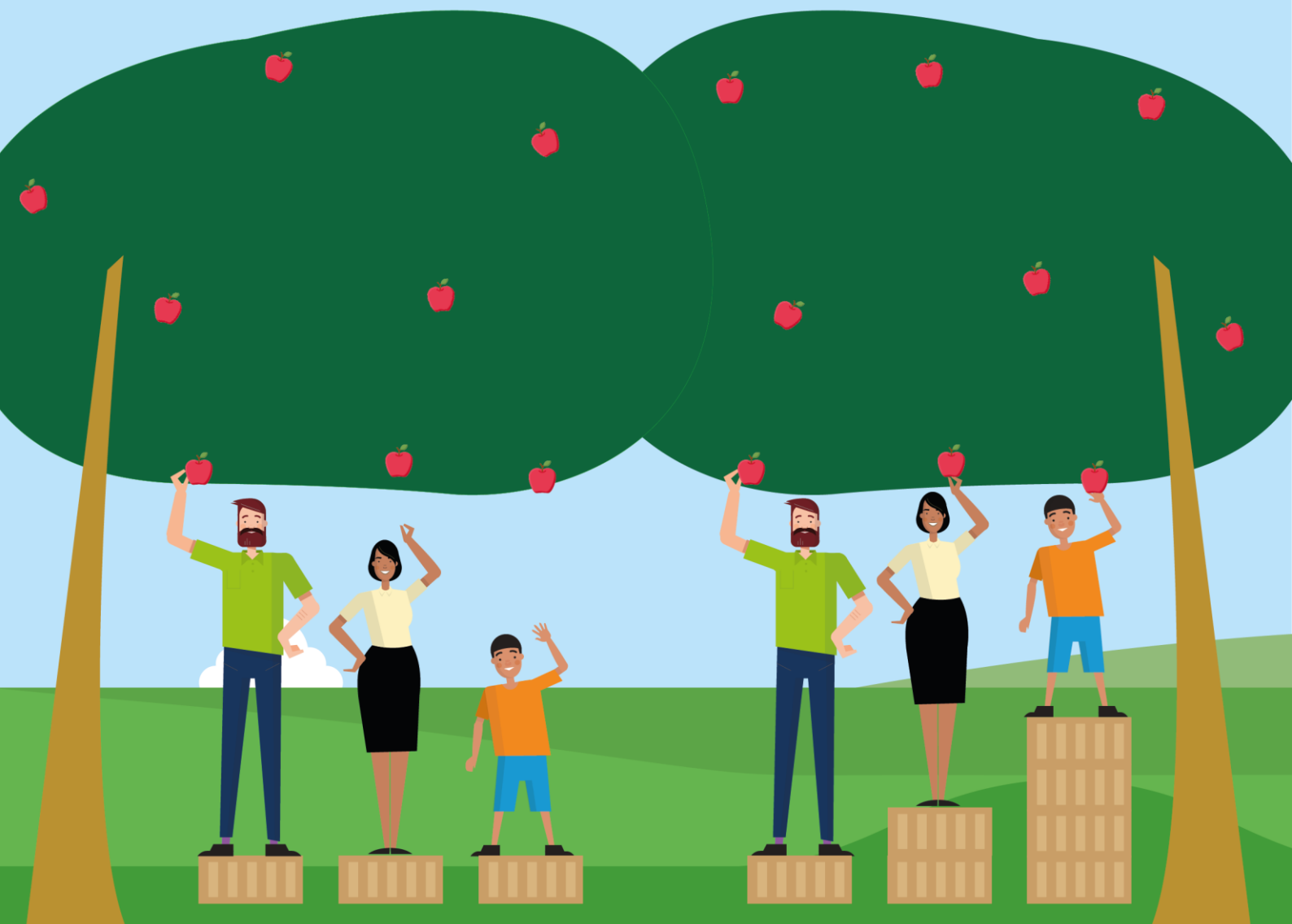




GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan 2024-2028



Equality

doesn't mean

Equity

Equality is about promoting fairness and giving everyone the same, based on everyone having the same needs.

Equity is about making sure people have access to the same opportunities but recognising that they might have different needs.

Sometimes our differences, our experiences and our history can create barriers to participation, so we must first ensure equity before we can enjoy equality.

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Introduction

We are delighted to publish our refreshed Strategic Equality Plan and Objectives 2024-2028 which set out our intended direction of travel over the next four years to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as in the way in which we provide services to patients, families, carers and our wider population.

Our Equality objectives for the next four years, which build on our existing objectives, are:

- Equality Objective 1 - Leadership by all
- Equality Objective 2 - Working together to improve health and well-being for all
- Equality Objective 3 - Embedding a person-centred approach
- Equality Objective 4 - Being an employer of choice.

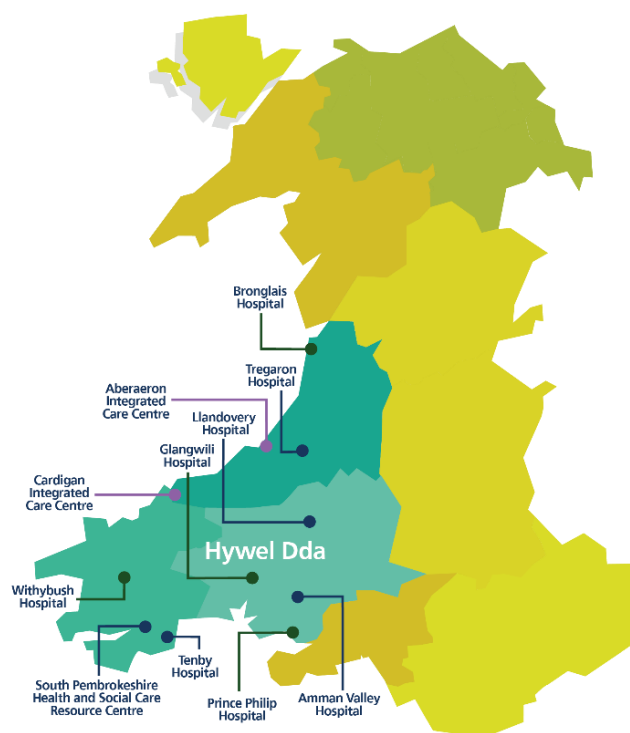
We are committed to working to continuously engage and involve our communities in supporting equal opportunities for our population and in promoting their health and wellbeing. Later in this plan (from page 14 onwards) we have set out the actions we will take in the first two years to demonstrate how we will progress implementing our objectives. We will carry out a mid-point review at the end of 2025 and refresh our action plan for the final two years based on the progress we make and emerging priorities.

The responsibility for implementing the Plan and objectives falls to all employees. This includes our Board members, staff and volunteers, agents or contractors delivering services or undertaking work on behalf of the Health Board. Whilst some action will be taken corporately, it is expected that all service areas within the Health Board will develop action plans aligned with the Health Board's overarching strategic objectives. We know that creating a fair and inclusive environment often involves changing cultures, challenging long held practices and breaking down barriers. We will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all.

Who we are

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. We have over 13,000 members of staff who provide primary, community, in-hospital, mental health and learning disabilities services for around 383,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector colleagues, including our volunteers, through:

- Four main hospitals: Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest;
- 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;
- 48 general practices (six of which are managed practices), 47 dental practices (including three orthodontic), 99 community pharmacies, 44 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) and 17 domiciliary only providers and 11 health centres;
- Numerous locations providing mental health and learning disabilities services;
- Highly specialised and tertiary services commissioned by the Welsh Health Specialised Services Committee, a joint committee representing seven health boards across Wales.



Our staff

We want our staff to represent our communities and we are committed to making equality a reality. We encourage people from all backgrounds and ethnic groups to apply for our jobs and monitor this through the publication of our Annual Workforce Equality and Pay Gap reports. The Health Board currently employs 13,149 members of staff.



Volunteering

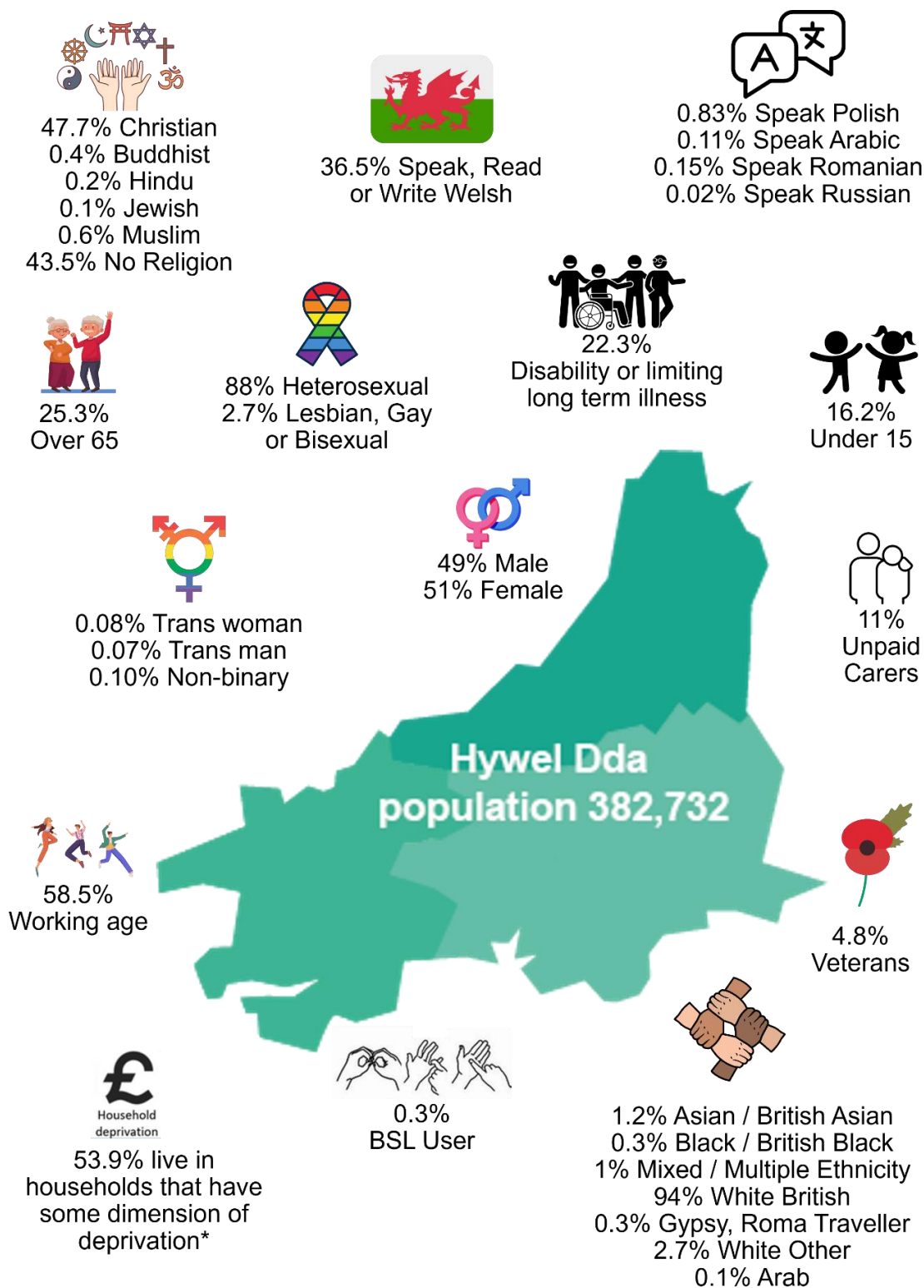


Volunteers help promote the patient experience by giving up their time freely. Volunteering allows people to feel they are giving something back to the NHS; it is also a great way to find out about the work involved in healthcare and provides real life experience of interacting with patients, relatives, and visitors. To become a volunteer a person must be over 16 years of age.

We offer many different volunteering roles across Hywel Dda. We have volunteers supporting in lots of different areas. Volunteers can be patient befrienders on hospital wards, they can offer support in emergency units, outpatients' departments and children's wards. Our volunteers also meet and greet, run the shop trolley and library trolley, run pharmacy errands and many more. The Health Board currently has 169 volunteers.

Our population

The infographic below provides an illustration of the characteristics of the people living in Hywel Dda and is drawn from the averages of the data for each local authority area.



*The dimensions of deprivation used to classify households are indicators based on four selected household characteristics. - Education, Employment, Health & Housing ([Household deprivation - Census Maps, ONS](https://www.ons.gov.uk/census)). Data provided by ONS Census 2021 <https://www.ons.gov.uk/census>

Background

Hywel Dda University Health Board (the Health Board) is committed to putting people at the heart of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes our staff, those who receive care and their families and carers, as well as partners who work with us whether this is statutory organisations, third sector partners or our communities. This means thinking about people as individuals and taking a person-centred approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

The Equality Act 2010 is about treating everyone in a fair way and, as a public body, the Health Board has a responsibility to advance equality and good relations between everyone, in the way we deliver and design our services and policies. The Equality Act protects people from being treated worse than other people because of their 'protected characteristics' which are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including no religious belief)
- Sex
- Sexual orientation

The Health Board must, in its policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

When thinking about how to advance equality of opportunity, we also need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic.
- Meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- Encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- Consider how we will tackle prejudice and misunderstanding.

Meeting the duties of the Equality Act 2010 and providing services tailored to meet the needs of our communities that are fair and equitable is everyone's business and involves a whole organisation approach. Our staff wherever they work in the Health Board are expected to be mindful of:

- how they can contribute to providing equitable services, with dignity and respect; and
- how they can contribute to making the working environment inclusive and a place where all staff feel free to be themselves and can fulfil their potential.

Whilst our Strategic Equality Plan and Objectives are based around the duties of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, it does not sit in isolation, but is embedded in a national, regional and local context. Our work to progress the equality agenda is inter-linked with several pieces of legislation, policy drivers and the findings of key reports including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups – Welsh Government
- All-Wales Standards for Accessible Communication and Information for People with Sensory Loss – NHS Wales
- Well-being of Future Generation (Wales) Act 2015
- Learning Disability Improving Lives Programme – Welsh Government
- All Wales Dementia Care Pathway of Standards – Welsh Government/Improvement Cymru
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

Welsh Language

Although not listed as a protected characteristic in the Equality Act, Welsh language rights are protected by the Welsh Language (Wales) Measure 2011. The Welsh Language Measure 2011 has a set of Standards that requires the Health Board to treat the Welsh and English languages on the basis of equality and provide excellent bilingual services. The Health Board's Welsh Language Standards annual report is published as a separate document and shows how we continue to deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the Health Board and engages and inspires our staff, patients, and broader communities. The impact on the Welsh Language is assessed as part of our Equality Impact Assessment process, used to support Health Board decision making.

Unpaid Carers

Although not listed as a protected characteristic in the Equality Act unpaid carers are protected by association as someone who has caring responsibilities for a disabled person. The 2021 Census found that the biggest proportion of people caring in Wales are from the 55-59 age group, with over 40,000 people aged 55-59 providing care. Being an unpaid carer also affects women differently to men. A woman has a 50% chance of providing care by the time they are 42 years old whilst men have the same chance of becoming a carer by the time they are 50 years old, some eight years later. Caring also increases risks of poorer health and wellbeing, increases risk of leaving employment or reducing working hours and increases risk of poverty.

Socio-Economic Duty

The Socio-economic Duty came in to force 31st March 2021. It means that when taking strategic decisions, such as deciding priorities and setting objectives, public bodies consider how their decisions might help to reduce the poorer outcomes for those experiencing inequalities of outcome which result from socio-economic disadvantage (those living in less favourable social and economic circumstances than others in the same society). The duty refers to aspects of life 'socio' (your life chances and where you live) and 'economic' (how much money you have for essential and non-essential items). The impact of socio-economic disadvantage is assessed as part of our Equality Impact Assessment process, used to support Health Board decision making.

Armed Forces Covenant Duty

The Armed Forces Covenant is a promise by the nation that those who serve or have served in the Armed Forces, along with their families, should be treated fairly and should not be disadvantaged because of their service. The Armed Forces Covenant Duty came in to force November 2022, to raise awareness about how Service life can impact the Armed Forces community and how it can cause disadvantage when accessing services. The Duty asks that public bodies consider the Armed Forces community and the impact of Service life when making decisions and developing new policies and programmes. The Health Board do this as part of the Equality Impact Assessment process.

Changes since our Strategic Equality Plan 2020-2024

Covid

The COVID-19 pandemic impacted the lives of people across the world, causing inequalities and socio-economic disadvantage to become worse. Everyone was impacted by the virus, but it impacted some groups far more than others, including, Black, Asian and Minority Ethnic people, disabled people and the poorest people in Wales. The Health Board's Strategic Equality Plan helps to show what we are doing to respond to the inequalities that have been made worse by the Covid-19 pandemic.

Cost of living crisis

The cost-of-living crisis is more than an economic problem, it creates challenges to the health and well-being of individuals and to communities across Wales. Lack of access to financial resources can have a negative impact on mental and physical health, being unable to afford sufficient food leaves people malnourished and being unable to keep a home warm leaves people at risk of becoming unwell, for example, with respiratory diseases.

Intersectionality

Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges. We seek to use an intersectional approach to understand the experiences of our staff and population and take action to remove disadvantage. We will do this by engaging with our workforce and communities, particularly those who have experienced discrimination and have been disadvantaged because of their personal characteristics. We will ensure engagement is meaningful and helps us to ensure that what we do as an employer and as a healthcare provider doesn't create barriers.

Vision for the future

To ensure the delivery of our health and care strategy, "A Healthier Mid & West Wales" the Health Board has six strategic objectives, which relate to our people (staff, service users and communities) and services, which our day-to-day activities are aligned to. Our health and care strategy presents enormous opportunities for us to think and act differently in the way we deliver health and care services in collaboration with key partners, including our staff, Trade Unions, service users and others who live and work in the Health Board area. Adopting the social model of health means that when developing and reviewing our services, we will consider a broader range of factors that influence health and wellbeing, including environmental, economic, social and cultural issues.

Together we are building kind and healthy places to live and work in Mid and West Wales.



How we engaged and what we learned

We undertook a multi-agency consultation exercise with other public sector organisations in the Dyfed Powys area. We worked collaboratively with Dyfed Powys Police, Office of the Police and Crime Commissioner for Dyfed Powys, Mid and West Wales Fire and Rescue Service, Local Authorities from Carmarthenshire, Ceredigion, and Pembrokeshire, Higher Education, Powys Teaching Health Board, Pembrokeshire Coast National Park and Bannau Brycheiniog National Park.

A survey, which was available in a range of formats and languages was used for online and face to face engagement, to gather the views of how people from different backgrounds have experienced major areas of life:

- Education
- Work
- Levels of pay
- Access to care and support
- Housing
- Access to transport
- Leisure and access to the coast and countryside
- Health
- Crime
- Access to Justice services
- Influencing decisions
- Access to information and digital services
- Getting on together in a community
- Quality of life since the Covid-19 pandemic, BREXIT, war in Ukraine and the cost of living crisis

A further programme of engagement was carried out on draft strategic equality objectives, which included meetings with specific community groups that reflect the protected characteristics, to ensure people we engaged with were representative of our diverse population.

The information and feedback gained from the engagement activities has been used to help us develop our revised equality objectives. The feedback, together with information gathered from our continuous engagement activities with our staff, communities, staff networks and internal committees will be used to help inform the way in which we plan, develop and deliver services on an ongoing basis.

What you told us

We asked you to tell us about your experiences of major areas of your life, and how your experiences compared to the wider population. Across the majority of those areas, the protected characteristic groups that were perceived to have much worse/worse experiences were:

- Black, Asian and Minority Ethnic people

- Disabled people
- Older people

Areas where other protected characteristic groups were also ranked as having a much worse/worse experience were:

Area of life	Protected characteristic group
Work	<ul style="list-style-type: none"> • Those who are pregnant/recently given birth
Levels of pay	<ul style="list-style-type: none"> • Females • Younger people
Housing	<ul style="list-style-type: none"> • Single people • Younger people
Crime	<ul style="list-style-type: none"> • People who are bisexual, gay or lesbian • Females • Non-binary people • Transgender people
Influencing decisions	<ul style="list-style-type: none"> • Younger people
Getting on together in a community	<ul style="list-style-type: none"> • People who are bisexual, gay or lesbian • Non-binary people • Transgender people
Quality of life since the Covid-19 pandemic, BREXIT, war in Ukraine & the cost of living crisis	<ul style="list-style-type: none"> • People who are bisexual, gay or lesbian • Non-binary people • Those who are pregnant/recently given birth • Transgender people • Younger people

Those who were ranked as having better experiences than some other protected characteristic groups were:

Area of Life	Protected characteristic group
Education	<ul style="list-style-type: none"> • Younger people • Welsh speakers
Work	<ul style="list-style-type: none"> • Welsh speakers
Levels of pay	<ul style="list-style-type: none"> • Males • Welsh speakers
Access to care and support	<ul style="list-style-type: none"> • Those who are pregnant/recently given birth
Housing	<ul style="list-style-type: none"> • Older people • Those who are pregnant/recently given birth
Health	<ul style="list-style-type: none"> • Those who are pregnant/recently given birth
Influencing decisions	<ul style="list-style-type: none"> • Welsh speakers

Access to information and digital services	<ul style="list-style-type: none"> • Younger people
Getting on together in a community	<ul style="list-style-type: none"> • Welsh speakers

Whilst we have identified the top three groups rated as having worse experience of health and other areas of life, in comparison to the population as a whole, we realise that efforts need to be made to improve the experience of all protected groups when accessing our services. It will be the responsibility of each service area to identify where their focus should be in addressing issues of inequality or introducing positive initiatives aligned to meeting the Health Board's strategic equality objectives. Some of these actions are set out later in this Plan.

Wider Considerations

We recognise that all the areas of life explored during the consultation can impact on health and wellbeing and that we also have a duty to be a fair and inclusive employer. Wider considerations include:

- **Education** – Black, Asian and Minority Ethnic people, disabled people and older people were perceived to have the worst experiences of education. Younger people and Welsh speakers were seen to have the best experiences of education. The Health Board is developing an apprenticeship model to extend the range of apprenticeship roles and offer diversity within career pathways, to increase participation, in particular, within under-represented groups.
- **Work/pay** - People who are disabled, an older person, Black, Asian, Minority Ethnic, pregnant or recently given birth were seen to have the worst experiences of employment. The survey also found that being a younger person, female, a disabled person or Black, Asian, Minority Ethnic had worse experiences in relation to pay. Being a Welsh speaker meant you were likely to have better experience of both work and pay and being male, have a better experience of work. We are developing our understanding of the issues impacting on pay gaps, in particular gender, disability and ethnicity and continue to analyse and report on pay gap data and will use this to take action to address identified issues.
- **Housing** – Black, Asian and Minority Ethnic people, disabled people, younger people and those who are single were seen to have the worst experiences of housing, reflecting the difficulties of young/single people finding affordable housing and the lack of accessible and suitably sized properties.
- **Access to transport** - Disabled people and older people were rated as having a significantly worse experience of transport, and it is important to take this into account in the delivery of health care services.

- **Access to information and digital services** - Younger people were perceived to have a much greater positive experience of accessing information and digital services. Older people, disabled people and Black, Asian and Minority Ethnic people were ranked as having a much worse/worse experience. The Health Board has established a Digital Inclusion Steering Group to bring together a collaborative group of key services to actively address the issues of digital exclusion.
- **Community cohesion** - Being disabled, transgender, Black, Asian and Minority Ethnic, non-binary or bisexual, gay or lesbian were seen to have the worst experiences of getting on well together in a community. Welsh speakers were believed to have the best experiences of getting on well together in a community.
- **Influencing decisions** - Younger people, disabled people or people who are Black, Asian and Minority Ethnic were seen to have the worst experiences of influencing decisions. People who speak Welsh were perceived to have better experiences in influencing decisions than the population as a whole.

When asked whether they had enough household income to pay for household bills and essential living costs, 12 percent of survey respondents said that they did not. This is a reminder of the impact of the cost-of-living crisis and why it is essential that the Health Board considers the socio-economic impact of its decisions, as required by the Socio-economic Duty.

National reports

The Equality and Human and Human Rights Commission (EHRC) published a report called 'Is Wales Fairer 2023?' and we have used the key findings to help us develop our refreshed strategic equality objectives. The EHRC report highlighted the impact of the Covid-19 pandemic and the cost-of-living crisis and the key findings include:

- Over one in five people and over one in four children living in income poverty and poverty rates for those aged 65-74 have risen from 10.4% in 2010/11 to 18% in 2019/20.
- Young carers are more likely than others of their age to live in deprived areas. Women are more likely to be unpaid carers (12%) compared to men (9%).
- The highest unemployment rates are among the 16–24 year-old age group and poverty levels for this group remains high at 28%.
- Disabled adults are less likely to be employed than non-disabled adults.
- Older trans people in Wales report that health and social care providers lack the knowledge required to care for them.
- Ethnic minority groups in Wales are more likely to report experiences of discrimination and bullying in the workplace.
- Ethnic minorities are more likely to be living in poverty (40%).

- The pay gap between men and women persists, as women, on average, are paid 14.1% less than men. However, the gap has narrowed.
- Lesbian, gay and bi-sexual people are at risk of discrimination and bullying in the workplace and experience poorer physical and mental health than heterosexual adults.

Our 2024-28 Strategic Equality Objectives



Four overarching strategic equality objectives for the period 2024-2028 have been developed which build on our previous objectives set out in our Strategic Equality Plan 2020-2024. The synergy takes account of the advice received from the Equality and Human Rights Commission that to achieve long-term fundamental change it may be necessary to maintain the same objective for a significant period.

The strategic equality objectives for 2024-28 are:

- Leadership by all
- Working together to improve health and wellbeing for all
- Embedding a person-centred approach
- Being an employer of choice

In the following sections we explain why these objectives are important, what they aim to do and what outcomes we hope to achieve as a result of each objective. We have also set out a more detailed plan of the actions we intend to take during the first two-years of this plan to address each objective and have said how we will measure our progress. We will carry out a mid-point review at the end of 2025, to set actions for the final two years, building on the progress that we make and any new or emerging priorities.

Strategic Equality Objective 1 - Leadership by all

Aim	Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.
Outcome	<ul style="list-style-type: none"> • The Health Board recognises and values the needs and differences of all staff and service users. • Staff, including Board members, will use their lived experiences and act as role models to create positive experiences for colleagues and service users. • Staff and service users will stand up to racism and all forms of discrimination and are empowered to voice any concerns.
Alignment with the Health Board's strategic objectives: <div>  <p>Working together to be the best we can be</p> </div> <div>  <p>Sustainable use of resources</p> </div>	

Action Plan 2024-2026





What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Staff, including board members, will use their lived experiences and act as role models to create positive experiences for colleagues and service users.	End of Year 2	Workforce and Organisational Development (Board members and Diversity & Inclusion team)	Anti-racist Wales Action Plan LGBTQ+ Action Plan	Active involvement of Board members in reviewing the Strategic Equality Plan and associated action plans. 10% increase annually, in the number of staff engaged with staff network activities.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Deliver an annual programme of Active Bystander training and identify opportunities to embed training on racism and discrimination into additional programmes e.g. Management Development programmes, INFORM, Corporate Induction, Making a Difference.	End of Year 2	Workforce and Organisational Development (Diversity & Inclusion team and People Development team)	Anti-racist Wales Action Plan LGBTQ+ Action Plan	Staff will be confident to stand up to racism and all forms of discrimination and are empowered to voice any concerns. 10% annual increase in staff completing the Active Bystander training.
All Leadership and Management Development programmes will incorporate topics relating to diversity, inclusion and wellbeing.	End of Year 2	Workforce and Organisational Development (People Development team and Organisational Development team)	Workforce, Organisational Development and Education 10-year strategy	Staff completing Leadership Development programmes have the confidence and skills to become more inclusive leaders. Success can be measured by scoring questions related to leadership and management from: <ul style="list-style-type: none"> • Engagement surveys • Exit surveys
Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.	End of Year 1	Workforce and Organisational Development (Workforce team)	Workforce, Organisational Development and Education 10-year strategy Anti-racist Wales Action Plan Workforce Race Equality Standard	Monitoring and reporting of any cases of bullying, harassment or discrimination involving staff will include the accurate capture of protected characteristics.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Organisational Development Relationship Managers will work with staff at all levels to identify cultural patterns and emerging themes to co-develop or update People Culture Plans.	End of Year 2	Workforce and Organisational Development (Organisational Development Relationship team)	Workforce, Organisational Development and Education 10-year strategy	Every Health Board directorate and key staff group will have a People Culture Plan which is grounded in organisational evidence and learning.
The Patient Experience Team will lead a project on empathy – to better understand and appreciate different perspectives and varied lived experiences of our patients and communities.	End of Year 2	Nursing and Quality Assurance (Patient Experience team)	Improving Experience Charter Children's Charter Arts in Health Charter	This will enhance the culture of compassionate communication and empathy as a core value.
The Health Board will commit to the Aspiring Board Members Programme, ensuring education, mentoring and support to participants, particularly people from a Black, Asian and minority ethnic background.	End of Year 1	Workforce and Organisational Development (Board members and Organisational Development team)	Anti-racist Wales Action Plan	Increase the number of people who are able to evidence more effectively their ability to undertake the role of a non-executive member and increase the diversity on Boards.
The Health Board will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture, and engages and	End of Year 2	Communications and Engagement (Welsh Language team)	More than Just Words The Welsh Language Standards (No.8) Regulations 2022	Achievement of the key performance indicators (KPIs) outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words whilst also

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
inspires our staff, patients, and broader communities.				striving to comply with the Welsh Language Standards.
Provide an annual report to the People, Organisational Development and Culture Committee to demonstrate the progress being made to implement the Anti-Racist Wales Action Plan.	End of Year 1	Black Asian and Minority Ethnic Advisory Group	Anti-racist Wales Action Plan	The Health Board annual report will demonstrate progress which moves beyond the required Welsh Government actions.
Work in partnership internally and through Public Service Boards to implement actions to address poverty and the cost of living crisis as a key determinant of health and inequalities.	By end of Year 2	Public Health and Wellbeing	Public Services Board Wellbeing Plans	<p>The Health Board will contribute to the Poverty Steering Groups within each Public Service Board area.</p> <p>The Health Board will develop a plan that identifies a range of actions to support staff, patients and families who are experiencing financial hardship.</p>

Strategic Equality Objective 2 - Working together to improve health and well-being for all

Aim	Our staff will actively work to reduce health inequalities.			
Outcome	<ul style="list-style-type: none">• We will continue to listen to our population, especially those who traditionally find it difficult to access services and often have poorer health outcomes. We will use their feedback and experience to help us when we are planning and providing services.• The Health Board will work with partners, such as other organisations, Third Sector and communities to reduce health inequalities and remove barriers to accessing health and care services.			
Alignment with the Health Board’s strategic objectives:				
				
Working together to be the best we can be	Putting people at the heart of everything we do	The best health and wellbeing for our communities	Safe, sustainable, accessible, and kind care	

Action Plan 2024-2026




What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Re-launch and strengthen the Health Equity Group and work collaboratively to implement actions to reduce health inequalities.	End of Year 2	Public Health and Wellbeing	Well-being of Future Generations (Wales) Act Socio-economic Duty	Increased profile and focus on health equity in services, and the Health Board's work with partners and partnerships.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Reduce inequalities in vaccine uptake across the Health Board by collaborating with communities and organisations to understand the needs of our population.	End of Year 2	Public Health and Wellbeing (Immunisation team)	Well-being of Future Generations (Wales) Act Socio-economic Duty National Immunisation Framework	For vaccine uptake, achieve a 5% reduction of the gap between the most deprived and least deprived communities.
Enhance opportunities for individuals within priority groups and areas of deprivation to be able to access and take up the smoking cessation offer.	End of Year 1	Public Health and Wellbeing (Population Health Improvement & Wellbeing team)	Well-being of Future Generations (Wales) Act Socio-economic Duty Smokefree Wales	At least 5% of the smoking population within Hywel Dda will have accessed treatment to stop smoking.
Work in partnership to tackle the barriers experienced by homeless and other vulnerable groups to deliver support to address inequalities in health.	End of Year 2	Workforce and Organisational Development (Community Development Outreach team)	Improving the Health and Well-being of Homeless and Specific Vulnerable Groups – Health Action Plan	10% increase in the number of individuals being signposted and participating in activities focused on promoting public health interventions e.g. healthy eating, smoking cessation, exercise or receiving information about how to access health services.
We will continue to listen to our population, especially those who traditionally find it difficult to access services and often have poorer health outcomes. We will use their feedback and experience to	End of Year 2	Nursing and Quality Assurance (Patient Experience team, Engagement team and Diversity & Inclusion team)	Improving Experience Charter	There will be evidence of feedback being used to shape the delivery and modernisation of services, and the assessment of impact upon our population, including the effects of socio-economic disadvantage and health inequalities.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
help us when we are planning and providing services.				
Work in partnership to implement the Armed Forces Covenant Duty and improve access to priority treatment for eligible Veterans.	End of Year 2	Workforce and Organisational Development (Diversity and Inclusion Team)	Armed Forces Covenant Duty	10% annual increase in the number of GP practices signing up to the Health Education and Improvement Wales Veteran Friendly GP Scheme.
Enhance the Health Pathways Programme to include information on services available to support veterans, unpaid carers and people who are homeless or vulnerably housed.	End of Year 1	Strategy & Planning (Transformation Programme Team)	Armed Forces Covenant Duty Improving the Health and Well-being of Homeless and Specific Vulnerable Groups – Health Action Plan Social Services and Well-being (Wales) Act	The Health Pathways website will include a specific prompt question for health professionals to confirm veteran status and priority treatment eligibility. The Health Pathways website will include additional information on a range of community support services and other specialist services available to veterans, unpaid carers and people who are homeless and vulnerably housed.
Implement the Gwili Railway scheme to improve car park management at Glangwili Hospital for the benefit of patients, visitors and staff.	End of Year 2	Operations (Central Transport Unit)	A Healthier Mid and West Wales: Our future generations living well	Better utilisation of car parks, with improved accessibility for patients, visitors and staff and a reduction in congestion.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Work in partnership with the Third Sector and Local Authorities to develop bespoke community transport provision to support access to and from our hospital sites and integrated care centres.	End of Year 1	Operations (Central Transport Unit)	A Healthier Mid and West Wales: Our future generations living well	Piloting of a new service, in partnership with Dolen Teifi, to serve the Cardigan Integrated Care Centre. Increased awareness of community transport providers and the services available through a partnership approach with the community transport sector.
Ensure young people are not disadvantaged as they move from children to adult services.	End of Year 2	Operations (Community Paediatrics)	Children's Charter Corporate Parenting Charter	Increase in Transition pathways and evidence of partnership working between children's and adults' services.

Strategic Equality Objective 3 – Embedding a person-centred approach

Aim	Our staff use the Health Board values to deliver a person-centred approach in everything they do.
Outcome	<ul style="list-style-type: none"> • Staff will have access to training and development opportunities to enhance their knowledge of equality, diversity and inclusion. • Staff will have an awareness and understanding of the individual needs of our service users and diverse population and strive to meet those needs. • We will actively engage with and listen to the diverse population that we serve, and ensure their needs are at the centre of all that we do.
Alignment with the Health Board's strategic objectives: <div>  <p>Striving to deliver and develop excellent services</p> </div> <div>  <p>Safe, sustainable, accessible, and kind care</p> </div> <div>  <p>Putting people at the heart of everything we do</p> </div>	

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What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Deliver a programme of awareness raising training on topics related to protected characteristics which are in addition to the mandatory requirements e.g. neurodivergence, sensory loss, transgender awareness.	End of Year 2	Workforce and Organisational Development (People Development team)	Workforce, Organisational Development and Education 10-year strategy All Wales Standards for Accessible Communication	Staff have an increased awareness of how to deliver a person-centred approach which values everybody's unique needs. % of staff recording they have increased confidence and awareness



What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Embed a co-productive approach to all service improvement and service change relating to mental health and learning disability services.	End of Year 2	and Diversity & Inclusion team) Operations (Mental Health and Learning Disability)	and Information for People with Sensory Loss LGBTQ+ Action Plan Well-being of Future Generations (Wales) Act Social Services and Well-being (Wales) Act Improving Lives, Improving Care Mental Health Delivery Plan	of how to implement a person-centred approach in their day to day work (as recorded in training evaluation and feedback surveys). Job roles will be developed for people with lived experience of mental health and learning disabilities, to ensure they can take part in project groups and directorate board meetings, as a lived experience representative.
All documentation related to service change for the Mental Health and Learning Disability Directorate will be approved by Third sector led Reading Groups.	End of Year 2	Operations (Mental Health and Learning Disability)	Well-being of Future Generations (Wales) Act Social Services and Well-being (Wales) Act Improving Lives, Improving Care Mental Health Delivery Plan	Oversight of service change documentation will be carried out by individuals who have lived experience of mental health and learning disabilities.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Delivery psychological wellbeing support for staff which takes account of the unique needs and preferences of individuals.	End of Year 2	Workforce and Organisational Development (Staff Psychological Wellbeing Service team)	Workforce, Organisational Development and Education 10-year strategy Matrics Cymru: Guidance for Delivering Evidence-Based Psychological Therapy in Wales	Staff have access to a broad range of accessible options which take account of the diverse needs of staff. 100% of the Staff Psychological Wellbeing Service team will have attended additional awareness training related to protected characteristics e.g. neurodivergence, sensory loss, anti-racism, transgender awareness.
Improve the experiences for staff, patients and carers with sensory loss through the implementation of the Sensory Loss Friendly accreditation scheme in our public and patient areas.	End of Year 2	Workforce and Organisational Development (Partnership & Inclusion team)	All Wales Standards for Accessible Communication and Information for People with Sensory Loss	20% increase in the number of departments participating in the Sensory Loss Friendly Accreditation scheme.
Undertake regular patient and visitor travel surveys to identify which transport modes and services are currently utilised by patients and visitors and to identify barriers and issues with regard to transport and accessibility, particularly in respect of vulnerable groups.	End of Year 2	Operations (Central Transport Unit)	A Healthier Mid and West Wales: Our future generations living well	The survey results from the patient and visitor travel surveys will be used to inform the on-going development of the Transport & Accessibility Strategy and the initiatives to be included in the Implementation Plan.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Develop a Sustainable Travel Plan for each of our new Community Health facilities. This will include focusing on how to ensure suitable access for vulnerable groups.	End of Year 2	Operations (Central Transport Unit)	A Healthier Mid and West Wales: Our future generations living well	A sustainable travel plan for each of our new community health facilities, with consideration given to active travel, public transport, community transport and other sustainable travel options.
Ensure we are reducing inequalities for children and young people by promoting the voice of the child in their care experiences.	End of Year 2	Operations (Community Paediatrics)	Children's Charter United Nations Convention on the Rights of the Child	Increase in numbers of Health Board staff that are trained in United Nations Convention on the Rights of the Child and evidence of embedment of the Children's Charter. Evidence of children and young people's participation in service design/pathways and children and young people's feedback.
Ensure children and young people are seen in a timely manner for ADHD assessments.	End of Year 2	Operations (Community Paediatrics)	Statutory Code on the Delivery of Autism Services Neurodivergence Services Improvement programme	Decrease in children waiting over 26 weeks for an ADHD assessment.
Children and young people awaiting a diagnostic assessment for ADHD will have access to pre-diagnostic support and signposting	End of Year 2	Operations (Community Paediatrics)	Statutory Code on the Delivery of Autism Services Neurodivergence Services Improvement programme	Dedicated Internet page developed with information for each county.
Deliver enhanced Children's outpatient services at Wylabush Hospital in line	End of Year 2	Operations	A Healthier Mid and West Wales: Our future generations living well	Increase in outpatient clinic space along with provision of a new, formalised "Rapid Access" clinic will

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
<p>with the outcome of the HB consultation into Urgent and Emergency Paediatric Services.</p> <p>NB admissions and emergency care will continue to be provided at Glangwili Hospital, Carmarthen.</p>		(Women and Children's, Paediatric Service Delivery Team)		<p>ensure that wherever possible, children and young people are able to access care as close to home as possible and in larger numbers than is currently the case.</p> <p>Children who require inpatient care and more urgent services will continue to be signposted to Carmarthen but where possible, and when considered safe, some of these children will also be able to access care more locally.</p>

Strategic Equality Objective 4 - Being an employer of choice

Aim	We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.
Outcome	<ul style="list-style-type: none"> • Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. • Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly. • The Health Board's commitment to being an inclusive employer is visible and staff are able to be their true selves at work.
Alignment with the Health Board's strategic objectives: <div>  <p>Putting people at the heart of everything we do</p> </div> <div>  <p>Striving to deliver and develop excellent services</p> </div>	

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What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Develop a refreshed apprenticeship model to extend the range of apprenticeship roles and offer	End of Year 1	Workforce and Organisational Development	Workforce, Organisational Development and Education 10-year strategy	Increased participation, in particular within under-represented groups with multiple entry points for Healthcare apprentices by December 2024.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
diversity within career pathways.		(Future Workforce team)		10% increase in non-clinical apprenticeships.
Increase our monitoring of the uptake of learning and development opportunities to ensure all staff are encouraged to progress and have opportunities for learning and development.	End of Year 2	Workforce and Organisational Development (People Development team)	Workforce, Organisational Development and Education 10-year strategy	A system will be established to record and monitor the uptake of learning and development opportunities and increase participation by those in underrepresented groups.
Promote the Armed Forces guaranteed interview scheme and target recruitment campaigns in recognition of the contribution that veterans, reservists, cadet adult volunteers and military families can make to our workforce.	End of Year 2	Workforce and Organisational Development (Recruitment team and Partnership & Inclusion team)	Armed Forces Covenant Duty	10% increase in the number of staff within our workforce who identify as being from the Armed Forces community.
Nursing and Medical Retention Task and Finish Groups will identify opportunities that enable staff to share unique cultural experiences in order to identify, deliver and realise opportunities to work differently across the Health Board.	End of Year 1	Workforce and Organisational Development (Workforce team)	Workforce, Organisational Development and Education 10-year strategy	The aim will be to achieve a reduction in staff turnover of: <ul style="list-style-type: none"> • Medical: 1% in 2024/25 • Nursing: 0.5% in 2024/25

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
The Health Board's commitment to being an inclusive employer is visible and staff are able to be their true selves at work.	End of Year 2	Workforce and Organisational Development (Workforce team)	Workforce, Organisational Development and Education 10-year strategy	The Health Board will develop a strategic approach to its participation in national accreditation schemes which benchmark best practice e.g. Disability Confident Employer, Carer Confident, Veteran Aware, Pride in Veterans Standard.
We will continue to support our workforce through the development and activities of our staff networks.	End of Year 2	Workforce and Organisational Development (Strategic Partnerships, Diversity and Inclusion team)	Workforce, Organisational Development and Education 10-year strategy Anti-racist Wales Action Plan LGBTQ+ Action Plan	10% increase in membership across each of the staff networks.
Through the analysis of the data we will develop an understanding of the barriers impacting our workforce and their opportunity for career progression.	End of Year 2	Workforce and Organisational Development (Workforce Planning team and Workforce Intelligence team)	Workforce, Organisational Development and Education 10-year strategy	Continue to analyse and report on pay gap data in particular gender, disability and ethnicity, as well as other sources e.g. exit interviews. Development of initiatives to address the barriers to career progression which have been identified e.g. medical retention plan.
The Health Board will continue to develop recruitment practices which are accessible to our	End of Year 2	Workforce and Organisational Development	Workforce, Organisational Development and Education 10-year strategy	The Recruitment Team are able to offer applicants to targeted roles a variety of options when applying for

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
population and encourage applications from our diverse communities.		(Recruitment team)		jobs e.g. off-line applications, short applications.
We will work to increase the number of people applying as Health Board volunteers from under-represented groups.	End of Year 2	Workforce and Organisational Development (Future Workforce team)	Workforce, Organisational Development and Education 10-year strategy	Evidence of increased diversity in the reported characteristics of Health Board volunteers.
We will provide an accessible occupational health service to support all employees when they have concerns regarding their health.	End of Year 2	Workforce and Organisational Development (Occupational Health team)	NHS Wales Managing Attendance at Work Policy Health and Safety at Work Act (1974) Equality Act (2010)	95% of Occupational Health appointments will be offered within 28 days of the date of referral
We will grow our network of Well-being Champions across the organisation to support the dissemination of health and wellbeing messages to staff, in particular in areas where staff may be digitally excluded or their job role impacts on the time available to access digital messages.	End of Year 2	Workforce and Organisational Development (Occupational Health team)	A Healthier Wales: Our Workforce Strategy For Health and Social Care NHS Health and Wellbeing Framework supported by Welsh Government non-pay agreement charters - Fatigue and Facilities and Midwifery Caring for You.	Increase in the number of Well-being Champions providing support in clinical settings.

Conclusion

Health and care services are only part of a complex system that needs to work better together to improve health and well-being outcomes for our population, enabling all to live healthy, fulfilled and prosperous lives. We also want to ensure a supportive, fair and inclusive environment for our staff and volunteers. None of this can be achieved without using an equality lens. We aim not just to reduce inequalities and improve experiences for service users, staff and volunteers but to identify and eliminate the root causes of inequality and poor experience. Our equality objectives 2024-2028 will provide the foundations for action, through continuous involvement of our staff, volunteers, patients, people in our communities and key partners.

Monitoring and Evaluation

Following adoption and publication of the Strategic Equality Plan 2024-2028, the next steps will be to work with departments and services across the Health Board to implement the actions identified within the action plan. The delivery of the Strategic Equality Plan will be monitored through the Directorate Improving Quality Together process, and also assessed on an annual basis through the Strategic Equality Plan Annual Report which is considered by our Staff Partnership Forum, the Health Board's People, Organisational Development and Culture Committee and by our Board prior to publication.

How to contact us

If you require this publication, or any of our other publications in printed or alternative formats and/or languages please contact us using the details below:

Address:	Hywel Dda University Health Board, Ystwyth Building, St David's Park, Carmarthen, SA31 3BB
Telephone:	01267 239554
Website:	www.hywelddahb.wales.nhs.uk
X (formerly Twitter):	@HywelDdaHB @BIHywelDda
Facebook:	www.Facebook.com/HywelDdaHealthBoard www.Facebook.com/BwrddlechydHywelDda
Email:	Inclusion.Hdd@wales.nhs.uk