer, and these have been supplemented by ad-hoc workshops and as part of the Corporate Mandatory Training programmes.

Many staff are now undertaking their 3-year refresher training which is called “Treat Me Fairly” and is a scenario-based e-learning tool deployed across all NHS Wales organisations. To date, more than 2,600 BCUHB staff have completed this innovative training package.

### 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 events.

- 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
  - an overview of our approach to equality and human rights forms an integral part of our Orientation programme for all new staff;
  - We provide regular “90-minute Workshops” to equip staff at all levels with the skills and knowledge required to undertake Equality Impact Assessments
  - Regular refresher sessions for Board Members take place
  - 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
  - We provide equality training for all new doctors entering the Health Board as part of the FY1 Training Programme administered by the NHS Deanery
- All staff are required to undertake an annual Personal Assessment and Development Review (PADR) 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

## Our Policies

### Assessing Impact

We have continued to build understanding and capacity around Equality Impact Assessment. It is a robust, structured approach 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. Our resources include:

- EqlA Policy/Procedure and Guidance;
- EqlA Toolkit including additional guidance, forms, and links to resources and information;
- EqlA website - We continue to develop 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;
- EqlA Training and One-to-One support

Members of the public who wish to access EqlA documents not published on our main website are asked to contact a member of the Corporate Equalities Team who will be happy to help.

### **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. Guidance documents jointly developed with Planning colleagues aim to support managers in ensuring we are building equality and human rights considerations into service review projects and can be easily adapted to suit any other organisational change project.

Equality Impact Assessments related to major service reconfiguration projects are published on the Health Board's website alongside other documents associated with the projects.

### **Living Healthier, Staying Well**

A Task & Finish Group was established as part of the governance arrangements relating to the major listening exercise launched by the Health Board in the summer of 2015. This group was established to provide scrutiny and advice on all aspects of Equality Impact Assessment and included senior and operational staff from BCUHB together with external representation.

### **Project Management Office (PMO)**

All major project work in BCUHB is co-ordinated through the PMO which provides logistical support and advice on project management. The Corporate Equalities Team worked with PMO staff in the development of the template project workbooks to ensure Equality Impact Assessment is embedded as a mandatory requirement.

### **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".

## **Board Governance, Scrutiny and Training**

An update session on Equality Impact Assessment, focusing on the engagement provisions in particular, was delivered to the BCUHB Board in June 2015. This also provided an opportunity to explore and reinforce the “Brown Principles” which help define what is required to be able to demonstrate “due regard” and is supported by updated scrutiny guidance published by the NHS Centre for Equality & Human Rights.

## **Procurement Policy**

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. We have reviewed the Health Board’s Standing Financial Instructions (SFI’s) to ensure they reflect current equality legislation and that the specific duties as they relate to public sector procurement are explicit within both SFI’s and associated Procurement policies.

In order to raise awareness amongst colleagues working in Procurement across public sector organisations, the North Wales Public Sector Equality Network arranged a workshop in October 2014 to which equality and procurement colleagues from all member organisations were invited. The workshop was facilitated by Value Wales.

## **Welsh Language**

In accordance with the Welsh Language Act (1993), and the Welsh Language Measure (Wales) 2011 the Health Board has a comprehensive Welsh Language Scheme which sets out how it will give effect to that principle when providing services to the public. A Bilingual Skills Strategy has been developed to ensure that the Welsh language is mainstreamed in to recruitment and retention policies to allow for adequate bilingual workforce planning.

## **Interpretation and Translation Policy**

Since 2012, BCUHB the Health Board has been a partner in the Wales Interpretation and Translation Service (WITS) for the provision of all translation and interpretation services for BCUHB with the exception of Welsh language. This provides consistent, efficient and effective interpretation services as a one-stop-shop that is available 24 hours to community, Primary and Secondary Care within BCUHB.

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

### **Publishing the Plan**

This Revised 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. Please contact BCUHB at the address below to obtain further copies of the document 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 Welsh, English and other languages.

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

Director of Corporate Services,  
Betsi Cadwaladr University Health Board, Headquarters  
Ysbyty Gwynedd  
Penrhosgarnedd  
Bangor, Gwynedd LL57 2PW

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



**Please contact:**

**The Corporate Communications Department**

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

Telephone: 01248 384776

## Appendix A

<b>Gender Pay/Flexible Working Action Plan</b>			
<b>Objective</b>	<b>By Who</b>	<b>By When</b>	<b>Status/Progress/Update</b>
Improve support for women by: <ul style="list-style-type: none"> <li>Running a series of focus groups and scoping a women's staff network</li> <li>Developing mentoring schemes for women</li> <li>Improving the support available for staff with caring responsibilities</li> </ul>	ED&HR Team  Emplmt Practices Team	Dec 2016  Dec 2016	
Tackle gender stereotyping in schools curricula and careers advice by: <ul style="list-style-type: none"> <li>Working with Chwarae Teg and local public sector partners</li> </ul>	ED&HR Team	Dec 2016	
Improve awareness of, and access to, Flexible Working across BCUHB and monitor uptake by: <ul style="list-style-type: none"> <li>Implementing the recommendations approved by the Equality and Human Rights Strategic Forum and the Local Partnership Forum</li> </ul>	ED&HR Team	Dec 2016	
Improve understanding of the factors that give rise to, and sustain gender pay gaps by: <ul style="list-style-type: none"> <li>Implementing the WAVE Gender Employment &amp; Pay Analysis model</li> </ul>	WfIS Team	June 2016	
Monitor the impact of changes to Agenda for Change Terms and Conditions on Gender Pay Gaps by: <ul style="list-style-type: none"> <li>Monitoring the impact of recent changes to Agenda for Change Terms and Conditions, including Pay Progression, on gender pay gaps</li> </ul>	WfIS Team	Dec 2016	



## Appendix B

### Glossary of Terms and Acknowledgements

#### 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>

#### 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:

- Our Independent Member of the Board Equality Champion for her continued vision and motivation to advance equality at BCUHB
- Members of our Equality Stakeholder Reference Group for their ongoing engagement and direction and others who attended our engagement workshops or contributed to the consultation
- Colleagues in other public sector organisations across North Wales, including Public Health Wales
- Staff and Trade Union representatives at BCUHB who have attended meetings and workshops, or contributed in other ways
- The BCUHB Management Team for their leadership and guidance in operationalising this Plan
- Members of the Equality Operational Group for championing this work within their service areas
- Colleagues in Planning and Performance who have advised in aligning the Strategic Equality Objectives with the BCUHB planning and accountability mechanisms to better embed this work.
- Kate Bennett National Director for Wales and 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 and the emerging evidence in “Is Wales Fairer?”