
# ANNUAL EQUALITY REPORT 2012/2013

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# Contents

## Part 1: Equality Information and Improvements



## Part 2: Progress on Equality Objectives in 2012/2013

## Introduction

We were delighted at the start of the year to welcome the lead for the NHS Equality Delivery System (EDS) in England to share her experience with us. The EDS can be used to help NHS organisations to meet the Equality legislation. Her visit proved to be invaluable to us at the start of the implementation of our Strategic Equality Plan 2012 – 2016 that was published on 2 April 2012.

Our Annual Equality Report is presented in two main parts. Part 1 sets out our arrangements for collecting and using relevant equality information, highlights our equality improvements and looks at specific employment information. Part 2 looks back over 2012/2013 and summarises progress towards fulfilling the equality objectives set for the first year of our Strategic Equality Plan 2012 – 2016 (see Appendix 1).

## Internal Review

During 2012/2013, the Health Board's Internal Audit Department carried out an independent review to provide assurance that the Health Board complies with the Equality Act 2010 and the Equality Act (Statutory Duties) (Wales) Regulations 2011. Their review focused on the management arrangements to monitor compliance with the requirements of the Act and delivery of the Health Board's Strategic Equality Plan and confirmation of compliance with statutory publication deadlines.

Internal Audit concluded that 'On balance, the Board can take reasonable assurance that the arrangements upon which the organisation relies to manage risk, control and governance within those areas under review, and the operational compliance noted, are suitably designed and applied effectively. However, some issues have been identified that, if not addressed, increase the likelihood of risks materialising'. Action was agreed to address the areas identified as requiring management attention during 2013/2014.

## Collection of Relevant Information

As a listed public body in Wales, our annual equality report has to specify how we identify and collect relevant information and use this information to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between those who share a protected characteristic and those who do not.

The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Our annual equality report also has to make a statement on the effectiveness of our arrangements for identifying and collecting relevant information.

ABMU Health Board is committed to capturing the voice of the public in the design, planning and delivery of services, including appropriate consultation. Our Annual Quality Statement 2012/2013 identifies the range of ways in which we collect information from patients, including patient surveys, patient stories, suggestions and concerns. These are summarised below giving an equality perspective with details of changes resulting from feedback that have advanced equality. It has been highlighted where the collection of information requires further development.

### Patient Surveys

For the period from April 2012 to March 2013, 4,428 patient questionnaires were distributed in a range of settings with 3,669 patients responding. Overall, the percentage of patients who stated that they were either satisfied or very satisfied with the care they have received has fluctuated between 88% and 95% (average 90%).

Inpatient surveys are undertaken across all wards and departments every 3-6 months, with all patients who have the capacity and are well enough being asked to complete a validated survey questionnaire.

Assistance is provided by volunteers or non ward based staff if a patient is unable to complete this independently.

In most cases the surveys focus on 3 areas:

- Staff interaction with patients including dignity, respect, support, responsiveness, involvement, communication and provision of information

- The environment of care and facilities provided including aspects like cleaning, infection control and catering

- What the area being surveyed does well and what could be improved.

Where trends indicate that issues need further investigation, more in depth studies are undertaken. In 2012-2013, catering and support at mealtimes were subject to scrutiny and improvements made as a result. This is particularly important for older patients as highlighted within the Report of the Older Person's Commissioner for Wales 'Dignified Care: The experiences of older people in hospital in Wales'. The Report highlighted that the level of assistance with eating and drinking impact on older people's dignity and respect and giving appropriate assistance is vital to patient recovery.

Changes that have been made as a result of surveys include:

- Review of facilities for visitors who have travelled long-distance and need to stay close to relatives overnight.

- Development of bilingual information leaflets for a range of issues.

- The need for midwifery staff to identify what support is required by discussing the needs of the women assigned to their care, on a shift by shift basis. The importance of nursery nurses and healthcare support workers to team working and the need to be available to give support as required.

- In response to difficulties with a telephone help line for epilepsy patients, arrangements have been made to ensure a trained nurse answers the calls when the nurse responsible for answering the phone is on holiday.

## Patient Stories

Work has continued to develop the use of patient stories across the Health Board. The Patient Experience Unit has been training staff across all Directorates and Localities to capture patient stories so that they can be used as a local improvement tool as well as an organisation one.

## Suggestions

The Health Board wide suggestion scheme continues. During the year, 193 suggestions were received with mainly positive comments in respect of services. The key themes were around the need to improve our facilities.

Action taken as a result of feedback have included upgrading and re-decoration of toilet facilities, revised toilet cleaning schedules in public areas, provision of low level hooks in disabled toilets and further development of volunteering roles.

## Future Developments

Routine collection of patient experience information and feedback of this to clinical teams requires considerable further development. The Board agreed that the organisation needed to provide meaningful mechanisms for all patients to be able to easily advise us of their experiences of using our services both within primary and secondary care settings. Immediate feedback of these experiences to staff will ensure that immediate local changes can be made, or escalated through the management structure. The Patient Experience Programme commenced in March 2013 will enable all patients to have an easy way to tell us about their experiences and be given feedback about what changes have been made as a result.

Further information is provided within the Annual Quality Statement 2012/2013 at www.abm.wales.nhs.uk

## Princess of Wales Hospital

Towards the end of 2012/2013, a number of quality and safety triggers alerted the Health Board to potential issues in treatment and care at the Princess of Wales Hospital. From an equality perspective, these included a number of critical Ombudsman reports, coroner verdicts and complaints, which included examples of poor care towards older patients.

The Health Board's initial response is set out within its Annual Quality Statement 2012/2013. The Health Board recognises that further work is required to improve performance in 2013/2014 and action plans have been developed to ensure targeted improvement in the priority areas.

## Learning Lessons from Concerns

The Health Board recognises the value of concerns as an opportunity to learn lessons and aims to use the results of such investigations to develop changes to processes, procedures and behaviour aimed at improving the quality of care provided. A number of reports have demonstrated that ABMU needs to improve significantly in this area. Further information can be obtained from the Concerns Annual /Report for 2012/2013.

## Citizen Engagement

The Health Board is committed to capturing the voice of the public in the design, planning and delivery of services, including appropriate consultation. Citizen engagement is co-ordinated by the Corporate Planning Team linking to the Locality/Directorate planning structure for local implementation.

The Health Board has Facebook and Twitter accounts, which are used to disseminate information and invite feedback. The Health Board has also encouraged its population, many of whom are staff, to sign up to 'YouTellUs' which provides a means of people communicating what they think about our health services and help us make choices about how future services will be shaped.

### Health of the Local Population

Each year, the Director of Public Health reports on the health and well being of local people and actions being taken to improve and protect their health. The Director of Public Health's Annual Report 2012/2013 was published in September 2013 and is available via the following link: http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=6986

## Health Board Priorities for 2012/2013

The Health Board has a statutory obligation placed on it by the Public Sector Equality Duty to consider the needs of different groups when designing and delivering public services. The Health Board priorities for 2012/2013 were reducing hospital acquired infections, access to services, improving care of older people and improving cardiovascular health. These priorities are relevant to people with one or more protected characteristics as described below.

Our Annual Quality Statement 2012/2013 reports that we have achieved some, but not all of the targets we set ourselves. It sets out our performance as at 31 March 2013, explained why, where applicable, we have not achieved our targets, together with the further actions required.

### Improving Access to Services

Improving access to services was a priority for four areas in the Health Board:

- Access to emergency services (unscheduled care)
- Access to routine/planned services/admissions (Referral to Treatment Waiting Times (RTT))
- Access to cancer services
- Access to primary care services.

Some people with protected characteristics are more likely to have been affected by our performance against the targets than other people. The South Wales Programme Equality Impact Assessment identified information about people who use emergency medicine by age.

This indicates that the age group that uses emergency medicine most often is the 25 to 44 age group in ABMU Health Board. The 65-plus age group is the next most frequent users of emergency medicine services. The 16-24 age group uses emergency medicine the least.

## Reducing Healthcare Associated infections

The Health Board continues to implement a zero tolerance approach towards healthcare associated infections. This approach particularly benefits those groups of people who are more vulnerable to infection than others. These include premature babies, very sick children, the frail elderly and those with medical conditions – such as diabetes and people with diseases that compromise their immune system or people who are being treated with chemotherapy.

The Infection Prevention Board was established in April 2012 under the leadership of the Chief Executive Officer. Infection prevention and control standards have been agreed and compliance has increased systemically through the year particularly in respect of training compliance, compliance with cleaning, hand hygiene and care bundles. The Infection Prevention Board provides high level oversight and monitoring of infection control outcomes. Details of the infection control achievements are set out within ABM's Annual Quality Statement for 2012/2013.

## Improving Cardiovascular Health

Actions taken during the year to support this priority include some improvements that are particularly relevant to pregnant women and young families. These include:

- Review of smoking cessation pathway for pregnant women and supporting maternity services in participating in Public Health Wales national pilot.

- Smoke free homes advice training rolled out to Flying Start Workers across the Health Board.

- All Health Visitors received Stop Smoking Wales accredited brief intervention training for smoking cessation training.

## Improving Care for Older People

The Director of Therapies and Health Sciences is the lead for implementing the Older Persons Commissioner's key recommendations.

A Steering Group was established to monitor the implementation of the key recommendations. Sub Groups have been established to progress key actions including dementia and continence care.

The Director of Nursing monitors compliance against Fundamentals of Care (FOC) through Fundamentals of Care Audits. In 2012, there was a small improvement in overall score compared with the previous year with continuous improvement against each standard. Dignity, privacy, communication and nutrition are key elements of the Audit.

Treating others with dignity and respect is a core value of ABMU Health Board. Dignified care of older people, both in social and healthcare settings, has been given a high priority in the strategic development of the Health Board and Western Bay Partnership between ABMU and its three Local Authorities. There are specific collaborative programmes covering the care of Frail Older People and People with Dementia.

Awareness raising in relation to dignity and respect is provided for all new Health Board employees as part of the Health Board's induction training programme. Equality and diversity training is given as part of the Health Board's induction training. All Ward Sisters are provided with an All Wales approved development programme which addresses the maintenance of Fundamentals of Care Standards, Dignity in Care and Cleanliness. The medical educational programmes and the Health Board management and leadership programmes also address dignity and respect issues.

In order to improve the care of dementia patients on general wards, a range of actions have been undertaken. A multi disciplinary Steering Group has been established to develop and implement the ABMU Health Board Dementia Action Plan. Other actions include the appointment and training of Dementia Champions in all wards and the implementation of the Butterfly Scheme across the Health Board.

Specialist training has been delivered for staff working with dementia patients in the community and hospital. Breaking the elements of dementia care into modules such as communication and eating and drinking, the Dementia Care Training Team train staff to use a patient's

background to tailor their care. The Team won the best poster award for their work at the first Welsh Therapies Advisory Committee Conference.

A multi disciplinary Continence Steering Committee has been set up to improve continence care across the Health Board. Key actions progressed include the review of the Continence Framework and Guidance and the establishment of Continence Link Nurses to support the implementation of Continence Assessment and Standards. Training days have been well supported.

**Other Equality Improvements**

- Celebrating lesbian, gay, bisexual and transgender (LGBT) diversity by holding a joint stall at the Swansea Pride festival with the Welsh Ambulance Services NHS Trust.

- Supporting Swansea Sparkle by joining the stall booked by the NHS Centre for Equality and Human Rights. The event is a transgender and public integration day to help break down barriers between members of the public and the transgender community.

- Introduction of a new service at the Princess of Wales Hospital for patients diagnosed with vision loss through funding secured from the Big Lottery by Bridgend Visual Impairment Society. An Eye Clinic Liaison Officer provides the patients with emotional support and practical information, such as details of local support groups, training courses and social services.

- ABMU's Ophthalmology Team hosted an information event for people suffering from sight loss in September 2012 at Singleton Hospital. Our staff, including an optometrist and specialist nurses, provided a range of information and advice, from applying eye drops to specialist gadgets (e.g. talking watches and large print playing cards and diaries). Representatives from RNIB Cymru and Vision Impaired West Glamorgan joined us at the event to explain their services.

## Assessing the Equality Impact

ABMU uses an Equality Impact Assessment Toolkit which is supported by Management Guidance on how to assess the impact of any planned policy or service. The toolkit and guidance covers all the protected characteristics and is available on the Intranet. This guidance is an integral part of the Health Board's Policy on the development of Policies.

An equality impact analysis needs to be undertaken on any potential health service changes. During 2012/2013, the South Wales Programme began work on an equality impact assessment for the future pattern of services for four specialist hospital services for South Wales in order that they should be safe, sustainable and comparable with the best. The Programme focused on consultant led maternity services, neonatal care and emergency medicine (A&E) services.

A stage one equality impact assessment was produced to inform the South Wales Programme public consultation that took place from May – July 2013 (eight weeks). This stage one document outlined the evidence behind the need for the South Wales Programme and provided a summary of available evidence from research reports and other related documents on what the anticipated impacts may be on protected characteristic groups and NHS staff. The stage two post-consultation analysis was published in November 2013 and presents the findings from the public consultation with our earlier analysis of the available evidence on potential impacts from the stage one document. The purpose is also to help inform the decision makers about potential mitigations that may be required to address any identified impacts on protected characteristic groups.

ABMU's Equality Team is available to provide advice and support for staff undertaking equality impact assessment. An equality representative is a member of the Workforce Policy Group and helps ensure that any equality implications are considered as an integral part of the development of Workforce Policies and Procedures. Particular attention is given to the impact on people with protected characteristics where the policy has a high relevance for those groups. A recent example is the flexible working framework.

## Employment Information

As a listed public body in Wales, ABMU Health Board must collect and publish employment information on an annual basis. The following information must be published for the protected groups:

- People employed by the Health Board as at 31 March each year
- People who have applied for jobs with the Health Board over the last year
- People who have applied to change position within the Health Board, identifying how many were successful in their application and how many were not
- Employees who have applied for training, how many succeeded in their application and employees who completed the training
- Employees involved in grievance procedures and employees subject to disciplinary procedures
- Employees who have left the Health Board's employment.

The information requirements in relation to gender go further than other protected characteristics in the detail of what is published. In addition, the Health Board must publish a breakdown of the number of male and female employees by:

- Job
- Grade
- Pay
- Contract type (including permanent and fixed term contracts)
- Working pattern (including full time, part time and other flexible working patterns).

Collecting, using and publishing workforce equality data will help to identify key equality issues for the organisation, develop equality objectives and measure progress. The collection of additional gender information will help identify any gender pay differences and other gender equality issues such as occupational segregation.

A public authority cannot require any employee or applicant to provide any information in relation to their protected characteristic.

## Staff Profile

This section presents available workforce data on staff employed by the Health Board.

## Staff Group

Information about total staff in post by staff group (see Table 1) shows that the majority of staff are registered nurses and midwives (32%). The next largest staff group is additional clinical services (20%) followed by administrative and clerical (17%).

**Table 1: Total Staff in Post by Staff Group (31.03.2013)**

| Staff Group | Headcount | % |
|---|---|---|
| Add Prof Scientific and Technic | 609 | 3.8 |
| Additional Clinical Services | 3,113 | 19.5 |
| Administrative and Clerical | 2,669 | 16.8 |
| Allied Health Professionals | 917 | 5.8 |
| Estates and Ancillary | 1,688 | 10.6 |
| Healthcare Scientists | 294 | 1.8 |
| Medical and Dental | 1,543 | 9.7 |
| Nursing and Midwifery Registered | 5,088 | 31.9 |
| Students | 14 | 0.1 |
| **Total** | **15,935** | **100.0** |

## Gender

We are aware of the predominance of female staff within the NHS. The gender split has remained unchanged from the previous year with 77% female and 23% male (see Table 2).

The high proportion of female workers is typical of NHS organisations reflecting the gender split of people entering healthcare professions.

**Table 2: Staff by Gender (31.03.2013)**

| Staff Group | Headcount | Female | % | Male | % |
|---|---|---|---|---|---|
| Add Prof Scientific and Technical | 609 | 399 | 65.5 | 210 | 34.5 |
| Additional Clinical Services | 3,113 | 2,551 | 81.9 | 562 | 18.1 |
| Administrative and Clerical | 2,669 | 2,245 | 84.1 | 424 | 15.9 |
| Allied Health Professionals | 917 | 779 | 84.9 | 138 | 15.1 |
| Estates and Ancillary | 1,688 | 937 | 55.5 | 751 | 44.5 |
| Healthcare Scientists | 294 | 196 | 66.7 | 98 | 33.3 |
| Medical and Dental | 1,543 | 572 | 37.1 | 971 | 62.9 |
| Nursing and Midwifery Registered | 5,088 | 4,636 | 91.1 | 452 | 8.9 |
| Students | 14 | 12 | 85.7 | 2 | 14.3 |
| **Total** | **15,935** | **12,327** | **77.4** | **3,608** | **22.6** |

## Age

Information about the staff by age (see Table 3) confirms that the healthcare workforce generally is ageing. The 46 to 50 age group is the largest (17%) followed closely by the 51 to 55 age group (15%) and the 41 to 45 age group (15%). In terms of the overall profile, 47% of the workforce is aged between 41 and 54 years. There have been no significant changes since 2011.

**Table 3: Staff by Age (31.03.2013)**

| Age Band | Headcount | % |
|---|---|---|
| 16 – 25 | 736 | 4.6 |
| 26 – 30 | 1,372 | 8.6 |
| 31 – 35 | 1,668 | 10.5 |
| 36 – 40 | 1,995 | 12.5 |
| 41 – 45 | 2,347 | 14.7 |
| 46 – 50 | 2,736 | 17.2 |
| 51 – 55 | 2,467 | 15.5 |
| 56 – 60 | 1,617 | 10.2 |
| 61 – 65 | 768 | 4.8 |
| 66 & above | 229 | 1.4 |
| **Total** | **15,935** | **100.00** |

## Disability

There is an incomplete data set for ABM staff identifying themselves as disabled or non-disabled with 72% of data not available. Due to the size of the data gaps, it is not possible to draw any conclusions about the profile of staff who have a disability.

**Table 4: Staff by Disability (31.03.2013)**

| Disabled | Headcount | % |
|---|---|---|
| No | 4,225 | 26.5 |
| Yes | 142 | 1.0 |
| Not Declared | 11,568 | 72.5 |
| **Total** | **15,935** | **100.00** |

## Ethnicity

Information about the ethnicity of staff is not recorded consistently across the Health Board (see Table 5). There are significant data gaps as the ethnicity of 51% of staff is not recorded on the electronic staff record system (ESR). As a result, it is not possible to comment about the profile of staff by different ethnic groups.

### Table 5: Staff by Ethnicity (31.03.2013)

| Ethnic Origin | Headcount | % |
|---|---|---|
| White | 7,380 | 46.3 |
| BME | 447 | 2.8 |
| Not Stated | 8,108 | 50.9 |
| **Total** | **15,935** | **100.00** |

## Marriage and Civil Partnership

'Single' and 'Married' make up the bulk of all marital / civil partnership statuses, accounting for 26% and 55% respectively of the ABM workforce (see Table 6). The number of registered same-sex civil partnerships accounts for only 0.3% of all marital / civil partnerships statuses across the ABM workforce.

### Table 6: Staff by Marital and Civil Partnership Status (31.03.2013)

| Marital Status | Female | Male | Total | % |
|---|---|---|---|---|
| Civil Partnership | 37 | 16 | 53 | 0.3 |
| Divorced | 943 | 86 | 1,029 | 6.5 |
| Legally Separated | 46 | 5 | 51 | 0.3 |
| Married | 7,665 | 1,167 | 8,832 | 55.4 |
| Single | 3,241 | 962 | 4,203 | 26.4 |
| Widowed | 95 | 5 | 100 | 0.6 |
| Not Stated | 278 | 122 | 400 | 2.5 |
| Unknown | 22 | 1,245 | 1,267 | 8.0 |
| **Total** | **12,327** | **3,608** | **15,935** | **100.00** |

## Religion

Information about religion is not recorded consistently across the Health Board (see Table 7). There are significant data gaps as this information is not recorded for a high proportion of staff (67%) on the electronic staff record system (ESR). In terms of the available data, higher numbers of staff have identified themselves as Christian or having no religion.

**Table 7: Staff by Religion and Belief (31.03.2013)**

| Religious Belief | Headcount | % |
|---|---|---|
| Atheism | 550 | 3.5 |
| Buddhism | 12 | 0.1 |
| Christianity | 3,398 | 21.3 |
| Hinduism | 32 | 0.2 |
| Islam | 36 | 0.2 |
| Jainism | 1 | 0.0 |
| Judaism | 1 | 0.0 |
| Other | 658 | 4.1 |
| Sikhism | 10 | 0.1 |
| I do not wish to disclose my religion/belief | 595 | 3.7 |
| Undefined | 10,642 | 66.8 |
| **Total** | **15,935** | **100** |

## Sexual Orientation

Information about sexual orientation is not recorded consistently across the Health Board (see Table 8). There are significant data gaps as this information is not recorded for a high proportion of staff (67%) on the electronic staff record system (ESR). In terms of the available data, the majority of staff have identified as heterosexual.

**Table 8: Staff by Sexual Orientation (31.03.2013)**

| Sexual Orientation | Headcount | % |
|---|---|---|
| Bisexual | 15 | 0.1 |
| Gay | 29 | 0.2 |
| Heterosexual | 4,918 | 30.9 |
| Lesbian | 13 | 0.1 |
| I do not wish to disclose my sexual orientation | 313 | 1.9 |
| Undefined | 10,647 | 66.8 |
| **Total** | **15,935** | **100** |

## Pregnancy and Maternity

Data from the electronic staff record shows that there were 282 members of staff (2%) on maternity or adoption leave as at 31 March 2013. There were 41 members of staff on a career break (0.3%) at this time.

## Gender Reassignment

The Health Board does not ask staff or applicants for jobs whether they identify as transgender so there is no estimate of this staff group.

## Working Pattern

Employment patterns for male and female staff differ with a much higher proportion of men in full-time employment (81%) than part-time employment (19%) within the Health Board (see Table 9). In contrast, the majority of female staff are in part-time employment (51%) than full-time employment (49%).

The Estates and Ancillary staff group has the highest proportion of female staff in part-time employment (84%). Other staff groups with a high proportion of female staff working part-time hours are Additional Clinical Services (58%), Administrative and Clerical (49%), Allied Health Professionals (48%), Healthcare Scientists (50%) and Nursing and Midwifery Registered (45%).

**Table 9: Gender by Staff Group and Working Pattern (31.03.2013)**

| Staff Group | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Full Time | | Part Time | | Full Time | | Part Time | |
| | Head count | % | Head count | % | Head count | % | Head count | % |
| Add Prof Scientific and Technical | 236 | 59 | 163 | 41 | 175 | 83 | 35 | 17 |
| Additional Clinical Services | 1,078 | 42 | 1,473 | 58 | 446 | 79 | 116 | 21 |
| Administrative and Clerical | 1,153 | 51 | 1,092 | 49 | 365 | 86 | 59 | 14 |
| Allied Health Professionals | 407 | 52 | 372 | 48 | 117 | 85 | 21 | 15 |
| Estates and Ancillary | 147 | 16 | 790 | 84 | 561 | 75 | 190 | 25 |
| Healthcare Scientists | 99 | 50 | 97 | 50 | 94 | 96 | 4 | 4 |
| Medical and Dental | 404 | 71 | 168 | 29 | 772 | 80 | 199 | 20 |
| Nursing and Midwifery Registered | 2,554 | 55 | 2,082 | 45 | 396 | 88 | 56 | 12 |
| Students | 12 | 100 | 0 | 0 | 0 | 0 | 2 | 100 |
| **Total** | **6,090** | **49** | **6,237** | **51** | **2,926** | **81** | **682** | **19** |
| | | | | | | | | |

There are also different working patterns for male and female staff on the same terms and conditions of service (see Table 10). A higher proportion of female staff on Agenda for Change terms and conditions are working part-time (52%) compared to male staff (18%). An increasing number of female medical and dental staff are working part-time (23%) in contrast to male medical and dental staff (11%).

**Table 10: Gender by Grade Type and Working Pattern (31.03.2013)**

| Grade Type | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Full Time | | Part Time | | Full Time | | Part Time | |
| | Head count | % | Head count | % | Head count | % | Head count | % |
| A4C | 5,672 | 48 | 6,050 | 52 | 2,134 | 82 | 475 | 18 |
| Medical & Dental | 396 | 77 | 118 | 23 | 766 | 89 | 91 | 11 |
| Non A4C | 22 | 24 | 69 | 76 | 26 | 18 | 116 | 82 |
| **Total** | **6,090** | **49** | **6,237** | **51** | **2,926** | **81** | **682** | **19** |

An analysis of employment patterns shows that these differ according to the contract type held by ABM staff (see Table 11). All bank staff and honorary staff are in part-time employment with the Health Board. A high proportion of locum staff are working on a part-time basis for the Health Board (93%). In contrast, a higher proportion of permanent staff are in full-time employment with the Health Board (58%). This pattern is repeated for staff on fixed term temporary contracts with 75% working full time hours.

**Table 11: Gender by Contract Type and Working Pattern (31.03.2013)**

| Contract Type | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Full Time | | Part Time | | Full Time | | Part Time | |
| | Head count | % | Head count | % | Head count | % | Head count | % |
| Bank | 0 | 0 | 525 | 100 | 0 | 0 | 101 | 100 |
| Fixed Term Temp | 658 | 68 | 315 | 32 | 464 | 90 | 54 | 10 |
| Honorary | 0 | 0 | 3 | 100 | 0 | 0 | 6 | 100 |
| Locum | 4 | 7 | 52 | 93 | 7 | 7 | 97 | 93 |
| Non-Exec Director/Chair | 0 | 0 | 2 | 100 | 0 | 0 | 9 | 100 |
| Permanent | 5,426 | 50 | 5,342 | 50 | 2,452 | 85 | 423 | 15 |
| **Total** | **6,090** | **49** | **6,237** | **51** | **2,926** | **81** | **682** | **19** |

## Recruitment

A summary of the recruitment monitoring information is shown for the time period from 1 July 2012 to 31 March 2013 (see Table 12). This equality data has been captured on-line through NHS Jobs and has been provided by the NHS Wales Shared Services Partnership (NWSSP).

The data shows that ABMU Health Board receives a considerably higher proportion of job applications from females (79%) compared to males (21%). At the shortlisting stage, more females (82%) are selected for interview than males (18%). In terms of appointments made, there is a slight decrease for females (76%) with an increase for males (24%). This suggests that females are marginally less successful at interview than males.

There are considerable gaps in the data for disability with only 15% of people reporting this information as part of the application process. It is difficult to draw any firm conclusions from the information available.

The recruitment data for the ethnicity of appointed candidates shows that 89% are White British; 3% Asian or Asian British – Indian; 2% Mixed – any other mixed background; 1% Black or British Black – Caribbean; 1% other ethnic group – Chinese and 4% any other ethnic group.

In terms of the age profile of appointed candidates, the younger age bands (20 – 24 years, 25 – 29 years, 30 -34 years and 35 – 39 years) account for 76% of appointments. A lower proportion of the appointed candidates were aged over 50 years (5% for the 50 -54 age group, 1% for the 55 – 59 age group and 0% for the over 60 age group).

With regards to religion, the profile of the recruitment data shows that higher proportions of appointed candidates either identify themselves as Christian (58%) or state they have no religion (15%).

From the recruitment data, we can see that the majority of appointed candidates identify themselves as heterosexual (94%). The percentage of appointed candidates identifying as lesbian, gay and bisexual (LGB) is 3% for the Health Board.

**Table 12: Applications, Shortlists and Appointments by Gender, Disability, Ethnicity, Age, Religion or Belief and Sexual Orientation**

| | | Applications | | Shortlisted | | Appointed | |
|---|---|---|---|---|---|---|---|
| | **Report Category** | **Totals** | **%** | **Totals** | **%** | **Totals** | **%** |
| | **Total applications reported on** | **6,585** | | **1,359** | **21** | **108** | **2** |
| **Gender** | Male | 1,394 | 21.0 | 249 | 18.0 | 26 | 24.0 |
| | Female | 5,189 | 79.0 | 1,110 | 82.0 | 82 | 76.0 |
| | Undisclosed | 2 | | 0 | | 0 | |
| **Disability** | Yes | 204 | 4.0 | 43 | 3.0 | 2 | 1.0 |
| | No | 632 | 10.0 | 1,309 | 96.0 | 106 | 99.0 |
| | Undisclosed | 61 | 1.0 | 7 | 1.0 | 0 | |
| **Ethnicity** | WHITE – British | 5,672 | 86.0 | 1,182 | 87.0 | 97 | 89.0 |
| | WHITE – Irish | 34 | 1.0 | 7 | 1.0 | 0 | |
| | WHITE - Any other white background | 196 | 3.0 | 29 | 2.0 | 0 | |
| | ASIAN or ASIAN BRITISH – Indian | 223 | 3.0 | 38 | 3.0 | 3 | 3.0 |
| | ASIAN or ASIAN BRITISH – Pakistani | 26 | 1.0 | 19 | 1.0 | 0 | |
| | ASIAN or ASIAN BRITISH – Bangladeshi | 34 | 1.0 | 2 | 0.0 | 0 | |
| | ASIAN or ASIAN BRITISH - Any other Asian background | 103 | 2.0 | 26 | 2.0 | 0 | |
| | MIXED - White & Black Caribbean | 9 | 0.0 | 1 | 0.0 | 0 | |
| | MIXED - White & Black African | 7 | 0.0 | 1 | 0.0 | 0 | |
| | MIXED - White & Asian | 7 | 0.0 | 3 | 0.0 | 0 | |
| | MIXED - any | 9 | 0.0 | 6 | 1.0 | 2 | 2.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | other mixed background | | | | | | |
| | BLACK or BLACK BRITISH – Caribbean | 12 | 0.0 | 3 | 0.0 | 1 | 1.0 |
| | BLACK or BLACK BRITISH – African | 141 | 2.0 | 17 | 1.0 | 0 | |
| | BLACK or BLACK BRITISH - Any other black background | 4 | 0.0 | 1 | 0.0 | 0 | |
| | OTHER ETHNIC GROUP – Chinese | 26 | 0.0 | 3 | 0.0 | 1 | 1.0 |
| | OTHER ETHNIC GROUP - Any other ethnic group | 50 | 0.0 | 19 | 1.0 | 4 | 4.0 |
| | Undisclosed | 32 | 0.0 | 2 | 0.0 | 0 | |
| **Age Band** | Age Under 20 | 167 | 2.0 | 10 | 1.0 | 4 | 4.0 |
| | Age 20-24 | 1,726 | 26.0 | 267 | 20.0 | 20 | 19.0 |
| | Age 25-29 | 1,227 | 18.0 | 298 | 22.0 | 29 | 27.0 |
| | Age 30-34 | 781 | 12.0 | 198 | 14.0 | 17 | 16.0 |
| | Age 35-39 | 750 | 11.0 | 183 | 13.0 | 15 | 14.0 |
| | Age 40-44 | 754 | 11.0 | 156 | 12.0 | 7 | 6.0 |
| | Age 45-49 | 645 | 10.0 | 140 | 12.0 | 9 | 8.0 |
| | Age 50-54 | 387 | 6.0 | 81 | 3.0 | 6 | 5.0 |
| | Age 55-59 | 134 | 2.0 | 25 | 2.0 | 1 | 1.0 |
| | Age 60-64 | 12 | 1.0 | 1 | 0.0 | 0 | |
| | Age 65-69 | 2 | 0.0 | 0 | 0.0 | 0 | |
| | Age 70+ | 0 | 0.0 | 0 | 0.0 | 0 | |
| | Undisclosed | 0 | 0.0 | 0 | 0.0 | 0 | |
| **Religion or Belief** | Atheism | 937 | 14.0 | 203 | 15.0 | 16 | 15.0 |
| | Buddhism | 19 | 0.0 | 6 | 0.0 | 1 | 1.0 |
| | Christianity | 3,762 | 57.0 | 749 | 55.0 | 62 | 58.0 |
| | Hinduism | 72 | 1.0 | 24 | 2.0 | 1 | 1.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Islam | 89 | 1.0 | 49 | 4.0 | 5 | 4.0 |
| | Jainism | 3 | 0.0 | 0 | | 0 | |
| | Judaism | 5 | 0.0 | 2 | 0.0 | 0 | |
| | Sikhism | 4 | 0.0 | 1 | 0.0 | 0 | |
| | Other | 992 | 15.0 | 191 | 14.0 | 13 | 12.0 |
| | Undisclosed | 702 | 11.0 | 134 | 10.0 | 10 | 9.0 |
| **Sexual Orienta-tion** | Lesbian | 39 | 1.0 | 8 | | 0 | |
| | Gay | 43 | 1.0 | 13 | 1.0 | 3 | 2.0 |
| | Bisexual | 42 | 1.0 | 6 | | 1 | 1.0 |
| | Heterosexual | 6,195 | 94.0 | 1,300 | 96.0 | 101 | 94.0 |
| | Undisclosed | 266 | 4.0 | 32 | 2.0 | 3 | 3.0 |

## Access to Training

The training data has been extracted from ESR (see Table 13). As already noted, the datasets are incomplete for ethnicity, religion or belief, disability and sexual orientation.

The overall uptake of training is higher for female staff (82%) compared to male staff (18%). The gender split of the workforce is 77% female and 23% male. It is not possible to draw conclusions about the uptake of training by different ethnic groups of staff due to the data gaps.

**Table 13: Mandatory and Corporate Induction Training by Gender and Ethnicity (1.04.2012 - 31.03.2013)**

| Protected Characteristic | Attendance | % |
|---|---|---|
| White | 6,510 | 27.6 |
| BME | 749 | 3.2 |
| Undefined/Not Stated | 16,358 | 69.2 |
| **Total** | 23,617 | **100** |
| | | |
| **Female** | 19,287 | **81.7** |
| **Male** | 4330 | **18.3** |
| **Total** | 23,617 | **100** |

## Pay

Pay information has been produced from ESR to analyse whether there are any gender pay differences for the ABM workforce. This is a requirement of the Wales specific equality duties, which also requires listed public bodies to have an equality objective to address the causes of any gender pay differences.

It can be seen from the pay information that the average basic pay is higher for male staff in full-time employment than female staff working full-time hours across the majority of staff groups (see Table 14). Allied Health Professionals and Nursing and Midwifery Registered are the two staff groups where the average basic pay is higher for full-time female staff. These are the two staff groups with the highest proportion of female staff compared to male staff (see Table 2).

**Table 14: Gender by Average Basic Pay and Working Pattern (31.03.2013)**

| Staff Group | Average Full Time Basic Salary | | Average Part Time Basic Salary | |
|---|---|---|---|---|
| | Female | Male | Female | Male |
| Add Prof Scientific and Technic | 31,233 | 35,297 | 19,312 | 11,533 |
| Additional Clinical Services | 17,862 | 18,113 | 9,549 | 7,261 |
| Administrative and Clerical | 26,035 | 36,340 | 12,477 | 11,522 |
| Allied Health Professionals | 33,865 | 32,337 | 22,362 | 16,721 |
| Estates and Ancillary | 16,930 | 18,696 | 9,882 | 10,594 |
| Healthcare Scientists | 30,565 | 36,889 | 19,268 | 15,487 |
| Medical and Dental | 50,814 | 63,996 | 25,764 | 12,919 |
| Nursing and Midwifery Registered | 31,359 | 31,297 | 18,258 | 9,345 |
| Students | 26,773 | 0 | 0 | 0 |

Administrative and Clerical and Medical and Dental are the two staff groups where there are the highest pay differences between male and female staff in full-time employment.

Conversely, the average part-time basic salary is higher for female staff compared to male staff across all staff groups with the exception of Estates and Ancillary.

Pay information has been extracted from ESR to look at the gender breakdown of the ABM workforce by pay band (see Table 15). This shows that the proportion of male employees increases in more senior roles.

**Table 15: Gender by Pay Grade (31.03.2013)**

| Pay Grade | Female | % | Male | % | Total |
|---|---|---|---|---|---|
| Band 1 | 573 | 76.5 | 176 | 23.5 | 749 |
| Band 2 | 2,634 | 76.9 | 791 | 23.1 | 3,425 |
| Band 3 | 1,226 | 80.8 | 291 | 19.2 | 1,517 |
| Band 4 | 945 | 82.0 | 207 | 18.0 | 1,152 |
| Band 5 | 3,087 | 88.6 | 399 | 11.4 | 3,486 |
| Band 6 | 1,631 | 83.8 | 316 | 16.2 | 1,947 |
| Band 7 | 1,184 | 83.6 | 232 | 16.4 | 1,416 |
| Band 8a | 265 | 75.3 | 87 | 24.7 | 352 |
| Band 8b | 93 | 67.9 | 44 | 32.1 | 137 |
| Band 8c | 56 | 58.3 | 40 | 41.7 | 96 |
| Band 8d | 25 | 61.0 | 16 | 39.0 | 41 |
| Band 9 | 3 | 23.1 | 10 | 76.9 | 13 |
| Associate Specialist | 30 | 34.5 | 57 | 65.5 | 87 |
| Clinical Assistant | 2 | 25.0 | 6 | 75.0 | 8 |
| Consultant | 145 | 27.4 | 384 | 72.6 | 529 |
| Dentist | 8 | 53.3 | 7 | 46.7 | 15 |
| Foundation Year ½ | 82 | 59.4 | 56 | 40.6 | 138 |
| Hospital Practitioner | | 0 | 6 | 100 | 6 |
| Senior House Officer | 5 | 41.7 | 7 | 58.3 | 12 |
| Specialist Registrar | 21 | 51.2 | 20 | 48.8 | 41 |
| Specialty Doctor | 38 | 41.8 | 53 | 58.2 | 91 |
| Specialty Registrar | 182 | 41.9 | 252 | 58.1 | 434 |

| | | | | | |
|---|---|---|---|---|---|
| Staff Grade Practitioner | | 0 | 5 | 100 | 5 |
| Vocational Dental Practitioner | 1 | 20.0 | 4 | 80.0 | 5 |
| Non A4C | 91 | 39.1 | 142 | 60.9 | 233 |
| **Total** | **12,327** | **77.4** | **3,608** | **22.6** | **15,935** |

The Equality and Human Rights Commission's Guidance on 'Employment information, pay differences and staff training' states that the specific duties should help identify opportunities to address the causes of pay differences. These issues may include job segregation (where men and women dominate in one occupation or at one level within an organisation); working patterns (such as part-time or compressed hours); promotion; the gender impact of family and caring roles and other stereotyping; starting salary negotiation and training opportunities.

## Leavers

Information has been obtained from ESR on the number of employees who have left the employment of the Health Board over the last financial year. This data is broken down by protected characteristic where the information is available (see Table 16). In terms of age, the 26 – 30 and 31 – 35 age bands account for 30.4% of all leavers (see Table 16). Male staff have a higher turnover rate compared to female staff as they account for 22.6% of the workforce but 33.8% of leavers. It is not possible to draw any conclusions about ethnicity or disability due to the incomplete data set as previously highlighted.

**Table 16: Leavers by Age, Gender, Ethnicity and Disability**

| Age Band | Leavers 2012-13 | % |
|---|---|---|
| 16 – 25 | 202 | 10.5 |
| 26 – 30 | 303 | 15.7 |
| 31 – 35 | 283 | 14.7 |
| 36 – 40 | 227 | 11.8 |
| 41 – 45 | 190 | 9.8 |
| 46 – 50 | 162 | 8.4 |
| 51 – 55 | 149 | 7.7 |

| | | |
|---|---|---|
| 56 – 60 | 189 | 9.8 |
| 61 & above | 224 | 11.6 |
| **Total** | **1,929** | **100** |
| **Gender** | **Leavers 2012-13** | **%** |
| Male | 651 | 33.8 |
| Female | 1,278 | 66.2 |
| **Total** | **1,929** | **100** |
| **Ethnic Origin** | **Leavers 2012-13** | **%** |
| Black & Minority Ethnic Groups | 57 | 2.9 |
| White | 835 | 43.3 |
| Undefined/Not Declared | 1,037 | 53.8 |
| **Total** | **1,929** | **100** |
| **Disabled** | **Leavers 2012-13** | **%** |
| Yes | 20 | 1.0 |
| No | 545 | 28.3 |
| Undefined/Not Declared | 1,364 | 70.7 |
| **Total** | **1,929** | **100** |

## Application of Grievance and Disciplinary Procedures

Employment information is held about employees involved in grievances and subject to disciplinary procedures on a separate database. Data is available on the gender of the staff (see Table 17) but not other protected characteristics. This shows that a higher proportion of male staff are involved with grievances or subject to disciplinaries. They account for 22.6 of the workforce but 32% of the staff involved with grievances and 30% of staff subject to disciplinary procedures.

**Table 17: Employee Relations Cases by Gender (1.04.2012 - 31.03.2013)**

| Protected Characteristic | Grievances | % | Disciplinaries | % |
|---|---|---|---|---|
| Male | 32 | 32 | 69 | 30 |
| Female | 69 | 68 | 158 | 70 |
| **Total** | 101 | 100 | 227 | 100 |

Information is provided for the number of employees involved in grievance procedures either as an individual complainant or collective complainants for the above period. Data is provided for the number of employees subject to disciplinary procedures for the above period including Fast track / Investigation /Disciplinary Hearing.

# Strategic Equality Action Plan Update

This document can be made available in alternative formats and other languages on request.
This action plan is a ‘live’ document and will be continuously reviewed and updated in year and year on year to deliver our Strategic Equality Objectives by 2016.

## Strategic Outcome: Better health outcomes for all

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| **1. Reduce health inequalities** | Continue equality engagement with Stakeholder Reference Group | Asst Director of Planning | Ongoing | Equality Team discussed Strategic Equality Action Plan with the SRG at their meetings in May and December 2012. |
| | Base Health, Social Care and Well Being Strategies on up todate Health Needs Assessments | Locality Directors | On review of Strategy | All three Single Integrated Partnership Plans (SIPPS) for the ABMU area have been developed based on comprehensive strategic needs assessment with a focus on outcomes. The SIPPS are the 5 year partnership plans for each Local Authority area running from April 2013 – March 2018. |
| | ABMU 2012/13 operational planning framework to focus on:<br>• Improving cardiovascular health<br>• Reducing HCAIs<br>• Improving access<br>• Improving services for older people | Locality Directors and Directorate Senior Managers | On review March 2013 | The Health Board's Annual Quality Statement 2012/2013 describes how well we have done against these priorities and sets out our priorities for the year ahead. |
| | Implement Homeless and Vulnerable Group Action Plan (HaVGHAP) | Locality Directors | Annual reporting | ABMU-wide (HaVGHAP) multi-agency Steering Group has been reconstituted to respond to (HaVGHAP) Standards. |
| | Continue working with partner organisations and voluntary sector to | Assistant Director of Planning | Ongoing | The Health Board is a full partner in the three Local Service Boards (LSBs) covering Bridgend, Neath Port Talbot and Swansea areas. In 2012/2013, the LSBs |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | improve the design of services at planning stage to meet individual needs of service users. | and Locality Directors | | oversaw the transition to the new planning arrangements requiring a Single Integrated Partnership Plan for each area. An example of work undertaken in partnership is the establishment of a Strategic Children and Young People's Group to oversee the planning of services for children and young people across the ABMU area. |
| **2. Embed equality into our service delivery** | Implement Pathway and Care Bundles to support patients with a learning disability who enter acute care. Pathway will specifically address outpatients, emergency admission, visit to operating theatre, dental and guidelines for patients undergoing investigation under anaesthesia. | Director of Nursing | Rollout 2012 following pilot | The Pathway has been completed for Adults with a Learning Disability who Access Hospital Care. It has been used within the Health Board since June 2012 and is available on the Intranet. ABM has had a number of success stories where it has been used. |
| | Improve the knowledge of the needs of older people with dementia. Utilise the Transforming Care approach to change ward environments. All | Director of Nursing | Ongoing | A multi disciplinary Steering Committee has been established to develop and implement the ABMU Health Board Dementia Action Plan to improve the care of dementia patients on general medical wards. Actions undertaken include the appointment and training of Dementia Champions on all wards and the implementation of the Butterfly Scheme across the |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | patient wards to have fully implemented this approach and sustain the Transforming Care Programme | | | Health Board. Transforming Care is being rolled out across the Health Board (in excess of 60 wards). |
| | Provide feedback on the Standards for Health Services in Wales self assessment process, take action where applicable and consider options for the future self assessment process. | Head of Quality Assurance | Feedback April 2012 | A new self assessment process was introduced for 2012/2013 as a result of feedback from the Standards for Health Services Workshop held in April 2012. Standards were self assessed at regular periods throughout the year and the Corporate Leads gave feedback to the Directorates and Localities on their self assessments. |
| **3. Make fair financial decisions** | Undertake assessments of impact on proposed changes to policies and services | Corporate Directors, Locality Directors and Directorate Senior Managers | Ongoing | ABMU uses an Equality Impact Assessment (EqIA) Toolkit which is supported by Management Guidance on how to assess the impact of any planned policy or service. The toolkit and guidance covers all the protected characteristics and is available on the Intranet. |
| | Ensure equality is built into procurement and commissioning practices. | Director of Finance and Locality Directors | Ongoing | The Service Level Agreement (SLA) between ABMU Health Board and voluntary organisations was reviewed from an equality perspective. The recommended changes were taken on board for the 2013/2014 SLAs. |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | | | | The Health Board worked with the voluntary sector in 2012/2013 to:<br>• Review all the SLAs held by the Health Board with voluntary sector organisations. The SLAs were amended where services have developed and changed.<br>• Agree competitive tendering for specific services where the Health Board's strategic aims have changed and so services no longer meet these requirements. |

## Strategic Outcome: ABMU to be a first choice employer

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| **4. Support workforce to be and remain healthy as well as promoting staff well being** | Develop an alcohol and drug misuse policy for staff | Director of Workforce and OD | July 2012 | ABM's Policy on Alcohol and Substance Misuse by Employers was issued in June 2013 and posted onto the Intranet. |
| | Develop a smoking cessation policy | Director of Workforce and OD | October 2012 | Smoke Free Policy issued in September 2012. Actions taken to implement and monitor policy. |
| | Further develop the health and well being section of the Intranet to provide information and support for staff | Director of Workforce and OD | Ongoing | Health promotion initiatives include the publication of a range of information and advice to staff via the Intranet. |
| | Develop an integrated Staff Health and Well Being Service with a single contact point to improve equity and access for staff across ABM | Director of Workforce and OD | 2013 onwards | A Head of Service for Staff Health and Well Being has been appointed and plans to integrate services include Occupational Health, Psychological Wellbeing and the Wellbeing Through Work Team are progressing. |
| | Develop a domestic abuse policy | Director of Nursing | September 2012 | Safeguarding Committee approved the Policy in June 2013. It provides support for staff who are victims of domestic abuse and staff who manage them. |
| | Develop a mental health policy | Director of Workforce and OD | September 2012 | ABM's Employee Stress and Emotional Well-Being Policy was issued in April 2013 and published on the Intranet. Additional resource has been invested in the Staff Counselling Service. |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| **5. Promote a working environment free from abuse, harassment, bullying and violence** | Develop and implement a violence and aggression policy | Head of Health and Safety | September 2012 | Management of Violence and Aggression Policy reviewed in August 2012. |
| | Continue to raise public/patients/staff awareness of zero tolerance policy | Director of Workforce and OD | Ongoing | ABM has a Violence and Aggression Action Plan that includes actions to continue to enforce zero violence. Our Violence and Aggression training also covers our policy towards zero tolerance. |
| | Encourage increased reporting of 'hate crime' | Locality Directors and Directorate Senior Managers | Ongoing | Posters are displayed across Health Board. Hate crime is included within incident reporting guidelines and equality training. |
| | Raise awareness of Dignity at Work Policy | Director of Workforce and OD | Ongoing | Equality training has a focus on dignity at work with practical guidance on dealing with any issues. |
| **6. Support staff to be confident and competent to carry out their work** | Undertake a gap analysis of equality training by mapping existing training and identifying opportunities to embed within other programmes. | Head of Innovation and OD | June 2012 | Mandatory equality training matrix completed and gaps highlighted. |
| | Provide training to 'front line' staff using e-learning and face-to-face training | Head of Innovation and OD | Review March 2013 | Frontline staff prioritised for face-to-face training. A blended Corporate induction is delivered with an e-learning package supplemented by face-to-face provision. The Wales Deanery provides an e-learning |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | | | | package for medics in Wales, which complements ABM face-to-face training. |
| | Consider provision of equality training to volunteers working within ABMU | Head of Innovation and OD | December 2012 | Equality training has been delivered to volunteers within Ty Olwyn. The training needs of volunteers will be given particular consideration in preparation for the opening of the new Outpatients at Morriston Hospital. |
| **7. Increase diversity and quality of working lives of the workforce** | Make available work experience placements and consider apprenticeship opportunities | Director of Workforce and OD | May 2012 | The Learning Disabilities Directorate has engaged with a local recruitment agency on a project to offer opportunities to young people with a learning disability to gain meaningful work experience. After a six month placement with the Administration Team at Glanrhyd Hospital, a young person moved on to gain full time paid employment. The Directorate is working with the agency to identify further opportunities. |
| | Improve the collection of equality data | Head of Innovation and OD | March 2013 | The Health Board is seeking to address the quality of the reported equality data for its workforce in the forthcoming year. |
| | Make flexible working options available to staff according to the needs of the service | Locality Directors and Directorate Senior Managers | Ongoing | ABM's Retirement Policy was issued with options for flexible retirement in January 2012. The Flexible Working Framework was published in June 2013. Two voluntary schemes (Leave Purchase Scheme and Voluntary Reduction in Hours) were introduced which provide greater flexibility for staff. |
| **8. Develop a fuller understanding of the reasons** | Make arrangements to collect and analyse employment information about any pay | Head of Innovation and OD | March 2013 | Pay reports produced from the Electronic Staff Record (see Tables 14 and 15 in the Pay section of this Annual Equality Report). Work will be undertaken to analyse any pay differences. |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| **for any pay differences** | differences, including gender pay and any possible causes | | | |

## Strategic Outcome: Improve patient access and experience

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| **9. Raise awareness of equality and human rights** | Continue to prioritise 'front line' staff to receive equality training | Head of Innovation and OD | March 2013 | Front line staff continue to be prioritised for training. |
| | Develop equality and human rights information resources on the Intranet for staff | Head of Innovation and OD | Ongoing | Web pages were developed to publicise ABM's Strategic Equality Plan. Discussions recently took place at the NHS Wales meeting of Equality Managers about developing equality and human resources for the Intranet. |
| **10. Treat patients with dignity and respect** | Ensure the delivery of 'personalised' health care based on an individual's needs e.g. older people, transgender people and people with disabilities | Locality Directors and Directorate Senior Managers | Ongoing | The individual needs of service users and carers are taken into account by developing individualised care plans in partnership with the patient and or relative/ carer as appropriate. This is done through the unified assessment process, which provides a holistic approach where individual needs are considered in relation to disability, sensory impairment, special needs and an opportunity to explore beliefs, values and expectations. Amendments were made to the document to feature preferred language more prominently on new Unified Assessment Documentation.<br><br>On admission of children, the paediatric care plan ensures that children and young people and their families' needs are considered. A new Fundamentals of Care document was developed for completion on |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | | | | admission to ensure that all the child's basic care needs are addressed. |
| | Deliver strong leadership to foster a culture of dignity and respect | Executive Directors and Board | Ongoing | We have continued to develop our clinical leaders by creating space and development opportunities for them. In the past year, we reviewed our leadership and management development programmes and now offer a range of targeted development opportunities for our consultant medical staff, senior clinical managers/ leaders, middle managers and Team Leaders. |
| | Develop new models of care for older people including shared care approach to support people with physical and mental health needs | Director of Therapies and Health Scientists / Mental Health Directorate General Manager | 2014 | A Health & Social Care Programme Board has been established consisting of the Chief Executives of each Local Authority area in our catchment area and the Health Board's Chief Executive. The Programme Board oversees the work of joint programme teams initially focusing on four priority areas: adult learning disability services, adult mental health services, older people's services and children's services. The Programme's primary aim is to develop new service models across health and social care.<br><br>Throughout 2012/2013, the Changing for the Better Programme focused on seven clinical work streams. These included care for frail older people and services for people with long term conditions. These clinically led work streams developed a range of ideas and proposals that draw upon best practice, published standards and patient-centred models of care. |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | Design and refurbish facilities to explicitly meet the needs of our patients | Assistant Director of Planning with support from the Disability Reference Group | Ongoing | Ysbryd-y-Coed, an inpatient unit for patients with dementia, was awarded with the 'Best Community Health Care Building' and the 'Best Technical Innovation Project' at the Swansea Building Excellence Awards. It was recognised because of the elements of its design which particularly meet dementia patients' needs. |
| **11. Ensure patient have equity of access to services** | Establish an ABMU consistent approach to providing interpretation and translation services. | Head of Innovation and OD | June 2012 | Initial discussions have taken place with Patient Experience, the Health Access Team and Finance. An interpretation Policy is under development. |
| | Ensure effective communication and provision of information e.g. provision of information In Braille, on request, and in easy read. | Head of Innovation and OD | December 2012 | Braille, audio and easy read versions of the public engagement documents were produced and made available for the ' Changing for the Better' Programme. The engagement ran between September and December 2012. |
| | Meet Standards produced by Welsh Language Commissioner under the Welsh Language (Wales) Measure 2011 | Board Secretary | | The Health Board's Welsh Language Scheme was approved in April 2010 for a three year period. It set out how we aimed to deliver services in a bilingual manner. With the establishment of the Welsh Language Commissioner's Office in 2012, it was confirmed that Health Boards should continue to follow their existing Schemes pending the implementation of |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | | | | the Welsh Language Standards. We submitted our Annual Monitoring Report to the Welsh Language Commissioner in May 2013. Representatives from the Commissioner's Office and Health Board are meeting to discuss this in November 2013. |
| | Develop a bi-lingual ABMU internet site | Board Secretary | Ongoing | The appointment of an in-house Welsh translator has enabled the development and maintenance of a bilingual internet website. A dedicated page on the internal website provides help to staff who wish to access information on the Welsh language. During 2012/ 2013, there were 23, 977 hits on the intranet and 7,500 hits on the Health Board's external website. |
| | Pilot Welsh Language Skills questionnaire and rollout initially to 4 priority areas. | Board Secretary | January 2013 | An internal Welsh language skills survey was conducted in 2012/2013 to which 27.1% of the workforce responded. 375 (8.63%) members of staff are able to deliver a bilingual service to patients. |
| | Build on community and patient engagement to determine whether our services and proposed developments are accessible and responsive to their needs. | Assistant Director of Planning | Ongoing as part of Changing for the Better | We are discussing how best to set up a process that captures patient experience and translates it into learning. |
| | Continue to involve disabled people in the planning and design of | Assistant Director of Planning | Ongoing | ABM's Disability Reference Group (DRG) advised on the design of the new building being constructed at the front of Morriston Hospital. This HealthVision |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | new buildings and the upgrading of existing premises | | | Swansea scheme will provide a range of outpatient services, a Renal Dialysis Day Unit, New Endoscopy suites and an Integrated Education Centre and is due to open in Autumn 2014. The DRG also advised on the scheme to extend the existing Artificial Limb and Appliance Centre (ALAC) at Morriston Hospital to provide a new purpose built Specialist Rehabilitation Centre for ALAC, Orthotics, Rehabilitation Engineering and Medical Electronics. The facility opened in 2013. |
| | Develop an ABMU 'way finding' strategy to provide a consistent approach to signage | Head of Innovation and OD | October 2012 | The WayFinder Policy is in draft awaiting the inclusion of information from the Arts Project on the types of pictures that can be used. The work is underway as part of HealthVision Swansea. |
| **12. Improve services through community engagement** | In relation to older people, continue effective engagement and involvement with partner organisations and community groups | Locality Directors and Directorate Senior Managers | Ongoing | The Health Board is committed to capturing the voice of the public in the design, planning and delivery of services, including appropriate consultation. The citizen engagement commitments are co-ordinated by the Corporate Service Planning Team with links to the Locality / Directorate planning structures for local implementation. |
| | Improve engagement with specific groups in our community, particularly those whose views are seldom heard. | Assistant Director of Planning / Locality Directors and Directorate | Ongoing as part of the Changing for the Better Programme | The Health Board worked with the voluntary sector in 2012/2013 to ensure strong involvement on the Board's Stakeholder Reference Group so ensuring the views of protected characteristic groups under the Equality Act are heard. As part of our engagement on the Changing for the Better Programme from September to December 2012, we engaged with |

| Equality Objectives | Actions | Lead | Timescale | Progress |
|---|---|---|---|---|
| | | Senior Managers | | disability groups, older people's forums, deaf clubs, carers groups. We worked with Funky Dragon and Youth Councils to run interactive workshops for young people to get their views. Information was produced in other formats to improve the accessibility of the information, including Braille, Talking Book, Easy Read, Large Print Version (all in Welsh and English) and British Sign Language. |
| | Ensure patient experience continues to shape our services | Director of Nursing / Assistant Director of Planning | Ongoing | The Patient Forum held its inaugural meeting in December 2012. The Forum is chaired by the Non-Officer Member lead for Patient Experience, and its aim is to ensure that the voice of the public is connected in a practical sense to the continual quality improvement of safe, high quality services. We are working to further develop the collection of patient experience information. |
| | Provide feedback to the public, groups and communities that we engage with, together with acting on views provided where reasonable to do so. | Locality and Directorate Directors / Director of Nursing / Assistant Director of Planning | Ongoing | Where public engagement has taken place as part of the Changing for the Better Programme and the South Wales Programme, feedback has been published on what we were told and what we have done about it. This analysis has been published on the website of the Health Board with links to the South Wales Programme website. |