Strategic Equality Plan and Objectives

2012 - 2016

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Executive Summary

This is the Strategic Equality Plan and Objectives for Aneurin Bevan Health Board (ABHB).

Aneurin Bevan Health Board is responsible for the delivery of health care services to more than 600,000 people living in the Gwent area and part of South Powys. We are also responsible in partnership for improving the health and well being of local people.

We employ more than 13,500 members of staff to deliver our services. We have three acute hospitals, community hospitals and a range of specialist health centres, local clinics and primary care facilities providing medical, dental, pharmacy and Ophthalmology services along with facilities providing mental health and learning disability services.

Our Strategic Equality Plan and Objectives recognises that promoting equality and human rights is key to securing the best possible life chances and health outcomes for the people we serve.

The Equality Act (2010) introduced a new general public sector equality duty that strengthened 40 years of previous equality legislation. It provides protection from discrimination across all the ‘protected characteristics’ of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Equality Act (2010) requires Aneurin Bevan Health Board in the exercise of its functions to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

We have developed this Strategic Equality Plan and Objectives (SEP) in partnership with key internal and external stakeholders, including involvement and feedback from the community we serve. The SEP has drawn upon a wide range of local and national evidence to identify our priorities. It is essentially linked to our existing and developing strategies, to ensure that they dovetail to achieve better outcomes for all.
1.1 Scope

The Strategic Equality Plan and Objectives applies to:-

- Our service users
- Our employees
- Our Board members
- Those we commission to provide services for or on our behalf

2 Vision and Values

The core values that underpin the NHS in Wales are:

- Putting quality and safety above all else
- Focusing on prevention, health improvement and inequality
- Working in true partnerships with partners and organisations and with our staff
- Integrating improvement into everyday working
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively

This Strategic Equality Plan and Objectives reflects these values and will support the Health Board’s vision of:-

- Working with you for a healthier community
- Caring for you when you need us
- Aiming for excellence in all that we do

2.1 Human Rights Based Approach

The Health Board has made a commitment to support a human rights based approach to the way in which we work.

Taking a human rights based approach is a way of ensuring that human rights principles and standards are made real in practice.

The five key principles are:-

- Putting human rights principles and standards at the heart of policy and planning
- Ensuring accountability
- Empowerment
- Participation and involvement
- Non discrimination and attention to vulnerable groups
3 Realising the Vision
In order to realise the vision of our Strategic Equality Plan the Health Board will ensure that:

- The Chief Executive and Board will provide overall leadership for the equality and human rights agenda.
- An understanding of service user and employee needs will be further developed through meaningful engagement and ongoing involvement activity.
- A robust monitoring and data collection system will be further implemented to inform the development and delivery of appropriate health services and employment practices.
- Equality and human rights impact assessment is incorporated into service design and delivery and employment practice.
- Staff have the opportunity to develop the knowledge, skills and attitudes required to ensure the services we provide are inclusive and equitable, treating all those with whom we come into contact with dignity, kindness and respect.
- All staff will recognise the importance of the language we use in ensuring dignity and respect and the importance of culturally sensitive care in the service we deliver.

4 Equality Information and Evidence
In developing this Strategic Equality Plan and Objectives, we have drawn upon a wide range of both local and national evidence, including research, census information, workforce information and service user monitoring information. Evidence has also been gathered through the ongoing involvement of the communities we serve, sharing of feedback from the engagement activities of our community partners in the public and third sectors and the partnership arrangements we have with our staff.

We have used this information to inform and identify our strategic equality objectives. More detailed information regarding this evidence can be accessed via the following hyperlink.

4.1 Employment Evidence
The law also requires us to collect data on the people who work for us. This helps to ensure that we are an equal opportunities employer. This data is published on our Intranet and external website via the following hyperlink.
We recognise that for some protected groups equality monitoring is not fully developed and there are gaps in the information we hold. Where this is the case we will endeavour to address these gaps in the most appropriate way.

5 Engagement

A variety of engagement methods have been used, including: Focus groups, Patient Panels, one to one interviews, patient story telling, formal facilitated events in partnership with other public bodies and opportunistic engagement at informal community events.

The statutory requirement to involve people in the development of the Strategic Equality Plan and Objectives has been an integral part of the process.

It is recognised that there remain a number of groups who, as yet, have not had the opportunity to be involved. We are committed to continuing to build on our involvement work as part of our Patient Experience Strategy to ensure as many people as possible have the opportunity to influence the ongoing development of our Strategic Equality Plan and Objectives.

6 Roles and Responsibilities

Everyone has a role in ensuring that equality and human rights considerations are part of their day to day practice.

Our chief executive, Dr Andrew Goodall, has overall responsibility for making sure that we implement our Strategic Equality Plan. Strategic objectives are the responsibility of relevant Directors across the Health Board and they are responsible for ensuring these are implemented and reporting on progress.

6.1 The Chief Executive and Board will: -

- Provide overall leadership for the equality and human rights agenda
- Ensure that equality and human rights is embedded across all areas of activity
- Ensure that all work submitted to the Board for endorsement or consideration has undergone an equality impact assessment screening
- Take overall responsibility for ensuring a corporate and co-ordinated approach to equality and human rights exists.
- Be responsible for ensuring that the requirements of the Strategic Equality Plan and Objectives are implemented (Appendix 1).

6.2 All Directors and Senior Managers will:-

- Take overall responsibility for ensuring a coordinated approach to equality and human rights within their own areas of responsibility
• Identify the part that their area of responsible will play in ensuring the delivery of the aims and Objectives of the Plan.
• Implement appraisal and personal development review (PADR) to monitor and develop staff within their area ensuring that they have the necessary knowledge, skills and attitude to deliver appropriate and equitable services.

6.3 Workforce and Organisational Development will:-

• Develop human resources policies, strategies and procedures in line with equality and human rights best practice and legal requirements.
• Equality impact assess all human resources policies, procedures and strategies during development and as part of the review process.
• Collect and monitor recruitment, retention & employment related data
• Work towards fully implementing the Electronic Staff Record.
• Develop and implement a Behaviours Framework that makes explicit the Health Board values for all staff and what is expected of them.
• Support the embedding of Equality Impact Assessments for all any proposed change to service delivery and clinically developed policies, procedures and strategies.

6.4 Managers will:-

• Take overall responsibility for ensuring a coordinated approach to equality and human rights within their own departments.
• Identify the part that their department will play in ensuring the delivery of the Strategic Equality Plan and Objectives.
• Use the Personal Appraisal and Development Review (PADR) process to monitor and develop staff within their area to ensure that they have the necessary knowledge, skills and attitude to deliver appropriate and equitable services.

6.5 Employees will: -

• All employees have a responsibility to act in ways that support equality and human rights.
• Treat everyone with whom they come into contact with kindness, dignity and respect.
• Participate in appraisal or personal appraisal development review, undertaking development activity where required to enable them to deliver appropriate and equitable services and recognise and report behaviour that undermines equality and human rights.
• All those who are covered by the NHS national terms and conditions are required to have a level of understanding commensurate with their role as part of the Equality and Diversity dimension of the Knowledge and Skills Framework, this is monitored at PADR
6.6 The Equality and Human Rights Forum

The Health Board Equality and Human Rights Forum will be the key forum for ensuring that the equality and human rights agenda is taken forward. They will monitor the mainstreaming of this agenda into key Health Board fora and in the implementation of the Standards for Health Services. They will ensure that implementation of the Strategic Equality Plan and Objectives is monitored and reported to the Board by the Director of Workforce and Organisational Development.

7 Monitoring and Evaluation

The Equality and Human Rights Forum will produce an annual equality and human rights report. This report will outline progress in relation to the equality and human rights agenda and the implementation of the Strategic Equality Plan and Objectives. This report will be presented to the Board and will be circulated to key stakeholders and published on our website. The first report will be published by March 31st 2013.

Monitoring and evaluation will also take place via a range of existing performance management frameworks including:

- Five Year Framework Plan
- Standards for Health Services (Wales) and our Improvement Plan
- Free to Lead, Free to Care – Fundamentals of Care Audit Tool
- Workforce Information Systems (WfIS) Group - Implementation of the Electronic Staff Record
- Public Health Strategic Framework ‘Our Healthy Future’
- Health and Work Group (Corporate Health Standard)

8 Arrangements to identify and collect relevant equality data

Service Users

Equality data in relation to our service users is collected in the main through the referral and assessment process via for example, the unified assessment process (UAP) or Care Programme Approach (CPA) within mental health services. The recent introduction of a new Patient Administration System (Myrddin) that enables improved electronic recording of patient equality data will greatly enhance our ability to use the data we have. Training is available to staff to ensure they are confident and competent in recording the data required.

Staff
We will build on work already undertaken in developing our workforce profiles. This will be facilitated by the developing use of ‘manager’ and ‘employee self-serve’ in relation to the Electronic Staff Record system (ESR), whilst ensuring informed consent, and relevant access and security considerations. ESR is a national system for the NHS in the UK. The Health Board Workforce Information Systems (WfIS) Group has a Data Standards subgroup that monitors the equality data in ESR. It is recognised that the system has some limitations in relation to what it enables us to collect. For example, there are currently no fields within ESR for recording the characteristic of Gender Reassignment or for identifying staff that have caring responsibilities.

Improving the levels of confidence to increase disclosure of employee equality data is on going. This will be managed by the Workforce Information Systems (WfIS) Programme Board.

9 Equality Impact Assessment

We recognise our statutory obligation to apply the process of equality impact assessment to all policies, strategies, procedures, functions and decisions.

We have adopted the use of the Equality Impact Assessment Tool developed for NHS Wales by the NHS Centre for Equality and Human Rights. The tool includes all of the equality areas covered by the Equality Act (2010) as well as Welsh Language and human rights considerations.

9.1 Joint Working

We have experience of working in partnership with other public sector and third sector groups and when doing so, jointly agree how the work of the partnership will assess the impact of that work on protected groups. We recognise and welcome the obligation we have to engage with people as part of the impact assessment and the importance of identifying and using other relevant information to support this process.

9.2 Staff training and Leadership

Competence and confidence in undertaking equality impact assessments is growing within the Health Board. Training is available for staff commensurate with their role and level of responsibility, including Board members. It is recognised that equality impact assessment is best undertaken by those directly involved or affected by the service. Specialist equality advice is available to support the process and to continue to build capacity, competence and confidence in this area.

9.3 Publication of our impact assessments results, consultations and monitoring
We are committed to publishing the results of our impact assessments, consultations and monitoring. Summary reports of our impact assessments will be published on our website. Full reports will also be available on request. Monitoring and review is an integral part of the policy development process.

10.0 Promoting Knowledge and Understanding – Staff Training

All staff are required to undertake an annual appraisal or Personal Appraisal Development Review (PADR) within which they are required to demonstrate they meet the levels of competence appropriate to their job and in the majority of cases as defined within the NHS Knowledge and Skills Framework (KSF). Equality and Diversity is one of the Core Competencies within the KSF and this helps to ensure staff are able to translate any theoretical learning into their day to day work and the way they behave.

Promoting knowledge, understanding, skills and behaviour that supports equality, diversity and human rights and the requirements of the Equality Act (2010) is facilitated via a blended approach to learning. This includes induction training, online training, work book training, class based training, action learning and road shows. There are equality information pages on the Health Board Intranet site and access to computer programmes such as ‘Dignity Drive’ human rights training and ‘Look Closer See Me’ dignity and respect training.

11.0 Procurement

Guidance and training in relation to equality is undertaken by staff who are responsible for Procurement. Work will be undertaken to update procurement guidance and training for staff to ensure that it complies with the Equality Act (2010) and the Welsh Language legislation; staff will be made aware of any changes and the requirement to have due regard to whether it would be appropriate for the award criteria for a contract to include considerations to help meet the general equality duty and whether it is also appropriate to stipulate conditions relating to the performance of the contract to help meet the three aims of the general duty.

12.0 Pay Difference (including Gender)

The majority of Health Board staff are paid in accordance with the NHS Agenda For Change (A4C) Terms and Conditions within which all posts are evaluated and allocated to one of the nine pay bands. Any person appointed to an A4C post will receive the pay for that post according to its allocated pay band, and this will apply regardless of any protected characteristics of the individual. The consistent application of this system therefore ensures no person is discriminated against with regards to their pay by reason of their protected characteristics. A review of our pay and job roles, however, indicates that there is occupational segregation according to gender in some areas. There is also a need to invest in some positive actions programmes to support the development of those in minority groups.
13. **Contact us**

If you would like to make any comments or discuss any aspects of the Strategic Equality Plan and Objectives please contact:

Jill Evans  
Senior Education & Development Manager  
Llanfrechfa Grange Hospital, Cwmbran, Torfaen

E Mail [jill.evans2@wales.nhs.uk](mailto:jill.evans2@wales.nhs.uk)  
Telephone 01633 623868  
Fax 01633 623997  
Minicom 01633 238957

If you would like a presentation and discussion for a group of people, on any aspect of the work the Health Board is doing to promote equality and human rights, we would be happy to arrange this. Please contact Jill Evans.

**Acknowledgement**

Thank you to those patients, the public, our staff, Trade Union colleagues and our partners from the public and third sectors for their support in developing our Strategic Equality Plan and in its on going implementation.
Appendix 1 Strategic Objectives

Objective 1: Work in partnership to reduce all hate crime including disability related harassment.

Evidence Based Rationale for prioritising this objective:

- The right to be free of violence, hate crime, bullying and harassment is a fundamental right.

- Local evidence from our involvement in Community Safety Partnerships, Hate Crime Forums and feedback from a range of other local and workplace forums such as Newport and Torfaen ‘People First’, Disability Advisory Group and Lesbian, Gay, Bisexual and Transgender Advisory Group confirms this as an important issue where the Health Board could make more of a difference.

- A review of national evidence confirms that approximately 10% of the population has experienced an incident of discrimination, harassment or victimisation in the last five years, with those with protected characteristics experiencing even higher levels of harassment (EHRC 2011).

- Statistics in 2009-10 shows there were a total of 3594 recorded hate crimes in Wales. However these statistics are unlikely to reflect the true extent of crime owing to under-reporting by victims. (ACPO Figures 2010).

- A Welsh Government report (2009) showed over 44% of year 6 and 7 pupils and 25% of year 10 pupils reported having been bullied in the last school year, including on the grounds of gender, race and ethnicity, sexuality, disability, learning difficulties, language and perceived socio-economic deprivation. Being a victim of bullying detrimentally affects a child’s educational achievement and leads to an increased chance of being not in education, employment or training.

- The EHRC’s Disability Harassment Formal Inquiry (2011) highlights the extent of disability related harassment in Wales – ‘How Fair is Wales’ cites that one-third of disabled people 16-39 have experienced harassment; this is much higher for certain groups, e.g. those with learning difficulties.
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<th>Action Area and outcomes</th>
<th>Timescales Monitoring/ Review</th>
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<tr>
<td>1.1 Design and deliver hate crime awareness raising and training of front line staff to increase recognition and reporting.</td>
<td>Implement by November 2012 monitor and review via the Workforce and Organisational Development Group.</td>
<td>Director of Workforce and Organisational Development.</td>
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<td>1.2 Use our existing resources to raise awareness of disability harassment among disabled people – initial focus on mental health and learning disability service users to increase reporting and confidence in service users that staff understand the issues and will provide the appropriate support.</td>
<td>Implement by May 2013 Monitor and review via Learning Disability Strategy</td>
<td>Director of Primary Care, Community &amp; Mental Health.</td>
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<td>1.3 Working with partners via community safety initiatives to improve the support that disabled people who are experiencing or at risk of harassment receive.</td>
<td>Implement by January 2013 Monitor and review via multi agency Hate Crime Forum,</td>
<td>Director of Workforce and Organisational Development.</td>
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**Objective 2:**

*Work in partnership to reduce the incidence of domestic abuse, ‘honour’ based violence and elder abuse.*

**Evidence Based Rationale for prioritising this objective:**

- Council of Europe figures from 2002 estimate that one in four women experiences domestic abuse in her lifetime.
- On average, two women per week are killed by their male partner or ex-partner in England and Wales, representing
approximately one third of all female homicides.

- Local evidence from our multi agency Domestic Abuse Forum indicates that the Health Board could make a further significant difference to reducing domestic abuse through a range of initiatives such as ‘routine enquiry’, staff training and promotion of work place domestic abuse policy.
- Between April 2010 and March 2011 Welsh Women’s Aid report that 1716 women and 1421 children and young people were accommodated in Women’s Aid refuges in Wales.
- Domestic abuse also affects men and both heterosexual and same sex relationships.
- Reports of ‘honour’ based violence (HBV) are increasing – the 12 GB police force areas for which comparable data was available show that reports went up by 47% in just a year. However, the true figure may be considerably higher because many incidents are likely to be unreported because of victims' fears of recriminations, and as a result of possible under recording.
- There was a 10% increase in the number of adult protection referrals in 2009-10, with around 5000 cases investigated in Wales each year, with the majority involving older people. (CSSIW Annual Report, 2011).

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<tr>
<td>• Review the Health Board policy for staff who are victims of domestic abuse and raise greater awareness of its availability ensuring that staff are aware and confident in the support the Health Board will give to help maintain their safety and wellbeing.</td>
<td>September 2012 monitoring and review on progress via the Workforce and Organisational Development Group.</td>
<td>Director of Workforce and Organisational Development.</td>
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- Develop and implement a domestic abuse training plan for all staff to ensure they can support the outcomes of the overarching domestic abuse strategy. Increase the current levels of recorded ‘routine enquiry’ by 20% each year through the life time of the Strategic Equality Plan.

| Training plan to span 2012 - 2015 monitoring and review on progress via the Workforce and Organisational Development Group and Health Board Safe Guarding Forum |

| Director of Workforce and Organisational Development |

### Objective 3: As the lead agency work in partnership on the development of an Information Strategy for Carers that improves their access to information and raises awareness of their rights.

#### Evidence Based Rationale for prioritising this objective:

- The 2001 Census identified 340,000 Carers in Wales. This is 11.9% of the population. Out of which 13% of Carers are aged over 65.
- 61.1% provides care between 1-19 hours, 12.6% provide care between 20-49 hours and 26.3% provide care of 50 hours or more per week. 23.7% of Carers reported that their health was not good.
- The 2001 Census identified over 4,600 young Carers aged under 18 in Wales. The 2011 Census data regarding the numbers of unpaid Carers in Wales are expected towards the end of 2012. However, the ‘Care at Home’ research commissioned and published by the Care Council for Wales reports that 96% of annual care hours in Wales are provided by unpaid carers, with the remaining 4% provided by local authorities and independent providers. Further research published in May 2011 by Carers UK estimates that the number of unpaid Carers in Wales has increased by 8% to approximately 370,000.1.13
- The 2001 Census reported 2.1 per cent - or some 62,000 people in Wales – of the Wales population coming from non-White backgrounds. The Black, Minority Ethnic (BME) population in Wales is very diverse but the group that predominates is that of Asian background (over 25,000 or some 40 per cent of the total BME population). However, these figures do not represent the current increase in the numbers of people coming from Eastern European countries. In considering the BME Carer population, reference should be made to the WAG Guidance *They Look After their Own*

#### Demographic Trends
- There is a move both, nationally and locally, away from acute services and more focus on community support. This, in
turn, could potentially put more pressure on Carers. Research has found that due to people living longer and women having children later, the so-called “sandwich generation” — women who have to deal with the competing demands of holding down a job and caring for both children and ageing parents — is growing. This is potentially a significant issue for the Health Board as approximately 80% of our staff are women.

- **Impact of Caring**
  - There is growing evidence that caring can have a detrimental impact on the physical, emotional and mental health of Carers and that their health is increasingly at risk as their caring responsibilities increase. Carers in Wales providing high levels of care are a Third more likely to suffer ill health than non-Carers: 23.7% of Carers in Wales reported their health wasn’t good in the 2001 Census.
  - Young Carers are twice as likely as their peers to have mental health issues and BME Carers are often described as an isolated community within an isolated community. When a caring relationship breaks down (often because unsupported Carers can no longer cope), it can result in the admission of the cared-for person, the Carer, or both, to hospital or local authority care. This is particularly an issue where older Carers are caring for spouses, partners or friends or adult children with learning disabilities. Many parent Carers of children with complex needs and challenging behaviours face high levels of stress over a long period. Without additional support, severe strain is often placed on the wider family, impacting on the development of other siblings. Often children with complex needs are looked after by a single parent, as a result of a marital or partnership breakdown.
  - Research and recent policy developments acknowledge the occupational hazards of caring, particularly for those family Carers providing over 20 hours of care a week. Unpaid Carers, like paid care staff, require support to fulfil their roles, such as information, training, financial and emotional support, equipment and adaptations and breaks from caring. Providing Carers with appropriate information and support early in their caring role requires early identification. The Health Board can play a particular part in this. Maintaining the health of our unpaid care force therefore requires us to identify Carers and their health needs early, and pro-actively supports Carers to look after their own physical and mental health needs. This support needs to be through a wide range of health checks and preventative programmes, information on dietary health, signposting and referral to appropriate agencies who can offer peer and emotional support as well as support Carers to access leisure opportunities and breaks from caring. The impact of caring on the health of young Carers and Carers from BME communities requires specific consideration to ensure appropriate health-promoting initiatives which are sensitive to age, culture and family circumstances. There is less research evidence in relation to carers who are lesbian, gay, bisexual or trans (LGBT), however anecdotal evidence from our LGBT Advisory indicates that health care staff are not always sensitive to the fact that LGBT people may not have the family structures
This national evidence has been supported by engagement and feedback from carers in the community we serve and a multi agency Carers Steering Group is in operation to ensure our work around this objective meets carer’s needs.

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| • Work with partners to set up 3 Working Groups to prepare and publish an Information and Consultation Strategy setting out how we will work together to provide appropriate information and advice to carers to achieve the following outcomes:-  
  • the identification of Carers by staff and professionals at all levels within the NHS;  
  • the effective provision of relevant, up to date and targeted information to Carers at every point of their journey through the NHS;  
  • Carers are informed of their legislative right to an independent assessment of their needs as a Carer.  
  • Develop a jointly agreed training plan to meet the requirements of the Carers Measure Information and Consultation Strategy.  
  • Work with partners (which includes Carers) to agree the approach which will be undertaken to engage and consult with Carers and key stakeholders on the Carers Information and Consultation Strategy.  
| The Welsh Local Government Association (WLGA) have secured funding from the Welsh Government to develop an ‘Outcomes Framework’ to support implementation of the Carers Measure Regulations, using Results Based Accountability methodology. The Framework is currently being developed in partnership with the NHS and Local Authority Carers Leads.  
  • The strategies must cover a 3 year period, be reviewed at 18 months and an annual report must be submitted to Welsh Ministers.  
  • The strategies must be submitted to Welsh Ministers by 31 October 2012.  |
| Director of Primary Care, Community & Mental Health. |

The Welsh Local Government Association (WLGA) have secured funding from the Welsh Government to develop an ‘Outcomes Framework’ to support implementation of the Carers Measure Regulations, using Results Based Accountability methodology. The Framework is currently being developed in partnership with the NHS and Local Authority Carers Leads.
### Objective 4: Improve employee wellbeing through the maintenance of the Gold and then successful achievement of the Platinum Corporate Health Standard.

#### Evidence Based Rationale for prioritising this objective:

Poor well-being costs money - higher levels of sickness absence, accidents and incidents are known to be associated with poor well-being. National evidence in relation to this is reflected in evidence collected at the Health Board.

- The Corporate Health Standard is a continuous journey of good practice and improvement, which we are using as a tool to support the development of policies that promote the health and well-being of our employees. The Standard has been developed to recognise good practice and to target the key preventable ill-health issues and the Health Challenge Wales priorities.

- Taking an organisational development approach, which is the most effective way of promoting sustainable health improvement, the Standard promotes good practice and supports the Health Board in taking active steps to protect and promote the health and wellbeing of our staff.

#### Action Area and outcomes | Timescales Monitoring/ Review | Responsibility
--- | --- | ---
A Health at Work Group will:  
- Ensure assessment of the health and well-being needs of the workforce and the wider public health needs relating to our corporate social responsibilities  
- Review evidence-based approaches and prioritise areas for action  
- The Health Board will maintain the Gold standard | Monitoring and review will be via the Health and Work Group with external evaluation and accreditation awarded by the Welsh Government.  
Reassessment of Gold Standard by December 2012. | Director of Public Health
Objective 5: Improve the patient experience by ensuring services are sensitive to the needs of all and prioritise those areas where the evidence shows take up of services is lower for some protected groups because of barriers to access.

Evidence Based Rationale for prioritising this objective:
- Take up of services is lower for some protected groups because of barriers to access, e.g. lack of cultural sensitivity and failure to respond to some disabled people’s access requirements e.g. provision of information in easy read, etc.
- The specific areas for action chosen reflects a range of national evidence that is reflected at local level:
  - Research shows black minority and ethnic (BME) groups are up to six times more likely to suffer conditions which could lead to blindness, but they are three times less likely to seek treatment.
  - Monitoring shows that annual health checks for people with learning disabilities in response to the recommendations in the ‘Closing the Gap’ Report is low in the community we serve.
  - National research from the National Autism Society (NAS) AND Autism Cymru together with feedback from both staff and service users (including from patient stories) has indicated that our understanding and treatment of people with autism needs to improve.
  - Feedback from engagement activity, complaints and our own survey shows that the needs with those who have sensory impairment are not always met. This is supported by a range of national evidence including from RNID/RNIB Wales – that highlighted the lack of accessible information that can compromise safety and lead to problems with adherence to treatment regimes, such as taking medication unsafely. It also contributes to missed appointments due to information being sent in a format that people cannot read themselves. This can cause delay which can lead to harm.

Overall it is recognised that the failure to provide accessible information fundamentally weakens patient choice. To make
effective choices patients need access to good quality health information in a format that meets their individual needs.

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<td>• Demonstrate an increase in uptake of annual health checks for people with learning disabilities in response to the recommendations in the ‘Closing the Gap’ Report, improving their access to healthcare and health promotion opportunities.</td>
<td>2013 Monitor and review via Learning Disability Strategy</td>
<td>Director of Primary Care, Community &amp; Mental Health.</td>
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<td>• Support the Minority Ethnic Groups Association for Ophthalmic Care Uptake and Service Improvement in Wales (MEGAFOCUS) project through a pilot project at the Royal Gwent Hospital Ophthalmology Dept in response to research that shows black, minority and ethnic (BME) groups are up to six times more likely to suffer conditions which could lead to blindness, but three times less likely to seek treatment. Undertake research into the higher incidence of clinic “do not attend” and reduce the incidence of preventable sight loss within the BME community.</td>
<td>Project spans 2012 – 2015 monitor and review will be via the Equality Forum and externally via Sight Support (Gwent) and the MEGAFOCUS Working Group.</td>
<td>Director of Planning and Operations.</td>
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<td>• Raise awareness among staff of the needs of people who have an autistic spectrum disorder (ASD) through implementation of 2013</td>
<td>Monitoring and review will be via the Workforce and Organisational Group and externally via the Welsh Government ‘Autism Aware’ initiative.</td>
<td>Director of Workforce and Organisational Development and</td>
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</table>
the Welsh Government ‘Autism Aware’ initiative. Initial outcome will target 10% of our services to achieve ‘autism aware’ status within the first year which results in a demonstrable improvement in the patient experience as defined by those who use our services who have an ASD.

- Respond to the recommendations of the report published in 2012 on Accessible Healthcare for People with Sensory Loss in Wales. Initial outcome will be the development of an accessible information policy which results in a demonstrable improvement in the patient experience as defined by those who use our services who have sensory loss.

<table>
<thead>
<tr>
<th>Project will span from 2012 – 2015</th>
<th>Monitoring and review will be via the Patient Experience Group. Project will span from 2012 – 2015.</th>
<th>Policy developed by December 2012.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Primary Care, Community &amp; Mental Health.</td>
<td>Nurse Director and Director of Therapies and Health Sciences</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 6: Improve the experience of mental health service users through the development and implementation of an integrated Mental Health and Learning Disabilities Strategy.**

**Evidence Based Rationale for prioritising this objective:**

- Mental health conditions are widespread. One in four adults in the UK experience at least one diagnosable mental health condition in one year, and one in six experiences this at any given time.
- Extensive engagement with service users has indicated the need for a new integrated Mental Health and Learning
Disabilities Strategy

- From a workplace perspective national research evidence shows that most people with mental health problems are in paid employment as likely to working as anyone else. Employers should expect to find that at any one time nearly one in six of their workforce is affected by a mental health condition.
- Mental Health conditions are the second largest category of occupational ill health.
- Effective employment practice creating a culture of wellbeing in the workplace can reduce sickness absence, improve productivity and decrease recovery time.
- Local evidence from the staff culture survey, staff forum and staff engagement activity indicates that there are a range of areas where the Health Board can take further action to improve the wellbeing of our staff.

<table>
<thead>
<tr>
<th>Action and Outcomes</th>
<th>Timescales. Monitoring/ Review</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the new Integrated Mental Health and Learning Disabilities Strategy</td>
<td>Project will span from 2012 – 2015. Monitoring and review will be via the Mental Health Board.</td>
<td>Director of Primary Care, Community &amp; Mental Health.</td>
</tr>
<tr>
<td>resulting in improved outcomes for service users and carers.</td>
<td>Project will span from 2012- 2015. Monitoring and review will be via the NSF Older Persons Group</td>
<td>Nurse Director and Director of Primary Care, Community &amp; Mental Health.</td>
</tr>
<tr>
<td>Adopt the all-Wales approach to cascade dementia training, as determined by the</td>
<td>Project will span 2012-2013. Monitoring and review will be via the Workforce and Organisational Development Group.</td>
<td>Director of Workforce and Organisational Development.</td>
</tr>
<tr>
<td>National Dementia Action Plan for Wales. Develop a dementia workbook and learning</td>
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<tr>
<td>resource for health care support workers. Develop an on-line dementia awareness</td>
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<tr>
<td>training programme resulting in increased understanding by staff and improved</td>
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<td>experience and outcomes for patients and carers.</td>
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<tr>
<td>Promote the Health Board policy for staff on ‘Employee Mental Health and Well</td>
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<tr>
<td>Being Policy’ actively tackling mental health stigma and discrimination in the</td>
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<td>workplace.</td>
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</table>
Objective 7:
Improve the experience of lesbian, gay, bisexual and transgender (LGBT) service users through targeted training for staff.

Evidence Based Rationale for prioritising this objective:
- At local level feedback from engagement activity with LGBT service users and staff has highlighted a need for training of staff in relation to LGBT equality and improved understanding of a range of LGBT health related issues.
- This reflects a broad range of national research that indicates services are not always accessible to LGBT people and that LGBT staff can experience prejudice and discrimination in the work place.
- Research from Stonewall Cymru highlights the ‘double stigma’ often experienced by LGB mental Health service users and the high prevalence of homophobic bullying experienced by school pupils.

<table>
<thead>
<tr>
<th>Action Area and outcomes</th>
<th>Timescales Monitoring/ Review</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to equality impact assess our policies and promote LGBT equality to make service delivery and employment practice fairer for LGBT people by reducing the numbers of LGBT people who experience discrimination and harassment because of their actual or perceived sexual orientation.</td>
<td>Project will span from 2012 -2015 with monitoring and review via the Equality Forum.</td>
<td>Director of Workforce and Organisational Development</td>
</tr>
<tr>
<td>Work in partnership to reduce homophobic bullying in schools and reduce homophobic! hate crime.</td>
<td>Project will span from 2012 -2015 with monitoring and review via the Equality Forum.</td>
<td>Nurse Director</td>
</tr>
<tr>
<td>Develop and deliver training for staff to improve understanding of LGBT equality</td>
<td>Commence training programme November 2013. Monitoring and review via the Workforce</td>
<td>Director of Workforce and Organisational Development</td>
</tr>
</tbody>
</table>
issues and to improve the patient experience.

- Continue to engage with LGBT service users and the public to ensure they have the opportunity to give us feedback and influence the development and delivery of our services.

- Participate in research that looks specifically at the experience of LGB staff within ABHB to give us a clearer idea of the specific actions we need to staff to improve our employment practice.

and Organisational Development Group

Commence August 2012 and ongoing - Monitoring and review will be via the Patient Experience Group.

Research to be complete by December 2013 Monitoring and review initially by the Ethics Committee, followed by the Equality Forum for implementation of the research recommendations.

<table>
<thead>
<tr>
<th>Development</th>
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<tr>
<td>Nurse Director.</td>
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<tr>
<td>Director of Workforce and Organisational Development</td>
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**Objective 8: Pay Gender**

Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

**Evidence Based Rationale for prioritising this objective:**

How Fair is Wales?’ (EHRC 2011) and ‘Anatomy of Economic Inequality’ (WISERD 2011) highlight the significance of employment and pay differences associated with gender, disability and ethnicity. These differences are linked in part to levels of education and skills but also to wider factors.

- Work we have undertaken with Careers Wales and local schools indicates that there is gender stereotyping in relation to career choices, with many pupils, in particular seeing health and social care as ‘women’s work’.

- Child care, caring responsibilities and lack of flexible working are seen as barriers to progression in the work place.

<table>
<thead>
<tr>
<th>Action and outcomes</th>
<th>Timescales Monitoring/ Review</th>
<th>Responsibility</th>
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13
• Develop a better understanding of the key issues in relation to pay differences and gender stereotyping and how this impacts upon career choices and opportunities.

• Explore leadership development and positive action initiatives and implement as necessary e.g. NLIAH BME Mentorship programme and PSMW programmes.

• Identify any areas of occupational segregation and work with partners to address issues identified.

Undertake a detailed analysis of differences in pay identified and set actions for, and measures of, improvements for 2013/14 Monitoring and review will be via the Equality Forum.

From December 2012 - Monitoring and Review will be via the Workforce and Organisational Development Group.

From January 2013 - Monitoring and Review will be via the Workforce and Organisational Development Group.

**Strategic equality objectives and their relation to the protected characteristics**

The table below sets out our Strategic Equality Objectives and indicates how they relate to different groups of people that may have one or more ‘protected characteristics’.

<table>
<thead>
<tr>
<th>Objective areas</th>
<th>Age</th>
<th>Disability</th>
<th>Gender Reassignment</th>
<th>Marriage &amp; Civil Partnership</th>
<th>Pregnancy &amp; Maternity</th>
<th>Race</th>
<th>Religion or Belief</th>
<th>Sex</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work in partnership to reduce all hate crime including disability related harassment.</td>
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<td>2. Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse.</td>
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### Strategic Equality Plan and Objectives

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<tr>
<td>3. As the lead agency work in partnership on the development of an Information Strategy for Carers that improves their access to information and raises awareness of their rights.</td>
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<td>4. Improve employee wellbeing through the maintenance of the Gold and then successful achievement of the Platinum Corporate Health Standard.</td>
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<td>5. Improve the patient experience by ensuring services are sensitive to the needs of all and prioritise those areas where the evidence shows take up of services is lower for some protected groups because of barriers to access.</td>
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<tr>
<td>6. Improve the experience of mental health service users through the development and implementation of an integrated Mental Health and Learning Disabilities Strategy.</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>7. Improve the experience of lesbian, gay, bisexual and transgender service users through targeted training for staff.</td>
<td>✓</td>
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</table>
8. Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

All objectives relate to the three aspects of the General Equality Duty: -

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.