



## **Public Consultation on our Strategic Equality Objectives 2024 - 2028**

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# **1. Executive Summary**

Welcome to our Strategic Equality Objectives Consultation, which focuses on our proposed Strategic Equality Objectives for the period 1 April 2024 to 31 March 2028.

The draft objectives we present in this document, were developed in collaboration with our Staff Networks, Trade Unions, Llais and external partners, who have provided us with some valuable feedback, to help ensure we focus on the areas that our stakeholders have told us are important, together with some high-level actions to help us achieve them. An action plan, which sets out the detailed steps we will take each year to achieve our objectives and monitor progress, will be developed after all of the consultation has taken place and we finalise the objectives for this four-year period. The detailed action plan will be developed in partnership with our stakeholders and will be published around March 2024.

As an appendix to this document, we have provided details of the Consultation Criteria.

We are fully committed to achieving what is in our Strategic Equality Plan and are looking forward to continuing to work with people from across Gwent as we fulfil the commitments and objectives identified as a result of this consultation.

## 2. How to Respond

The consultation period will run until 19<sup>th</sup> February, 2023. Please ensure that your response reaches us by that date. If you would like further copies of this consultation document, you can contact us using the contact details below, or if you would like alternative formats (Braille, audio CD, etc).

Please send consultation responses to:

Equality Diversity and Inclusion Team [abb.edi@wales.nhs.uk](mailto:abb.edi@wales.nhs.uk)

When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation please make it clear who the organisation represents, and where applicable, how the views of members were assembled.

We would like to thank those who respond to our consultation in advance. We do not intend to acknowledge individual responses unless by request.

## 3. Freedom of Information

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the Freedom of Information Act 2000 (FOIA) or the Environmental Information Regulations 2004.

If you want information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.

In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

Aneurin Bevan University Health Board will process your personal data in accordance with the Data Protection Act (DPA) and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

## **4. The Consultation criteria**

The consultation is being conducted in line with the Government's Code of Practice on Consultation. The criteria are listed at Annex A.

## **5. What happens next?**

A summary of responses, including the next steps will be published by March 2024 on the Health Board's website; paper copies will be available on request.

## **6. About Aneurin Bevan University Health Board**

Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board. The Health Board was established on the 1st of October 2009, and provides healthcare services and support via a wide range of primary, community and acute hospital care settings, covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The Health Board is led by the Chair, non-executive directors, the Chief Executive and other executive directors. The Board is supported by the Senior Management Team.

The Health Board employs over 14,000 staff, two-thirds of whom are involved in direct patient care. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers.

The Health Board is responsible for the delivery of health care services to a resident population of an estimated 588,303 (Stats Wales 2023).

We take our role as one of the largest employers in the area very seriously which is evident in our wide-ranging partnership working, dedication to our corporate social responsibilities and the importance we place on building relationships with our staff and community.

### **6.1 Our Values and Behaviours.**

By all employees working to one definitive set of values and behaviours for our organisation, these values will:

- support us to be at our best by working as one team to bring our values to life, both within our internal workforce and for our communities, through our delivery of patient care and services;
- help inform the decisions we make as a Health Board;

- they will shape employee experience; and most importantly
- will improve service user, patient care and outcomes for our local populations and our communities.

Our Health Board is committed to building a culture it feels proud of, with recognisable values at its core that can be felt and understood by every person who comes into contact with them.

By living up to our new organisational values and behaviours at every opportunity, we can achieve these four key things:



## 2. Proposed Objectives

We have worked with our Staff Diversity Networks, Trade Unions, Llais and external partners, involving them in the development of draft objectives for consultation.

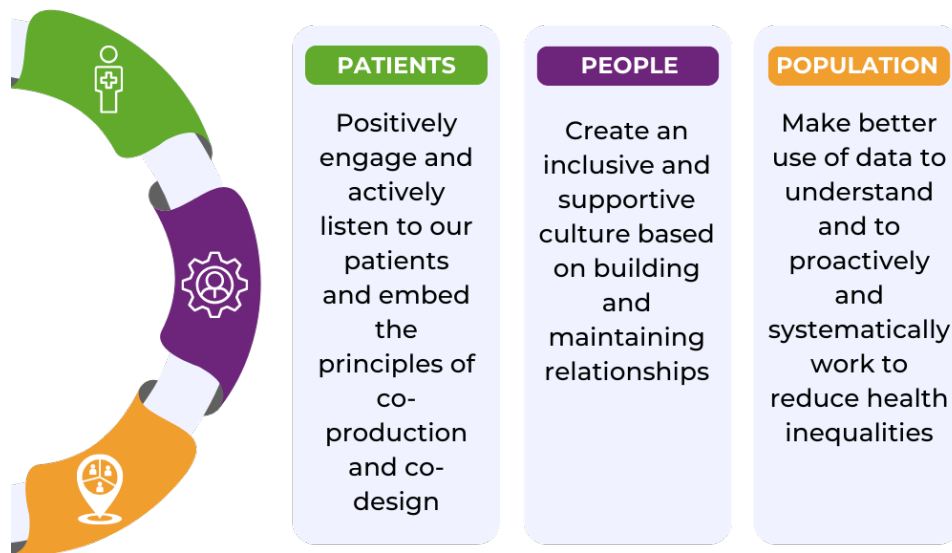
In addition to this, we have factored in the findings of the Equality and Human Rights Commission's 2018 report "Is Wales Fairer?" the Wellbeing Goals from the Wellbeing of Future Generations (Wales) Act 2015 and our Long-Term Strategy, to develop our proposed strategic equality objectives. The objectives will also be incorporated into our People Plan, to ensure that we continue to create the inclusive organisation we want.

We received a good deal of feedback, and the following five themes have emerged:

- Equity of access to services and our sites
- Co-production and Co-Design: Listening, learning and responding

- Equal opportunities for staff: Recruitment, Progression and Development
- Understanding and advocating for diversity

Under these themes, we have developed our 3 P's for Inclusion model and the following draft objectives, and high-level actions to address them.



## 2.1. Objective 1 - Patients

**Our Pledge: By 2028, we will take action to positively engage and actively listen to our service users and embed the principles of co-production and co-design.**

We will achieve this by:

- Improving access to our hospitals and services for people who have known inequalities in accessing healthcare
- Meaningfully engaging with the diverse communities that we serve to develop impactful relationships with community partners ensuring all voices are heard and care is designed around individual needs
- Communicating with patients, carers, and the public in a way that is relevant to their needs
- Encouraging providers and services to actively seek out, listen and respond to people who are most likely to have difficulty accessing their care or a poorer experience or outcomes from care.

Some examples of how we will achieve these are:

- Improving access to our hospitals and services for people who have known inequalities in accessing healthcare
- Meaningfully engaging with the diverse communities that we serve to develop impactful relationships with community partners ensuring all voices are heard and care is designed around individual needs.
- Communicating with patients, carers, and the public in a way that is relevant to their needs. Encouraging providers and services to actively seek out, listen and respond to people who are most likely to have difficulty accessing their care or a poorer experience or outcomes from care.

**Some examples of how we will achieve these are:**

- Review the effectiveness of our Interpretation and Translation tools (including British Sign Language) and increase our workforce awareness of accessing them.
- Create communication passports which enable people to share their communication needs.
- Ensure new estate plans have the involvement of patients and the Equality, Diversity and Inclusion Team to ensure the patient voice is at the centre of all change.
- Build accessibility considerations into current audits and frameworks for assessing the environment.
- Collaboratively engage with patients and carers when completing service change and design.
- Undertake quality assurance of Equality Impact Assessments.
- Develop service-level equality checklists to create awareness around the impact of health inequalities.
- Develop Inclusion Champions network to operate across our services, actively supporting the identification and sharing of best practices, skills and knowledge around inclusion and health inequalities at service level.
- Continue to monitor the protected characteristics of people who have concerns/complaints about our services and ensure any trends are escalated accordingly.
- Introduce Cultural Intelligence training for staff, co-produced with 'Experts by Experience'.
- Further embed the Duty of Quality in our work in line with the Health and Care Quality Standards.



- Align service plans with emerging national and organisational strategic drivers (e.g., Anti-racist Wales Plan; LGBTQ+ Action Plan, Disability Action plan, Code of Practice for Delivery of Autism Services).
- Develop a Co-production and Co-design Framework.
- Introduce Self-Assessment Tools for services to assess how well providers and local systems meaningfully engage with diverse communities.
- Work collaboratively with partners (e.g., Local Authorities, Colleges and Universities, Third-Sector organisations, etc) to maximise on engagement and consultation opportunities across Gwent.
- Develop service-level engagement strategies that have a grassroots approach and ensure that practices respond to patient feedback and feature co-design principles.
- Reach out to people whose voices and experiences we don't often hear: people who are the most disadvantaged in our society, have had distressing or traumatic experiences, and those who are more likely to experience poor outcomes and inequalities.

## **2.2. Objective 2 – Our People**

**Our Pledge: By 2028, we will take action to create an inclusive and supportive culture based on building and maintaining relationships.**

We will achieve this by:

- Embedding positive action in our Talent Management Strategy and ensuring processes/initiatives are in place that enhances equal opportunities for career progression for under-represented groups
- Developing compassionate leaders who play close attention to the people they lead, understand the situations they face, respond empathetically and take thoughtful and appropriate action to help
- Building a culture where staff feel a sense of belonging and allyship
- Cultivating an organisation that is inclusive; free from discrimination with all able to fulfil their potential.

Some examples of how we will achieve these are:

- Further develop our Talent Management Strategy to ensure increased opportunities for underrepresented groups.
- Improve mechanisms to capture equality data to provide targeted interventions.
- Strengthen recruitment practices to ensure greater diverse recruitment panel membership and selection training.

- Attain best practice accreditation e.g., Disability Confident, Stonewall Workplace Equality Index.
- Explore less traditional recruitment practices to enable us to attract and appoint candidates from a diverse range of backgrounds.
- Targeted leadership and development support for ethnic minority, disabled and female staff to increase the number of staff within middle and senior manager roles.
- Embed career conversations as part of the annual Performance Appraisal process.
- Review our leadership programmes to embed the skills and knowledge required to promote an inclusive workplace and to recognise and value diversity.
- Engage all our leaders with our leadership programmes: clinical and corporate; junior and senior; aspiring and established.
- Develop high-performing staff networks and Advisory Groups embedded in governance structures up to Board level.
- Introduce and develop new staff networks so that all groups have a recognised voice.
- Put in place mechanisms so that staff networks are consulted with when processes and initiatives are being developed or reviewed.
- Celebrate the diversity of our internationally educated colleagues and ensure they receive appropriate guidance and support.
- As part of NHS Equality Week, we will promote an annual programme of staff engagement events and awareness raising around inclusion and protected characteristics.
- Strengthen our Equality training offer for managers and staff to increase awareness and provide knowledge and strategies to help build a positive inclusive work environment.
- Develop and roll out a Reverse Mentorship Programme.
- Add equality objectives to Executive performance metrics and leadership performance appraisals.
- Support leaders at all levels to demonstrate their commitment to tackling workplace inequalities.
- Ensure our Talent Management Strategy increases opportunities for underrepresented groups to access leadership development.

## **2.3. Objective 3 – Our Population**

**Our Pledge: By 2028, we will make better use of data to understand and to proactively and systematically work to reduce health inequalities.**

Some examples of what we will do to achieve this are:

- Ensure our services are delivered in relation to local health needs and there are systems in place to support this.
- Analyse patient equality data against local intelligence to identify inequalities.

Examples of how we will achieve these are:

- Implement the recommendations of the Building a Fairer Gwent Report.
- Embed learning from Marmot Principles and ways of working locally.
- Strengthen links with other local work on digital inclusion in communities.
- Encourage and support innovation across the system to reduce health inequalities.
- Accelerate co-production with our communities within our work to reduce inequalities, creating honest and realistic conversations that result in positive relationships.
- Provide advice and guidance to support increased understanding of health inequalities across our services and staff teams.
- Work collaboratively with Public Health to identify areas of opportunity for prevention across our system linked to inequalities.
- Establish close alignment with data and digital colleagues to capitalise on opportunities to strengthen the evidence base.
- Align the Equality, Diversity and Inclusion and Public Health agendas to bring together data from the wider determinants of health datasets with the equality data, to dig deeper into the root causes of ill-health.
- Analyse wait list data to highlight if inequalities are identified and report on actions to address them.
- Monitor equality data against incidents and complaints and report on actions to address them.
- Launch a communication campaign with our patients and service users to improve equality monitoring.

### **3. How to have your say**

Views can be shared by any of the following means:

- Complete our survey which can be accessed via the Health Board web site URL or via the QR code below

URL: <https://forms.office.com/e/LXCiDaJdFj>



- Attend a virtual public engagement session, where you can find out more about the proposal and ask any questions of Health Board staff. These have been arranged as follows:

Date	Time
Monday 18 <sup>th</sup> December 2023	10:00 – 11:00 am
Wednesday 10 <sup>th</sup> January 2024	12:00 – 13:00 pm
Thursday 18 <sup>th</sup> January 2024	16:00 – 17:00 pm
Tuesday 6 <sup>th</sup> February 2024	09:00 – 10:00 am

- Contact us by e-mail with any comments (or if you would like to join one of the on-line sessions above) at [abb.edi@wales.nhs.uk](mailto:abb.edi@wales.nhs.uk)
- Contribute to any conversations via the Health Board’s social media channels e.g., Facebook or X (previously Twitter).
- In addition to the formal engagement sessions we also have our normal community engagement program, details of which can be found via this link: [Where you'll find us - Aneurin Bevan University Health Board \(nhs.wales\)](#). At these community engagement sessions over the next few weeks communications and engagement staff will have information about the and proposed Equality Objectives and paper copies of the survey with them for people to complete there and then if they would like to.

## **Annex A - Consultation Questions**

**Q1 – What are your views on our proposed objective 1?**

**How would you change or develop objective 1?**

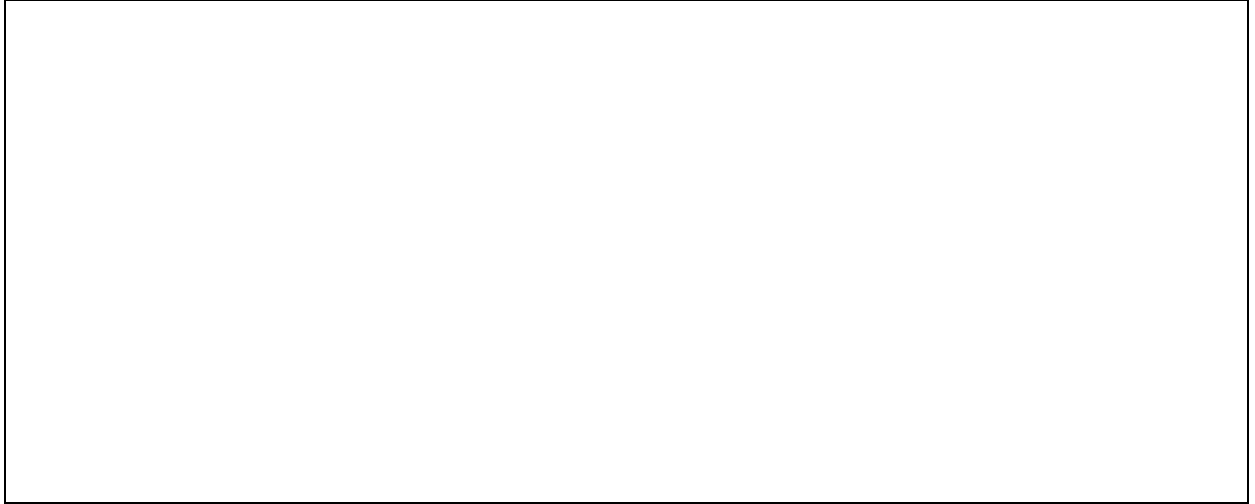
**What additional actions would help us achieve objective 1?**

**Q2 – What are your views on our proposed objective 2?**

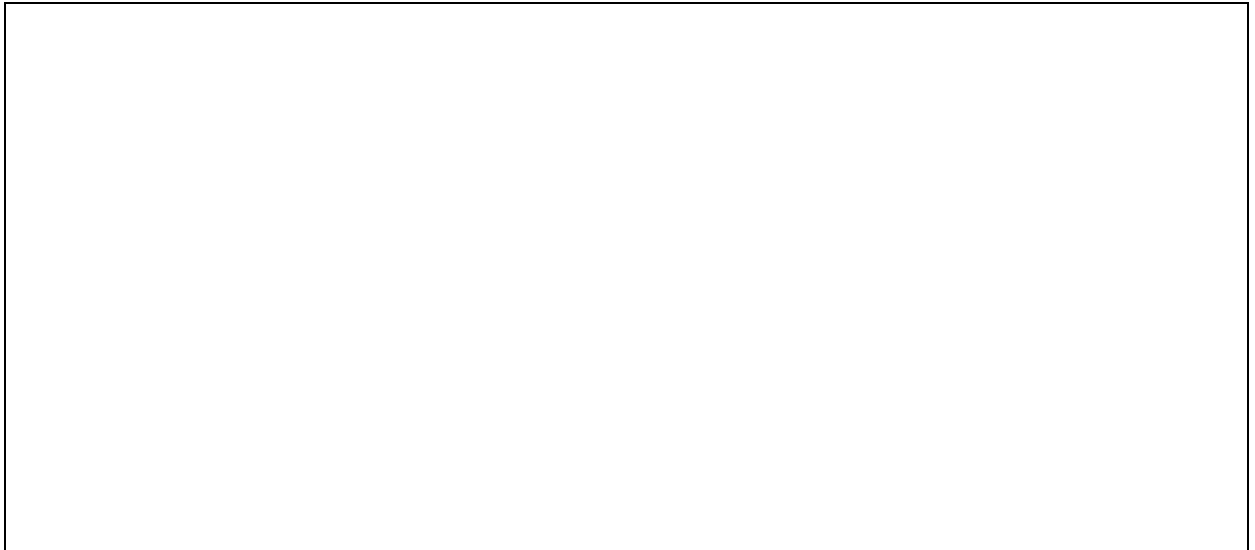
**How would you change or develop objective 2?**

**What additional actions would help us achieve objective 2?**

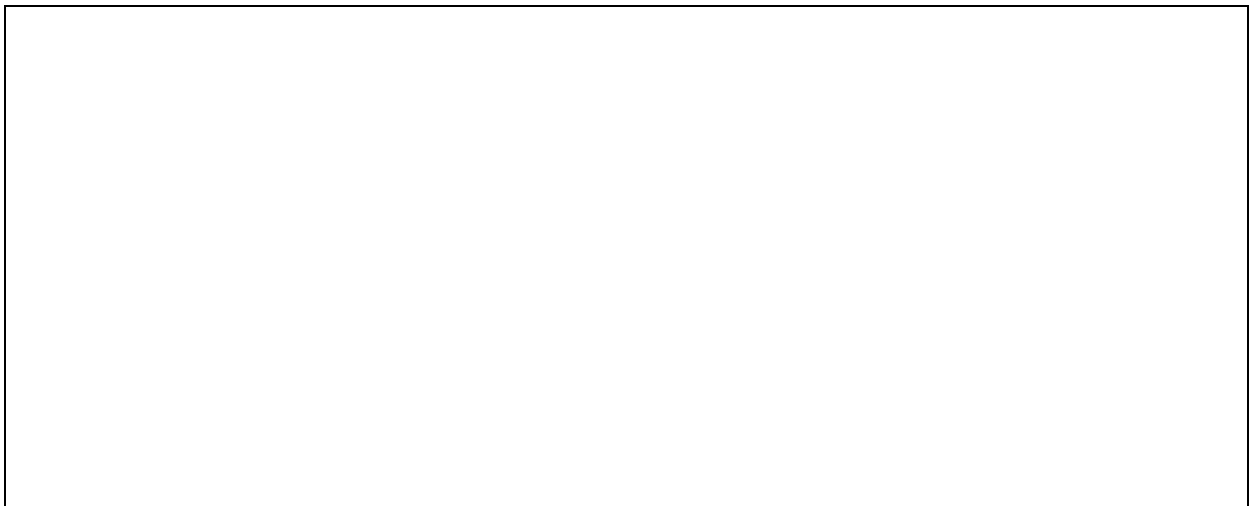
**Q3 – What are your views on our proposed objective 3?**

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**How would you change or develop objective 3?**

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**What additional actions would help us achieve objective 3?**

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**Q4 – In your opinion, could the proposed objectives have positive or adverse effects on:**

- a) Opportunities for persons to use the Welsh language, and
- b) Treating the Welsh language no less favourably than the English language?

Please provide details below



## **Annex B - Consultation criteria**

### **Criterion 1 When to consult**

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

### **Criterion 2 Duration of consultation exercises**

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

### **Criterion 3 Clarity of scope and impact**

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

### **Criterion 4 Accessibility of consultation exercises**

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

### **Criterion 5 The burden of consultation**

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

### **Criterion 6 Responsiveness of consultation exercises**

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

### **Criterion 7 Capacity to consult**

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.