Advancing Equality and Good Relations

The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. To meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Health Boards & NHS Trusts must consider how they can positively contribute to a fairer society through advancing equality & good relations in their day-to-day activities. The equality duty ensures that equality considerations are built into the design of policies & the delivery of services and that they are kept under review. This will achieve better outcomes for all.

**Reporting Schedule:** Progress against the organisation’s plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **Completed form to be returned to:** hss.performance@gov.wales

Please attach a copy of the organisation’s Strategic Equality Plan (SEP) which should set out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers. Your SEP should also include equality objectives to meet the general duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation.

**Update on the actions implemented during the current operational year to advance equality & good relations in the health board’s day to day activities**

<table>
<thead>
<tr>
<th>Planning &amp; Performance Management</th>
<th>Key Actions Planned 1 Oct 2020 to 31 Mar 2022</th>
<th>Risks to Delivery Corrective Actions &amp; By When</th>
<th>What was Achieved during 1 Oct 2020 to 30 Sept 2021</th>
<th>What was Achieved during 1 Oct 2021 to 31 Mar 2022</th>
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<tbody>
<tr>
<td>IMTPs clearly demonstrate how the NHS organisation meets the duties associated with equality &amp; human rights and the arrangements for equality impact assessment.</td>
<td>The commitments to promoting equality duties are clearly set out in the Strategic Equality Plan</td>
<td>At present Hywel Dda does not have an IMTP and submitted to WG a 3 year Plan incorporating the Annual Plan for 2020/21. This includes a link to our Strategic Equality Plan and arrangements for equality impact assessment. The Board's Annual Plan includes the consideration of the Health Board's Strategic Equality Plan Annual Report and the refreshed Strategic Equality Plan and Objectives 2020-2024</td>
<td>Steps have been taken, where possible, to align equality impact &amp; health needs</td>
<td>We have developed and published our new integrated Equality and</td>
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<td>Fully embed the new integrated Equality and</td>
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assessments to ensure they take account of the ‘protected characteristics’ & utilise specific data sets & engagement activity.

Health Impact Assessment (EHIA) into the Health Board.

Our aim will be to capture data to create baseline targets to use to report future progress with improving social value for our Hywel Dda population. We will also seek to understand how our local recruitment and employment decisions impact on social value, both as the largest single employer in south west Wales and also as a large procurer of goods and services from the local economy.

Continue to engage with “protected characteristics” and the wider population of Hywel Dda in our programme business case for a major new urgent and planned care hospital, the repurposing of two of our hospitals and the ten community hubs

Equality and Health Impact Assessment Guide and templates and support managers in their use as part of large scale projects and change programmes.

We worked with academic partners; PhD students from the University of Bangor will continue to work with the Health Board to undertake in-depth studies into aspects of economic analysis to help us better understand the ways in which we can deliver improved social and economic value, and better treatments for our patients.

An EHIA Review group has been established in order to ensure that all aspects of service change and the planned new hospital build will have engaged with each “protected group” in each of the 3-counties and all health needs assessed by the subject matter experts.

Protected Characteristics Engagement Logs have been created in order to ensure that extensive engagement has and will continue to take place.

As at 31 March 2021 with the Introduction of the socio economic duty, the Health Board Equality Impact Assessment (EqIA) and EHIA
includes an assessment of those experiencing socio economic deprivation alongside the “Protected groups” in order for it to be considered and any impacts identified and if required, mitigated against.

Three cohorts of “Family Liaison Officers” (FLOs) during the COVID-19 Pandemic have been recruited and appointed to wards and departments. Family Liaison Officers are in uniform with NHS and departmental logos. Ipad were issued to FLOs and have proved valuable communication devices which have assisted patients with various languages, enlarging the screen for those with impaired eyesight. The Ipad have been used for important face time calls, Skype, Face Book Messenger, between patients and loved ones.

There are also various apps to support patients with language needs i.e. language line etc.

Patient Experience posters are produced in large print with QR Codes, to make it easier for patients to share their experiences.

Letters, emails are produced in larger print/bilingually
Patients and staff can communicate via email, telephone and arrangements can be made via Microsoft teams meetings.

All Wales Questionnaires are completed by patients and the feedback reported across the Health Board - “Feel Good Fridays”

The “Big Thank You” Compliments - “Big Thank You” nominations are received and Patient Experience Certificates of Appreciation presented to individuals and teams who we have received feedback about. We continue to encourage service users and their carers or family to let us know when someone has made a difference to the experience of the care they have received. We are pleased to see an increase in these compliments.

Statistics and comments are relayed to the respective department – examples of which are:

“YES | Staff were exceptionally good in so many
| Equality impact assessment is embedded into service change/transformational programmes and service delivery plans and informed by the findings from the engagement and consultation and other evidence. | Sessions with teams are held, in order to support staff with completion of robust EqIA’s. Staff are more confident and clearly understand the reasons why they need to conduct an EqIA. Outcomes from public engagement and consultation for the proposed transformation to services are analysed to inform decision making across a range of proposed service changes. | As Wales emerges post-Covid, many organisations are likely to begin consulting on various plans. This can cause engagement fatigue with the potential to impact a number of individuals from a range of protected groups. Reporting of equality monitoring data is voluntary, therefore there is likely to be a degree of underreporting on the data we hold. This concern has also been raised in our response to the | The principles of equality, diversity and human rights are embedded in the guidance to the Board on our approach to service planning and reporting mechanisms, enabling robust scrutiny of proposals, performance and actions. Training is offered to staff, to ensure that they are clear on the requirement to complete EqIA and EHIA and have the knowledge and confidence to robustly assess for impact. |

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consultation on the Welsh Government LGBTQ+ action plan.

The only field available on WPAS is Sex that allows Male or Female. We have raised this at a national level to ask for guidance and clarity around how to capture transitioning patients as well as what we should record in relation to their medical care. Without national direction the systems we use will not be developed to manage these data items.

Our engagement team is working hard to reach all parts of our community and to ensure that everyone’s voice is heard.

We continue to work closely with Transformation teams and project managers to ensure that relevant data and consultation and engagement outcomes and findings inform the way in which we move forward.

The Health Board has a policy that clearly defines the requirements that all policies, Guidelines and Service Changes will need to have an EqIA completed that is specific to each. This will ensure that we continue to put the individual first and provide person centred care.

Completed EqIAs = 89

<table>
<thead>
<tr>
<th>Governance</th>
<th>Key Actions Planned</th>
<th>Risks to Delivery Corrective Actions &amp; By When</th>
<th>What was Achieved during</th>
<th>What was Achieved during</th>
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<tbody>
<tr>
<td>The Health Board/NHS Trust receives assurance that processes are in place to identify equality impact, undertake engagement and that mitigating actions are clearly set out. Committee or sub-committees confirm that equality impact assessments inform decision making.</td>
<td>The reporting templates for Board and Committee Papers include both integrated and Equality Impact Assessment information to ensure that these are considered as part</td>
<td>The Governance Team play a key role in reviewing papers for Committees and Board meetings. The templates for papers being presented to Board and Committees include both integrated and equality impact assessment</td>
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of the decision making process.

information. All new Board members are issued with and have access to guidance in the scrutiny of equality impact assessments of all proposals considered at Board and Committees. SBARs include the two questions;

- Has EqIA screening been undertaken?

- Has a full EqIA been undertaken?

Clinical Written Control Document Group have amended their policy in order to confirm and have assurance that all policies, service changes or guidelines that are completed have an EqIA.

All policies that are sent to be uploaded without an EqIA are directed to the Senior Diversity & Inclusion Officer in order to assist the policy owner with completion and/or further training.

If there are any negative impacts highlighted, mitigating actions are put in place and if these can’t be made as low as reasonably practical then the service/policy has to be changed before it can be put into place.
The Health Board/NHS Trust ensures that equality considerations are included in the procurement commissioning and contracting of services.

It has recently been agreed that EqIAs will be carried out for all tenders for goods or services worth in excess of £25,000. This will build on processes currently in place and assist in identifying and addressing any potential negative impacts.

The NHS Wales Standard Terms and Conditions for the Provision of Goods & Services is utilised for procurement of goods and services in NHS Wales.

Potential delays in entering into tender processes owing to unfamiliarity with the new requirements around EqIAs

Establishing the parameters for the new system for tender exercises with the Procurement Team and providing the appropriate templates and guidance documents to enable a smooth transition into the new process. A number of EqIA training sessions has also been arranged to assist anyone currently unfamiliar with the process.

The Health Board procures goods and services in line with the NHS Wales Standard Terms and Conditions for the Provision of Goods and Services. These Terms and Conditions cover the following areas:

- Section 49 – Human Rights Act 1998
- Section 52 – Well-being of Future Generations (Wales) Act 2015
- Section 58 – Equality and Non-discrimination

The Procurement Team offer training support and places on Equality Training to companies that tender to the Health Board.

| Quality & Safety | Links are made between equality and the quality initiatives set out in the Quality Improvement Strategy and Annual Quality Statement. | Staff, including Board members, will be motivated to use their lived experiences | In response to evidence of the disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic staff, the Health |
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.

| 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. |
| 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 Health Board Strategic Equality Plan annual report
and Workforce report were presented to Board and accepted September 2021.

Staff from our Black, Asian and Minority Ethnic networks along with our LGBTQ+ staff network were invited by the Chair of the Health Board to participate in a reverse mentorship programme with Board members. We commissioned Nottingham University to design and implement a Reverse Mentoring programme. Whilst this was not specifically designed for LGBT, the programme was intended to represent intersectionality of our workforce. We asked up to 30 staff volunteers to virtually mentor members of the Board on a 1-1 basis. No previous mentoring experience was required as training was provided. Training for mentors took place on the 12th January 2021 via a virtual workshop. The programme lasted 6 months, during that time mentors had access to regular peer support and were required to attend two reflective practice sessions. Building on the successful outcome of this programme, we are looking for opportunities to strengthen the LGBTQ focus of future reverse mentoring programmes.
<table>
<thead>
<tr>
<th>Workforce</th>
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<tr>
<td>There is evidence that employment information informs policy decision making and workforce planning.</td>
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<tr>
<td>The Staff Inclusion Group will facilitate robust and ongoing analysis of workforce intelligence information in order to inform workforce planning. We aspire to be an employer of choice and wish our staff experience to be the best possible.</td>
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<tr>
<td>Information gathered to inform the Annual Workforce Equality Report is collected from three different systems which are nationally managed and for Grievance and Disciplinary statistics, manually in-house. Information provided by staff to populate equality data monitoring forms is provided on a voluntary basis and staff may choose not to answer every question. Therefore reports produced may not provide a wholly accurate picture of staff demographics.</td>
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<tr>
<td>The Annual Workforce report and gender pay gap report, for the Strategic Equality plan annual reporting inform policy decision making and workforce planning. Work on the high profile transformation programme is underway with some recruitment of the newly developed posts successfully appointed into. This will continue through Q1 and Q2 of 2021. Once recruitment is complete and new starters embedded into their new positions changes will be evident in the way we currently work. The work which was underway to support the West Wales Learning Disabilities Charter, with a view to addressing the under-representation of people with learning disabilities within the workforce and appropriately supporting people with learning disabilities in our workforce to reach their full potential had to be placed on hold due to COVID19. This work will be re-instated October 2021.</td>
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<td>A personal Diversity Calendar was distributed successfully to</td>
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all HB staff. Feedback was exceptionally positive

The Health Board is working towards Disability Confident Leader (L3) accreditation.
Training resources have been developed for inclusive recruitment and advice on inclusive recruitment provided for assessment centres.

A bullying and harassment T&F Group has been established. The group will use WF data/Intelligence to help inform their work programme.

All new staff continue to be encouraged to complete the equality data monitoring sections of their Electronic Staff Record at Induction. Periodic reminders to existing staff are issued by global email and through Team Brief.

The Health Board has facilitated the creation of the following staff networks, to provide support and guidance to staff, peer support and encourage engagement with staff on matters that are important to them and to identify any work related issues/barriers:

- LGBTQ+
The Health Board has established a BAME Buddy System which initially will be available / trialled for the Medical/Dental Staff Group – which has the highest proportion of Ethnic Minority staff.

A suite of equality and diversity training has been provided to staff, to encourage an inclusive approach to all that we do, including:

- Active bystander
- Unconscious bias
- Diversity
- Sensory Loss awareness
- LGBTQ+ inclusive services
- Accessible services

A new Equality Diversity and Inclusion post in the Workforce Directorate has been established.

Numbers of staff who have completed mandatory equality and human rights training ‘ Treat Me Fairly’ (TMF) - 84.6% of Staff have completed

Relevant Strategies and Guidance


EIA Practice Hub – Public Health Wales http://www.eiappractice.wales.nhs.uk/home


