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WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



# Strategic Equality Plan 2024/28

Aneurin Bevan University Health Board's  
Equality Objectives: 3 P's for Inclusion

# Foreword



It is with great pleasure I endorse the publication of our Strategic Equality Plan for 2024 - 2028, which sets out our continued intended direction of travel over the next four years to strengthen our approach in advancing equality, eliminating discrimination and fostering good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an inclusive employer, as well as the way we provide our services. Our staff and stakeholders have been fully engaged in the development of this plan and its objectives, and this co-production has been hugely important and meant that our values and behaviours are reflected within the document.

I look forward to working together across the Health Board and with partners to take forward this very important agenda.

**Nicola Prygodzicz, Chief Executive Officer**



# Introduction

It's critical that organisations ensure diversity – diversity of backgrounds, cultures, ages, genders, abilities, religions, and other characteristics, as well as diversity of thought processes and perspectives. But diversity is not enough. **Inclusion is where the real work comes in.**

In our efforts to create a truly inclusive organisation, 3 Objectives (what we call the 3Ps of inclusion) will form the basis of our proposed Strategic Equality Plan for 2024-2028.

They are: **Patients, People and Population.**





This strategy sets out our vision, aims and objectives to create a fair, just and equal culture across Aneurin Bevan University Health Board over the next four years.

Since the publication of our last Plan in 2020, the world we live in has changed, and so too has the way our NHS operates.







Alongside the 'Black Lives Matter' and 'Me Too' movements, the global COVID-19 pandemic magnified and focused attention on the impact of socio-economic inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff, our key workers more widely, and our diverse communities.

We know from our own data monitoring, survey results, and engagement activities, that there are differential outcomes and experiences for patients and our workforce from different backgrounds.





## **Beyond Compliance, Towards Change**

To address these differential outcomes, we need to move beyond legal compliance and utilise the power of Equality, Diversity and Inclusion to transform the culture of our organisation.

To support this, we have undertaken a range of engagement activities to understand what we can do to make the required improvements over time to move beyond compliance to a place where everyone is treated fairly, as part of our cultural change journey.



# About Us



Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The Demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.



The Health Board employs 14,942 staff (snapshot March 2023), two-thirds of whom are involved in direct patient care, and is responsible for the delivery of health care services to a resident population of an estimated 588,303 (Stats Wales 2023).





# Why a Strategic Equality Plan?



## **IT'S THE RIGHT THING TO DO**

We want to be an inclusive employer and service provider and recognise that we have improvements to make. Equality, diversity, and inclusion are the right things to pursue. They impact wellbeing, feelings of value and belonging and if we get it right, we can boost morale and confidence.

## **IT MAKES GOOD BUSINESS SENSE**

Improving and celebrating the diversity of our workforce and ensuring that the Health Board is an inclusive place to work will enable our people to work with less stress and help enable the psychological safety required for innovative ideas to flourish. This ultimately leads to better patient care.



# We have legal duties

The Equality Act 2010: the Public Sector Equality Duty (PSED) requires all public bodies to consider all individuals when carrying out their day-to-day work in shaping policy, in delivering services and in relation to their own employees. We must demonstrate 'due regard' to the three aims of the general duty of the Equality Act 2010 which are:

- Eliminate unlawful discrimination, harassment or victimisation;
- Advance equality of opportunity between people who share protected characteristics and people who do not share them;
- Foster good relations between people who share protected characteristics and people who do not share them.



# The Equality Act 2010 protects anyone who falls into a ‘protected characteristic’:



- Age
- Disability
- Ethnicity
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion/Belief
- Sex
- Sexual Orientation



## **Welsh Language Commitment**


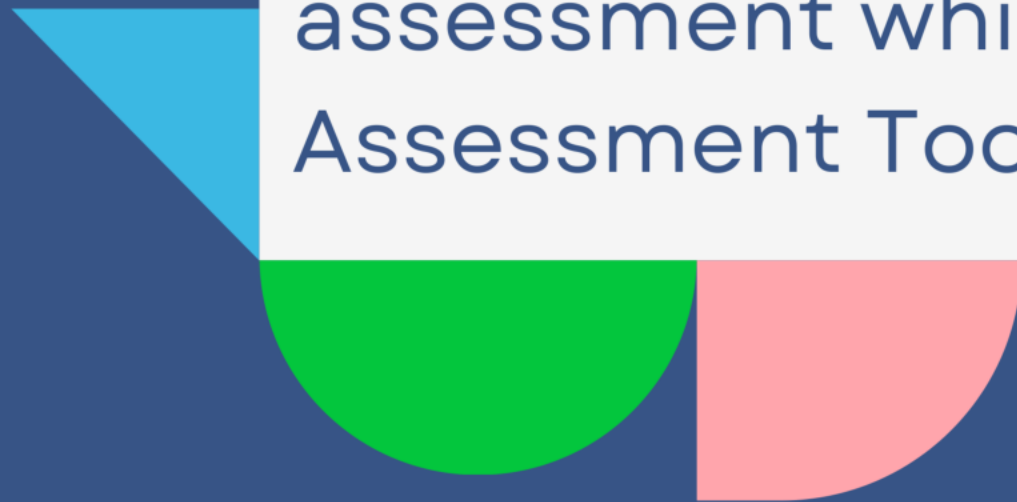
The promotion and use of the Welsh Language is covered by the requirements of the Welsh Language Measure 2011 rather than the Equality Act. However, as a Health Board, we consider Welsh Language requirements alongside the protected characteristics of the Equality Act in our integrated Equality Impact Assessment Tool to encourage a cooperative approach to the needs of all communities in designing and delivering services. The Welsh Language Measure 2011 requires us to ensure that Welsh Language services are built into the planning and delivery of services. We must offer Welsh Language services to Welsh speakers without them having to request it. This is called the 'active offer'.





## **Socio-economic Duty**

The Socio-economic duty came into force in Wales in 2021. It aims to improve decision-making and help those who are socio-economically disadvantaged. Socio-economic disadvantage means having low savings or income compared to others in Wales, making it more difficult to access basic services and opportunities. This can lead to inequality of outcome, for instance, lower levels of good health, lower-paid work, poorer educational attainment and an increased risk of being a victim of crime. We need to understand how the decisions that we make may increase or reduce opportunities for people who are at a socio-economic disadvantage. We do this with our equality impact assessment which is included in our Integrated Equality Impact Assessment Tool.






# Headline statistics evidence the case for change



- The poorest children in Gwent start school 10 months behind those from more affluent families. Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Improvements in life expectancy have stalled across large parts of Gwent.
- There is a 20-year inequality gap in healthy life expectancy for women and a 13-year gap for men. These are among the widest inequality gaps in Wales.
- In Newport and Blaenau Gwent, populations of those aged 65+ are declining, either due to population decline or falling life expectancy. Healthy life expectancy in Blaenau Gwent, Newport, Torfaen and Caerphilly is also lower than the Welsh average for both women and men.



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- Our workforce is predominately female (around 82%). This is reflective of the majority of NHS Health Boards in Wales.
  - 36% of our workforce are aged over 50.
  - Around 3% of the workforce have reported that they have a disability. However, around 29% of the data is unspecified.
  - Around 8% of the workforce identify as Black, Asian or Minority Ethnic, with 47 different Ethnic Origins identified.
  - Christianity, Atheism, Islam, Hinduism and Buddhism are the most reported religions/beliefs by staff, respectively. 10% of the workforce have expressed that they do not want to disclose their religion/belief and another 24% are unspecified.
  - Around 24% of the workforce have not disclosed their sexual orientation and 3% have identified they have declined to provide the information. Over 70% of the workforce have identified as heterosexual/straight.
  - According to our Gender Pay Gap Statement 2023, Women's median hourly rate is 16.20% lower than men's. In other words, when comparing median hourly rates, women are paid 83p for every £1 that men get paid.



# Strategy Development Process

## PHASE

1

A consultation and engagement framework was developed in April 2023 to enable us to gather thoughts, feedback and ideas from key internal and external stakeholders on our proposed strategy themes and aims.

Pre-consultation engagement was undertaken between April 2023 - December 2023.

This included staff surveys, engagement with staff networks, workshops with the Llais Citizen Panel, Equality Chat Cafes, etc.

## PHASE

2

## PHASE

3

12-week Public Consultation period, closed February 2024.

Evaluation of consultation feedback, review of objectives and suggested actions.  
Plan approved by Board.

## PHASE

4



# Our Equality Objectives: 3 P's for Inclusion

As a Health Board, we aim to provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

We recognise that delivering great care starts with great people. According to Gallup, “Psychologically committed, or engaged, employees are the key to improving patient satisfaction and loyalty.” Focusing on Equality, Diversity and Inclusion within an organisation can improve Employee Experience (Deloitte, 2023). We know that truly understanding and valuing our People is key to unlocking their potential.





## PATIENTS

Positively engage and actively listen to our patients and embed the principles of co-production and co-design

## PEOPLE

Create an inclusive and supportive culture based on building and maintaining relationships

## POPULATION

Make better use of data to understand and to proactively and systematically work to reduce health inequalities



# Our approach

## Culture

Develop a culture of kindness, civility and inclusion: Placing the voice of people at the heart of everything we do.

## Co-design

Ensuring people and families, including those who are less frequently heard, are involved in developing our services to meet their needs.

## Competency

Embedding cultural awareness and co-production as core competencies for staff. Ensuring that staff have access to high-quality inclusion and health inequalities training.

## Processes

Developing our data collection and analysis capabilities around inequalities. Building strong partnerships with community groups and leaders.



# Objective 1 - Our 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 want to ensure our services are accessible to all our patients and carers who require care, treatment and support.

We want to ensure the information we provide can be adapted to meet individual needs.

Living our Health Board's values, we will strive to provide personalised and compassionate care while respecting different people's needs, aspirations and priorities. We will aim to ensure service users and carers have a positive experience of our services and are not disadvantaged in any way. We will continue to align our service plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc) to ensure we are guided by best practice. This requires a renewed commitment to actively listening to our patients, carers, and the public, and amplifying the voices of seldom-heard communities, to inform a process of continuous improvement and innovation.



# By delivering this Objective, we will achieve the following outcomes:



Embed innovation  
and good practice  
that can help  
reduce  
inequalities

- We're driven by people's experience of care.
- Our ways of working meet people's needs because they are developed in partnership with them.
- We have influenced others to reduce inequalities in people's access, experiences and outcomes when using our services.
- It is easy for patients to exchange relevant information with us, and the information we provide is accessible, relevant, and useful.



# 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**

Developing an inclusive and diverse workforce is a key strand within our People Plan. We want to create an environment that embraces diversity and promotes inclusion. We recognise the importance of providing a safe and caring environment for staff where they can be themselves at work. Ensuring we develop an inclusive organisation with a diverse workforce representative of the communities we serve is critical to achieving this ambition. We will continue to align our workforce plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc) to ensure we are guided by best practice.

Analysis of our current workforce demonstrates there are areas of under-representation within certain groups of our staff. These include lower numbers of staff aged 25 and under, LGBTQ+ staff, and staff from various religions/beliefs compared to the local population. There are also lower numbers of male staff as a proportion of the overall workforce and lower numbers of ethnic minority staff in senior roles. We will monitor the data and investigate gaps to ensure everyone has equity of access and opportunity.



## By delivering this Objective, we will achieve the following outcomes:



Cultivate and sustain happy, productive and engaged staff

- We are well-led with compassion.
- We're driven by employee experience.
- Our people have the right skills and understanding to deliver culturally competent care.
- Our policies and procedures meet people's needs because they are developed in partnership with them.
- We have influenced others to promote equal opportunities in recruitment, progression and development.



# 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.**

As a Health Board, we aim to provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

As we benchmark our equality data against our local population, we also monitor the equality data of our patients through local and national surveys. This allows us to monitor any disproportionate impacts which may be identified and put actionable steps in place to resolve inequalities.

To ensure that all groups can access our feedback methods we will build on and improve our accessibility of feedback tools and work with our community partners to share this across the Gwent region.



# By delivering this Objective, we will achieve the following outcomes:



Work seamlessly  
with our partners  
to improve lives

- We have accelerated improvements in the equity of care.
- We have contributed to an improvement in people receiving joined-up care.
- We provide an up-to-date and accurate picture of health inequalities.
- We adopt an effective, proportionate, targeted approach to addressing health inequalities.
- We have influenced others to reduce inequalities in people's outcomes when using health services.

# Action Plan - Objective 1

| Actions   | Year 1 | Year 2 | Year 3 | Year 4 |
|---|--------|--------|--------|--------|
| 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.  |        |        |        |        |



# Action Plan - Objective 1

| Actions   | Year 1 | Year 2 | Year 3 | Year 4 |
|---|--------|--------|--------|--------|
| 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 <u>Duty of Quality</u> in our work in line with the Health and Care Quality Standards.  |        |        |        |        |

# Action Plan - Objective 1

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| 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.              |        |        |        |        |
|  |        |        |        |        |



# Action Plan - Objective 1

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| 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. |        |        |        |        |
|  |        |        |        |        |
| Develop and roll out staff guidance for Accessible Information.  |        |        |        |        |
|  |        |        |        |        |
| Provide service users and carers who may have specific communication needs, information in an easy and accessible format.  |        |        |        |        |
|  |        |        |        |        |
| Work with local communities to make the most of existing sources of feedback so people don't have to repeat themselves.  |        |        |        |        |
|  |        |        |        |        |

# Action Plan - Objective 1

| Actions   | Year 1 | Year 2 | Year 3 | Year 4 |
|---|--------|--------|--------|--------|
| Develop innovations to improve the recording of communication needs ( e.g., Easy Read, BSL, large print, by telephone, electronically, etc.)  |        |        |        |        |
|   |        |        |        |        |
| Embed Equality Impact Assessments into frameworks and provide local teams with tools to help them assess how well providers and services are complying with their equality duties.      |        |        |        |        |
|   |        |        |        |        |
| Periodically review the Equality Impact Assessment process and provide updates to appropriate committees.   |        |        |        |        |
|   |        |        |        |        |
| Make more use of the contractual levers at our disposal to assure ourselves that providers are complying with their equality duties and responsibilities to tackle health inequalities. |        |        |        |        |
|   |        |        |        |        |



# Action Plan - Objective 2

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| 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, Diverse Cymru Cultural Competence Scheme, etc.                      |        |        |        |        |
|  |        |        |        |        |
| Explore less traditional recruitment practices to enable us to attract and appoint candidates from a diverse range of backgrounds. |        |        |        |        |
|  |        |        |        |        |

# Action Plan - Objective 2

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| 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.  |        |        |        |        |
|  |        |        |        |        |
| Add equality objectives to Executive performance metrics and leadership performance appraisals.  |        |        |        |        |
|  |        |        |        |        |



# Action Plan - Objective 2

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| Support leaders at all levels to demonstrate their commitment to tackling workplace inequalities.  |        |        |        |        |
|  |        |        |        |        |
| 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.   |        |        |        |        |
|  |        |        |        |        |
| 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. |        |        |        |        |
|  |        |        |        |        |

# Action Plan - Objective 2

| Actions   | Year 1 | Year 2 | Year 3 | Year 4 |
|---|--------|--------|--------|--------|
| Identify contributing factors to our gender, ethnicity and disability pay gaps and provide positive action for groups who are experiencing a pay gap, e.g., coaching, mentoring, role model profiles and talent development programmes. |        |        |        |        |
|   |        |        |        |        |
| Investigate whether we are hearing from colleagues from all backgrounds when we go out with surveys and if not, explore ways to improve this.   |        |        |        |        |
|   |        |        |        |        |
| Ensure that flexible/agile working policies are clear and that managers have confidence to use them well for the benefit of their colleagues and their service.   |        |        |        |        |
|   |        |        |        |        |
| Support the implementation of the Speaking up Safely framework for the NHS in Wales.  |        |        |        |        |
|   |        |        |        |        |
| Review our HR policies to ensure they are inclusive, underpinned by Equality Impact Assessments.  |        |        |        |        |
|   |        |        |        |        |



# Action Plan - Objective 2

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| Deliver manager training in reasonable adjustment awareness in collaboration with Occupational Health and Experts by Experience.                                       |        |        |        |        |
| Further promote awareness of the need to record protected characteristics on individual’s Electronic Staff Record (ESR)  |        |        |        |        |
| Implement technologies that are easy to use and help our people to do their jobs more easily (e.g., assistive technologies, physical accessibility improvements, etc). |        |        |        |        |
| Identify and roll out training to support staff in challenging behaviours such as discrimination, prejudice and microaggressions.                                      |        |        |        |        |
| Establish a centralised procedure to record, monitor and evaluate reasonable adjustments.  |        |        |        |        |

# Action Plan - Objective 3

| Actions  | Year 1 | Year 2 | Year 3 | Year 4 |
|--|--------|--------|--------|--------|
| Implement the recommendations of the <u>Building a Fairer Gwent</u> 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 based on the findings of the Is Wales Fairer? Report 2023.                              |        |        |        |        |
| 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.   |        |        |        |        |



# Action Plan - Objective 3

| Actions   | Year 1 | Year 2 | Year 3 | Year 4 |
|---|--------|--------|--------|--------|
| Launch a communication campaign with our patients and service users to improve equality monitoring.   |        |        |        |        |
| Drive the use of research evidence for quality improvement and evidence-based practice.   |        |        |        |        |
| 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. |        |        |        |        |
| Build buy-in among the clinical workforce, who are often at the frontline of collecting accurate data about the communities they serve, to enable analysis of complete and reliable data                              |        |        |        |        |
| Monitor equality data against feedback, incidents and complaints and report on actions to address them.   |        |        |        |        |

# Measures of Success



The Plan and its supporting programmes will be monitored and measured by the Health Board through a range of appropriate metrics; including where possible, qualitative information. Progress will be published annually in our Annual Equality Report.

The actions within the strategy provide a number of proposed and illustrative measurements, some of which are already routinely monitored and others not yet established. We will develop an assurance framework through a phased approach and will encompass both delivery and developmental metrics. The focus will be on both current and historical performance (where available) and will aim to identify patterns and changes including evidence of improvement in reducing inequalities and increasing equal opportunities.



# Glossary

**Co-design** - an approach to designing solutions, in which community members are treated as equal collaborators in the design process.

**Co-production** - a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all.

**Cultural Intelligence** - increasing our understanding of the ways that different cultures operate within organisations to develop language and behaviours that promote better problem-solving.

**Discrimination** - Discrimination means treating someone 'less favourably' than someone else, because of a protected characteristic.

**Electronic Staff Record (ESR)** - a payroll database system commissioned by the Department of Health and Social Care used by the Health Board.

**Equality impact assessment** - a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic.

**Experts by Experience** - people who have personal knowledge of our services, either through their use of those services or through caring for someone else.

**Inclusion Champions** - members of staff who take responsibility for key inclusion and diversity objectives and visibly role model inclusion across the organisation

# Glossary

**LGBTQ+** - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.

**Marmot Principles** - eight policy areas defined by Sir Michael, which include early years development, employment, living standards, communities, ill-health prevention, discrimination, and environmental sustainability.

**Microaggression** - a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude towards another.

**Prejudice** - Any attitude held towards a person or group that is not justified by the facts. Prejudice includes negative and positive attitudes towards people solely on the basis of a protected characteristic.

**Talent Management Strategy** - how the Health Board intends to bring employees on board, keep them happy and productive and help them continue to develop their skills over time.





# Contact Us

If you have any questions about this Plan or would like it in an accessible format (large print Braille, audio, BSL and/or languages) please contact us using the details below:

Equality, Diversity and Inclusion

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