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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

STRATEGIC EQUALITY PLAN AND OBJECTIVES ANNUAL REPORT 2018

Reporting on year April 2016 – March 2017

'Adding Life to Years and Years to Life'

Our vision is to deliver a world class health care system of the highest quality with improved outcomes for the people of Hywel Dda



Calon
Iechyd Lleol
The Heart of
Local Health



Stonewall
CYMRU
DIVERSITY CHAMPIONS
HYRWYDOWYR AMRYWLAETH



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Foreword from the Chair and Chief Executive

Foreword

The year from April 2016 -March 2017 saw the continuation of a journey of improvement for Hywel Dda University Health Board (HDdUHB). Our destination is to become a population health organisation committed to providing care that is as safe, sustainable and kind as possible, based around the needs of the people served by our health board. In order to do this we must improve our quality of care, meet the changing needs of patients, making our resources go further and join up services internally and externally.

The drivers and the navigators on our road to improvement are, of course, our workforce. Our staff always do their very best to provide the highest standard of care. Our NHS staff survey results show that more staff than ever before are happy with the standard of care we provide and would recommend Hywel Dda as a place to work. During 2016/17, we also achieved both gold and platinum accreditation in the Corporate Health Standard, the national quality mark for health and wellbeing in the workplace. We want our staff to feel free to be themselves in an inclusive environment which recognises and celebrates diversity and for all staff to be role models, demonstrating our Health Board values in the way they behave towards service users, colleagues and the general public.

We have worked collaboratively with staff, our service users and partner organisations across all sectors to drive forward progress towards

Transforming Clinical Services and Transforming Mental Health Services with a view to providing services in a ways which best fit the diverse needs of our communities. During 2016/17, we started our Sgwrs Iach – Let's Talk Health 'Big Conversation' events and held over 100 community engagement events across Hywel Dda. We now have more than 1,000 members in Siarad Iechyd/Talking Health. We want to ensure that our service users have equitable access to services and information and that families, carers and friends feel that their needs are also recognised and met when their loved one accesses our services.

Within HDdUHB, the Social Services and Well-being (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015 have been used as drivers for positive change. We have further streamlined and integrated 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. We have thought more about the long term, how we can work more effectively with people, communities and each other and take a more preventative and joined up approach to solving problems.

We believe that **leadership** is a key determinant for the UHB's performance against equality objectives; that **engagement** with our staff, service users and the general public is fundamental to planning, developing and delivering equitable services and for us to be an exemplar employer; we see the benefits of **equality impact assessment** in tailoring services to meet needs and in the efficient and effective use of available resources and that appropriate **training** of staff is essential

to ensure that we deliver dignified and respectful services to all and offer an inclusive working environment.

The following report includes some highlights of our year 2016/17 seen through an equality lens around planning, developing, reviewing and delivering person-centred care and raising our profile as an employer of choice, offering opportunities for all within our communities. Moreover, it provides a pen-picture of how we have tried to embed equality considerations into everything we do so that they blend seamlessly into our day to day activities, reflecting HDUHB values of fairness, dignity and respect for all.

Section 1 Introduction and background

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 this 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.

Methods used to gather and collate information about our communities and our staff include:

- engaging and consulting with staff and our communities through joint public sector events and surveys
- Siarad Iechyd/Talking Health, our public engagement scheme and regular locality based public meetings
- Data gathered on our Patient Administration Systems
- Feedback from Citizens panel surveys
- Welsh Government initiatives and national reports from 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.

About the UHB and our Communities

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Our 9,871 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and colleagues from the public, private and third sectors and a growing group of 377 volunteers. Services are delivered 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.
- 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.
- Numerous locations from which mental health, learning disabilities and related services are provided.

Highly specialised and tertiary services commissioned for us by the Welsh Health Specialised Services Committee. This is a joint committee with representation from all seven health boards across Wales.

Our vision is to deliver a world class healthcare system of highest quality with improved outcomes and to become a population health organisation. Our mission – the difference we intend to make for people is:

- We will prevent ill health and intervene in the early years. This is crucial to our long term mission to provide the best healthcare to our population
- We will be proactive in our support for local people, particularly those living with health issues and the carers who support them
- If you think you have a health problem, rapid diagnosis will be in place so that you can get the treatment you need, if you need it, or move on with your daily life
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably, is consistent, safe and high quality and with a culture of transparency and learning when things go wrong

We recognise the many people within our populations (including many from protected groups) 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 to create a 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 www.ons.gov.uk](http://www.ons.gov.uk)

Populations are 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 (also transgender, gay and bisexual people and Gypsy 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 a drop in the numbers of Welsh speakers. Information on Welsh Speakers is collected and an action plan in place to fulfil 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. We maintain a high standard of data quality via Electronic Staff Records (ESR) which facilitates staff 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 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.

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

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 the report. Reports to Board on grievance and disciplinary issues may be found [here](#).

The Health Board remains conscious of the sensitivity of such data and the need to preserve anonymity of individuals, so we have reported percentages below 10% where stating numbers may have risked the preservation of anonymity as is a recognised method of reporting.

Our Objectives

We continue to work towards the following aims and objectives, linking with our work to implement the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014:

- **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

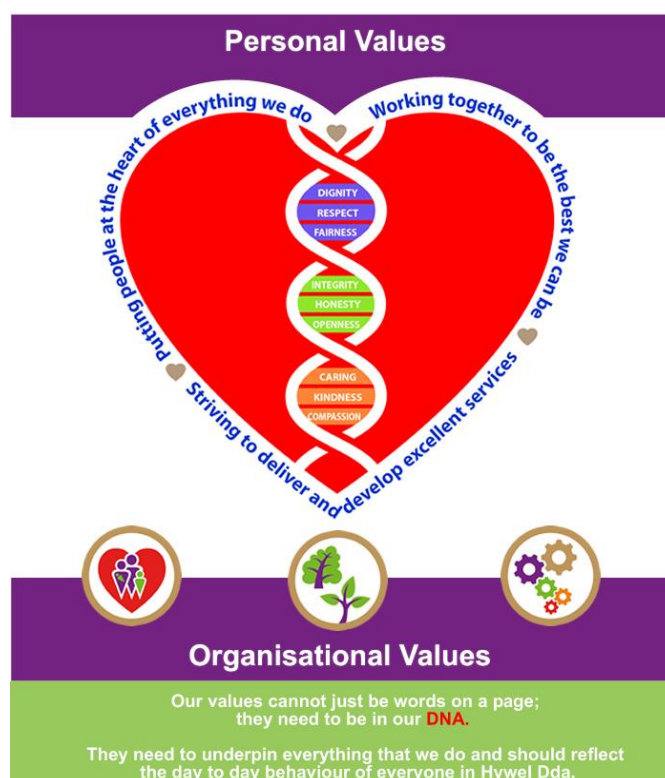
Here are some of the ways in which we worked towards achieving those aims in 2016/2017.

Building a strong foundation

The organisation is committed to promoting equality, assessing the impact of its actions and publishing results. We acknowledge that to meet the challenge of delivering high quality, patient centred services, we also need to ensure that services are equitable across protected groups. In order to facilitate this, we have embedded (amongst others) the following core principles into our Clinical Services Strategy:

- Basing decisions on population need
- Ensuring integration within all sectors of health and also across social care and third sector organisations to provide seamless care, closer to home
- Continuing engagement with our communities and service users to better understand what they want in terms of service delivery
- Training our workforce to give them skills to deliver high quality services

We believe that good practice is underpinned by a strong values base and in 2016 implemented a Values Framework which was developed by our staff which, along with accompanying value statements. These illustrate the behaviours expected of staff within HDdUHB. We expect all employees at all levels to demonstrate these values and behaviours when carrying out their duties and in the way they treat colleagues, with executives and senior managers being exemplar role models.



More details on our Values Framework and how staff performance is measured is available here:

<http://www.wales.nhs.uk/sitesplus/862/page/86935/>

Health and Care Standards Fundamentals of Care

The 2016 audit of care provision across our services concluded that for most areas, we achieved our target. Patient feedback shows that we mostly get things right, it tells us where we provide excellent standards and where we need to focus our efforts to improve care. Staff feedback shows an increase in staff feeling valued, treated with dignity and respect and having a sense of belonging. Feedback on our organisational values shows an increase in staff who feel that we put patients at the centre of everything we do. Almost 60% of respondents felt that we work together to be the best we can be and strive to deliver excellent services. Next year, we will work to ensure that those caring for you are at the forefront of what to do to improve the quality of care you receive.

The UHB continues to be a Stonewall Diversity Champion and in 2017 improved our place on the Stonewall Equality Index listing by 59 places; this benchmarks our performance against other private, public and third sector organisations in Wales.

Our Equality and Diversity Policy and Equality Impact Assessment Policy are available [here](#), along with advice and guidance for staff and the public on equality, diversity and human rights and equality impact assessment.

Co –production and Continuous Engagement

Mechanisms are in place to support our work on engagement, consultation and assessment of impact for the reconfiguration of services to ensure that the voices of service users and staff are heard and the needs of groups and individuals with protected characteristics are taken into account. We continue to publish information on developments as appropriate.

Co-production focuses on working with our stakeholders including, local people, staff, carers, statutory agencies and Hywel Dda Community Health Council, the third sector, and others at every stage when reviewing, planning, designing and evaluating services. This approach is underpinned by an ethos of openness, honesty, clear communication and a commitment to advancing equality, embracing diversity and enhancing our culture. We have adopted a co-production approach towards designing future services and will continue this approach as we develop our overarching plans for transforming our healthcare and support services in and out of hospital.

We have a statutory duty to continuously engage and consult around changes to health services. In 2016/17, we continued to engage with staff, patients, carers, stakeholders and citizens in different ways including Sgwrs Iach/Let's Talk Health "Big Conversation" events, joint workshops with Hywel Dda Community Health Council on "wellbeing" and what it means to our population. These events also supported our work with Public Services Boards on the development of the Well-being Assessments, as well as the Population Needs Assessment required under the SSWBA. In total the UHB delivered over 100 events covering a wide range of topics, in accessible venues with BSL (British Sign Language) and Welsh translation services available.

Our refreshed public and patient engagement approach has created an opportunity for a new culture and communications approach. We now have the chance to do things differently and be more proactive in our communications and engagement to improve relationships with all staff and stakeholders so that everyone can have a say in how our services are planned, developed and delivered.

More information on our engagement and consultation activities during 2016/17 is available on our website.

<http://www.hywelddahb.wales.nhs.uk/>

Mental Health Services

In 2016/2017 the Health Board continued its collaborative working with staff, service users, carers and partner organisations across the public, private, voluntary and third sectors as part of our Transforming Mental Health Programme. Our approach to has been to involve all

stakeholders, to ensure that we are co-producing the future shape of our mental health services, and that proposals are informed by the lived experiences of our population. We want to support people to recover from mental health difficulties and be supported to live full and meaningful lives. We also want to deliver a service in a way that reduces stigma and discrimination often experienced by people with mental health difficulties.

Following a two year period of exploration, discussion and engagement with staff, service users, carers, partner organisations and other stakeholders, (which included workshops and a range of additional activities across the three counties during 2016/17), we developed a co-designed model to be submitted for public consultation between June 2017 and September 2017. This model includes several areas which are open to influence by staff, patients, carers and other key stakeholders, which will ensure services are shaped with those most affected in mind. More details on our Transforming Mental Health Services Programme can be found here: <http://www.wales.nhs.uk/sitesplus/862/page/92265>

Clinical Services

In 2016/17, we began to plan for our engagement activities around our Transforming Clinical Services Programme, which was officially launched in June 2017. We built on the same principles and practices of involving key stakeholder from the start and throughout the options development, and planning, development and delivery of services. More details on our Transforming Clinical Services Programme can be found here: <http://www.wales.nhs.uk/sitesplus/862/page/92263/>

Patient Participation Groups

This year, we have been pleased to see the number of primary care patient participation groups in local GP practices growing. These have led to a number of activities including the launch of the Community Pharmacy Common Ailments Programme, an open afternoon, a patient questionnaire and the development of a practice newsletter. A patient participation network continues to provide support to these groups and provides opportunities to share best practice. These open group discussions help to develop a better understanding between primary care and the people they support and are an essential part of improving services.

Proactive Care Events

We held the second of our proactive care events in November 2016, bringing together health professionals, managers and patients to talk about what proactive care means for certain patients. The main themes of the events have included communication and signposting so people know what help is available to support proactive care, the introduction of new models of care and workforce and working together.

Innovation in practice

We aim to be at the forefront of innovations to help our service users live healthy, fulfilled lives from birth and at every stage through to older age, maintaining independence for as long as possible. We also want to ensure that when difficulties occur, people are afforded dignity and respect. Below are some examples of new ways of working and solutions to traditional problems, aimed at improving experiences of our service users, using resources effectively and improving staff morale.

Lifting with dignity

Dr Mark Barnard, an Associate Medical Director at Hywel Dda University Health Board, together with a team of engineers at Nemein Health Care Solutions designed a special “Kinisi” Chair, aimed at lifting elderly, frail and disabled patients who fall in a dignified manner. The design was entered into a national competition run by business tycoon Sir Richard Branson.

Dr Barnard – who was diagnosed with Multiple Sclerosis as a medical student, and subsequently experienced difficulty getting back up after he broke his leg in a fall – said his team had entered the chair into the #VOOM competition in the hope of winning prize money to market the chair. The chair can be used by first-aid trained carers, nursing homes, sheltered accommodation and first response ambulance teams.

Dr Barnard added: “The ‘fear’ of falling has a significant negative effect on people, particularly the elderly. They will often lie on the floor all night rather than bother family, friends or the emergency services. We want to try and change that mindset by ensuring that people who suffer a fall can get back up quickly but with dignity.” For more information visit

www.liftingwithdignity.com

Prince Philip Hospital’s Frailty Team Leading the Way

In 2016/2017, Prince Philip Hospital led the way for frail patients by creating a dedicated team of frailty support workers believed to be the first of its kind in Wales.

The Frailty Support Worker initiative is funded by Welsh Government's Intermediate Care Fund and is an example of integrated services as it was jointly developed and delivered with Carmarthenshire County Council. It aims to improve care provision between health and social care services for frail patients and strengthen the resilience of unscheduled care services. The team provides a patient centred approach to reduce the time patients stay in hospital. More flexible roles allow staff to feed, mobilise and rehabilitate patients in line with their needs, ensuring individual care and reducing hospital stays. Assessments have shown that this support improved patients' functions and staff morale.

Cardigan Integrated Care Centre

This year, the full business case for a new Integrated Care Centre in Cardigan was submitted to Welsh Government for consideration. The new centre will provide a modern, fit for purpose healthcare service to local people closer to home and in the community. A wide range of health and social care services will be delivered by our UHB, GPs, the third sector, local authority and other partners. The benefits will include:

- improving how health and social care services work together and communicate
- increasing the range of clinics provided
- increasing the numbers of people attending outpatient clinics
- Potential for an increase in 7 day service provision
- increased diagnostic services including pre-operative assessments
- improved outcomes for patients

Cylch Caron Community Resource Centre in Tregaron

Mid and West Wales Housing Association have been appointed to deliver and design this project which brings together health, housing and social services under one roof. This is an example of our commitment to providing integrated care closer to home. It will provide access to a GP surgery, community pharmacy, outpatient clinics, community nurses, long term nursing care and day care. There will also be 34 flats for people who need help to remain in their homes and 6 health and social care places for people who do not need hospital care, but need support to return home.

Learning Disability Resource Box

We have developed a checklist for staff to use when admitting patients with learning disabilities to ensure that their particular needs are identified on admission to hospital, this is in use across all UHB sites. The Learning Disability Resource Box is also in place on all wards within hospital sites. They are bright green in colour so very noticeable on the wards. Each box contains:

- A copy of the Admission Process
- Blank "Health Passports" to be completed for each patient to identify communication needs and additional significant information to improve patient care
- The Hospital Communication Book to assist with communication
- Blank Risk Dependency Assessment & relevant guidelines around this to ensure an appropriate risk assessment takes place

Links to the website www.easyhealth.org.uk where easy read materials can be sourced and downloaded to support communication and understanding in relation to health and hospital admissions.

A web page has also been created on the Hywel Dda University Health Board intranet site specifically providing information around Learning Disabilities and how to obtain support.

Menu Launch at Nant-yr-Arian

Visitors to an award winning mid-Wales tourist attraction are now able to order meals from a specially-designed new menu aimed at helping people with reading difficulties. Speech and Language Therapists from Hywel Dda University Health Board have been working collaboratively with Natural Resources Wales who run the popular attraction, to produce the menus for Bwlch Nant-yr-Arian visitor centre, near Aberystwyth. The menus feature symbols positioned alongside the written list of food and drinks to show exactly what each item is.

Sue Marcus, Speech and Language Therapist at Hywel Dda, said: "Making menus accessible using symbols and pictures has proved to be a success and we have been delighted with the response both from people with learning disabilities and the staff working at cafes." Natural Resources Wales manages five visitor centres across Wales which aim to help people of all abilities to enjoy the outdoors.

Roz Owen, Recreation and Access Manager, Natural Resources Wales said: "We support communities and partners – such as the health board

- to improve access and facilities so that more people can get out and enjoy our fantastic natural environment. This really can help to improve and change people's lives and the new-style menus at Bwlch Nant yr Arian are another important step on this journey. "We hope that this initiative can be replicated at our other popular sites so we can extend a high quality, warm welcome to even more of our visitors."

Sensory Loss Friendly Awards

During 2016/17 the UHB trialled a Sensory Loss Friendly Awards. These have been designed and developed in-house, based on similar principles to the Investors in Carers programme. The Awards seek to encourage departments and teams to drive good practice in relation to communication with people with sensory loss, providing services and information in a way that is equitable and supports independence.

Baby Let's Move!

UHB staff are integral to a new scheme launched across Carmarthenshire, Ceredigion and Pembrokeshire to support mums-to-be to take up exercise. 'Baby Let's Move' is an antenatal exercise programme designed to help women have an active and healthy pregnancy.

Being active when pregnant is safe and good for both mum and unborn baby. It can help get the body ready for giving birth and being a new mum and exercise classes can also be an excellent way to meet new people. Ian Scale, Consultant in Public Health, Hywel Dda Public Health Team said: "We are focusing our investment on the first 1000 days of life. Evidence tells us that the foundations of lifelong health and wellbeing

– including the risk of obesity and certain chronic conditions - are largely set during this first 1,000 days of life (from pregnancy through to two years of age). Being active and the right nutrition during this 1,000 day window can have a significant impact on a child's ability to grow, learn and thrive”.

RCN Award Winning School Nurse Rucksack

Hywel Dda UHB's School Nurse Jacqueline Arundel won the Royal College of Nursing Community Nursing Award for the development of a School Nurse Rucksack. She developed a simple and unique way to encourage children to talk openly about their health and wellbeing by using familiar items to start conversations. This work is evidence based, has been evaluated at a national level and can be transferred across a range of health and social care settings. Dubbed the “School Nurse Rucksack”, it is now carried by all School Nurses to identify them to pupils.

New Community Pharmacy Common Ailments Service

A new service to encourage patients to visit their local community pharmacy for free treatment and advice was launched in a first wave of pharmacies in south Pembrokeshire. The Community Pharmacy Common Ailments Service allows patients to seek advice or treatment from a community pharmacy rather than a GP for a defined list of ailments, facilitating easier and more timely access for patients and freeing up GP time with more complex needs. The services were introduced in 14 pharmacies across Pembrokeshire and Carmarthenshire and roll out across the UHB will continue in 2017/18.

Dennis Evans, Chair of the Patient Participation Group (PPG) at Argyle Medical Group in Pembroke Dock said “This service will benefit patients as they will be able to walk into a participating pharmacy as opposed to booking an appointment at the surgery. There will also be a benefit for the practice as it should eventually free up appointments enabling patients with more complex conditions to be seen. This is a ‘win-win’ situation for patients so I would therefore encourage anyone registered with the practice to take advantage of this service.”

Therapy team helps Ceredigion residents stay independent

During 2016/17, we worked with a wide range of organisations and people who provide health and social care to develop more joined up services for local people. The aim is to make sure people get the right care closer to, or within, their own homes whenever possible. Suzanne Crompton, Clinical Lead Occupational Therapist for South Ceredigion said: "Our South Ceredigion Occupational Therapy Team is based in Cardigan Hospital and we have recently expanded to meet the changing needs of people and health services locally. Our key focus is working proactively with other professionals to support people to retain their independence. We promote social inclusion, community engagement and focus on well-being, as well as working with people to prevent falls, other injuries and unnecessary hospital admissions.”

Lifestyle Advocates – Promoting Health in Practice

Following a positive evaluation of a pilot programme, our local Public Health and primary care teams continued the roll-out of the Lifestyle Advocates programme. The aim is to improve population health by embedding a healthy lifestyle and prevention ethos in primary care

settings. 60 Advocates have now completed the 15 hour development programme, helping them to become skilled advocates for promoting healthier living and wellbeing. They are able to provide advice on prevention in personal environments, discussing health, promoting life changes and encouraging links with local support groups and services.

Smokers Trial First tele-health quitting service in Wales

This year, smokers in Aberystwyth piloted the first ever remote stop smoking service in Wales using tele-health facilities to address the challenges of delivering Stop Smoking services in rural Ceredigion. The tele-health service makes it easier for many smokers to access free, professional and convenient support, closer to home. Additional options available include the IQuit Pharmacy and I Quit+ hospital services for in-patients and out-patients.

Wales's First Recovery Programme for Head and Neck Cancer Patients

In March 2017, in collaboration with the Old Mill Foundation, Macmillan and Tenovus, the health board developed and delivered an innovative recovery programme for head and neck cancer patients – the first of its kind in Wales.

Patients and family members are offered 3 free sessions delivered as the Holistic Acute Recovery Programme (HARP). This gives patients recovering from treatment for a cancer of the head and neck access to advice, guidance and support on a range of issues from diet to oral hygiene; relaxation to counselling; and the welfare services available to

them. The plan is to roll HARP out across Carmarthenshire, Ceredigion and Pembrokeshire in turn or via the use of telemedicine (video link). Clinical Nurse Specialists for Head and Neck Cancer, Anwen Butten and Karen Howarth have been instrumental in setting up HARP and commented that “the treatment for people with a cancer of the head and neck can be extremely tough, both physically and mentally. We recognised a gap in the service for our patients following their treatment where we could provide additional holistic support to help them on the road to recovery. We hope HARP will provide our patients and their family members, with the support they need to help them self manage the long term side effects of their treatment.”

Advancing Equality

During 2016/17 there have been a range of activities delivered to support the advancement of equality as illustrated below.

Withybush Hospital Rewarded for Using Welsh

In 2016/17, Wards 11 and 12 at Withybush Hospital were recognised at the Pembrokeshire “Shwmae Awards” for promoting Welsh in their wards. Patients on these wards have dementia or stroke and it is particularly important that they receive care in their first language. Ward staff used magnets to identify Welsh speaking patients, enabling them to provide an “active offer”. They also held a St David’s Day event to introduce new overseas doctors to Welsh culture.

Raising Awareness of Language of Choice/language needs

The UHB has produced a video to emphasise the importance of Welsh language in healthcare. The video shows two year old Ioan Downes, who was born six weeks premature and whose first language is Welsh. Used at Induction and during other training sessions, it highlights the importance of recognising and meeting language needs, being equally applicable across all languages, including British Sign Language.

Raising the Flag on IDAHOT Day 2016

The UHB joined with other public sector organisations across Dyfed-Powys to issue a joint press release to mark International Day Against Homophobia, Bi-phobia and Transphobia on Tuesday 17 May 2016 to show support and commitment to equality and diversity. A representative from the Dyfed Powys Hate Crime Forum said: "On IDAHOT Day this year, public authorities and third sector organisations within Dyfed Powys, through the Dyfed Powys Hate Crime Forum, have made a joint partnership commitment to continuing our work in raising awareness, working with the public and our staff to ensure that our local communities and workplaces are safe and welcoming environments where people feel free to be themselves."

Cardiff Pride

2016 saw Hywel Dda University Health Board's first attendance at Cardiff Pride. Representatives joined a number colleagues from other Health Boards on a joint information stall on the field and took part in the parade. The distinctive T shirts worn by Health Board representatives, bearing our Values logo, attracted attention and enabled conversations to take place on the views of LGB&T service users, friends and family

members on accessing health services. As a result we also gained additional members for Enfys, our LGB&T Staff Network.

Bilingual Coffee shops

Working in partnership, Hywel Dda University Health Board, Medirest - part of Compass Group UK & Ireland - and Costa have created Costa's first bilingual coffee shops at Welsh hospitals across Hywel Dda UHB sites. Opening hours and menu boards are printed in both languages and Welsh speaking staff wear lanyards to identify themselves to customers.

Sarah Jennings, Director of Governance, Communications and Engagement for Hywel Dda University Health Board, said: "Our Welsh language services team has been working closely with Costa from the beginning... Our patients' language choice is very important to us, and we're very proud that this is the first Costa in Wales to display bilingual menu boards. We hope that the public enjoy their coffee in a homely bilingual atmosphere." Simon Brown, Regional Manager South West & Wales, Healthcare Retail, Medirest added. "It's great that through our partnership with the Hywel Dda University Health Board and Costa we have been able to create enhanced services for staff, visitors, and patients at these bilingual coffee shops".

New Welsh Language stickers and certificates to celebrate St David's Day

To coincide with St David's Day celebrations, we provided new Welsh Language stickers to all children's services throughout Carmarthenshire,

Ceredigion and Pembrokeshire, as well as primary care services. Enfys Williams, Welsh Language Services Manager at Hywel Dda UHB said: "Many of our staff have told us that there was a lack of Welsh medium items to give to children who visit their services. Therefore the Health Boards has designed and created new products for distribution."

There are three ranges of stickers: a Ti'n Seren! You're a Star! certificate to show people how brave they were, as well as a colouring activity based on our superhero Captain Get Well, or Captain G for short, who features in a friendly video aimed at children attending hospital in Bronglais, Withybush or Glangwili.

Hywel Dda UHB is committed to improving the Welsh language provision for patients, and it is hoped that these little gestures in their language of choice will help to make children feel a little more at home when using Hywel Dda health services.

Mind the Gap!

Hywel Dda University Health Board, the Department for Work and Pensions, Job Centre Plus and over 20 providers have been working together to look at ways of supporting people with mental health and learning disabilities back to sustainable employment. All partners are passionate about doing more to help people with mental health into work. People with mental health conditions report numerous barriers to employment. These include discriminatory attitudes of employers and low expectations of health professionals.

Nicky Thomas, Service Lead, Occupational Therapy with Hywel Dda said: "This event was about bringing providers together to develop better partnership across organisations and to identify how we can all work together to support individuals with mental health conditions back into work. We will use the feedback received from the event in planning future events, including inviting local employers, service users and any other providers who might have an interest in supporting sustainable employment outcomes."

Cwm Seren Low Secure Unit Newsletter

Staff and patients in Cwm Seren worked together to produce the Unit's first newsletter to be published on the Health Board's global email every three months. The team collated information on a selection of interesting projects and stories based on activities within the Unit. This newsletter reflects the UHBs positive stance towards a recovery model within mental health services, building on service user skills and expertise to help them on their road to recovery and to live fulfilled lives within our communities.

Social Prescribing

Working with Spice, GP practices in Llanelli are among the first in Wales to embrace the concept of social prescribing, embedding Spice's Social Prescribing model as an alternative pathway for patients, especially focusing on frequent attendees. Spice is a social enterprise and the largest community currency organisation of its kind, working to build strong, resilient communities and giving people the tools to make real lasting changes in their lives.

Recognising that people's health is primarily determined by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Time Credits are a powerful tool for encouraging active engagement in local services and community groups. Patients accessing GP services are often at a low ebb and lack any confidence or motivation to do anything pro-active about their situation. Often the patient is suffering from depression or anxiety about their physical health or something else that needs to be addressed and is causing them to be isolated and disengaged from natural support networks such as family, friends and the wider community.

During their initial visit, patients discuss with the social prescriber activities that they would like to re-connect with or to try at a pace that both encourages and empowers them to go on to succeed. Activities prescribed can range from wellbeing courses, exercise and yoga to and an introduction to Business Planning and more. The programme was introduced within HDUHB in April 2017.

Investors in Carers

The Investors in Carers initiative is designed to help health and social care settings improve carer awareness and enhance the support given to carers. It is delivered in conjunction with our 3 partner local authorities and third sector organisations. During 2016/17, new Bronze Awards were given to a number of Wards, Pharmacies, Hospital bases teams and GP Practices across our 3 counties. The UHB recognise that

supporting carers is key to helping sustain people's health and wellbeing in their home environments.

Margaret Street Surgery in Ammanford has been recognised for their commitment and support for carers and their families. The surgery has achieved the Investors in Carers Silver Level award. Carer Lead for the surgery, Nicole Chislett added "The Investors in Carers Framework has ensured that we've now got a structure in place that will help support anyone looking after someone, and continue to do so in the future. The framework is designed so that the support we offer is long term and not just to provide evidence for the award."

In addition to GP surgeries the Investors in Carers scheme is being rolled out in a variety of other community settings, including schools. Ysgol Bro Gwaun in Fishguard was awarded an Investors in Carers Bronze Level award in July. A year 8 pupil who is a young carer said "As a young carer, Ysgol Bro Gwaun has helped me with home life and school life. They have helped me if I have had homework issues and if I could not attend clubs due to caring".

The examples above illustrate a few of the ways we have tried to better understand how to deliver person-centred care, taking account of the individual make-up of our service users. We see this work as constantly evolving and encourage our service users and staff to continue to have frank and open dialogue with us so that we can work together towards common aims.

Staff Training

Our vision

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 UHB 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 Academic Wales, the Kings Fund and Universities and through the Learning@NHSWales portal, as well as internal programmes.

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 is undertaken as part of our Induction programme for new staff, and as refresher training for existing staff.

Additional in-house Equality and Diversity awareness raising Training is provided to Managers through the Management Passport Programme and bespoke sessions for any teams/groups across the UHB on request.

Patient Stories

Our Patient Experience Team provides training and support for a broad and varied range of local services in working with patient stories. 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 and gaining insight into what is good and what could be improved. The Team have developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilise them within service improvement. A Patient Story is highlighted at each Board Meeting to continue to raise awareness of lived experiences of people using our services.

A range of training and awareness sessions around patient experience takes place across the health board to support an improved understanding of both the importance of the experience of people as well as what can be done to improve it. These sessions are delivered to medical students, nurses, new consultants, and service teams (for example those providing stroke care) amongst others.

Discussion is ongoing on how to further integrate equality, diversity and human rights in to existing training provision and 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](#)

Equality Information

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

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

Population Information

The figures below are based on 2011 Census data unless otherwise stated and highlight what each local authority area would look like if we were to shrink it to a village of approximately 100 people, with all of the existing human ratios remaining the same.

Carmarthenshire:

- 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)
- 14 people with a limiting long term illness (2011 Census)
- 13 people would be providing unpaid care (2011 Census)

- 24 of the working age population with a disability (DWP Stats May 2013)
- 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

Ceredigion:

- 50 Males and 50 Females
- 15 children aged under 16
- 63 people of working age (taking working retirement age for both sexes as 64) (2014 MYE)
- 23 people of pensionable age – using 65 as the cut off from 2014 MYE
- 47 people able to speak Welsh
- 97 people from a white background and 3 from a non-white background
- 5-7 people would be Lesbian, Gay or Bisexual (ONS Integrated Household Survey)
- 21 people with a limiting long term illness or disability

- 11 people would be providing unpaid care
- 58 people who were Christian, 2 person would be of other religion and 31 would have no religion (9 would prefer not to state their religion)
- 16 households would be earning less than £10,000 per year and 3 households would be earning over £80,000 per year
- 14 people claiming key Department of Work and Pension benefits
- 5 would be living in lone parents rent households with dependent children

Pembrokeshire:

- 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 people with a limiting long term illness (2011 Census)
- 12 people would be providing unpaid care (2011 Census)
- 63 people who were Christian, 2 person would be of other religion and 27 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 3 households would be earning over £80,000 per year
- 14 people from the total population claiming key Department of Work and Pension benefits
- 12 would be living in lone parents rent households with dependent children

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 etc. may not be reliable and may therefore not give a complete and true picture of the county demographics.

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 report on staff who have applied for promotion and whether or not they are successful. We support other Health Boards and Trusts in Wales in the lobby for changes to NHS Jobs 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 within the Health Board held on the Electronic Staff Record (ESR) system which 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 statistics for those 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 2015/16 and 2016/17 it should be noted that the change in Headcount between both periods will show an impact on the statistics of the protected characteristics. The following information shows how disclosure rates have varied during the reporting period as compared to 31 March 2016.

Disability

- The percentage of staff identifying as Not Disabled increased by 7.75% by 31st March 2017.
- The percentage of staff identifying as Disabled increased by 0.16%.
- The percentage of staff choosing not to disclose their disability status increased by 0.67%.
- The percentage of records stating disability status as Unknown decreased by 8.58%.

Sexual Orientation

- The percentage of staff identifying as Bisexual increased by 0.10%.
- The percentage of staff identifying as Gay increased by 0.11%
- The percentage of staff identifying as Lesbian increased percentage by 0.05%.
- The percentage of staff identifying as Heterosexual increased by 5.49%
- The percentage of staff choosing not to disclose their sexual orientation increased by 1.60%
- The percentage of records stating Unknown decreased by 7.32%

Gender

- The percentage of staff identifying as Male increased by 0.09%.
- The percentage of staff identifying as Female decreased by 0.09%

Religious Beliefs

- The percentage of staff identifying as having a religious belief increased by 3.89%

- The percentage of staff identifying as having religious beliefs other than those specified in the data collection increased by 0.86%
- The percentage of staff choosing not to disclose whether or not they have a religious belief increased by 2.58%.
- The percentage of records stating religious belief as Unknown decreased by 7.34%

Marital Status

- The percentage of staff disclosing their marital status increased by 0.08%.
- The percentage of records stating marital status as Unspecified decreased 0.72%

Age Profile

- The percentage of staff aged 54 and below decreased by 0.33%.
- The percentage of staff aged 55 and above increased by 0.33%.

Maternity & Adoption

- The percentage of staff on leave due to Maternity and Adoption increased by 0.14%

Ethnicity

- The percentage of staff identifying as White increased by 1.83%
- The percentage of staff identifying as Black or Black British increased by 0.06%
- The percentage of staff identifying as Asian or Asian British decreased by 0.02%.
- The percentage of staff identifying as Mixed race increased by 0.06%

- The percentage of staff identifying as being from Any Other Ethnic Group remained the same.
- The percentage of records stating Ethnicity as Unknown decreased by 1.93%

Gender Reassignment

- The national system used for collecting equality monitoring data for NHS staff does not currently include this category.

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 and belief are 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.

A single integrated risk management system (Datix) is in place across all areas of activity which collates information in relation to patient and staff safety, complaints and claims, affording an opportunity to provide some evidence around equality. Challenges around this data collection are being addressed on an all Wales basis and discussions are ongoing around how best to incorporate and identify equality data collection on the system and embed it in to Health Board reporting mechanisms

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 2016/17.

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 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 in order to identify ways of alleviating or mitigating any potential negative impacts and enhancing potential positive impacts of any service reconfiguration and policy/practice/financial decisions.

Training is provided to groups and individuals within the UHB as required, aiming to ensure that staff appreciate the principles underpinning EqIA and understand the key components, with a view to streamlining the activity into planning processes.

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
- 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 made 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 UHBs website Equality and Diversity [here](#). Details around a variety of equality impact assessments are available on our [website](#).

During 2016/17, we developed a system of Integrated Equality Impact Assessment in line with the requirements of the Well-being of Future Generations (Wales) Act 2015 (WFGA). However, we have retained the NHS Centre for Equality and Human Rights Equality Impact Assessment Toolkit as our resource for undertaking Equality Impact Assessments in order to ensure that full and due regard is given to equality considerations alongside other elements of integrated impact assessment. "A more equal Wales" is one of the 5 goals of the WFGA and we view this goal as having a dual function in being a goal in itself and underpinning the other 4 well-being goals.

Procurement

Procurement is a specific equality duty for Wales. Hywel Dda Health Board holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services. Equality considerations will have more relevance to some contracts than others. However, we are aware of our obligation to always have due regard to the general duties when considering the awarding of contracts.

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.

When seeking to contract with external organisations, we will be mindful of the need to seek assurance that any organisation providing services on our behalf adhere to the principles of equality, diversity and human rights in their policies and practices.

Conclusion

This report marks the end of the first year of the lifespan of our current Strategic Equality Plan and Objectives which runs from 2016-2020.

In 2016/2017 our work to implement the requirements of the Social Services and Well-being (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015 have been drivers for positive change, and influenced 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.

We have demonstrated examples of innovative practice, helping to increase independence and support people to live healthier lives. We have also started to build foundations for the future, creating opportunities for children and young people to have a healthier start in life and continue to make positive lifestyle choices. At the same time, we are trying to ensure that help is available whenever it is needed at the earliest opportunity.

Whilst we cannot ignore the challenges and barriers that we may meet, we must never forget our values and the founding principles of the NHS and must continue to strive to make them live in the experiences of those who access our services, their families, carers, our staff and general public.

“It should never be the case that those who have the most advantages in society get the best access to services – everyone deserves an equal chance at the best possible life” – Dr Frank Atherton Chief Medical Officer for Wales

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