

Strategic Equality Plan – Equality Objectives: a) Identify objectives, b) Review and assess progress against objectives prioritised in SEP during the reporting period

Organisation	Hywel Dda University Health Board	Date of Report	10th October 2023`	Report Prepared By	Strategic Partnerships, Diversity and Inclusion Team
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The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. As a listed body in Wales under the Public Sector Equality Duty (Equality Act 2010), NHS organisations are required to draw up a Strategic Equality Plan (SEP) at least every 4 years which describe and document the steps being taken to tackle inequality and barriers to access to improve the health outcomes and experience of patients, their families, and carers.

The SEP should 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.

Distinct action plans for several Protected Characteristics (PCs) have been published since 2022, these currently include the Anti-Racist Wales Action Plan (ARWAP 2022) and the LGBTQ+ Action Plan (2023). Each NHS organisation's SEP should act as a support platform for current and future plans, linking the distinct plans which have their own actions, and not override them.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

Completed form to be returned to: hss.performance@gov.wales.

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery.

Please attach a copy of your organisation's SEP and Annual Equality Report.

Measure	Evidence	Risks to delivery
<p>The steps taken to fulfil your equality objectives in the SEP this period.</p>	<p>The Health Board has four key equality objectives:</p> <ul style="list-style-type: none"> • Leadership by all - Staff at all levels, including Board Members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation. • 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. • Improving Health and Wellbeing 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. • 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. <p>The SPD&I team coordinate the gathering of evidence to demonstrate progress. In addition to this being consolidated in the statutory annual report, papers are also presented and considered at a number of Health Board assurance committees. Please see attached document for examples of evidence of work undertaken between April-September 2023.</p>	

Measure	Evidence	Risks to delivery
Eliminating discrimination and promoting equality of opportunity.	<p>The Health Board works to actively eliminate discrimination and promote equality of opportunity in a number of ways, including:</p> <ul style="list-style-type: none"> • An annual programme of diversity and inclusion training. • Inclusive recruitment and training and resources for managers, to recruit inclusively. • Learning and development programmes for new and aspiring leaders and senior leaders include topics such as cultural awareness, unconscious bias training and being an inclusive leader. • Ensuring that equality impact assessments are completed. 	<p>The Health Board continues to face a challenging financial situation and whilst decision making is supported with equality impact assessments, there is a risk that mitigating actions will be insufficient, to prevent negative impacts.</p>
Progress made against national action plans (ARWAP, LGBTQ etc).	<p>ArWAP</p> <p>The Health Board has a robust governance structure for the implementation of the ArWAP and agreed local actions to address racism and the disparities it has created are based on the lived experiences of Black, Asian and Minority Ethnic People. Progress includes:</p> <ul style="list-style-type: none"> • The Health Board’s Black, Asian and Minority Ethnic Board Advisory Group have ownership and oversight of the work to meet the requirements of the Anti-racist Wales Action Plan. • A workshop, led by the Chair of the Health Board, Maria Battle, was held to consider the best approach to developing and monitoring the local action plan and the Health Board’s progress 	<p>Any delays in receiving guidance from Welsh Government or completion of interdependent actions such as national training and implementation of the WRES.</p> <p>Capacity constraints within the Diversity and Inclusion team (2.8 wte staff) is limited and work to support service and financial recovery has increased the need for guidance and support in Equality Impact Assessments. This has limited the capacity of the team to input or lead some aspects of work.</p>

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	<p>towards the overarching Anti-racist Wales Action Plan. Those invited to the workshop included Board Members, members of the Black, Asian and Minority Ethnic Board Advisory Group, the Black, Asian and Minority Ethnic Staff Network, as well as other key colleagues, including Workforce and Organisational Development, Planning and Staff Side.</p> <ul style="list-style-type: none"> • The Health Board has developed a local action plan and continues to work towards implementation of other key actions such as the WRES. <p>LGBTQ</p> <p>To ensure robust governance procedures, progress on the implementation is monitored through the Health Board’s People, Organisational Development and Culture Committee.</p> <ul style="list-style-type: none"> • A workshop was held with the Health Board LGBTQ+ staff network (including allies), to consider the best approach to developing and monitoring the action plan. • The Health Board has strengthened its commitment to supporting the LGBTQ+ community by signing up to Fighting with Pride and continued to progress actions against the Pride in Veterans Standard (PIVS). 	

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	<ul style="list-style-type: none"> In partnership with Veterans NHS Wales, the SPDI promoted the available resources/help for LGBT+ Veterans following the publication of the 'Independent Review into the service and experience of LGBT+ veterans who served prior to 2000.' <p>https://www.fightingwithpride.org.uk/reparations/</p>	
Information obtained that demonstrates achieving the equality objectives in the SEP and what does it indicate.	See attached report for examples of how the strategic equality objectives are being achieved.	
Action to be taken as a result of the information gathered.	<p>A Health Equity Steering Group has been established and meets monthly to monitor health inequalities for specific individuals and the actions being taken to reduce them and improve individuals' health and wellbeing.</p> <p>The Health Board continues to work in collaboration with our partners and stakeholders to drive continuous improvements for those who are most vulnerable and who have been most affected by the impact of external societal factors beyond their control.</p> <p>The Health Board has established a Cost of Living group whose aim is to identify internal actions which could be taken to alleviate the impact of the cost of living crisis for staff.</p>	

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	<p>As gender diverse communities increase, Health Boards must adapt its services to meet the individual needs of service users. Throughout the past year, this has meant finding appropriate resolutions to some complex situations involving gender diverse patients, especially for those who are using our maternity services, breast care unit and mental health services. Providing healthcare advice and treatment to gender diverse service users has been a new concept for many of our staff over the past year and staff have been keen to learn more about how they can continue to provide quality healthcare services to gender diverse individuals.</p> <p>In order to help staff, the Health Board procured a series of training courses from the Welsh Gender Service who have delivered both a specialist training session to staff within the Mental Health Directorate as well as general training sessions that were available to all staff. The Health Board has GP staff within each of the three counties who have been specially trained to provide advice and support to gender diverse patients.</p> <p>The Health Board has developed a small team to promote digital inclusion for staff and service users on the use of digital technology to support healthcare provision. Several information sessions have already</p>	

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	<p>been held for staff and service users with future sessions planned for 2023-2024. The Health Board recognises that digital healthcare will form an essential component of healthcare service delivery now and in the future, with increasing video healthcare appointments, online healthcare support and information, healthcare apps to maintain health and aid recovery, and digital communications.</p> <p>The Childrens Community Nursing Service has expanded with the introduction of Long Term Conditions Nurses for Epilepsy, Cardiac Conditions, Respiratory and Attention Deficit Hyperactivity Disorder (ADHD). These roles ensure that children and young people with an identified long term condition may have equal opportunities to their peers through health advice, education and health promotion. This framework should enable them to develop the skills to self-care and manage their condition, positively benefiting them to access education and hobbies whilst offering additional support to those who care for them.</p> <p>Paediatric outpatients questionnaires and feedback have been developed, all of which have been introduced health board wide in all children's outpatient settings as a Pilot. This has helped us measure how well we interact in consultation clinics with our children and families and</p>	

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	<p>to identify any areas to improve. In the evaluation of the feedback, they proved a valuable source of feedback directly from patients, services users and we have been able to make changes in the environment.</p> <p>A new staff network has been established to support staff with a disability as defined by the Equality Act 2010. The RespectAbility staff network has two sub-groups: one for staff with a physical disability or long-term condition, and another for staff who are neurodivergent. The group has modelled itself on other established networks and is slowly increasing in membership. The network will become fully established in the forthcoming year.</p> <p>The People Development Team undertook a study during to ascertain the extent of the concerns from staff, that access to training is not equitable, and whether our workforce feel they have the opportunity to develop. Findings highlighted that 40% of the workforce do not feel they have an opportunity to develop and 41% are unable to complete mandatory training within their contracted working hours. Of those reporting that they are unable to complete mandatory training within their working hours, 79% completed training in their own time, 7% were granted additional hours to complete training and 14% did not complete mandatory training. This inequity is impacting Core Skills Training Framework</p>	

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	<p>compliance. The research recognised that inequity exists from a training perspective and identified a number of recommendations relating to funding, application processes and the promotion of development opportunities. In addition, it was identified that results were not consistent across all services, bands or demographics and deeper investigation of this data is needed, to facilitate targeted interventions.</p> <p>From April 2023 the Health Board introduced another mandatory training competency to promote equality – An Introduction to Carer Awareness. Since its introduction there has been a steady increase in compliance rates, along with other recently introduced mandatory training, including Dementia Awareness, Understanding Autism and Learning Disability Awareness. The Paul Ridd Foundation congratulated the Health Board on its “amazing work” as the Learning Disability awareness training has been completed by 82% of staff. This shows that introduction of these mandatory subjects has been effective in increasing uptake on the courses and therefore raising awareness of these subjects.</p> <p>We accompanied the introduction of Carer Awareness, as well as Autism Awareness, with online, tutor led, introduction sessions and this has helped to achieve the large number of access/completions. We are currently</p>	

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	<p>exploring options on how to support access to learning with semi facilitated sessions that would provide access to devices and facilitators in an open session where members of staff can complete required learning with learning and development support at hand.</p> <p>Evidence shows that patients with sensory loss in Hywel Dda have delayed and cancelled appointments due to lack of communication support. In addition several patients have reported that their sensory loss needs, including those needing guide dogs in health premises, are often overlooked or trivialised by staff due to lack of awareness of their communication and support needs. To address issues and promote equality of opportunity, the Health Board has started to develop a visible marker on patient's notes that will support staff in outpatients and wards to identify and provide/use the patients' preferred way of communication in a timely manner. This will help improve both staff and patients' experience in planned care. Whilst this planned work focuses on communication needs of people with sensory loss, it is expected that this mechanism will include the facility for other communication needs such as foreign language and easy read needs to be recorded. It therefore has the</p>	

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	potential to meet the needs of patients with a range of protected characteristics.	
Feedback from stakeholders of the progress made.	<p>Feedback from stakeholders is received in a number of ways, including:</p> <ul style="list-style-type: none"> • Continuous engagement activity • Staff network surveys • Listening Exercises • Surveys of Internationally Educated Nurses and their managers (covering all Wales) through Nursing Now Cymru • Feedback from NHS Nursing Staff Surveys • Results from the Health Board’s Discovery Report • Feedback from the Chief Nursing Officer for Wales Ethnic Minority Nurses and Midwives Advisory Group • Feedback from the All-Wales International Recruitment Welcome to Wales/Croeso I Gymru Group • Consultation as part of the process to review and update the SEP objective for 2024-2028 <p>According to our population who participated in the consultation as part of the SEP review, concerns around access to care and support is worse/has worsened for approximately 50% of respondents who are disabled,</p>	

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	<p>have a minority ethnic background or those from the younger and older ends of the age spectrum.</p> <p>Overall health was considered to be worse/has worsened for between 40-45% of respondents who are disabled, have a minority ethnic background, are Transgender or older.</p>	
<p>Equality objectives prioritised during the next reporting period.</p>	<p>Our current strategic equality objectives remain a priority during the remainder of the reporting period but in line with statutory duties, the objectives will be refreshed and published by March 2024.</p>	<p>Capacity constraints within the Diversity and Inclusion team (2.8 wte staff) is limited and work to support service and financial recovery has increased the need for guidance and support in Equality Impact Assessments. This has limited the capacity of the team to input or lead some aspects of work.</p>