

Strategic Equality Plan Annual Report 2020/21



1 April 2020 – 31 March 2021

“... Making a difference...We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.”

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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-centered approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

This Annual Report is an overview of some of the Health Board's key work to promote equality, diversity and inclusion, and should be read alongside other [key documents](#):

- 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 of:

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

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

About the Hywel Dda area

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Here are a few facts, but for more information please see our Health Board Annual Reports and Annual Quality Statements [here](#).



Our Health Board covers a quarter of the landmass of Wales.



We employ approximately 12,000 staff and have a growing group of nearly 400 volunteers.



Primary Care

There are 48 general practices, 46 dental practices, 1 orthodontic practice, 98 community pharmacies, 51 general ophthalmic practices.



We work in partnership with our three local authorities as well as colleagues from the public, private and third sectors.

387,000

We provide health care services for around 387,000 residents, as well as a large number of visitors to our area.



We have four main hospitals, seven community hospitals and eleven health centres. We provide mental health, learning disabilities and related services from numerous other locations across our communities.

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 a healthier, more equal Wales of resilient communities, working together

towards a better future for all. Information on health and socio-economic factors across the three counties is available from the [Public Health Wales Observatory](#) and on the [Daffodil Cymru](#) website.

Demographics for the Hywel Dda region are available on the ONS [website](#). Historically, our population has been subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and by transient student populations throughout the year. We recognise that we must continue striving towards ensuring that our diverse communities 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. We collect information on Welsh speakers in a number of ways; we ask our staff to register their Welsh language skills on their Electronic Staff Record (ESR) and 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 Reports can be found [here](#).

This report should be read alongside our Annual Workforce Equality Report 2020-21 which illustrates “life in Hywel Dda” across the protected groups. The statistical data presented in the Annual Workforce Equality Report has been used to identify aims and positive actions which can be taken to support members of our workforce with protected characteristics. The information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to use this system to aid the collection of more complete and accurate information. In addition to a focus on the protected characteristic groups, the Annual Workforce Equality Report also includes an analysis of Welsh language skills, in acknowledgement of our responsibilities under the Welsh Language Standards (No.7) 2018 Regulations. A summary of this data is provided in a later chapter – Workforce Information.

The Health Board has also developed a Workforce, Organisational Development and Education Strategy for the 10-year period 2020-2030. This strategy confirms our intention to establish the Health Board as an inclusive organisation. Inclusiveness means making sure people’s voices are heard and valued, ensuring equal access to opportunities and resources for people who would otherwise be excluded or marginalised.

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 Plan \(SEP\) 2020-2024](#) sets out how we have committed to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as the way in which we provide services to patients, families, carers and our wider population. Our objectives are as follows:

Objective 1 – Leadership by All

Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.

Objective 2 – Working Together

Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services.

Objective 3 – Improving health and well-being for all

Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.

Objective 4 - Being an employer of choice

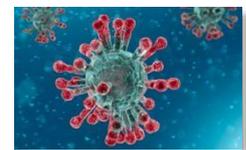
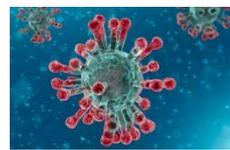
We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

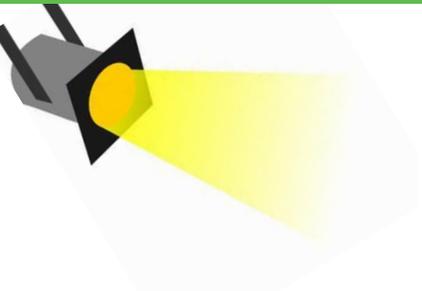
Detailed information about how we developed our objectives and what we learned can be found [here](#).

Covid 19

During the Coronavirus pandemic, we have committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible and the health inequalities exacerbated by the pandemic are addressed.

Examples of how we have done this can be found throughout this report.



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Spotlight on: Leadership by All

Our Objective

Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation

Anticipated Outcome

Staff, including Board members, will be motivated to use their lived experiences and act as role models to create positive experiences for colleagues and service users, to identify where improvements can be made and will be supported to put their ideas in to practice as appropriate.

What have we done?

Black, Asian and Minority Ethnic Advisory Group

In response to evidence of the disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic staff, the Health Board established a Black, Asian and Minority Ethnic Advisory Group, demonstrating the Board level leadership and commitment to addressing inequalities. Actions have included: an analysis to understand the demographic profile of our workforce; ensuring that the concerns and lived experiences of members are acted upon; supporting staff development; raising awareness of diversity and inclusion; and establishing a staff network. Opportunities to attend conferences and events such as the Race in the Workplace digital conference, has increased awareness and understanding amongst the Advisory Group members and other senior leaders.

Celebrating Diversity

We are blessed in Hywel Dda to have such a diverse range of faiths and a richness of different cultures. We strive to create an inclusive environment where everyone can reach their full potential and have a real opportunity to participate in a variety of activities throughout the year. As a small step towards celebrating and understanding each other more, and to gain inspiration and strength from all our beliefs, the Black, Asian and Minority Ethnic Advisory Group produced a calendar celebrating diversity. This Religious Festivals & Events Calendar 2021 was produced to support timetabling, work scheduling and event planning to help ensure

that we provide an inclusive environment which enables participation from all our staff and visitors. The calendar was distributed to all staff and volunteers and highlights key diversity days, the main faith days observed and celebrated and awareness raising dates.



Speaking Up Safely

Improving the safety and quality of our services is a priority for us all, to ensure patients receive the best possible service, and our staff are proud and happy to come to work in an environment which is supportive and quality driven. To achieve success we need to ensure that quality and safety is everyone's business, regardless of what role you perform in the Health Board. This is not only about clinical care, this applies to ensuring quality in all that we do. Our staff are the eyes and ears of the organisation and one of the most important ways that they can help us improve quality, is to tell us when they are concerned about something.

The Speaking up Safely process ensures that staff have a range of options to discuss any matter of concern in a safe and supported environment and on a confidential basis. Options include:

- speaking to a line manager or supervisor as first point of contact
- speaking to a Speaking Up Safely Champion or Ambassador
- speaking to a staff side representative
- sending an e-mail to the confidential speaking up e-mail address
- calling the Speaking Up Safely telephone number.

Social and community support

Widening health inequalities and growing pressures on health care services are leading to a change in focus for the Health Board. The size, scale and reach of the NHS means that how we choose to function and use our resources can have a

significant influence on the health and well-being of local populations and actively contribute to addressing socio-economic disadvantage and inequalities. For example, the Health Board acknowledges that it can make a difference to local people by taking corporate action such as:

- Purchasing more locally, supporting the foundational economy which creates local jobs;
- Using buildings and spaces to support community activities, making these accessible to all; and
- Widening access to quality work opportunities to address inequalities and socio-economic disadvantages.

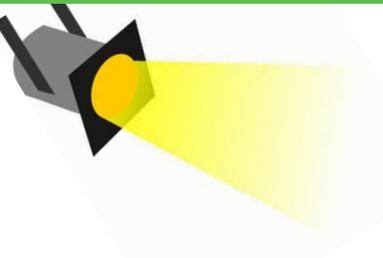
The Health Board recognises the importance of measuring and reporting on initiatives that will deliver “social value”. Social value refers to the wider financial and non-financial impacts of projects and programmes. For example, social value would look not only at how many jobs are created but who gets the job and what benefit and value that creates.

Our aim in 2021/22 will be to capture data to create baseline targets to use to report future progress that we are making to improve our social value contribution to our Hywel Dda population.

Case Study

In order to respond to the Covid-19 pandemic the Health Board established a number of temporary Field Hospitals across the Hywel Dda area. When the facilities were decommissioned the Health Board worked with local charities and third sector groups in order to reallocate surplus equipment in a way which would have a direct benefit to the community. Beneficiaries included: Syrian families in Carmarthenshire and Pembrokeshire who were part of the Vulnerable Person’s Resettlement programme; a youth homelessness programme in Pembrokeshire; a food bank and the West Wales Domestic Abuse Service in Ceredigion. All the organisations who participated support individuals who are vulnerable and often face disadvantage, in particular, low income or poverty.

“There was a lot of excitement and a crowd of people to help me get the beds off the delivery van. They were so happy to receive them and be included and asked about what they needed.” **Driver delivering to Syrian families’ project in Carmarthenshire.**

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Spotlight on: Working together

Our Objective

Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services

Anticipated Outcome

We will use our mechanism of continuous engagement to ensure equal opportunities across all groups, particularly those who traditionally face barriers, to contribute to and influence the design and delivery of services.

What have we done?

Supporting the health and well-being needs of Asylum seekers

The Health Board has a key role to identify the needs of, and provide targeted health and well-being support, to meet the needs of homeless and vulnerable groups. Vulnerable groups include those who are: homeless, asylum seekers and refugees, and EU migrants who are homeless or living in circumstances of insecurity. During the year the Health Board worked closely with partner organisations to respond to the needs of Asylum seekers who during the pandemic were temporarily located in Pembrokeshire.

The Health Board, in conjunction with partner organisations, rapidly put in place arrangements to ensure that the individuals placed had access to accommodation which was Covid-secure and would support their needs holistically, for example, access to exercise and activities. The Health Board also developed temporary arrangements to facilitate easy access to primary health care services as well as pathways into services for emergency or urgent care needs, including screening services. Despite being short term placements, the Health Board was committed to promoting the very best health and well-being outcomes for the individuals placed in Pembrokeshire, taking steps to minimise disadvantage associated with their circumstances. Promoting community cohesion, dignity and respect was also at the forefront of this work.

Learning Disabilities

The Dream Team, a group of people with learning disabilities, advises managers and decision-makers across Ceredigion, Carmarthenshire and Pembrokeshire about what is important for people with learning disabilities, ensuring they are at the forefront of any plans or changes.

The Dream Team co-chairs the Regional Improving Lives Partnership meetings and has a say in how the Welsh Government's Integrated Care Fund is allocated for projects that support people with learning disabilities. Some of the specific projects delivered during the year include:

- The development of a Travel App which will assist people with learning disabilities to use the public transport system independently and with confidence
- Delivery of an employment and training project offering opportunities for people with learning disabilities to access volunteering, paid work and training
- Roll-out of the "Exercise Buddy" project, providing on-line facilitated sessions

In addition, the Dream Team continue to raise awareness of the Learning Disability Charter which was used by the Health Board Patient Experience Team to develop a patient charter for Hywel Dda.

My Dream Team Journey

My journey began when I went to a jobs fair and was introduced to Workways who gave me a mentor to help me search and apply for jobs. I was successful in being appointed as one of four Learning Disability Champions and became a member of the Dream Team.

Over a period of 5 years we developed a Charter to explain how people with learning disabilities want their services to be transformed and it has been signed by the First Minister and Deputy Minister for Health and Social Care. The Dream Team attended a glitzy awards dinner and won a NHS Cymru Award for Empowerment for our work to develop the Learning Disabilities Charter.

I am so proud of the Dream Team and feel honoured to have been given the chance to chair it. The approach has demonstrated that people with learning disabilities want the same things as everyone else and that through co-production they can be full partners.

Chair of the Dream Team

Phlebotomy Services in Llanelli

From 20 April 2020, Phlebotomy Services previously provided at Prince Philip Hospital, Amman Valley Hospital and the outreach service provided at Meddygfa Tywyn Bach GP Practice, moved to a community-based facility at the Antioch Centre Llanelli. One of the key changes was the introduction of an appointment-based system for all patients. As part of the Health Boards commitment to continuous engagement and working with the Community Health Council, it was agreed to undertake a patient experience survey to establish patients' views on the new service. Patients attending the clinic at the Antioch Centre were invited to complete a questionnaire online or as a paper copy and a total of 235 responses were received.

The feedback from respondents was overwhelmingly positive and highlighted a number of key benefits:

- a reduction in non-essential patient footfall at Prince Philip Hospital.
- reduced waiting times on the day. This was a significant benefit for patients as the previous 'open access' approach sometimes resulted in lengthy waits.
- the new venue offered improved accessibility with ease of manoeuvring a wheelchair and pushchairs.

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Spotlight on: Improving health and well-being for all

Our Objective

Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities

Anticipated Outcome

Staff have access to training and development opportunities to enable feedback received from our continuous engagement activity to be used to improve patient access and experience with due regard to individual needs within a values based approach.

What have we done?

Using digital technology and innovation

During the pandemic, we have had to deliver services differently and maximise the use of digital tools across key services such as Outpatients. This has included the use of virtual platforms such as Consultant Connect, Attend Anywhere, Patient Knows Best and Microsoft Teams. These innovations have helped us to manage appointments more effectively, use face to face appointments only when necessary and link systems together to provide communication support such as online interpretation.

These new way of working has reduced the need for unnecessary travel and journey times for patients some of whom would have been reliant on public transport or families and friends to make the journey from home to hospital. As well as having a positive impact for those on low-incomes, it has made consultations more accessible and also contributed to reducing carbon emissions.

Delta Connect Case Study

The Delta Connect is a West Wales Regional Partnership Board Transformation Fund project. The project uses technology at home (Technology Enabled Care) in order to provide proactive preventative support services close to home and support to live independently. Some of the key benefits have been connecting users with families and healthcare professionals for a response if needed making services more accessible. During the year:

- Over 2,500 people were supported and 12,030 proactive calls were made
- More than 40% of CONNECT participants report improvements to their mental health, ability to care for themselves and reduced loneliness and isolation
- 2,500 welfare response visits, of which only 6% resulted in referral to emergency services

Care at home case study

In collaboration with Welsh Government, Panasonic UK, and clinicians at Hywel Dda University Health Board, engineering researchers at the University of South Wales developed an innovative blood oxygen monitor after supplies of this key device became limited as a result of the Covid-19 pandemic. The device, known as a pulse oximeter, was designed to be manufactured in Wales.

The device clamps onto to a patient's finger, allowing clinicians to monitor the level of oxygen in the bloodstream, and, importantly, the performance of their lungs. It can also be used in community settings, allowing clinicians to remotely assess patients with Covid-19 to monitor the performance of their lungs whilst at home. This has helped people coming out of hospital to self-manage at home and for them and their health professionals to be aware if their condition worsened. This is an example of using technology to make health and care services more accessible for the population as a whole.

The Health Board has also benefited from a significant number of charitable donations and has purchased tablets and iPads for patient use across the Health Board. Access to a tablet or iPad made a big difference to patients who weren't able to receive visitors whilst pandemic restrictions were in place. In addition to maintaining their connection with family and reducing loneliness and isolation, this technology is also used to support virtual meetings for discharge and care planning as well as online interpretation services. Online interpretation has enhanced communication for patients who have a range of language and communication support needs, and improved accessibility for patients with sensory loss, including deaf patients who previously experienced challenges with ensuring a Sign Language interpreter was available for appointments.

Hywel Dda Community Development Outreach Team

Evidence shows that Black, Asian and Minority Ethnic communities have been disproportionately affected during the Covid-19 pandemic. In response, the Health Board, working with the three local authority partners, developed a bid to secure funding to establish a Community Development Outreach Team to engage with minority ethnic communities across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. The team commenced in April 2021 and are working in partnership with local authorities and third sector organisations to support Test, Trace and Protect and raise awareness and understanding of key public health messages and the contributory factors to widening health inequalities.

Emotional health and well-being of children and young people

The Health Board launched a new text-based service – ChatHealth - to support the emotional and mental well-being of young people aged 11-19. Benefits include increased accessibility and the service has already been used by a homeless young person to access support without the need for referral by a GP or other professional. Also launched during the year was a new online counselling and emotional wellbeing support service for young people called Kooth which enables young people aged between 11 and 18 years old to access online counselling through their mobile device, 365 days a year.

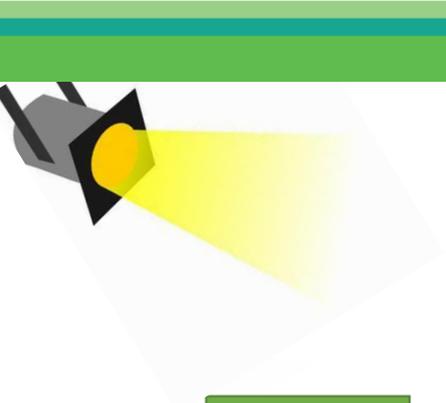
Supporting the health and well-being of people with a Learning Disability

The Health Action Team has played a vital role in the vaccination programme working with the Mass Vaccination Centres to ensure that reasonable adjustments are made. Their work has helped to reduce barriers and allay fears and anxieties of those with a Learning Disability so that they can receive their vaccine with as little stress for the individual as possible. Adjustments made included:

- Sharing easy read information on the process in advance of the appointment
- Supporting staff and volunteers to adopt plain English and jargon free language
- Talking through the process and what to expect step by step and finding out from the individual what they need and how best to support them.

Exercise Buddy Case Study

An 'Exercise Buddy' project was developed to provide on-line facilitated sessions for individuals with Learning Disabilities encouraging them to get involved with physical exercise in their own homes to improve their overall health and well-being. The online nature of the project meant that it has thrived during the Pandemic. Many of those participating have recorded individual and/or group achievements, including step counts equating to marathon distances and virtual climbs.



Spotlight on: Being an employer of choice

Our Objective

We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

Anticipated Outcome

Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

What have we done?

Local jobs for local people

Offering a diverse range of employment opportunities and supporting the growth of our local economy are principles supported by the Health Board and these ambitions are being delivered through a number of initiatives. Some of the ways that we are encouraging local people, in particular young adults, to consider opportunities to work within the Health Board include:

- supporting the Welsh Government Kickstart Programme, providing job placements, career support and training for young people under 25
- offering work tasters through the Traineeship and Engagement programmes
- supporting people with a learning disabilities with access to volunteering, and training and opportunities to transition into employment
- delivering a successful Apprenticeship Academy programme



Local health care apprentices have been praised for their pivotal role in supporting the COVID-19 testing programme working in domiciliary settings, including

supporting the Long Term Care Team and the Infection Prevention & Control Team in care home testing.

Supporting employment Case Study

35 people with Learning Disabilities living in Pembrokeshire were supported to secure paid employment, volunteering and training positions in a range of employment initiatives such as cafés, a Farm Shop, craft sales, furniture upcycling and a sawmill. Of the 35 people supported, 5 have become Learning Disability Champions. One of the cafés provides 70 hours of paid work to 7 people each week and provides unpaid work experience for an additional 6 people. Due to the success of the project in Pembrokeshire, we are currently planning a roll out in Carmarthenshire and Ceredigion.

Carers

Unpaid Carers play an important role in supporting family members who could not otherwise manage without their help, for example as a result of a disability, long-term condition or due to their age. As large employer of staff we are working proactively to support our employees with caring responsibilities. The majority of unpaid Carers are often female and our workforce is also predominantly female.

The Health Board is a member of the Carers Wales Employers for Carers Scheme and is able to display the Carers Confident Logo. We also participate in the Carer Confident benchmarking scheme which supports the Health Board to build a positive and inclusive workplace for staff who are, or will become, unpaid Carers. Valuing employees with caring responsibilities, and making the most of their talents within the workplace is vital and can help to reduce stress, improve job performance and satisfaction and decrease staff turnover. During 2020/21 we:

- Achieved Carer Confident level 1 “Active” award accreditation and are now working towards level 2 “Accomplished” award.
- Approved a Health Board Carers Policy which was developed with engagement from staff with caring responsibilities. The Policy sets out our flexible working practices in recognition that caring responsibilities change and emergencies arising from Caring are often less predictable than child-care.
- Established Carer Peer Support groups to support the health and well-being of staff who have caring responsibilities in their home life.



- Supported and participated in national Carer campaigns to acknowledge the role of unpaid Carers.

All of these actions enable us to demonstrate the Health Boards commitment to offering equal opportunities for employees and the active support available, to enable unpaid Carers to maintain their own health and well-being.

Pride in our staff

The Health Board is a long-standing Stonewall Diversity Champion and has its own staff network ENFYS. During the year all staff and volunteers have been offered rainbow lanyards, reinforcing the health board's commitment towards being an LGBT inclusive employer.



The Health Board was proud to be part of NHS Wales' collaboration with Pride Cymru to mark NHS Wales Virtual Pride Week (24–30 August 2020), celebrating diversity and inclusion in the NHS workforce and our communities. During NHS Wales Virtual Pride Week a number of events were held including educational sessions, short films and opportunities to network and support LGBTQ+ staff and patients.

Staff Psychological Health and Wellbeing

Staff wellbeing has been a clear and high priority during the pandemic and a great deal of effort has been put into considering how to best support the mental health of all our employees. The experiences of our staff have been very varied, some working in COVID wards, redeployed into field hospitals, others shielding and many have been working from home.

The Staff Psychological and Wellbeing Service quickly adapted its ways of working to allow staff easy and rapid access to support and to share good quality resources depending on individual needs. The approach has been flexible and responsive, learning what works and also taking into account new experiences and situations as they arise. The service has embraced the benefits of new technology and the use of the video consulting platform, Attend Anywhere has been very well received by staff.

We have focused on encouraging and enabling staff to strengthen their social connections at work, sharing various guides as well as providing the 20 Minute Care Space and Spaces for Listening. Bespoke pieces of work have been carried out with

“The online session was good because I could stay at home. My therapist was very supportive and easy to talk too. She allowed me to talk and solve my own difficulties in a safe, supportive environment”

separate groups of staff, for example those who have returned to work from shielding and those working in our field hospitals.



We have continued to work with senior leaders and managers to understand and work effectively with the workplace conditions that are needed to support resilience and wellbeing at work.

A series of Wellbeing@Work Webinars have been delivered online and sessions are recorded so they can be watched by staff at a later date or a time more suitable to them. The webinars have covered a wide range of wellbeing issues including “The Art of Rest”, “How to Sleep Well” and “Team Resilience” and the feedback from attendees has been extremely positive.

Tackling bullying and harassment

A Bullying and Harassment task and finish group has been set up to help the Health Board develop a better understanding of matters concerning staff dignity at work, and to consider anonymised lived experiences of bullying and harassment. Membership of the group reflects our diverse workforce and the group is working proactively to consider recommendations for change in terms of Health Board policies and/or approaches that will deliver improvements.

Equality and Diversity training

The Health Board would usually deliver a year-long programme of face-to-face training and workshop sessions on a wide range of topics which raise awareness of equality, diversity and inclusion. In response to the pandemic and changes in working arrangements, this year, the majority of training and awareness raising sessions have been delivered online using digital platforms and has included:

- sensory loss awareness
- culturally appropriate care
- delivering LGBT inclusive services
- disability awareness
- unconscious bias
- neurodiversity
- mental wellbeing
- Pride month
- challenges of social distancing for those with sight loss

- observing Ramadan during a pandemic.

Completion of the NHS Wales “Treat Me Fairly” training continues to be mandatory for all NHS staff on commencement of employment, and then as a refresher training every three-years.

Learning and Development

The Learning, Education and Development department played a pivotal role in supporting the workforce to respond to the exceptional circumstances of the COVID-19 pandemic. The department adapted previous processes to align with the changing government policies and procedures and to help support the recruitment and “onboarding” of over 2,000 newly appointed staff.

The department identified that a large number of newly appointed staff were not computer literate, so developed a step-by-step support system that provided alternatives to on-line learning which included facilitated in-house socially distanced sessions to complete training. A service was also established to respond to calls outside of normal working hours up until 10pm at night over 7 days a week, to offer guidance in completing the mandatory training.

Workforce Information

Workforce information included in this report has been summarised from our Workforce Equality Annual Report 2020-21 which is published separately. This section outlines comparisons between workforce data published as at 31 March 2021 against data published at 31 March 2020. It should be noted that disability, ethnicity, religious belief and sexual orientation are self-reported categories on the Electronic Staff Record. As staff can reserve the right to decline the opportunity to complete equality data monitoring we acknowledge that the data presented in the report may not fully reflect the demographic profile of the workforce.

The most recently available 2011 Census information (as condensed in Appendix 1) has also been highlighted. Where possible, comparisons are drawn with March 2021 workforce data although much of the Census information reports for people of all ages, not just those of working age.

Age Profile

The 2011 Census identified between 60-63% of the population across the three counties being of working age. The majority of the workforce as at 31 March 2021 were aged between 25–59 accounting for approximately 80% of staff, but this was a slight reduction from the previous year. Compared to 2020, workforce information data on 31 March 2020 showed:

- The percentage of staff identifying within the Age Profile for the ages of 54 and below has decreased by 0.45%.
- Age Profiles for the ages of 55 and above have shown a percentage increase of 0.45%.

Disability

At 31 March 2021, the Health Board employed 276 staff who identified as Disabled, which accounted for 2.2% of our workforce. Based on 2011 Census data for Carmarthenshire, out of 100 people 38 (38%) of the population declared a limiting long-term illness or disability. In Ceredigion 28 out of 100 people (21%) and in Pembrokeshire 11 out of 100 people (11%). Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff identifying as having a Disability has decreased by 0.48%.
- The percentage of staff not disclosing or not declaring this information has remained the same at 0.02%.

Ethnicity

At 31 March 2021, the Health Board employed 836 staff who identified their ethnic group as Black, Asian or Mixed ethnicity and this accounted for 6.67% of our workforce. This is an increase of 59 staff. Overall, 86% of our employees have recorded their ethnicity as White. Based on 2011 Census data for Carmarthenshire, Ceredigion and Pembrokeshire, 2% of the population identified as being from a non-white background.

Compared to 2020, workforce information data on 31st March 2021 showed:

- The percentage of staff identifying as White has risen by 2.48%.
- The percentage of staff identifying as Black or Black British has increased by 0.07%.
- The percentage of staff identifying as Asian or Asian British has decreased by 0.25%.
- The percentage of staff identifying as having Mixed ethnicity has increased by 0.18%.
- The percentage of staff identifying as from Any Other Ethnic Group has decreased by 0.04%.
- The percentage of Unknown (2018/19) / Not Stated (2019/20) has decreased by 2.44%.

Gender

At 31 March 2021, the Health Board employed 12,526 staff. 77.7% identified as female and 22.3% identified as male and this has not changed from data reported on 30th March 2020. Census data for 2011 showed the following male/female percentages: Carmarthenshire – 49% male, 51% female; Ceredigion - 50% male, 50% female; and Pembrokeshire - 49% male, 51% female.

Gender Reassignment

Statistics on gender reassignment were not collected as part of the 2011 Census information and are not currently collected on the Health Board's Electronic Staff Record system.

Marital Status

No information on marital status was collected during the 2011 Census. Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff detailing marital status information has increased by 0.25%.
- The percentage Unknown has decreased by 0.25% for the period.

Maternity & Adoption

No pregnancy and maternity data was collected in the 2011 Census. The number of

employees recorded as taking maternity and adoption leave is 438, 3.5% of the workforce. This is a decrease of 0.05% on the data reported on 31 March 2020.

Religious Beliefs

According to the 2011 Census, around 60% of the population are Christian, 2% would be of other religion, around 30% would have no religion and 9% would prefer not to state their religion. The percentage of staff identifying a specific religion or belief has risen by 3.55% compared to data reported on 31 March 2020. The workforce profile of Hywel Dda, reports that 41% are Christian, 24% would be of other religion, 19% chose not to disclose and 16% preferred not to say.

Sexual Orientation

Based on data published by Stonewall Cymru between 6% and 9% of the population would identify as Lesbian, Gay or Bisexual. At 31 March 2021 Health Board data recorded 1.29% of staff recording their sexual orientation as Lesbian, Gay or Bisexual.

Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff identifying as Bisexual has decreased by 0.38%.
- The percentage of staff identifying as Gay or Lesbian has increased by 0.15%.
- The percentage of staff identifying as Heterosexual or Straight has increased by 4.88%.
- The percentage of staff choosing not to disclose this information has increased by 1.30%
- The percentage of staff choosing not to record has decreased by 4.03%.

Welsh Language

The Welsh Language Use Survey 2018 reported that 46% of the Hywel Dda population were able to speak Welsh. At 31 March 2021 Health Board data recorded that:

- 26% of the workforce have Welsh language skills at intermediate level or higher.
- 22% of staff have recorded their Welsh language skills as entry level.
- 9% of staff have recorded their Welsh language skills as being at foundation level.
- 31% of the workforce have recorded their ability as having no Welsh language skills.
- 12% of staff have chosen not to record this data.

Equality Impact Assessment

During 2020/21, the Health Board undertook 123 Equality Impact Assessments (EqIA). This included: 7 associated with service change; 80 related to clinical policies (10 of those associated with COVID-19); and 19 assessments of employment policies. The Health Board remains committed to conducting appropriate equality impact assessments, closely linked with our commitment towards continuous engagement.

There is an inextricable link between socio-economic disadvantage and inequalities and on 31st March 2021 the Socio-economic Duty within the Equality Act, came into force. To reflect this, the Health Board updated its Equality Impact Assessment process to include consideration of socio-economic impacts. The intention of the Socio-economic Duty is to encourage better decision making and ultimately deliver better outcomes for those who are socio-economically disadvantaged. It prompts public bodies to actively engage, involve and consult with people who will be impacted by strategic decisions. It offers an opportunity to better understand the needs and views of people in our communities and to consider their views alongside other evidence to inform fair decision making.

The Socio-economic duty provides a means to do things differently and help to reduce socio-economic disadvantage and inequality in Wales and in our local communities.

One of the largest EqIA's undertaken by the Health Board was for the COVID-19 vaccination delivery programme and as a result a number of actions were taken to improve accessibility including:

- Signage at vaccination centres was made larger and more visible to all
- Staff were made more aware of the needs of blind or partially sighted people in order to guide them around the venue and also provide extra seating/spacing if a guider or guide dog accompanies the person
- Information leaflets were printed in Easy Read format and translated into a number of community languages
- Clear face masks were sourced for vaccinators to use to aid communication with patients who have hearing loss, to support lip reading
- Health Board approved interpretation services were made available to all staff at vaccination venues including the use of BSL if required
- Partnership working with local authorities in order to deliver vaccination sessions in specific locations to encourage engagement with homeless and Roma, Gypsy Traveller communities
- Vaccinations made available at locations closer to home (or at home) for those that were unable to travel to the mass vaccination centres

Another example of an EqIA was in relation to the In-patient Visiting policy. This required adaptation to respond to COVID-19 regulations and Welsh Government guidance. Clear statements and a common approach was established so that as patients moved between wards and hospital sites consistent information was available to them and their visitors. The EqIA resulted in the following changes:

- The requirement of appropriate size PPE for young adults/children who may be visiting, as opposed to the “one size fits all”
- Stocks of clear face masks for visitors of patients with hearing loss
- Additional digital equipment such as the use of tablets and iPads were made available on wards to facilitate virtual visiting and for use when online interpretation services were required

Looking forward to 2021/22

Our [Strategic Equality Plan and Objectives 2020–2024](#) set out our intended direction of travel to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as the way in which we provide services to patients, families, Carers and our wider population.

The experience of the Covid-19 pandemic has had the impact of widening health inequalities and the Health Board acknowledges that how we choose to function and use our resources can have a significant influence on the health and well-being of local populations and actively contribute to addressing socio-economic disadvantage and inequalities.

However, the pandemic has also created an environment for the continued strengthening of collaboration and joint working with our partner organisations, including a variety of third sector and voluntary organisations. We will continue to strengthen these bonds in order to help us deliver services to our communities in ways that meet the needs of our communities across all protected groups.

During the year we have established new and innovative ways of working, and learned lessons about how different groups access our services, how they may be affected differently from the general population, and what we need to do to ensure that they receive equitable care and treatment and preserve their dignity. We intend to use this knowledge to continue to create positive action to help reduce health inequalities and make our workplaces, and services, safe, sustainable, accessible and kind for all.

Our organisation's values are integral to what we do every single day – putting people at the heart of everything we do, working together to be the best we can be and striving to deliver and develop excellent services. We were able to put these values into practice more than ever during the past year and we will continue to do so during the coming year, working together with our partners and our communities.