

Hywel Dda University Health Board

Strategic Equality Plan Annual Report April 2018 – March 2019



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Introduction

Hywel Dda University Health Board (the Health Board) is committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes our staff, those who receive care including 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.

In November 2018 the Health Board published a vision for change and a 20 year strategy for health and care. At its heart is a commitment to the continuous involvement of people in our communities, our staff and our partners to create a wellness system, which involves every part of life that affects our health and well-being.

This Annual Report is an overview of some of the Health Boards key work to promote diversity and inclusion, and should be read alongside our:

- Hywel Dda University Health Board Annual Report
- Annual Quality Statement
- Annual Governance Statement
- Director of Public Health Annual Report
- Our 20-year strategy - A Healthier Mid and West Wales: Our Future Generations Living Well
- Our Well-being of Future Generations Annual Report

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

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- people who follow a religion or who have no religious beliefs
- people who are gay, lesbian or bisexual
- people who are considering, undergoing or have undergone gender reassignment
- people who are in a civil partnership or married
- Women who are pregnant or have recently had a baby.

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

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

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

We are continuously working 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 as well as raising awareness of why the information should be collected and used to improve services and outcomes for patients. The same challenges apply to the collection of equality data for staff, although we acknowledge that some discussions need to take place on a national basis in order to change all-Wales information systems.

About Hywel Dda University Health Board

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

	<p>Our Health Board covers a quarter of the landmass of Wales.</p>
<p>384,000</p>	<p>We provide health care services for around 384,000 people.</p>
	<p>We work in partnership with our three local authorities – Carmarthenshire, Ceredigion and Pembrokeshire County Councils – as well as with colleagues from the public, private and third sectors.</p>
	<p>We employ approximately 12,000 staff and have a growing group of nearly 400 volunteers.</p>
	<p>We have four main hospitals: Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Withybush in Haverfordwest.</p>
	<p>We have seven community hospitals: Amman Valley and Llandovery in Carmarthenshire; Tregaron, Aberaeron and Cardigan in Ceredigion; and Tenby and South Pembrokeshire Hospital Health and Social Care Resource Centre in Pembrokeshire.</p>
	<p>There are 53 general practices, 46 dental practices (including 1 orthodontic), 99 community pharmacies, 51 general ophthalmic practices (43 providing Eye Health Examination Wales and 34 low vision services) and 11 health centres.</p>
	<p>We provide mental health, learning disabilities and related services from numerous other locations across our communities.</p>
	<p>Highly specialised and tertiary services are commissioned for us by the Welsh Health Specialised Services Committee. This is a joint committee with representation from all seven health boards across Wales.</p>

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

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

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

The Workforce and Organisational Development Team continue to deliver the All Wales Workforce Information System strategy which includes compliance with minimum data set requirements. We maintain a high standard of data quality via Electronic Staff Records (ESR) which facilitates staff who have access to IT systems to own and manage their data, thus improving workforce management. ESR provides reporting for transparent and evidence based workforce planning.

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

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be identified.

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

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

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

Population Equality Information - Appendix 1 provides a broad overview of the protected characteristics of our populations across our three counties, as evidenced in the 2011 Census.

Our Strategic Equality Plan Objectives

Our Strategic Equality Objectives have been in place since they were first set in 2012. Engagement with our key stakeholders in 2016 indicated that they were still fit for purpose and we have continued to work towards the objectives we originally established. The following section of our SEP Annual Report summarises some of the work which was undertaken during 2018/19 towards meeting these objectives.

Leadership and Corporate Commitment

During 2018/19 the Health Board developed its long term strategy *A Healthier Mid and West Wales: Our Future Generations Living Well*. This is the first time we have set out a vision for health and care services for current and future generations. The strategy seeks to empower communities to work together in areas they care about and feel enabled to contribute to.

We fully acknowledge that our duty extends beyond that of an NHS provider, and that we are an integral part of a wider public service system, and that through effective collaboration we can achieve improvements in the wider determinants of health and well-being.

The strategy directly responds to what we heard from our public, staff and stakeholders during listening and engagement ('The Big Conversation') and public consultation ('Our Big NHS Change' and 'Transforming Mental Health'). We have stated our commitment to design services that are safe, sustainable, accessible and kind for today and future generations. Time and again we heard these themes echoed by patients and members of the public during consultation and engagement activities. These four words continue to be our guiding principles. Read our strategy by clicking this link; [Healthier Mid and West Wales](#)



Strategy and Services

Our objective is to help ensure equitable access to services and information for all groups.

As outlined previously, we undertook a significant public consultation and engagement exercise during the year and we are using this information to inform both our wider strategic service changes as well as local departmental changes to the ways in which services are delivered to be more accessible and inclusive.

Some illustrative examples are outlined below:-

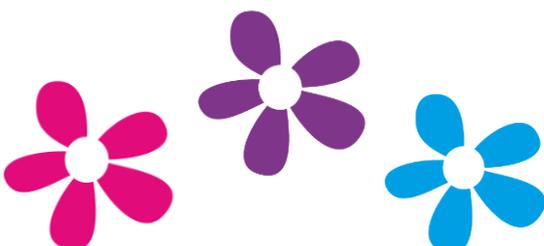
Puffin Garden - an accessible environment for children, young people and families.

Following a successful fundraising campaign Puffin Garden was officially opened in July and provides a new accessible outdoor space for children, young people and families receiving care at the Puffin PACU (Paediatric Ambulatory Care Unit) at Withybush Hospital.

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Sandra Jones, Play Services Manager said: “The outdoor space at the Puffin Unit in Withybush Hospital provides a less stressful environment for children, young people and their families visiting or admitted for treatment. We will use the outdoor area as an extension of the playroom which includes a playhouse, play panels and seating incorporating a space for wheelchair users.”

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Improving communication

In accordance with the Deprivation of Liberties Safeguards, the Health Board has a team of Best Interest Assessors (BIAs). Their role is to undertake assessments of patients who lack capacity to consent to elements of their care and treatment in hospital.

The Health Board is committed to providing an active offer to patients who wish to receive services through Welsh. In acknowledgement of this three members of the team have completed Welsh language courses, funded by the Health Board through its Welsh language scheme but undertaken in their own time. One of the team has also completed a British Sign language course, entirely self-funded and in their own time.

This small team is committed to promoting diversity and inclusion and are now working on a communication tool kit to further support people to be able to express themselves, a key requirement of the Mental Capacity Act 2005.

During 2018/19 we continued to work towards improving communication and access to information to enable patients to access a wide range of services across the health board through our contract with Wales Interpretation and Translation Services, Language Line and Wales Council for Deaf People (for BSL). Our top 2 language requests were for Arabic and Polish and we have facilitated in excess of 700 requests across the spectrum of languages other than English.

Further examples of where we have provided equitable services are available in our annual report - [HDdUHB Annual Report](#)

Public and Patient Involvement

The Health Board has a vision for change that would drive culture through continuous involvement of people in our communities, our staff and our partners to create a wellness system, which involves every part of life that affects our health and well-being.

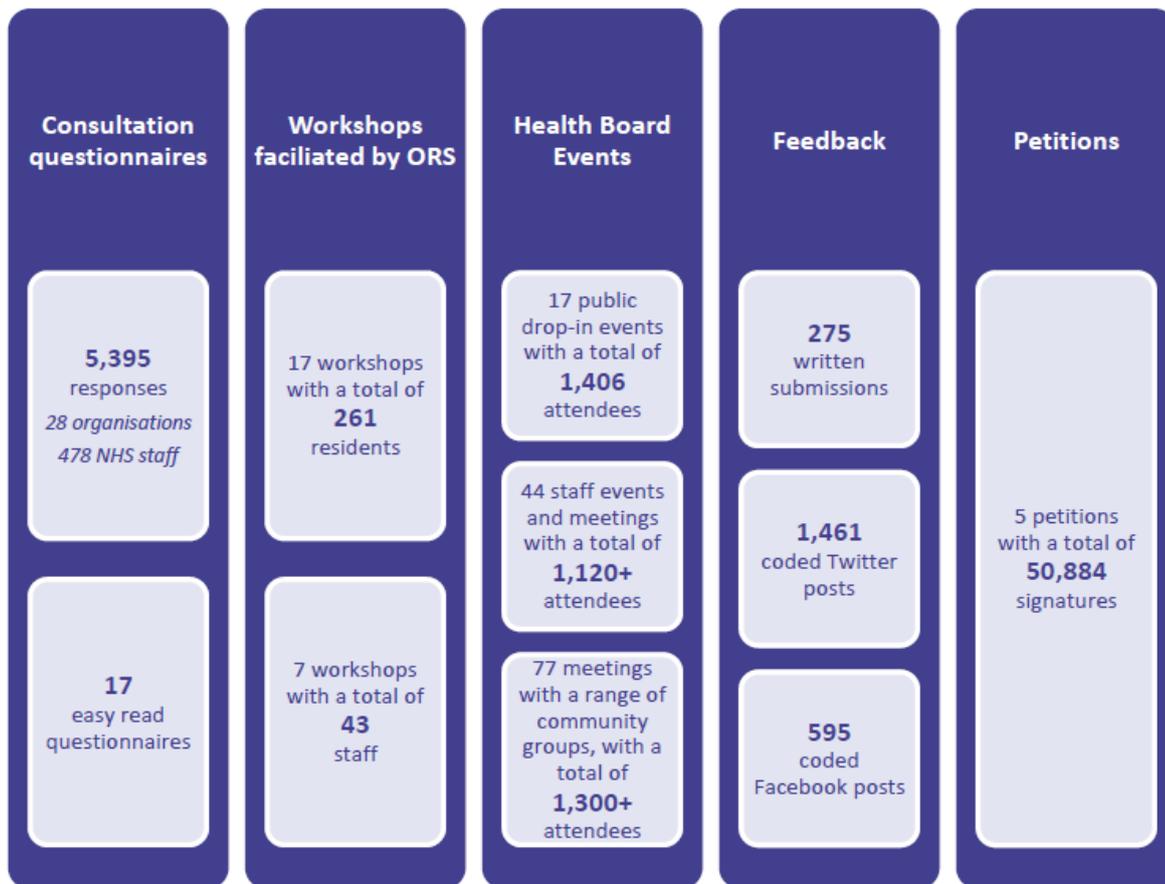
During "Our Big NHS Change" public consultation and engagement programme launched in April 2018 we examined the way in which health and social care provision can be improved across our area, specifically considering changes to how community services and acute hospitals are organised.

The Health Board convened a number of focused meetings with a range of community groups to consider their particular perspectives on the proposals. These included 46 meetings with a diverse range of groups such as third sector organisations, carers' groups, educational establishments and Hywel Dda residents from protected characteristics group. It is difficult to quantify exactly how many people attended these meetings, as attendee numbers were not recorded at every meeting; however, where information is available it was recorded that over 1,300 people were engaged in conversation and had the opportunity to express their views.

In addition to engagement events, a consultation survey was developed and members of the public, as well as staff and stakeholders, were able to express and record their views which were then independently analysed by the ORS (Opinion Research Services). The survey was available bilingually both in paper copy and as an on-line survey. We also provided an easy read, audio and braille version and also provided on request some of our documents and video-clips in British Sign Language, Polish and Arabic. There was a high response to the consultation: 5,395 consultation questionnaires were completed together with 275 written submissions.

Residents, stakeholders and organisations were also able to provide their views by writing to the Health Board or ORS. Feedback received via social media (Twitter, Facebook and YouTube) was also considered; together with a number of petitions.

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The results of the consultation and engagement activities with Hywel Dda residents from protected groups yielded a range of specific suggestions including ensuring future healthcare facilities and services are fully inclusive and designed to cater for the needs of all protected characteristics. These included: deaf awareness training for staff; the provision of hearing loops; consideration for blind and partially sighted patients who cannot, for example, read appointment reminder letters or visual displays; translation services for those whose first language is not English or Welsh; and learning disability/autism friendly facilities such as a 'calming room'. With respect to the latter, it was also said that the importance of familiarity for people with autism and learning disabilities must be given consideration if they are required to be treated 'somewhere different'.

The feedback we received will be taken into consideration when developing and delivering future services.

The full report is available here. More information around public and patient engagement is available in our Annual Report: - [HDdUHB Annual Report](#)

Health

The Health Board is committed to increasing knowledge in relation to the health needs of groups within our communities and working towards reducing inequalities in health.

Clinical Innovation

Surgical Speciality Doctor, Sujatha Udayasankar, has been honoured by the Wales Deanery with the prestigious Wales Deanery's 'Staff and Associate Specialist Award for Clinical Service Innovation' in recognition of a range of clinical and academic activities, notably, the string of quality improvement activities she initiated at the Breast Care Unit at Prince Philip Hospital, Llanelli. Congratulating Dr Udayasankar on her award



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Phil Kloer, Medical Director & Director of Clinical Strategy said “We are all extremely proud here at Hywel Dda of the achievements of Dr Udayasankar.

This award is testimony to all the hard work, dedication and commitment she has shown not only to her team but also in implementing new processes and procedures which have improved the patient experience in her department here at Hywel Dda.”

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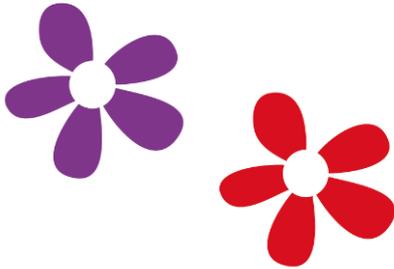


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Hywel Dda launches Home Test and Post (TAP) Pilot for Chlamydia and Gonorrhoea

In November 2018, the Health Board launched a pilot service test kit for Chlamydia and Gonorrhoea that can be used at home will be available via the 'Frisky Wales' [website](#).

The pilot was developed following Public Health Wales' Sexual Health Review, and is supported through the Bevan Commission Exemplars programme.



Lisa Humphrey, HDUHB Sexual Health Service Delivery Manager, says: "All you have to do is go to the website, click on the Test and Post banner, answer some questions to make sure that this service is right for you and you will receive your kit in the post."



Currently, in Wales, there is no self-testing for sexually transmitted infections (STIs) which is centrally available and free of charge. This pilot scheme increases accessibility and ensures a link with specialist services.



Additional examples of where we have worked to reduce health inequalities are available in our Annual Report and Public Health Annual Report. - [HDdUHB Annual Report](#) and [Public Health Annual Report 2018-19](#)

Workforce and Employment

The Health Board supports staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect and eliminate discrimination.

In doing so we work closely with, and respond to feedback from the Equality and Human Rights Commission on initiatives we can adopt, to create, support and maintain a more diverse and inclusive working environment.

During the year we have re-launched ENFYS our LGBTQ+ staff network which supports Lesbian, Gay, Bisexual and Transgender staff. The network aims to create a culture of understanding and collaboration to support both the wellbeing of our LGBTQ+ staff and drive forward the Health Board's equality and diversity objectives through work streams that will enhance the lives of both LGBTQ+ staff and patients. The network are actively seeking new members and meetings have been made more accessible across health board sites by offering video conferencing facilities to reduce the need to travel.



We have continued to refresh the equality and diversity training that we provide to staff to ensure that it is up to date and relevant and reinforces the Values of the Health Board. Every new staff member attends a Person Centred Approach session during their corporate induction programme and this provides an opportunity to reinforce the Health Board's values as well as

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introduce parallel legislation such as the Well-being of Future Generations (Wales) Act 2015, and highlight the needs of unpaid carers.

In addition, we have provided diversity and inclusion training on the Destination NHS programme – an exciting programme that we have developed in partnership with Pembrokeshire College which enables students studying a health related qualification to gain experience of working within a health care setting, in addition to academic study.

The Equality and Diversity Team also deliver and commission a range of bespoke training to address needs identified within individual teams or services; a particular focus this year has been on trans awareness training, unconscious bias and sensory loss.

Additional examples of how we support staff in their roles are available in our Annual Report - [HDdUHB Annual Report](#)

Partnerships

The Health Board continues to work with stakeholders and partners to promote equality and good relations and eliminate discrimination.

NHS at 70: thanksgiving celebrations

The 70th anniversary of the founding of the NHS offered the opportunity for the Health Board to celebrate everything that has been achieved over the years, and to look to the future. The Health Board held a **Thanksgiving Celebration** at

Newcastle Emlyn Leisure Centre in October 2018 with invitations extended to patients, relatives, friends, carers and staff across the three counties. The event brought together a wide number of partner agencies to celebrate our diversity and incorporated our community, mental health and acute services. The event was designed for people of all faiths and none, and included time dedicated for reflection with a short multi-faith, non-faith period of thanksgiving. It incorporated music (both vocal and instrumental), dance and narrative with a selection of past and present NHS staff and patients sharing their experiences and reflections.



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Mental health team win prestigious psychiatry prize

The Health Board won a Royal College of Psychiatry (RCPsych) award for its dedication to improve adult mental health services in mid and west Wales. The RCPsych Awards mark the highest level of achievement in psychiatry and recognises the work being carried out by teams working in mental health care.

The project was submitted for the 'Team of the Year:

Outstanding Commitment to Sustainable Service Development' category, for the Transforming Mental Health Services 'Journey to Recovery' project.



Over one thousand people engaged in a public consultation which asked people for their opinions on proposals to change how mental health care and treatment is provided to meet the needs of people now as well as for future generations. Having worked together with service users, staff and partners, including West Wales Action for Mental Health and the Community Health Council, a new model of care was co-designed for mental health services, built from learning from engagement, co-design, international collaboration and public consultation. The new service will provide:

- 24 hour services – ensuring anyone who needs help can access a mental health centre for support at any time of the day or night.
- No waiting lists – so that people receive first contact with mental health services within 24 hours and for their subsequent care to be planned for in a consistent and supportive way.
- Community focus – to stop admitting people to hospital when it isn't the best option and provide support in the community when people need time away from home, extra support or protection.
- Recovery and resilience – services that don't purely focus on treating or managing symptoms, but instead help people to live independent, fulfilling lives with the help and support they need.



Joe Teape, Deputy Chief Executive for Hywel Dda University Health Board and Chair of the Mental Health Implementation Programme Group said: *“We began this journey three years ago by being clear about the need to move away from a traditional service model to redesigning services for the benefit of local people.”*



The Transforming Mental Health Services programme has helped us to think differently about how we approach designing, planning and delivering services locally. With our co-developed model approved for implementation we will work continue to work in a co-produced way to ensure that we deliver flexible, responsive, and accessible mental health



Syrian Vulnerable Persons Resettlement Project

Over the last 3 years, approximately 150 people have been resettled within the Hywel Dda area in partnership with Local Authorities and third sector groups. Over the last 12 months, we have convened two regional meetings to explore the consistency of the programme and to identify priorities for collaborative working. A key priority is to ensure there is equitable access to mental health services across our footprint in acknowledgement of the challenging life experiences of those who have been resettled.

Work Experience Programme

In addition to our school’s work-experience programmes, we continue to offer

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work experience and back to work experience programmes for adults working in partnership with the Department of Work and Pensions (DWP).

The Health Board offers work experience in a variety of areas including various Administration and Clerical posts, Hotel Services, Estates, Ward Clerks, Health Care Support Workers, Therapies, and most recently, Mental Health and Learning Disabilities. In addition to offering opportunities to members of our local communities, such placements help to promote a greater understanding of diverse groups to whom we provide our services. Participants can learn from existing employees, each other and the patients and service users they come into contact with.

The programmes are further enhanced with additional training on employability skills, writing applications, interview techniques and mandatory training for the benefit of participants on the work-experience scheme. Following the programme, practice interviews are offered to attendees, to support them in gaining future employment. To date we have had 193 applications and made 54 placements.

The inclusion of placements in wards and with clinical teams e.g. therapies, continues to be very popular and over the year, we have been able to recruit a number of work experience participants to posts within the Health Board. These include, among others, 9 Health Care Support Workers, 1 Occupational Therapy Support Worker, 1 appointment to Hospital Sterilisation and Decontamination Unit (HSDU) and 1 appointment to our Patient Advice and Liaison Service. Over the last 2-3 years we have employed in the region of 45 people who participated in our work experience programmes.

Work with disadvantaged groups

The work undertaken with various DWP programmes enables applicants, claiming Job Seekers Allowance to access all our work experience information and opportunities. The Health Board continues to work with the 'Engage to Change' programmes in North Ceredigion and Carmarthenshire to offer opportunities for 6 month paid placements. The focus of the programme is to offer young people aged 16-25 years who have a learning disability or Autistic Spectrum Disorder (ASD) a paid placement. During the past year, we have had 4 placements and based on the experiences to date, we aim to develop this work further in 2019/20.

The Talent Pool

The Health Board introduced "The Talent Pool" in January 2017. This is open to individuals who are claiming Job Seekers allowance and who come onto the Health Board DWP programme. Individuals who have proved their ability, aptitude and attitude, are invited to join the Talent Pool. This membership

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allows access to 'Internal Only' positions for a period of 6 months following the Work Experience placement. They are also guaranteed an interview as long as they fit the essential criteria of any position applied for. During the past year, 41 individuals have been recruited via this initiative.

Links with Schools and Colleges

The Health Board has established strong links with local schools and colleges. We are committed to working with them to provide students and any individual interested in working within the NHS, not only with work placement but also with an understanding of the wide range of professions required to support the NHS. We run an annual 'careers day' and participate in a range of locally organised careers events including in partnership with Careers Wales. 2018 saw the Health Board introduce specific Year 9 and Year 10 information events with the aim of increasing knowledge of careers in the NHS. By targeting younger students, the aim is to 'sow the seed' before students need to choose their higher level study subjects.

The Health Board continues to work with Aberystwyth University organising short term internships (1 day a week for 10 weeks), for students studying Law, Criminology, Accounting, Finance, Economics and Business Management. Students will be in year 3 of their degree studies and the internships are offered on an unpaid basis. We anticipate that this scheme will encourage participants to consider a career in the NHS (and particularly the Health Board), thereby helping to increase the diversity of and bring fresh perspectives to our future workforce.

Anyone interested in participating in any of the above schemes or finding out more about working in Hywel Dda University Health Board can find further information [here](#)

Cross-cutting protected and vulnerable groups

We know that many protected groups are disproportionately represented among people who experience socio-economic disadvantage. During 2018/19 we have worked collaboratively with partner organisations to positively impact disadvantaged groups.

Examples of work we have undertaken with Veterans, homelessness collaborations and work with other vulnerable and disadvantaged groups are available in our [HDdUHB Annual Report](#) and [Well-being of Future Generations Annual Report](#).

Workforce Information

Workforce information produced for our 2018/19 Strategic Equality Plan Annual Report reflects the anticipated trend towards an ageing workforce, with numbers below the age of 54 having decreased since last year and above 54 showing an increase. Although the balance of male to female staff remains predominantly female, there was a small increase in the percentage of staff identifying as male this year, which equated to the decrease in the percentage of staff who identified as female. The workforce continues to reflect the predominantly white profile of our populations across our three counties, with small percentage increases across a small number of BAME groups.

There were small percentage increases in staff actively choosing not to disclose sensitive personal information across a number of protected characteristics, including disability, sexual orientation and religion and belief, although of those who chose to disclose information, there were small percentage increases for staff identifying as disabled, lesbian, gay or having a religion.

Our pay band statistics broadly shows a gender pay gap in favour of men.

Analysis of applications in the past year reflects that a smaller percentage of men who apply for posts reached the shortlisting stage or were appointed than women. The percentages of disabled people shortlisted was 0.4 less than the percentages who applied for posts, and the percentage appointed was 1.5% less than the percentage who applied. Percentages across age bands from application, shortlisting and being offered a post showed slightly in favour of older age groups being offered posts, although there was not a substantial variance across the younger age bands between application, shortlisting and being offered a post. In some cases, the percentages offered were greater than the percentages shortlisted.

In comparison with last year, the number of employees who submitted grievances has more than doubled from 32 to 69. However it should be noted that 54 staff members were part of two collective grievances, leaving 15 individual grievances. This figure is similar to that of 2016/17 (64) and significantly lower than 2015/16 (133). The majority of grievances were submitted by female staff. The number of males involved in grievances has decreased by 10% to represent 30.43% of all cases. This continues to be disproportionate in relation to the Health Board profile as males make up only 22.11% of the workforce. The majority of disciplinary cases also involved

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women. Figures are broadly in line with the Health Board profile where 77.89% identify as female and 22.11% identify as male.

Most people involved in the disciplinary and grievance process did not want to disclose their sexual orientation.

Christians remain by far the largest group of those with an identified religion who are subject to disciplinary proceedings at 46.51%. This is higher than the Health Board profile of 38.28%. The percentages of staff identifying as Christian involved in grievance procedures increased, but remains lower than the health board profile. No grievance or disciplinary cases were seen from staff stating Buddhism, Hinduism, Islam, Judaism and Sikhism as their religion.

White Ethnicity makes up 91.30% of all grievance submissions and 82.6% of disciplinary cases. . This is above the Health Board profile of 84.24%. There were no staff members of Black, Asian or Mixed Ethnicity involved in disciplinary proceedings.

The majority of all grievances (21) were submitted by those aged under 35 (30.43%). Last year, the majority of grievances were submitted by those aged 50-54 and 55-59; totalling 47% of all cases. The number of staff aged 60+ reporting grievances has decreased to 8.70% from 12.50% the previous year. Those employees aged under 25 account for 10.47% of all disciplinary cases which is higher than the previous year (2.40%).

When compared to the number of staff employed by the Health Board, overall the number of grievance cases only equates to 0.63% of all staff.

When compared to the number of staff employed by the Health Board, overall the number of disciplinary cases only equates to 0.78% of all staff.

The number of this year's disciplinary cases (86) remains similar to the previous two years (83 and 93 respectively) following a significant decrease from the 2015/16 figure of 163 cases.

Equality Impact Assessment

During 2018/19, the health board have undertaken 114 Equality Impact Assessments, including 13 covering major service change such as the Transforming Mental Health Services and Transforming Clinical Services Programmes. The remaining Equality Impact Assessments were undertaken in relation to development and review of Written Control Documents (policies, procedures and guidelines) across areas including Employment, Clinical, Health and Safety and Infection Control and others. The Health Board is committed to conducting appropriate equality impact assessments, closely linked with our commitment towards continuous engagement.

Looking Forward to 2020-2024

Our Strategic Equality Plan and Objectives is available on our website:

[HDUHB SEP Objectives 2016-2020](#)

These objectives help us to make equality, diversity and inclusion integral to everything we do and help to us identify areas of inequality. We are currently undertaking a joint multi-agency public engagement exercise to review these objectives. Partner organisations include the three local authorities in Carmarthenshire, Ceredigion and Pembrokeshire, Dyfed Powys Police, Welsh Ambulance Service Trust, Mid and West Wales Fire and Rescue Service and National Resources Wales. With the help of a variety of third sector and voluntary sector organisations, we are working together to gain the views of our populations to inform our way forward. We are aiming to ensure that our future strategic equality objectives reflect what our communities have told us about how we can best provide equitable services for individuals across all protected groups.



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