STRATEGIC EQUALITY PLAN AND OBJECTIVES

ANNUAL REPORT

Reporting on year April 2017 – March 2018

GIG CYMRU NHS WALES

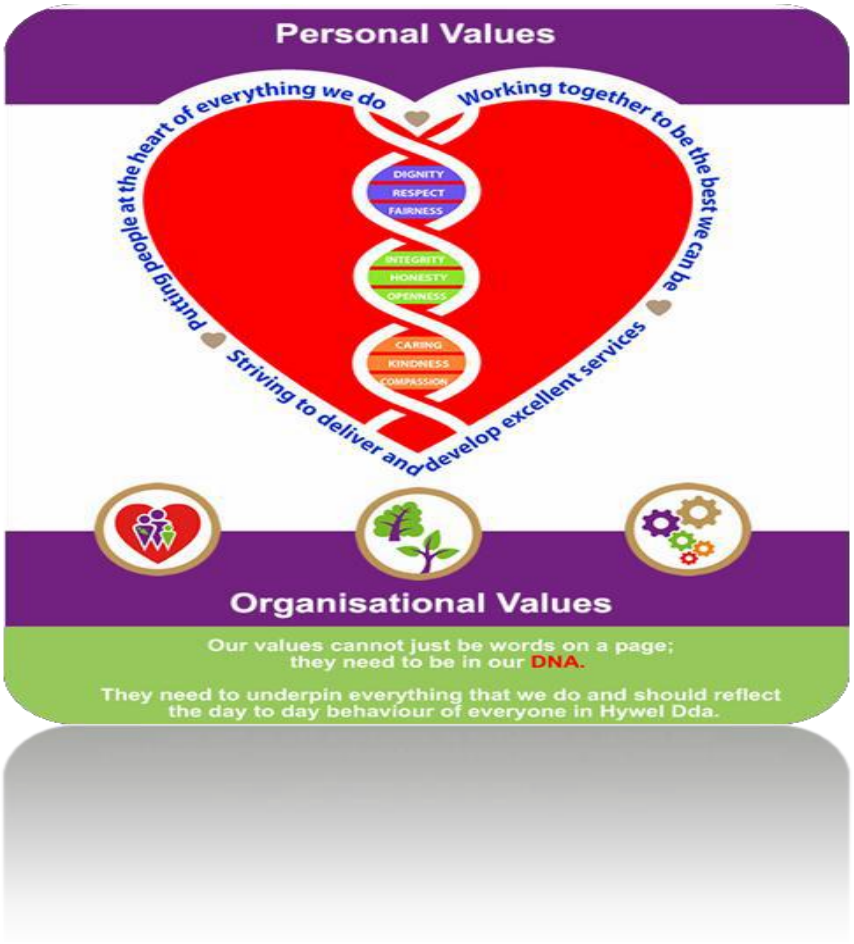
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Foreword

Hywel Dda University Health Board is committed to putting people at the centre of everything we do. This means demonstrating on a daily basis that our values are the lived experience of everyone who accesses our services, their families, carers and loved ones and not least for our staff themselves.

Throughout the year April 2017 – March 2018 we have worked collaboratively and in partnership with other public, private, voluntary and third sector organisations, as well as with our public and staff to plan, develop and deliver our services in ways which are safe, sustainable, accessible and kind.

We have also sought to be a strong competitor in the careers market, attracting high calibre staff who share our values in addition to having expert skills and knowledge in their field of practice. As well as attracting new staff, we have worked to safeguard the health and well-being of our established workforce. This has included promoting a work/life balance and providing an inclusive working environment free from prejudice and discrimination, harassment or victimisation.



This Annual Report sets out how we have delivered the priorities within our Strategic Equality Plan during the reporting period 1 April 2017- 31 March 2018.

Working together with our partners, and adopting a continuous engagement approach, we developed an agreed new model for delivering Mental Health Services across Hywel Dda. Our inclusive approach provided our Board with assurance that those most impacted by the changes retained a voice in the future of mental health service development and delivery.

Engagement and co-production are key priorities as we prepare to consult

with our population on proposed new models of clinical services. We seek to empower people to take control of their own health, receiving care as close to home, and where possible, in their own communities, only having to come into hospital when absolutely necessary. We have sought to embed equality considerations into our way of working, reflecting our values and improving experiences for staff and patients.

The report provides some examples of activity, seen through an equality lens around planning, developing, reviewing and delivering person-centred care. It also illustrates our actions to raise our profile as an inclusive employer, offering opportunities for all within our communities. We are committed to working to provide safe, sustainable, accessible and kind services and in doing so believe that this will further embed our equality duties.

Bernardine Rees

Chair Hywel Dda UHB

Steve Moore

Chief Executive Hywel Dda UHB

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INTRODUCTION

Hywel Dda University Health Board (the Health Board) is committed to putting people at the centre of everything we do. This means demonstrating on a daily basis that our values are the lived experience of everyone who accesses our services, their families, carers and loved ones and not least for our staff themselves.

The Equality Act 2010 is about treating everyone in a fair way. This law protects people from being treated worse than other people because they are:

- men and women
- disabled people
- young people and older people
- people who come from racial backgrounds – who may speak another language and have different cultures
- people who follow a religion or who have no religious beliefs
- people who are gay, lesbian or bisexual
- people who are considering, undergoing or have undergone gender reassignment
- people who are in a civil partnership or married
- women who are pregnant or have recently had a baby.

We need to collect and use information about our staff and service users, and their experiences, to help us work in ways that ensure that we are treating people fairly. It is important that our services are meeting the needs of all groups of people who we serve and that we treat people fairly at work.

We use a range of methods to gather and collate information about our communities and our staff. These include:

- Siarad Iechyd/Talking Health, our public engagement scheme and regular locality based public meetings;
- Engaging and consulting with staff and our communities through joint public sector events and surveys;
- Data gathered on our Patient Administration Systems;
- Feedback from Citizens panel surveys;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our Electronic Staff Record and grievance reports;
- Welsh Government initiatives and national reports for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others.

We still have some work to do to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data and raising greater awareness of why the information should be collected and used to improve services and outcomes for patients. The same challenges apply to the collection of equality data for staff, although we acknowledge that some discussions need to take place on a national basis in order to change all-Wales information systems.

ABOUT THE HYWEL DDA AREA

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Here are a few facts (as at 31st March 2018):

- We employ over 9,000 members of staff.
- We provide services health care services for around 384,000 people.
- Our Health Board covers a quarter of the landmass of Wales.
- We work in partnership with our three local authorities – Carmarthenshire, Ceredigion and Pembrokeshire County Councils – as well as with colleagues from the public, private and third sectors.
- We have a growing group of nearly 400 volunteers.
- We have four main hospitals: Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest.
- We have seven community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire.
- There are 53 general practices, 46 dental practices (including 1 orthodontic), 99 community pharmacies, 51 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) and 11 health centres.
- We provide mental health, learning disabilities and related services from numerous other locations across our communities.
- Highly specialised and tertiary services are commissioned for us by the Welsh Health Specialised Services Committee. This is a joint committee with representation from all seven health boards across Wales.

We recognise that there are many people within our populations (including many from protected groups) who experience socio-economic deprivation, which is a key factor in poorer health and lack of opportunity to access education and employment, thereby perpetuating the cycle of deprivation. We aim to break this cycle and in line with the aspirations of the Well-being of Future Generations (Wales) Act 2015, we aim to create healthier, more resilient communities, working together towards a better future for all. Information on health and socio-economic factors across the three counties is available here and here.

Demographics for the Hywel Dda region are available on the ONS website. Our population is also subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and by transient student populations. Whilst we have been actively involved in national refugee resettlement programmes, numbers for ethnic minorities, transgender, gay and bisexual people and Gypsy, Roma & Travellers continue to appear to be comparatively small when viewed across the three counties as a whole. We recognise that this means we must continue striving towards ensuring that they have opportunities to communicate their needs, to have services provided appropriately and to have equal opportunities for employment and career progression.

There are high concentrations of Welsh speakers in some areas across the three counties, though the 2011 Census showed in drop in the numbers of Welsh speakers. We collect information on Welsh Speakers in a number of ways; we ask our staff to register their Welsh language skills and also provide an active offer to patients who may wish to receive their services in Welsh. We have an action plan in place to fulfill the requirements of the Welsh Language Measure through our Bilingual Skills Strategy. Welsh Language Annual Monitoring Reports may be found here.

The Workforce and Organisational Development Team continue to deliver the All Wales Workforce Information System strategy which includes compliance

with minimum data set requirements. We maintain a high standard of data quality via Electronic Staff Records (ESR) which facilitates staff who have access to IT systems to own and manage their data, thus improving workforce management. ESR provides reporting for transparent and evidence based workforce planning.

There are ongoing in-house discussions on improving the collection of equality monitoring data around grievance and disciplinary, training and other required employment information. We use this data to facilitate inclusion in Workforce and Organisational Development reports, and identify trends so that appropriate action may be taken to address equality issues where they may be identified.

Reports consistently show that our workforce is predominantly female and the majority of our staff work full time. The age profile of our workforce generally indicates an ageing workforce with very few employees below the age of 20. However different staff groups show a variety of ages.

Regular update reports on Workforce and Organisational Development activity and workforce trends are presented to the Workforce and Organisational Development Sub-Committee. For details of Workforce and Organisational Development Reports to Board please link here.

The Health Board undertakes regular analysis of grievance and disciplinary procedures during each year against employees involved both as a complainant and as a person against whom a complaint was made. The NHS ESR system does not require this data to be collected currently, but local records are available and were analysed for the purposes of this report. Reports to Board on grievance and disciplinary issues may be found here.

EQUALITY INFORMATION

As both a service provider and an employer, the Health Board needs to collect and keep up to date:

- Information relating to service users and the general population
- Information relating to our staff.

We have mainly relied on Census 2011 information for the demographic profile of our communities and updates from the Office for National Statistics (Wales) available here. Demographic data on the broad profile of the Hywel Dda community is available in previous Equality Reports here.

It is acknowledged that "sensitive" equality monitoring information around sexual orientation, religion and belief may not be reliable and may therefore not give a complete and true picture of the county demographics.

Further population demographics are available in each of the Public Services Board Well-being Plans within Carmarthenshire, Ceredigion and Pembrokeshire here.

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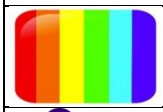
Population Information

If we could shrink **Carmarthenshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	61 people of working age (2011 census)
	21 people of pensionable age (2011 census)
	44 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	38 with a limiting long term illness or disability (2011 census)
	13 people would be providing unpaid care (2011census)
	62 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	17 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	31 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	18 lone parents

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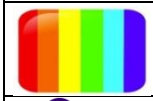
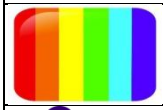
If we could shrink **Ceredigion's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	50 Males and 50 females (2011 census)
	15 children aged under 16 (2011 census)
	63 people of working age (2011 census)
	23 people of pensionable age (2011 census)
	47 people able to speak welsh (2011 census)
	97 people from a white background and 2 from a non white background (2011 census)
	5-7 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	21 people with a limiting long term illness or disability (2011 census)
	11 people would be providing unpaid care (2011census)
	58 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	5 lone parents

If we could shrink **Pembrokeshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	60 people of working age (2011 census)
	22 people of pensionable age (2011 census)
	19 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	11 with a limiting long term illness or disability (2011 census)
	12 people would be providing unpaid care (2011census)
	63 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	12 lone parents

We have mainly relied on Census 2011 information for the demographic profile of our communities and updates from the Office for National Statistics (Wales) available here. Demographic data on the broad profile of the Hywel Dda community is available in previous Equality Reports here.

It is acknowledged that "sensitive" equality monitoring information around sexual orientation, religion and belief may not be reliable and may therefore not give a complete and true picture of the county demographics.

Further population demographics are available in each of the Public Services Board Well-being Plans within Carmarthenshire, Ceredigion and Pembrokeshire here.

OUR STRATEGIC EQUALITY PLAN OBJECTIVES

We continue to works towards the aims and objectives set out in our Strategic Equality Plan 2016-2020. These objectives link closely with our work to implement the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014. Our Strategic Equality Plan objectives are:

- **Leadership and Corporate Commitment** – the UHB will be committed to integrating equality, diversity and human rights considerations into its core functions and mechanisms.
- **Strategy and Services** – the UHB will help ensure equitable access to services and information for all groups.
- **Public and Patient Involvement** – the UHB will continue to develop links with the population we serve, identifying where there are gaps and seeking to forge new links where possible.
- **Health** – the UHB will continue to increase knowledge in relation to the health needs of groups within our communities and work towards reducing inequalities in health.
- **Workforce and Employment** – the UHB will support staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect and eliminate discrimination.
- **Partnerships** – the UHB will continue to work with relevant stakeholders and partners in promoting equality and good relations and eliminating discrimination.

The following sections contain examples how we have progressed in relation to each of our objectives listed above.

LEADERSHIP AND CORPORATE COMMITMENT

Transforming Mental Health Services

Working together with our partners, and adopting a continuous engagement approach, we developed an agreed new model for delivering Mental Health Services across Hywel Dda. As part of this work we undertook a twelve week public consultation between 22 June 2017 and 15 September 2017. Information was provided in a range of accessible formats including bilingually in Welsh and English, Easy Read and others on request. Patients, staff, stakeholders and the general public were invited to contribute their views on the changes in a variety of ways including online and paper questionnaire, engagement workshops, drop-in sessions, by email or written submission.

During the consultation process some respondents from Pembrokeshire and Ceredigion raised concerns about centralisation of acute services in Carmarthenshire and the accessibility of these services on public transport. People are concerned about transport and travel, which is a theme that is strongly echoed across all consultation channels. The issues they raise relate to concerns for those in acute mental crisis being transported over long distances, and accessibility to services across a large, mostly rural area with disparate public transport links.

In both the questionnaire and the engagement workshops, there was a positive response to using digital tools to promote self-care and raise awareness of the services available, especially from younger respondents. Equalities groups highlighted the need to ensure that the needs of groups such as those with sensory loss, literacy problems, or learning disabilities are taken into account. It was also recognised that older people may not adopt the use of digital tools. Whilst there is strong support for adopting digital health tools, it was recognised that this should not replace the face to face care and support currently available.

Since the Consultation, the Transforming Mental Health Implementation Group and associated sub-groups have continued to work towards addressing identified concerns and finding solutions during the next stages of the development and implementation of our new mental health services model. Opportunities to enhance identified potential positive impacts are also being explored and the groups are continuing to work collaboratively with in-house staff, multi-agency public and third sector partners, service users and carers.

The Transforming Mental Health Service Programme won the Citizen At The Centre of Services Re-Design And Delivery award, at the Wales NHS award

Steve Moore, Chief Executive for Hywel Dda University Health Board said:

"This prestigious award recognises the commitment, forward thinking and collaborative approach shown by our staff, service users, partners and the public in improving our mental health services for the future. By working together with our local communities and those who use our services, we can truly transform these services for the better across our region."

STRATEGY AND SERVICES

Sensory loss – Five Star Awards

Wales Council for the Deaf and Wales Council of the Blind, the two Welsh organisations representing people with Sensory Loss in Wales held their first Five Star Awards Ceremony at the Senedd in April 2017. They asked patients with sensory loss to nominate individuals or teams within the Health Service who they felt had gone that "extra mile" for them.

Out of the six awards presented, Hywel Dda University Health Board received two. They included a personal award for **Eirian Davies** a staff nurse from Prince Phillip Hospital, and a departmental award for the Audiology Dept at Prince Philip Hospital.

The audiology department offer a range of Audiology and hearing aid services, for both Adults and Children across sites in Carmarthenshire, Ceredigion and Pembrokeshire. As the award is nominated by patients this makes it even more special. The award shows that patients feel they are supported and given the utmost care. Highlighting good practice in this way encourages other staff to provide better support.

PUBLIC AND PATIENT INVOLVEMENT

Transforming Clinical Services – "Our Big NHS Change"

We are continuing to embed our commitment as a people focused organisation and during 2017 involved our staff, service users, carers, key stakeholders and the general population in and engagement exercise 'The Big Conversation'. We have used the feedback we received to help us progress with planning, developing and delivering a new model of clinical services fit for the 21st Century.

Information was shared widely in electronic and hard copy versions, and in a range of accessible formats to approximately 4,000 stakeholders. We also discussed the work of the Transforming Clinical Services programme in over 80 different meetings, drop-in sessions, workshops and other events and activities.

We were particularly keen to hear from groups and individuals who traditionally face barriers to getting involved in decision making processes. Our work with wider stakeholders included discussions with the Community Health Councils (CHCs), Public Services Boards (PSBs), county councillors, scrutiny committees, Stakeholder Reference Group (SRG), Mid Wales Healthcare Collaborative, county equality groups, People First, Deaf Club, sheltered accommodation, veteran's network, youth forums, gypsy traveller community and 50+ forums. We have taken steps to ensure we had a broad spectrum of views to inform our work.

The feedback we received was independently assessed by ORS (Opinion Research Services) to inform an outcomes report. We tried to ensure that those who will be most impacted by any proposals had an opportunity to have input into developing Options that would then go out for public scrutiny, as part of the formal consultation process.

The feedback we received covered a variety of areas, but in particular effective communication and timeliness, especially in the context of waiting for appointments or results. There was widespread support for care in the community rather than in hospital. This included significant support for more community based services by creating a more flexible, multi-skilled workforce through local partnership working.

Respondents also supported the creation of a centralised patient record, helping to streamline access to information across primary and secondary care and between health and social services.

The importance of taking into consideration the needs of disabled people, older people and other groups protected under the Equality Act 2010 was highlighted, particularly in relation to transport and access.

Addressing Well-being

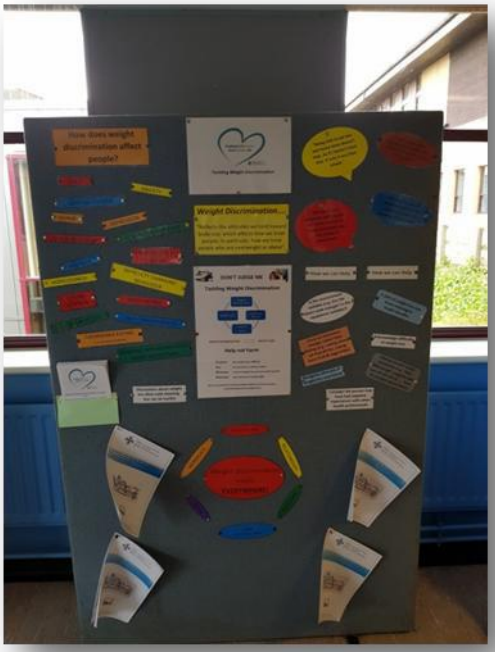
Our work towards meeting the duties of the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being Act 2014 are inextricably linked to our equality objectives. The Health Board set well-being objectives and have contributed to the development of Public Services Board Well-being Plans as well as a West Wales Area Plan. More details on associated work can be found in the following report here.

HEALTH

Weight Bias – 'Don't Judge Me' campaign feedback

There is a common held view that people who are overweight are *in control* of their weight and most diets provide the message that weight loss is "easy". This is also evident in Public Health Campaigns where the key message is often "eat less and move more", despite evidence showing that weight bias, or weight discrimination, leads to poorer health outcomes (e.g. non-attendance of health appointments due to fear of negative evaluation/judgment). As a result, the complexity of weight management and obesity often goes unrecognised and patients often feel 'blamed' for being overweight, affecting their physical and psychological wellbeing.

In collaboration with the Adult Weight Management Service, the Equality and Diversity team hosted a campaign to raise awareness of weight discrimination, and to encourage those working in healthcare to consider any unconscious bias they might hold about weight, in particular, those who are overweight or obese. Evidence shows that being aware of our own unconscious bias can help us to think about the messages we convey to others and how this can impact on the service we provide.



Throughout October 2018, four separate induction presentations were delivered in Carmarthen to new inductees. Out of 110 new starters who attended, 67 returned completed feedback forms. Feedback was rated on a 5-point scale ranging from 'Very poor' to 'Excellent'. The inductees were from a range of disciplines, including medicine, occupational therapy, psychology, nursing, administration, catering and support staff. Feedback received showed that 75% rated the session as good or excellent

One inductee found the presentation "*the most valuable part of the day*". Other comments included: *"It's a good thing you're doing this",* "*It's a shame there isn't a more effective way of targeting staff".*

During this campaign poster stands were provided at the four main hospital sites and in the waiting rooms of health centres to raise awareness amongst both staff and visitors.

Whilst the campaign focused on weight discrimination, it also identified the link between protected characteristics and issues around weight, where people from protected groups may be more at risk of experiencing "being judged" and dual discrimination. This can be associated with poor self-image, lack of opportunity for physical exercise due to disability, anorexia or bulimia arising at times of stress when people may be questioning their sexual orientation or gender identity, weight gain due to medication, following pregnancy, cultural diets and lifestyle. Using the focus of being judged in relation to weight helped staff relate to how people experience prejudice and discrimination because of race, religion and other protected characteristics.

WORKFORCE AND EMPLOYMENT

Supporting our staff

As a people focused organisation we believe that all staff should be developed to fulfil their role to maximum capacity and, where appropriate, to fulfil new and different roles for the future. The Health Board provides a range of opportunities including:

- Induction Training
- Mandatory Training
- Additional on-line training programmes to meet specific role requirements
- Training in Informatics
- Leadership and Management Development programmes
- Academic and formal studies opportunities to address specific Continuing Personal and Professional Development (CPD) needs
-

High quality leadership is crucial and managers have access to external programmes delivered through Academi Wales, the Kings Fund, Universities and through the Learning@NHSWales portal. A wide range of internal training programmes are also provided.

Individual training needs identified via the Personal Development Review process may be catered for via the in-house prospectus or by external courses. Equality and Diversity is a Core Dimension of the NHS Knowledge and Skills Framework. The NHS Centre for Equality and Human Rights “Treat Me Fairly” e-learning package is included as mandatory training for all staff and must be completed on a three-yearly basis.

Additional in-house Equality and Diversity awareness raising training is provided to managers through the Management Passport Programme and bespoke sessions for any teams or staff groups are provided on request.

We are continuing to discuss how to further integrate equality, diversity and human rights into existing training provision, demonstrating our commitment to embedding our responsibilities into mainstream practice. We are also working with specialist national and local organisations on specific training in relation to sensory loss as part of the implementation of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. More detailed progress reports to Board are available here

Global emails

Our communications department support the Equality and Diversity team by disseminating information through our global emails. The team have developed a calendar of events to support the promotion of equality messages. All staff with access to computers will receive a daily global email. Hywel's Voice (Health Board staff newsletter) is also a way of cascading information and is particularly relevant to those who do not have computers.

The Equality and Diversity team worked closely with the Health Board's Senior Chaplain who developed a fact sheet to offer advice and guidance to staff who manage and are providing care to adult muslims during Ramadan. Some other examples of global emails that raise awareness of equality and diversity include:

- Pride Cymru
- International Youth Day
- Sensory Loss Awareness Month
- Hate Crime Awareness Week
- Disability Awareness Day

- International Day of the Older Person
- Transgender Day of Remembrance
- Gypsy Roma and Traveller History Month

THIS MESSAGE IS FOR: MAE'R NEGES HON I:	All staff
SUBJECT: PWNC:	**Hate Crime/incidents – who can be affected and what to do**
MESSAGE: NEGES:	**A hate crime** is any criminal offence which is perceived by the victim or any other person to be motivated by hostility or prejudice based on a person's race, religion or belief, sexual orientation, disability or gender identity. **A hate incident** is any non-crime incident which is perceived by the victim or any other person to be motivated by hostility or prejudice based on a person's race, religion or belief, sexual orientation, disability or gender identity. Hate crimes and incidents can cover a wide range of offences and behaviours, including bullying and name calling, verbal abuse, physical assault and violence. If you have experienced or witnessed a hate crime or incident report it.
ATTACHMENTS: ATODIADAU:	Visit Dyfed Powys Police's website for more information: https://www.dyfed-powys.police.uk/en/advice/hate-crime/

PARTNERSHIPS

The Health Board works collaboratively through a wide range of partnerships. Examples include the three Public Services Boards in Carmarthenshire, Ceredigion and Pembrokeshire as well as the West Wales Care Partnership, Mid & West Wales Healthcare Collaborative, ARCH (A Regional Collaborative for Health) and University Partnership Board.

In addition to formal partnerships, the Health Board has links with, and attends, specific public and patient focus groups. Examples include Pembrokeshire Voices for Equality, Carmarthenshire Voices for Equality, and Carmarthenshire Disability Coalition. This provides an opportunity for engagement and discussion on service changes and can also provide opportunities for the Health Board to receive feedback on the experiences of individuals accessing services which can be fed into service improvement and transformation work.

Our Patient Experience Team provides training and support in how to collect and use patient stories, and works with a broad and varied range of local services. The Health Board recognises that listening to people talking about their experience in their own words is a powerful way of better understanding what actually happens. These conversations can provide an insight into what is good and what could be improved. The Patient Experience Team has developed a database of patient stories and seek opportunities to utilise them within service improvement meetings. When available, Patient Stories are presented to Public Board meetings to continue to raise awareness of the lived experiences of people using our services. More information on what we have done this year to improve Patient Experience and provide patient centred care to meet diverse needs is available in our Annual Quality Statement here.

Our focus has been to embed recommended practice around equality and diversity into everyday practices. Further examples of our achievements during 2017/18 can also be found in our Annual Report here

WORKFORCE INFORMATION

As part of the recruitment process information relating to the protected characteristics of our new staff is collected via NHS Jobs at the stage when people apply for posts with the Health Board. This information is retained separately from the application details, so that the short-listing process is anonymised, reducing the risk of conscious or unconscious bias. This enables us to capture the profile of those applying to work with us and to follow their journey through the recruitment process, including short-listing, interview and appointment or any other variation. However the system does not separate internal and external applicants, which limits our ability to electronically report on staff who have applied for internal promotion opportunities, and whether or not they are successful. We support other Health Boards and Trusts in Wales in the lobby for changes to the NHS Jobs website to facilitate compliance with the Public Sector Equality Duties.

For candidates who are appointed to posts, this information automatically transfers over onto their personal record held on the Electronic Staff Record (ESR) system. ESR also holds information on existing staff. The majority of this information is classed as sensitive personal information under the Data Protection Act 1988 and staff are under no obligation to disclose the information if they do not wish to do so. This may therefore impact on our understanding of the number of staff with protected characteristics.

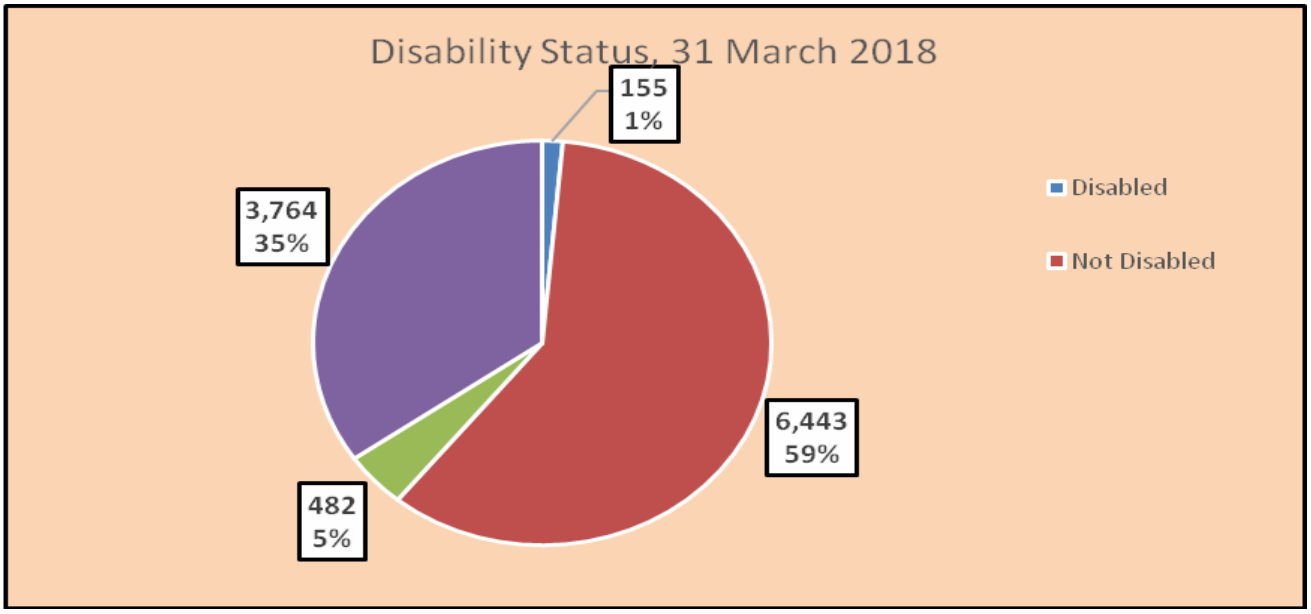
The national ESR system does not currently facilitate the recording of information in relation to the protected characteristic of gender reassignment, or any information on staff who are carers. We are supportive of the lobby for system changes which would enable us to better meet our statutory reporting duties.

When undertaking the comparisons between data gathered in previous years it should be noted that the change in Headcount between both periods will

show an impact on the statistics of the protected characteristics. Headcount as at the 31st March 2018 as being 10,844 and as at the 31st March 2017 as being 11,003 and thus a decrease in the Headcount of 159. It should be noted that the reason for the decrease in Headcount is due to having data cleansed the ESR reporting database.

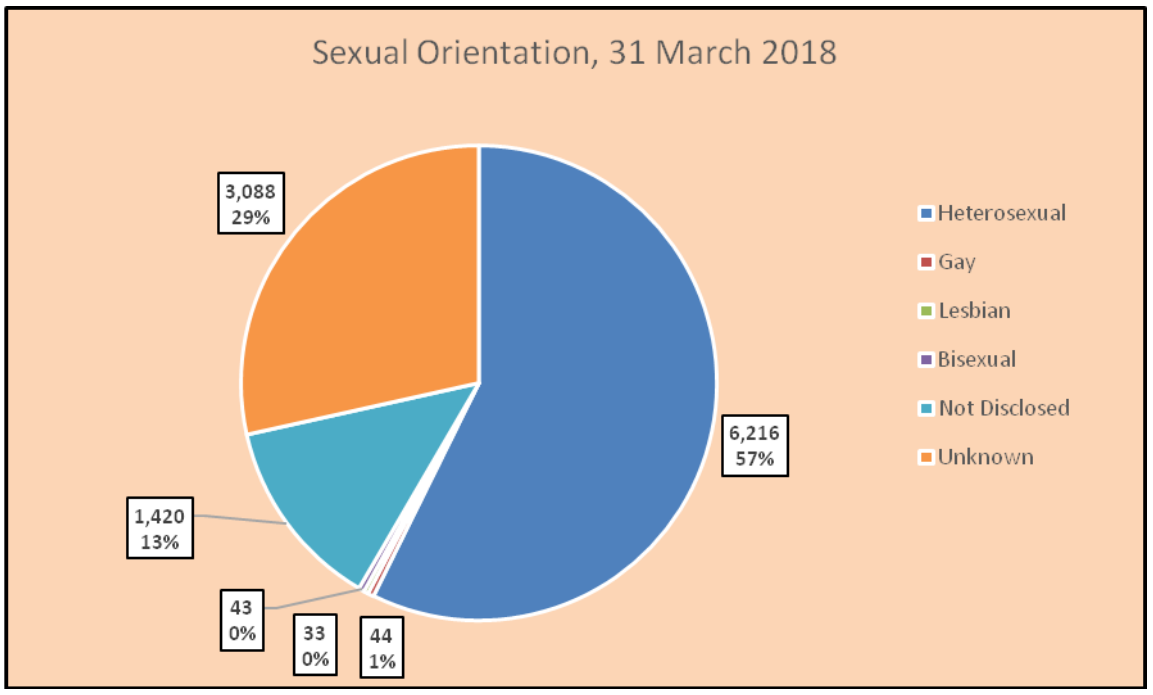
The Health Board is continuing to encourage staff who are able to access the ESR Self Service system to complete their equality data monitoring information on their personal file in order to assist us to gain more information on the make-up of our workforce. The following information shows how disclosure rates have varied during the reporting period (2017/18), as compared to 31 March 2017.

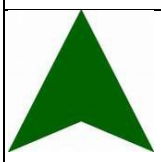
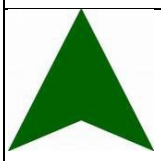
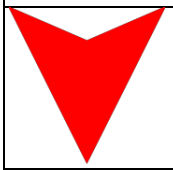
DISABILITY



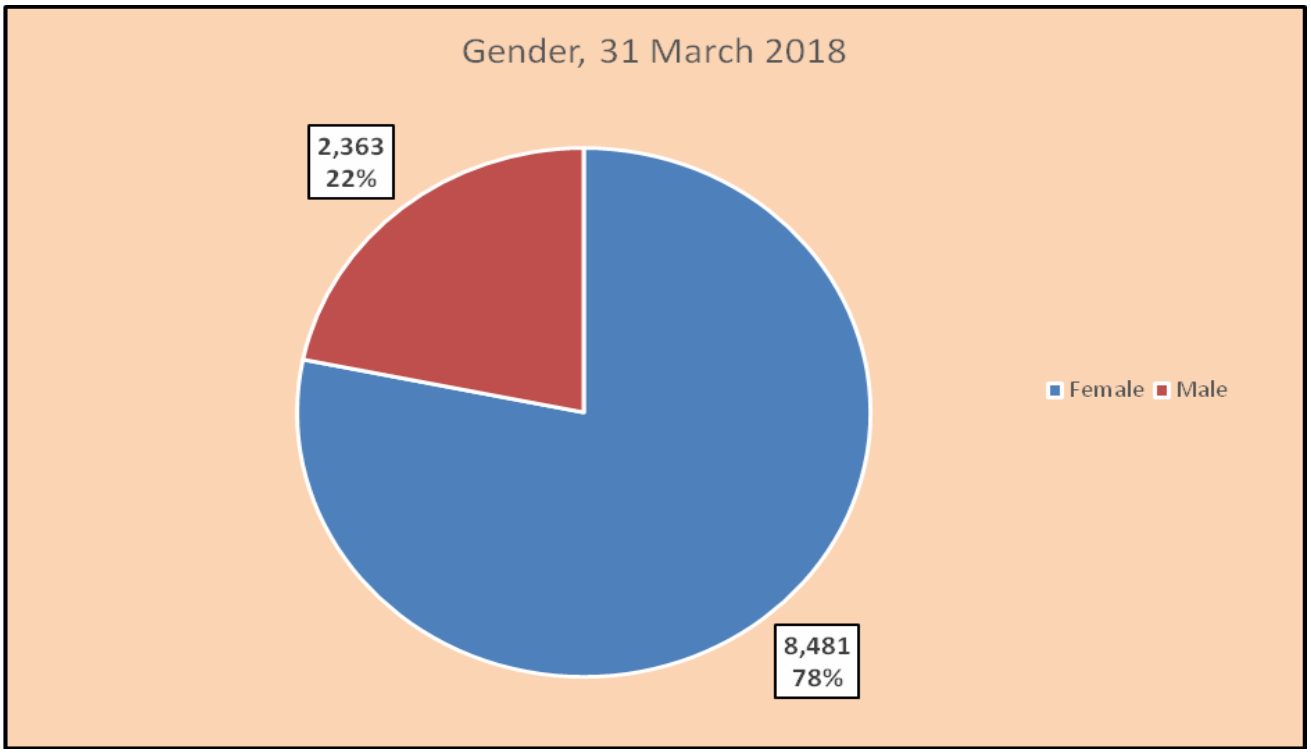
▲	Compared to 31st March 2017 the percentage of staff identifying as Not Disabled has increased by 5.44% by 31st March 2018.(red)
▲	The percentage of staff identifying as having a Disability has increased in the reporting period by 0.25%.(blue)
▲	The percentage of staff choosing not to disclose this information (Not Disclosed) has risen by 0.19%. (green)
▼	Unknown has fallen by 5.88%. (purple)

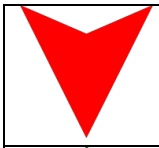
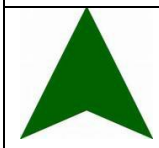
SEXUAL ORIENTATION



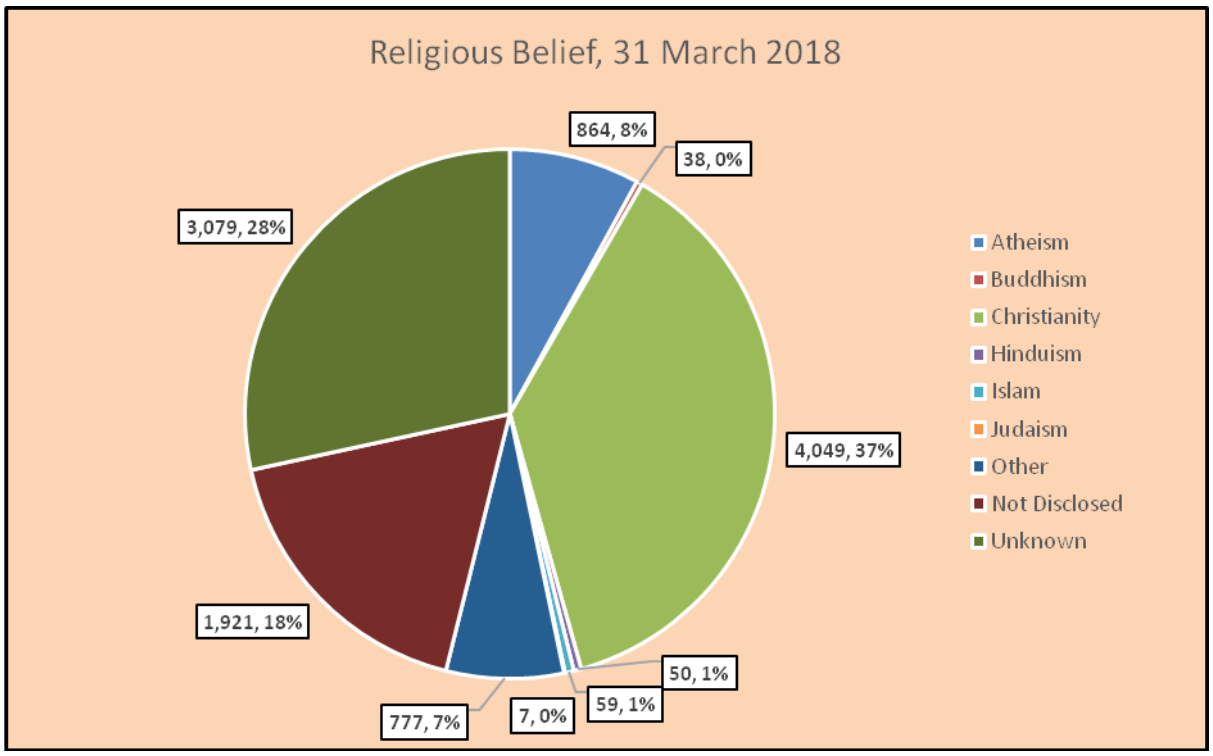
	Compared to the 31st March 2017, the percentage of staff identifying as Bisexual has increased by 0.04% (purple). The percentage of staff identifying as Gay (red) has increased by 0.07% and the percentage of staff identifying as Lesbian (green) has also increased by 0.03% as at 31st March 2018.
	The percentage of staff identifying as Heterosexual has increased by 2.42% for the reporting period.(dark blue)
	The percentage of staff choosing not to disclose this information has increased by 1.69%.(light blue)
	Unknown has fallen by 4.25%.(orange)

GENDER



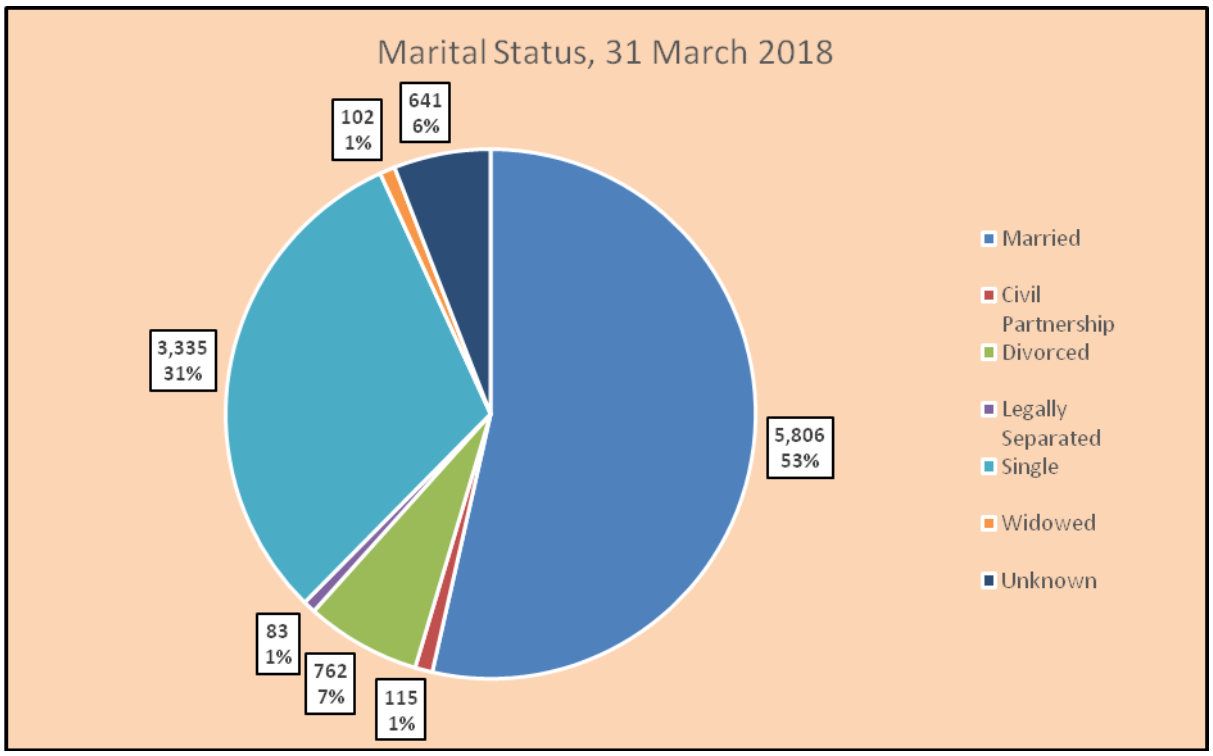
	Compared to the 31st March 2017 the percentage of employees identifying as Male has fallen by 0.13% by 31st March 2018.(red)
	The percentage of staff identifying as Female has increased by 0.13% for the reporting period (blue)

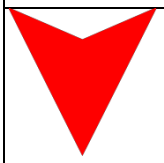
RELIGIOUS BELIEFS



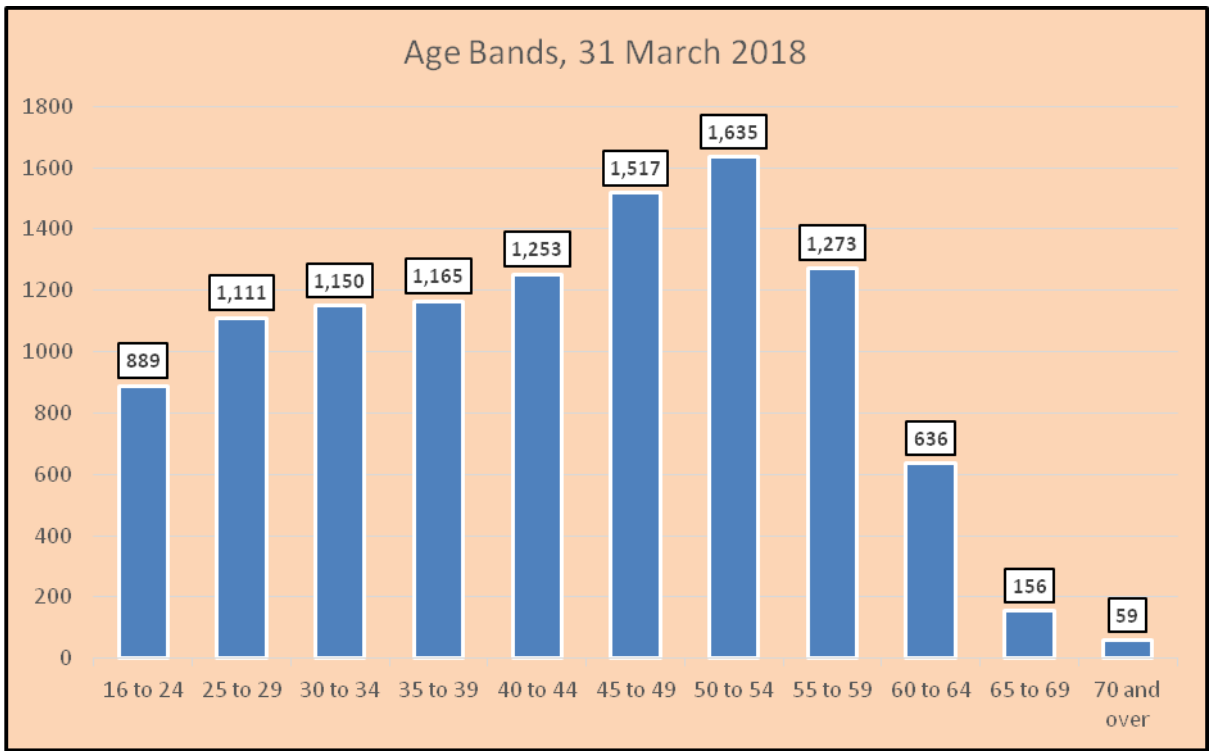
▲	Compared to 31st March 2017 the percentage of staff identifying as having a religion or belief has risen by 2.26% as at 31st March 2018.
▲	The percentage of staff identifying as having Other Religious Belief also rose by 0.16% for the reporting period.(dark blue)
▲	The percentage of staff choosing not to disclose this information has risen by 1.83%.(brown)
▼	Unknown has fallen by 4.26%.(dark green)

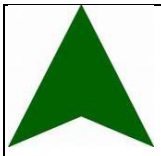
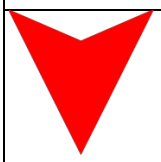
MARITAL STATUS



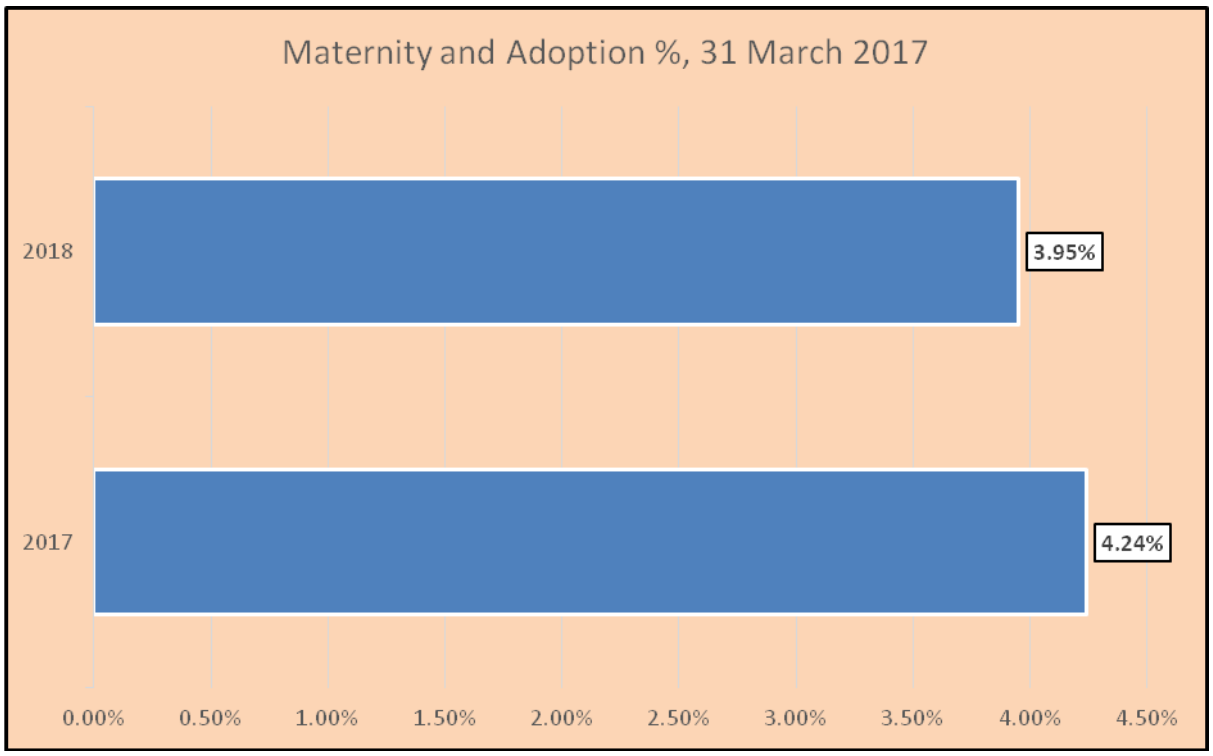
	Compared to 31st March 2018 the percentage of staff detailing marital status information has risen by 0.49% by 31st March 2018.
	Unspecified has fallen by 0.49% for the period.(navy)

AGE PROFILE



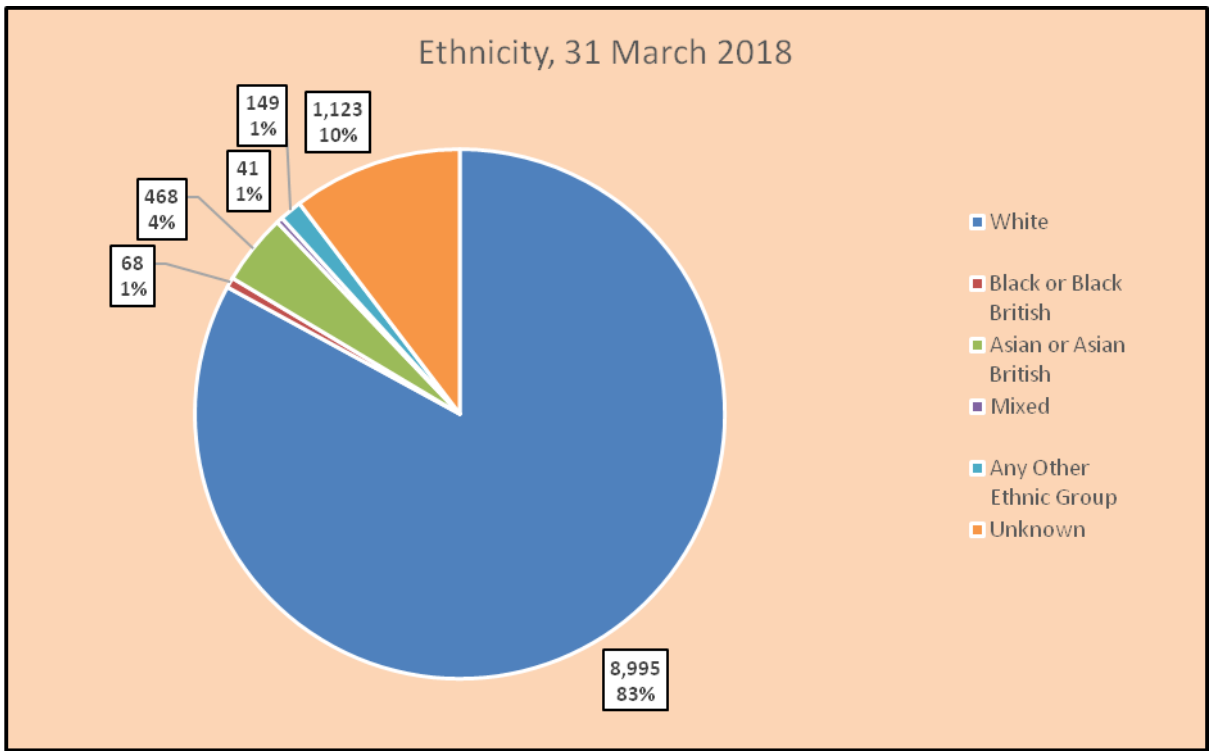
	Compared to 31st March 2017 the percentage of staff identifying within the Age Profile for the ages of 54 and below has risen by 2.03% at 31st March 2018.
	Age Profiles for the ages of 55 and above have shown a percentage decrease of 2.03% for the period.

MATERNITY AND ADOPTION



	Compared to 31st March 2017 the percentage of employees on leave due to Maternity and Adoption decreased by 0.29% as against the percentage reported at 31st March 2018.

ETHNICITY



▲	Compared to 31st March 2017 the percentage of staff identifying as White has risen by 0.52% by 31st March 2018. (dark blue)
	The percentage of staff identifying as Black or Black British has remained the same between the reporting periods.
	The percentage of staff identifying as Black or Black British has remained the same between the reporting periods (purple)
▲	The percentage of staff identifying as Asian or Asian British rates increased by 0.41%.(green)
▲	The percentage of staff identifying as having Mixed ethnicity has increased by 0.06% for the same period.(purple)
▲	The percentage of staff identifying as from Any Other Ethnic Group has risen by 0.14%(turquoise)
▼	Unknown has fallen by 1.12%(orange)

GENDER REASSIGNMENT

The national system used for collecting equality monitoring data for NHS staff does not currently include a gender re-assignment category.

Summary

The above percentages show a varied picture for disclosure rates. Staff can actively choose not to disclose their status, although in some areas such as disability, sexual orientation (including those identifying as bisexual or lesbian) and religion & belief, self reporting is increasing. Whilst the ethnicity category of "White" has increased and other ethnic groups decreased, this does not account for the variety of European staff who have gained employment with the UHB during the reporting period.

Gathering and analysing this information helps us to get to know the make-up of our workforce, thereby being better equipped to provide accessible and equitable services to our staff and patients, to eliminate unlawful discrimination, harassment and victimisation and advance equality of opportunity. The full Annual Workforce Equality Report is published alongside this Strategic Equality Plan Annual Report 2017/2018.

EQUALITY IMPACT ASSESSMENT

The Health Board continues to integrate Equality Impact Assessment (EqIA) analysis into its planning and decision making processes with evidence accompanying relevant planning and development of documentation. We do not view EqIA as a "task and finish" exercise, rather we consider it to be something that is ongoing and which involves continuous engagement with staff, service users and other key stakeholders. Through the EqIA process we seek to identify ways of alleviating or mitigating any potential negative impacts, and enhancing potential positive impacts, of any service reconfiguration and policy, practice or financial decisions.

Whilst the Director of Strategic Partnerships and Corporate Services is the nominated equality and diversity lead for the Health Board, promoting the Equality Act 2010 duties is undertaken through the wider executive team and board members, and underpins our Health Board values. Since 2016/17, we have also developed a system of Integrated Impact Assessment. However, we have retained the NHS Centre for Equality and Human Rights Equality Impact Assessment Toolkit as our resource for undertaking Equality Impact Assessments. This ensures that full and due regard is given to equality considerations alongside other elements of integrated impact assessment.

Training is provided to groups and individuals within the Health Board as required, aiming to ensure that staff appreciate the principles underpinning EqIA. We monitor the actual impact of proposed plans on staff and service users, particularly those with protected characteristics, in a number of ways including:

- Patient profile across services;
- Patient experiences through patient surveys, monitoring of patient safety incidents, complaints and claims;
- Health outcomes by protected characteristic – as a minimum by gender, ethnicity, disability and age;

- Nature of employment choice offered to staff and whether sufficient consideration was given to how relocation has impacted on protected characteristics; and
- Through staff engagement and communication.

In terms of the local mechanisms for the pathway design and implementation of any changes, the requirement for a detailed equality analysis is embedded within the "gateway" approval mechanism. The process is designed to incorporate engagement with appropriate representative bodies to explore ways of reducing or alleviating any negative impacts as future services are being designed and implemented. The Health Board publishes results of Equality Impact Assessments as appropriate and quality assurance mechanisms are in-built into existing processes.

Advice and information available to staff presenting papers to Board has been strengthened and Board Members received training to ensure they are aware of their role in scrutinising for equality impact. The NHS Centre for Equality and Human Rights (CEHR) revised guidance for Board Members is circulated annually to ensure that new members have access to the information.

Links to further information and advice on Equality Impact Assessment is available through the Health Board's Equality and Diversity website pages which can be found here. Details around a variety of equality impact assessments are available on our website.

"A more equal Wales" is one of the 5 goals of the Well-being of Future Generations (Wales) Act 2015. We view this goal as having a dual function; by this we mean that whilst a goal in itself it also underpins the other 4 well-being goals

PROCUREMENT

There is a specific equality duty for Wales in relation to procurement processes. The Health Board holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services.

We adhere to the All Wales Conditions of Contract guidelines and are party to ongoing discussions across Health Boards and Trusts in Wales around Procurement arrangements under the equality duty.

CONCLUSION

This Annual Report marks the end of the second year of the lifespan of our current Strategic Equality Plan and Objectives which runs from 2016-2020. In 2017/18 our work to implement the requirements of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 was further embedded into everyday working and thus continued to influence the way we engage with and involve our staff, service users, carers and other key stakeholders across all protected groups.

We have taken opportunities to further streamline and integrate our approach to meeting equality objectives, whilst maintaining a focus on efforts to provide equitable health services, contribute to a better understanding between different groups within our counties and to be an employer of choice.

Together with our staff and communities, we have faced the challenges of developing new models of service to fit the 21st century and beyond. We have been brave in considering options far removed from current practice, but which we believe will ultimately lead to improved standards of service, provided closer to home and centred around the needs of individuals, increasing independence and autonomy whilst supporting people to live healthier lives throughout their lifespan. We have created opportunities for children and young people to have a healthier start in life and to continue to make positive lifestyle choices. At the same time, we have tried to ensure that help is available whenever it is needed at the earliest opportunity.

Looking to the future, we intend to review our equality objectives to ensure that they continue to align with the Health Board's Strategic Objectives, our Well-being Objectives and serve to retain our focus on improving the experiences of our staff, services users and members of the public.

We recognise that everyone has a part to play in breaking down longstanding barriers, which over time have resulted in inequalities in health and society. We know that it is by working together with our public, partners and staff, particularly with people who experience disadvantages, that we will equip ourselves to eliminate discrimination, advance equality and foster good

relations and achieve the greatest positive impact.

"Alone we can do so little, together we can do so much."

Helen Keller

(The first deaf blind person to gain a Bachelor of Arts degree)

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board