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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

# **Annual Equality Report 2013/2014**

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## Introduction

This is our third Annual Equality Report and it describes what we did to progress equality across the Health Board during 2013/2014. Equality is about making sure people are treated fairly and given fair chances. It is not about treating everyone the same, but recognising that everyone's needs are met in different ways.

The report is not designed to cover everything but is an overview highlighting some of our key work. It should be read alongside our Annual Report 2013/2014, Annual Quality Statement, Annual Governance Statement, Primary Care Annual Report and the ABMU Director of Public Health Annual Report.

<http://www.wales.nhs.uk/sitesplus/863/page/41077#annual>

## How we are doing?

The Equality Act 2010 is about treating everyone in a fair way. This law protects people from being treated worse than other people because they are:

- men and women
- disabled people
- young people and older people
- people who come from racial backgrounds – who may speak another language
- people who follow a religion or who have no religious beliefs
- people who are gay, lesbian or bisexual
- transgender people
- people who are in a civil partnership or married
- women who are pregnant or have recently had a baby.

We have to tell you how we collect and use information to ensure that we are treating people fairly. It is important that our services are meeting the needs of all groups of people who we serve and we treat people fairly at work.

We serve our local communities best by providing excellent healthcare and improving well-being. We know that at our best we do this because many of our patients tell us that they have received excellent care with compassion and kindness. But we do not always do it and sometimes let people down. Last year, some reports from the Ombudsman, patients' complaints, investigations and our performance information suggested we needed rapidly to improve the quality of care in some of our services.

In October 2013, the Health Minister asked Professor June Andrews to undertake a review of the quality of care for older people at the Princess of Wales and Neath Port Talbot Hospitals. Her report 'Trusted to Care' served as a wakeup call for us all. It brought into focus aspects of our culture, our attitudes, our systems and our services. We are working hard to regain the confidence of our communities. It's not easy and it won't happen overnight. We are implementing all the recommendations in 'Trusted to Care' and are absolutely committed to ensuring that the best care is available for all. We are renewing our focus on teamwork, training and a better partnership with our patients and families. This is explained further within our Annual Quality Statement.

Towards the end of 2013, we reviewed information about the health, age and way our citizens live their lives and published what we found in a report called the 'Strategic Needs Assessment'. The document is on our website: <http://www.wales.nhs.uk/sitesplus/863/document/224685>

The report identifies that the big health issues in our Health Board are:

- Our citizens are living longer and so many more of them are going to need care and treatment in the future.
- Frail and elderly people use our services the most and this is likely to increase in coming years.
- Over 5,000 people who live in ABM die each year. Heart disease, cancer and lung disease are the main reasons people die. Smoking, being very overweight, drinking too much and an unhealthy way of life often lead to such illnesses and so could be prevented if we make healthier lifestyles choices.

This is helping us to prioritise action to improve health and develop our new three year plan. We used the information to help identify the service improvement proposals that offered the greatest benefit to the health of the population.

To meet increasing health needs and other challenges facing us, we have to change the way we do things. In 2012, we started our 'Changing for the Better' programme. This takes the ideas and experiences of citizens, patients, carers, our partners and our staff and uses them to plan and improve all our services so they meet the needs of those who use them now and in the future.

We also use social media such as Facebook and Twitter to gather feedback and ideas and let you know what we are doing.

We still have some work to do to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data and raising greater awareness of why the information should be collected and used to improve services and outcomes for patients.

We have similar work to do to improve the collection of equality data for staff. This includes raising awareness of the reasons why the information is being collected.

## **Looking back over the last year: Taking forward our Equality Objectives**

We have a plan of the work that we are doing to help ensure that everyone is treated fairly, which is known as our Strategic Equality Plan 2012/2016.

We have described in this section what we did to work towards implementing the objectives in this Plan during 2013/2014. This includes highlighting achievements and identifying areas where further work needs to be done.

## **Better health outcomes: Our work to reduce health inequalities, embed equality into services and make fair decisions**

### **Objective 1: Reduce health inequalities**

The Director of Public Health Annual Report 2013-2014 highlighted the inequalities in life expectancy and experience of illness within ABM. These are top priorities for us to reduce working with our partners.

This report identified that:

- Our local population is living longer with the life expectancy of men increasing to 77 and women to 81.
- Healthy life expectancy (life spent in good or very good health) is 62 years for men and 65 years for women, which is lower than the Welsh average.

To help people live longer in good or very good health, the report highlighted that we must address the factors that will have the biggest impact for the whole population: reducing the number of smokers, tackling obesity and increasing the uptake of immunisation.

### **Smoking Cessation**

Around 1 of 4 adults who live in our area still smoke with higher rates being seen in men. We have funded an increase in smoking cessation services across ABM. This covered the introduction of pharmacy schemes to support smokers in their quit attempts and a hospital based smoking cessation service targeting smokers with chronic conditions. Further work has been done with Stop Smoking Wales to introduce more flexible services including rolling groups and weekend support groups.

We need to be doing further work to offer more tailored services to smokers who wish to quit. Not all smokers will require the same type of support to stop smoking and a range of options should be available. We need to further reduce the uptake of smoking by children and young people through initiatives in school and youth settings. Becoming a parent is an ideal time for promoting lifestyle change including quitting smoking or not smoking in the home.

## **Tackling Obesity**

In 2012/13, 26.2% of four to five year olds were overweight or obese in ABM (Bailey, 2014), which was higher than Wales or England. Obesity in pregnancy is a risk factor for poor health in both the mother and child. In 2013, at 12 weeks of pregnancy 35% of women cared for by ABM were obese (a BMI of 30 or more).

Rates of adults who are overweight and obese in Wales and across ABM are high. In 2012/2013, 23.4% of the ABM adult population was estimated to be overweight or obese. Obesity has a direct impact on individuals' health and life expectancy.

Over the last year, we have worked with partners to help some people who would be healthier if they lost weight to reduce their levels of being overweight or obesity. This includes projects to prevent young people becoming overweight or obese. 89 pre-schools have been provided with the 'Busy Feet' resource to inspire and motivate young children, including those children with additional learning needs, about the importance of a happy, healthy and active lifestyle. The resource is used on a daily basis and combines healthy eating messages and activities with physical activity. It includes a 'Busy Feet' Music CD consisting of 12 original upbeat catchy songs to get young children moving around happily.

We are planning to increase how many people can be seen by our weight management services by enhancing community based services and developing a specialist service for complex obesity which is a pre-requisite for access to bariatric surgery. These developments form part of our 3 Year Plan.

## **Vaccination and Immunisation**

The Welsh Government has set these targets for immunisation:

- 95% vaccination for all children to age 4 with all scheduled vaccines
- 75% uptake of flu vaccination among:
  - Those aged 65 years and older
  - Aged 6 months to under 65 years in clinical at risk groups
  - Pregnant women
- 50% uptake of flu vaccination for health care workers with direct patient care.

2013/14 has shown positive trends in uptake throughout the routine immunisation programme in ABM. There have been significant improvements in uptake of childhood immunisations such as the combined Measles, Mumps and Rubella vaccine and increases in uptake of flu vaccination in target groups such as pregnant women. The vaccination targets have not been achieved in ABM which is similar across Wales. However, significant improvements have been made and in 2013/14 we were closer to these goals than ever before.

Last year, we produced a Local Oral Health Plan which identifies the priorities for improving dental services. This includes 'Designed to Smile' (the school based tooth-brushing and caries prevention programme), the need to improve access to a range of dental services and the need to reduce dental health inequalities for older people and vulnerable groups. We will be working with the Welsh Government and Public Health Wales to develop dental services to care homes.

## **Objective 2: Embed equality into service delivery**

Our Annual Quality Statement 2013/14 describes how we working to treat people as individuals by providing care and treatment that is citizen and family/carer centred. We have listened to people who use our services about what they need and worked with individuals and groups of patients to identify how best we can support them.

## **Objective 3: Make fair financial decisions**

We have guidance to help staff assess the impact of changes to services and policies on all groups of people. We have found that listening to our patients, carers, relatives and staff helps us to understand how proposed changes affect them.

A positive example is the work of the South Wales Programme set up to look at the challenges facing consultant-led maternity services, neonatal care, inpatient children's services and emergency medicine (A&E) delivered by the 5 local Health Boards and the ambulance service covering the South Wales area. This culminated in an Equality Impact Assessment of the proposed South Wales Programme. As part of the consultation, we requested equalities information from participants and

engaged with people from groups and communities who may be particularly affected by any changes to these services. Work was done to understand the potential impact of any changes to these services and how these could be mitigated. The Equality Impact Assessment is available here: ([www.wales.nhs.uk/SWP/opendoc/224702](http://www.wales.nhs.uk/SWP/opendoc/224702)). We also did similar work for the proposed adult mental health acute assessment facilities on the site of Neath Port Talbot Hospital.

We recognise the quality of equality impact assessments is not consistent across ABM and needs further improvement with more guidance and support for staff.

We tested building equality considerations into the procurement of directly contracted dental services for children requiring care under general anaesthesia. Further work is needed to ensure equality is built into the procurement process.

## **First choice employer: How we promote the health and well being of our staff and ensure they have the knowledge to do their job**

### **Objective 4: Support workforce to be and remain healthy as well as promoting staff well being**

During the year, we adopted the Staff Health and Well Being Charter, which seeks to encourage the health and wellbeing of all staff.

Our staff health and wellbeing team piloted the *Lighten Up Programme* across our four main hospital sites. Its aim is to improve the health, wellbeing and resilience of individuals within the workplace. The results of the pilot were very positive showing that it reduced symptoms of stress, anxiety and depression within the workplace. Further information is available within our Annual Report 2013/14:

<http://www.wales.nhs.uk/sitesplus/863/page/41077#annual>

Our Wellbeing through Work Team won the *Into the Limelight* category at the Advancing Health Care Awards. The judges congratulated the team on consistently helping people to return to or remain in work and making a significant contribution to the health and wellbeing of the population. We were awarded the *Gold Corporate Health Standard* by the Welsh Government.

We developed a work place policy to support staff at risk of domestic abuse. This had been identified as a key work priority by the Equality and Human Rights Commission.

### **Objective 5: Promote a working environment free from abuse, harassment, bullying and violence**

We are committed to providing a safe and secure environment for staff, patients and visitors and to ensure that the likelihood of persons being exposed to violence and aggression is reduced as far as possible.

Violent or abusive behaviour is not tolerated and action is taken to protect and support staff and others. Incidents of violence have to be reported using our incident reporting system. This includes verbal abuse considered to be threatening, insulting, obscene, racist, sexist or using any other discriminatory language that causes fear, intimidation or serious offence.

Staff are supported by their managers and others to control or reduce the risks from violence and aggression. Training continued to be provided to acute and community staff and was focused to give more emphasis on the management of confused patients. Mental health and Learning Disabilities services have specialist training schemes for their staff. Further information is in our Health and Safety Annual Report 2013/14: <http://www.wales.nhs.uk/sitesplus/863/page/75780>

We have established closer working arrangements and monitoring with police and victim support agencies to tackle hate crime.

## **Objective 6: Support staff to be confident and competent to carry out their work**

We have taken steps to improve understanding and develop the knowledge and expertise of staff. Training opportunities are provided for staff to learn about equality and diversity issues. These range from awareness raising during staff induction to e-learning and targeted equality courses and workshops.

We welcomed the collaborative work between the NHS Centre for Equality and Human Rights, the health service and other key partners to develop an all Wales approach to e-learning. 'Treat Me Fairly' was launched as an e-learning package in September 2013 and now features as statutory and mandatory training for all NHS staff. It is designed to help staff think about their day-to-day role and what they can do to promote equality.

ABM Board members were able to attend training sessions run by the NHS Centre for Equality and Human Rights on behalf of the South Wales Programme in August and September 2013. This training promoted awareness of equality legislation, the importance of equality impact assessment and the Board's scrutiny obligations.

## **How we are taking steps to make our workforce more diverse and understand pay differences**

### **Objective 7: Increase diversity and quality of working lives of the workforce**

Our Annual Report 2013/14 describes how our Integrated Medium Term Plan sets out different ways in which we will be seeking to attract applicants and how we will be focusing on improved succession planning. It also explains how we are supporting the development of our workforce through education and training.

We published our Flexible Working Framework in June 2013 which is designed to allow staff to balance work responsibilities with other aspects of their lives. Two voluntary schemes were introduced to enable staff to purchase annual leave and voluntarily reduce their hours. These schemes offered greater flexibility for staff with their working arrangements.

## **Objective 8: Develop a fuller understanding of the reasons for any pay differences**

We have produced pay reports and these are available on our website: <http://www.wales.nhs.uk/sitesplus/863/page/59057>

We recognise that there is more work to be done to analyse pay differences. We will be seeking to learn from Cardiff University's case study work with three large public sector employers that is designed to demonstrate how the required workforce and pay data analysis should be undertaken.

## **Patient experience: The importance of providing respectful, personal care and equality of access to healthcare**

### **Objective 9: Raise awareness of equality and human rights**

Training opportunities are provided for staff to learn about equality and diversity issues as described above.

### **Objective 10: Treat patients with dignity and respect**

Our Annual Quality Statement 2013/14 describes how we are making progress across many of our services to provide care that is respectful and personal. We acknowledge that change has not been fast enough and recognise that we still have more work to do to ensure that we provide excellent, dignified and patient centred care consistently and at all times.

### **Objective 11: Ensure patients have equity of access to services**

In 2014, the Equality and Human Rights Commission focused its monitoring of health organisations on progress with making health services more accessible.

Their report concluded that health organisations were undertaking a range of initiatives to improve access for all service users and specifically for people with protected characteristics.

We are making improvements both in terms of the physical environment and buildings and access to services. Positive examples of our improvements include making dental treatment more accessible to vulnerable patients and health and well being courses more accessible for deaf people who use British Sign Language.

An ABM specialist dentist won a national BEST award for Clinical Service Innovation for making treatment more accessible. Some patients find visiting the dentist distressing, including people who have a severe fear of the dentist, learning difficulties or a condition which causes them to make involuntary movements, such as Parkinson's disease. To make their treatment more accessible, ABM's conscious sedation service was extended from hospital to community clinics. Conscious sedation helps patients to relax and co-operate for their treatment whilst remaining awake instead of having a general anaesthetic.

BEST awards are given by the Wales Deanery in association with the British Medical Association Wales to recognise excellence in medical and dental postgraduate education.

Another positive example is the partnership working between ABMU Health Board's Education Programme for Patients (EPP) Cymru, the British Deaf Association and the local deaf community. EPP courses are run in Bridgend and Swansea Deaf Clubs to improve the accessibility of this health and well being course for people who use British Sign Language.

Following a review of the needs of people with sensory loss accessing healthcare, the Health Minister launched the All Wales Standards for Communication and Information for People with Sensory Loss ([www.wales.gov.uk/topics/health/publications/health/guidance/standards/?skip=1&lang=en](http://www.wales.gov.uk/topics/health/publications/health/guidance/standards/?skip=1&lang=en)) in December 2013. The Standards were co-produced by the NHS Centre for Equality and Human Rights, Welsh Government, RNIB Cymru, Action on Hearing Loss and NHS organisations.

The document sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. We have set up an Accessible Health Care Group to co-ordinate action to meet the access and communication needs of people with sensory loss.

## **How we are listening to people and continuing to improve services**

### **Objective 12: Improve services through community engagement and patient feedback**

We continue to engage with the Third Sector to gain a greater understanding of the service needs of people from protected groups whom they represent. An important part of our engagement is providing feedback to people who take part to show how their input has led to service improvement.

A positive example of our engagement is the huge impact that disabled people from the local community are having on the design of the £102 million redevelopment of Morriston Hospital. To ensure that the new accommodation and facilities are fully accessible for everyone, ABM's Planning Team set up a Disability Reference Group to provide expert advice.

The personal experience and knowledge of members has been invaluable at each stage of the design work. Their expertise and practical approach have been influential and persuaded us to make significant improvements to support people with additional needs. Examples include:

- choosing appropriate floor, wall and ceiling materials in corridors that contrast visually with adjacent surfaces to design an inclusive environment for people who are partially sighted
- providing space for wheelchair users in outpatient waiting rooms and designing seating for people with different needs
- designing lifts with visual information and audible announcements, suitable emergency communication systems and colour contrast control buttons at a height that can be used by everyone.

Their expert input helps get it right first time rather than having to go back and change plans later. The inclusive design of the new facilities will make it easier for everyone to visit and use the new outpatient department and education centre when these are opened in 2015. Many older people, people with small children and people with temporary mobility problems (e.g. leg in plaster) will benefit from an accessible environment.

We have been so impressed with the impact of the Group on planning the new facilities that we asked the Group to extend its membership and role to look at other ABMU hospitals and services where improvements can be made. This is an excellent example of co-production.

In September 2013, we implemented the All Wales Patient Experience survey. Equality and diversity questions were included to monitor whether responses are received from all sectors of the community.

## **Looking forward to the next year**

We have a continued commitment to equality and diversity. We have been reviewing with our staff and patients the values we want to see in ABMU and developing a behavioural framework for everyone who works for us and on our behalf.