



GIG
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WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Caring for People Keeping People Well

Our Mission is: (This is why we exist)

CARING FOR PEOPLE KEEPING PEOPLE WELL

Our Vision is: (This is what we want to do)

A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them



Annual Equality Report 2017/18

Accessible Formats

If you would like information in another language or format (large print, Braille, audio, BSL), please contact us.



This report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines, and focuses on:

- ❖ Steps taken to identify and collect relevant information.
- ❖ How (Cardiff and Vale University Health Board (UHB) has used this data in meeting the three aims of the general duty.
- ❖ Any reasons for not collecting the relevant information.
- ❖ The effectiveness of the UHBs' arrangements in identifying and collecting relevant information.
- ❖ Progress toward fulfilling each of the UHB's equality objectives.
- ❖ Effectiveness of the steps taken to meet these objectives.

Information on Welsh Speakers is collected and an action plan is in place to fulfil the requirements of the Welsh Language Measure. This is available through the [Welsh Language Scheme Annual Report 2016/17](#).

About Us

Cardiff and Vale UHB was established in October 2009 and is one of the largest NHS organisations in the UK. We have a responsibility for the promotion of health and well-being of around 472,400 people living in Cardiff and the Vale of Glamorgan, the provision of local primary care services, running of health centres, community health teams, hospitals – providing treatment and care when health and well-being isn't the best it could be. We are increasingly focusing the planning and delivery of our care based on neighbourhoods and localities to help ensure people receive care as close to home as possible where it is safe and effective to do so. We also provide specialist services for people across South Wales and in some cases the whole of Wales. Detailed information about the services we provide and the facilities, from which they are run, can be found on the [Health Board's website](#).

Our population is:

- growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales),
- ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17),
- ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum.

This change in the population presents a unique set of challenges for the UHB, as these groups generally have a greater need for healthcare. Currently the NHS in Wales spends around £1,700 per person per year on health and well-being services with significantly more being spent in the first year of life and on people over the age of 65.

We also face many of the same challenges as other health services across the developed world, for example:

- Many children are also developing unhealthy behaviours.
- Two thirds (66%) of under 16s don't get enough physical activity.
- Nearly a third (31%) of under 16s are overweight or obese.
- Around 1 in 10 adults are recorded as having high blood pressure.
- There are stark inequalities in health outcomes and how and? when people access healthcare.
- Life expectancy for men is nearly 12 years lower in the most deprived areas compared with those in the least deprived areas.
- The number of years of healthy life varies even more, with a gap of 22 years between the most and least deprived areas.
- Premature death rates are nearly three times higher among the most deprived areas compared with the least deprived.
- There are significant inequalities in the 'wider determinants' of health, such as housing, household income and education.
- For example, the percentage of people living without central heating varies by area from 1% to 13%.
- A recent Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics which may have specific health needs to be met.

There is a specialist programme of health improvement, health protection and healthcare quality actions and advice for Cardiff and Vale, to improve the health and well-being of the local population. These focus on the areas of need described above, in addition to other key needs. These areas were chosen because, with targeted action, they will lead to the biggest health benefits for the local population. Each has a detailed [action plan](#).

Living Our Values

The Values into Action programme launched in Spring 2016, with six core values: Trust, Respect, Integrity, Care, Kindness and Personal Responsibility. These values were co-produced in line with the Health Board's ten year Strategy, Shaping our Future Wellbeing.

'Our Values into Action' is about translating our values into the tangible behaviours we want to see from each other, and to inspire us to keep improving our patient and staff experience.

In 2016, we held a number of engagement events for staff and patients. Almost 3,000 contributions were made to the Health Board's Values into Action project designed to examine the values and behaviours that staff and patients wanted to see.

This work has resulted in a set of revised values and a description of the expected behaviours which emphasise the importance of teamwork and our ambition to always improve key issues that staff felt were missing from the original values.

The revised values are:

- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility.

The next phase of this programme will require more engagement with staff to encourage and challenge them to demonstrate the behaviours aligned to the values.

The framework shows what behaviours we want to see from individuals and teams and also provides what we don't want to see. This is what we mean by Living the Values

1. Progress toward fulfilling each of the UHB's equality outcomes and objectives

Four main equality outcomes are identified and are discussed below after small revisions to the wording were made during the year. They are:

Outcome 1: People are and feel respected.

Outcome 2: People are communicated with in ways that meet their needs.

Outcome 3: More people receive care and access services that meet their needs (including those from disadvantaged communities).

Outcome 4: Gender and any other protected characteristic pay gap reduced.

This section provides a brief overview of progress around the high level strategic equality plan outcomes with the specific objectives set out in our [SEP Fair Care 2016-20](#).

In 2014 we developed an Equality, Diversity and Human Rights Strategy Map in order to ensure alignment with the UHB's vision and agenda. This provided us with further clarity and focus on our journey, who we will work with to meet our objectives, and what outcomes matter to us as a UHB. We continued this approach throughout 2016/17. The following is a summary of the strategy.

EQUALITY STRATEGY MAP: <i>What are we here for?</i>	Putting patients first to ensure an equitable approach to the service we provide and to our staff and others who work with us.
What matters/ Outcomes	<p>Improved outcomes for patients and staff in a fully accessible environment where people are treated with respect and dignity, to reflect their individual needs.</p> <p>A place where equality, diversity and human rights are promoted, protected and celebrated/valued.</p> <p>Services are planned and developed collaboratively, taking account of protected characteristics and Welsh Language issues.</p>

1.1 People are and feel respected

Our progress with this outcome can be seen through the following examples of our work:

- A Trauma and Orthopaedic Ward at University Hospital of Wales (UHW) has been opened following a refurbishment to meet RNIB standards.



The newly designed ward was opened by Maria Battle, Chair of Cardiff and Vale UHB, and representatives from Capital, Estates and Facilities and staff from the Surgery Clinical Board (pictured above). Ward B6 at UHW was given an overhaul so its design, colour and layout meet the needs of patients with dementia and sight loss. The refurbishment also gives the ward a home-from-home environment for patients and visitors. The improvements to the ward area were planned following

engagement with patients, their families and carers to find out what was important about their stay in hospital in order to improve the overall patient experience. Other initiatives have been implemented to improve the overall feel of the ward including the introduction of dementia friendly crockery to aid with nutrition, and organising a range of activities for patients to get involved in, such as weekly dance classes, lunch clubs, arts and crafts and music.

- The Cardiff and Vale UHB Younger Onset Dementia Service (pictured below) won the Innovation in Mental Health award at the Health Service Journal Awards. The Innovation in Mental Health category is about seeking out the innovation that is leading the way in delivering better services, empowering service users, putting them at the centre of care, engaging the community and reducing stigma.



The team beat competition from nine other shortlisted entrants in the category and is the only Welsh winner in the 2017 awards. The Younger Onset Dementia Service is a specialist and dedicated service for people, their carers and families who receive a diagnosis of dementia under the age of 65. The service works closely with the patient and their families to connect them with support during these challenging times. Younger people diagnosed with dementia may have different needs to older people, such as still being in work at the time of diagnosis, having dependent children still living at home or caring for ageing parents.

- 10 October marked World Mental Health Day and the second annual Employee Health & Well-being Day in Mental Health Clinical Board. Over 150 staff attended the Unison-sponsored event in the Seminar Room at Hafan y Coed, which was dedicated to improving their physical and psychological health and well-being. Mental Health staff work tirelessly to provide care and support to vulnerable patients and service users, so this

event was to focus on their own health and well-being. The Mental Health Clinical Board places a high value on staff engagement, health and well-being. Our annual Health & Well-being Week forms part of our wider engagement strategy, which we hope will provide positive workplace experiences for staff and recognise them for their outstanding contributions.

- The Dietetic Team and Specialist Diabetes Nurse, who are part of the wider Health Board Multi-Disciplinary Team which delivers the structured diabetes education programme, DAFNE, celebrated this year after winning the FIVE STAR Award from the Wales Council for Deaf People (see picture below). This is in recognition of the high quality support and good practice in the Health Service provided to a patient during 2016/2017. The award was presented by Rhun ap Iorwerth AM, at the Senedd.



An extract from the patient who nominated the team for the award stated:

“(After receiving) the first contact letter DAFNE referral, I responded explaining I was hard of hearing but could lip read and wanted to attend the DAFNE programme. Communications followed by email explaining the course. I was invited to see the room where this week-long course was held. I was offered loop hearing system along with my own hearing loss equipment. I was one of 8 people in my group and was made very comfortable during my stay. Staff were great, very caring and treated me very well). I am delighted to have nominated the team for their hard work.”

- In November 2017 the Health Board celebrated its work to recognise the ***It Makes Sense Campaign*** (see campaign logo pictured below) as we continued to promote our work during the month on meeting the [All Wales Standards for Accessible Communication and Information for People with Sensory Loss](#).



It Makes Sense

SENSORY LOSS AWARENESS MONTH

- We recognised the International Day for the Elimination of Racial Discrimination. It was a perfect opportunity to help our communities celebrate human unity and the diversity of the human race rather than allow our differences to become an excuse for racial separation. The day was a chance to recognise prejudice, stereotypes and discrimination in our society, and how each of us may have our own prejudices and may be making people feel excluded without our even realizing it. The Health Board reaffirmed our commitment to do what we can to eliminate all forms of discrimination and help create communities and societies where all citizens can live in dignity, equality and peace. Staff were asked to stand up against racial prejudice and intolerant attitudes. In the lead-up to the 70th anniversary of the Universal Declaration of Human Rights in December 2018, join us in fighting racism and standing up for human rights!
#StandUp4HumanRights #FightRacism #JoinTogether
#AfricanDescent
- We have also publicized a variety of other public awareness campaigns relating to protected characteristics such as: International Women's Day (8 March); International Day Against Homophobia, Biphobia and Transphobia (IDAHOBiT Day); UK Older People; Disability Awareness Day; Anti-Bullying Awareness Week; Universal Children's Day; Hate Crime Awareness Week; World Elder Abuse Day and Holocaust Memorial Day.
- A number of male staff from Cardiff and Vale University Health Board slipped on a pair of heels 28 September as part of 'Walk a Mile in Her Shoes'. The campaign encourages men of all ages and backgrounds to take part and proudly wear a pair of women's shoes on a walk through Cardiff. The men walked one mile in heels to show their support for the campaign which aims to eradicate violence against women, domestic abuse and sexual violence. Every year in the UK more than one million women suffer domestic abuse and more than 360,000 are sexually

assaulted. Although abuse against women is disproportionately higher, anyone can be affected by violence and abuse.

Martin Driscoll, Executive Director of Workforce and Organisational Development at Cardiff and Vale UHB said: “The Health Board has over 14,000 staff and around 76% are women. We want to promote awareness of violence not just against women, but everyone, regardless of someone’s gender identity, race, sexual orientation, religion or age. We want to challenge attitudes and behaviours and engage men in talking about these issues. ‘Walk a Mile in Her Shoes’ is one of the ways we can demonstrate our commitment to the Health Board’s Values and our commitment to the White Ribbon campaign.” For more information about the White Ribbon Campaign or to sign-up to be an ambassador please visit www.whiteribboncampaign.co.uk.

- Cardiff and Vale UHB piloted a campaign supporting carers to continue their caring role, if they wish, while the person they care for is in hospital. It is aimed specifically at carers of people living with dementia. The campaign was launched at St David’s Hospital by Ruth Walker, Executive Nurse Director, Charles Janczewski, Vice Chair and Julia Jones, Co-Founder of John’s Campaign. The Patient Experience Team worked closely with carers and staff to develop the ‘Four Ps’ ensuring that the principles adopted were affiliated to the ‘Social Services and Wellbeing (Wales) Act 2014’. The elements are:

Priority – early identification of carers.

Principles – ensuring carers have a voice, and that they are informed and communicated with.

Our **Promises** – are that we will always welcome carers, and where possible we will support them to continue their caring role, if they wish, for example at mealtimes.

Finally we ask that carers **Please** – respect other patients’ privacy and ward issues and tell us if you need our help and support.

For more information on John’s Campaign visit www.johnscampaign.org.uk

- The Equality Diversity & Human Rights winners at the 2018 Staff Recognition Awards were Adele Watkins, a Paediatric Mental Health Staff Nurse who works tirelessly with other healthcare professionals, internal departments as well as external organisations to end stigma and discrimination around mental health issues. This individual’s work has resulted in reducing the need for patients to keep having to repeat their experiences over and over again.

- Young people with diabetes have helped the Paediatric Diabetes Team produce a series of useful videos to explain what happens during routine appointments. The videos will help to break down barriers and make young people feel less anxious about attending clinic for the first time or for a different appointment. Rachel Harris, Paediatric Diabetes Nurse Specialist said: “It can be quite daunting for young patients who are coming in to use the service for the first time if they don’t know what to expect.”



Noah’s Ark Children’s Hospital for Wales (NACHW) is the first health organisation to sign the Time to Change Wales Pledge for Young People. Len Richards, Chief Executive of Cardiff and Vale UHB, is pictured above with representatives from the NACHW and Time to Change. The pledge is part of the Time to Change Young People’s Programme which aims to increase awareness and understanding around mental health problems, reducing the negative impact of stigma and discrimination and improving young people’s confidence so they can talk more openly about mental health. NACHW, part of Cardiff and Vale UHB has developed an action plan, and will also identify mental health champions from across the hospital to show its commitment to the mental health of younger people’s mental health.

A Patient Story

The following poem was written by a patient on the Rookwood Neuro-rehabilitation ward regarding the excellent care they received from the nursing staff there.

Superheroes

Today I’d like to talk
 About Superheroes, not the type
 You see in magazines,
 Or that wear capes.
 The type that work in hospitals.

Give up their time, not just
To save people's lives and nurse
Them back to health.
They also keep patients company
And are a friend to them,
Even just a smile can make
A lonely patient's day.
I've been fortunate enough to
Have the pleasure of having
The company of these superheroes.
They really have changed my life.
I wish I could return the
Good they have kindly given
To me for four months of my
Short sixteen years of life.

1.2 People are communicated with in ways that meet their needs

Our progress with this outcome can be seen through the following examples of our work:

- Helpful information and advice for those who are deaf or living with hearing loss was given out at the University Dental Hospital (UDH) during Deaf Awareness Week. The Dental Clinical Board was pleased to support Deaf Awareness Week which coincides with the launch of the Welsh Government's' framework of Action for Wales 2017-2020. The integrated framework of care supports people who are deaf or living with hearing loss. Action on Hearing Loss staff (see picture below) supported the event and displayed information and advice on a stand within the UDH. Patients, visitors and staff were able to discuss any personal or family members' needs, and were presented with helpful suggestions and advice to help those living with hearing loss.



- We launched the Safer Pregnancy Wales campaign (see picture below) which aims to highlight the importance of keeping healthy and fit during pregnancy to reduce the risk of stillbirth. This year long campaign was launched in collaboration with the Wales Maternity Network and Public Health.



Health Board maternity staff held a stall in the Antenatal Clinic and Concourse at UHW with information about smoking cessation, reducing alcohol intake, food portion sizes and healthy eating. Each new expectant mother in 2017 received key messages on a folder that holds their appointment notes.

- The North West Community Mental Health Team held a carers support event in partnership with Hafal. The event was held as part of Carers Week so the teams could spend the morning thinking about ways to improve assessment and support for carers. Local carer Vicky Yeates shared her story about life as a carer, revealing some of the challenges involved and the support that has helped her. She shared with staff some important messages, including how services communicate diagnoses to patients/carers and the need for kindness and compassion in this. Services need to consider that carers can go through grieving process following such news, particularly in the case of lifelong illness. Carers of mental health service users can get further information on support via Hafal including this useful [10 point plan](#).
- A project to improve access to therapies for stroke patients won the health sector award at the All Wales Continuous Improvement Community awards. The Health Board undertook a service change project which focused on the development of an integrated therapy team providing a seven day service model to acute stroke patients at UHW. This 20 week project aimed to deliver a weekend acute stroke therapy service, enabling patients to begin their treatments promptly

and receive continued rehabilitation over weekends. It also increased the number of weekend discharges and improved patient flow through the ward. Patient and carer satisfaction was high with positive feedback received about the availability of therapists at weekends, and the fact that rehabilitation of patients could start immediately. The All Wales Continuous Improvement Community Awards aim to celebrate success and provide the opportunity to spread good practice across public services.



- Haematology staff from the UHB (see picture below) won two awards at the prestigious South Wales Argus Health and Care Awards which aim to shine a light on excellence in the health and care sector. Dr Keith Wilson, Consultant Haematologist and Director of the South Wales Blood and Marrow Transplant Programme won 'Health Care Professional of the Year'. Dr Wilson has transformed the Blood and Marrow Transplant (BMT) service and was nominated for the award for the way he supports patients throughout their journey, always being open and honest about their treatment options. He is an extremely hard working individual with extremely high standards and his patients appreciate his honesty and integrity and feel safe and fully supported within his care.



The Haematology Trials Unit was nominated for ‘Hospital Team of the Year’ for their work to collaborate and extend the breadth of their research knowledge-informing evidence based care. Dr Jonathan Kell, Clinical Director for Haematology at Cardiff and Vale UHB said: “I’d like to congratulate the whole team on being nominated at these awards. It is wonderful to see their hard work and dedication being recognised for going the extra mile by patients and their families.”

- The Health Board’s Community REACT (Response Enhanced Assessment Crisis Treatment) team were highly commended runners up in the Mental Health Team of the Year Category at the 2017 British Medical Journal (BMJ) Awards. The REACT team (pictured below) was



was developed in February 2012 to provide a dedicated crisis service for older people with dementia, depression or psychosis. Previously people who suffered a crisis usually ended up being admitted to hospital, and the REACT service has grown rapidly to meet demand. The aim is to treat patients safely in their own home environment. Referrals are usually made by secondary mental health services, though recently we've extended that to GPs. We now know that 80% of hospital admissions can be avoided. The team also helps in supporting the discharge of those that have been admitted.

- The Welsh Language Award Winner at the Staff Recognition Awards was Anthony Cusack, a Physiotherapist from Orthopaedics who had demonstrable commitment in helping colleagues to develop their Welsh language skills. His determination from being a self-taught beginner working towards providing a better service for Welsh speaking patients was outstanding. His team's appreciation for his hard work was clearly recognised through the number of independent departmental nominations received.

1.3 More people receive care and access services that meet their needs (including those from disadvantaged communities)

Our progress with this outcome can be seen through the following examples of our work:

- A pilot text messaging service was launched in the urology outpatient clinic to improve patient attendance and experience. The service, which sent patients reminder texts about outpatient appointments, was piloted for 60 days as part of the Turning the Curve to Transformation programme that aims to deliver more efficient and effective care. It also aimed to ensure that patients will not be brought back for unnecessary appointments and that services are delivered in a timely manner. The text reminder service will send two messages to all new and follow-up patients reminding them of their outpatient appointments. Patients will then have the opportunity to either confirm, cancel or rebook their appointment as necessary. At the end of the 60 day cycle the project will be evaluated to see the impact made and any lessons learned. The urology pilot will be the second to take place in the Health Board and hopes to mirror the success of the text reminder service currently being tested for Ear, Nose and Throat (ENT) patients.
- A new dental practice has opened in Barry to provide NHS treatment options to the local community. West Quay Dental Practice encompasses six brand new fully equipped surgeries to provide fully accessible treatment. The new practice is from the relocation of Tynewydd Road Practice in Barry and is based at West Quay Medical Centre. The new practice is a partnership between Cardiff and Vale UHB and Rodericks Dental. West Quay now provides a dedicated

primary care centre for the community to include GPs and a pharmacy, as well as community audiology services. The practice is also fully accessible to disabled patients and contains an intermediate bariatric chair to allow dental treatment for patients up to 30 stone. Standard dental chairs currently only accommodate up to 21 stone. The practice is located on accessible bus routes and offers ample free parking for those accessing services at the centre.

- The Clinical Diagnostics and Therapeutics (CD&T) Clinical Board recently reopened its Radiology Unit at UHW which has been redesigned in line with the Royal National Institute for the Blind (RNIB) Visibly Better Cymru Scheme. The redesigned unit was opened by Maria Battle, Chair of Cardiff and Vale UHB, representatives from Capital, Estates and Facilities, CD&T Clinical Board and representatives from the RNIB (pictured below). Cardiff and Vale UHB is the only Health Board in Wales to have used the Visibly Better design principles while undergoing a redesign of a service area. Visibly Better Cymru supports organisations to develop and maintain accessible environments so that many more people can feel more confident in getting into and around the places they visit, work or live. Having accessible environments means that people with sensory loss, such as sight loss, can also benefit from inclusive design as well as people with physical disabilities. The Visibly Better design principles include fundamental considerations to help prevent falls and promote an individual's confidence by establishing appropriate lighting level requirements. Lighting has to then be complemented by colour and tonal contrast of surfaces, fixtures and fittings to aid identification, task work and way-finding.



Ceri Jackson, Director of RNIB Cymru said: “The University Hospital of Wales is the first hospital to be recognised for adopting these inclusive Visibly Better Cymru design principles, and it is highly encouraging to

see that the application of inclusive design has gone beyond the Radiology clinic and has been applied in many of the other wards throughout the hospital.”

- A nurse who has helped provide innovative and ground-breaking care for patients with dementia was named one of our Health Heroes.



Katherine Martinson, a refocussing nurse on East 18 at University Hospital Llandough, said she was “humbled” to be given the accolade. She works with dementia and Alzheimer’s patients who often need lengthy stays in the hospital. She played a key role in setting up ‘The Cwtch’, a 1950s-style sitting room on the ward which offers patients a home environment and a safe place to relax. Katherine also provides activities for patients, runs groups with the help of occupational therapists and takes patients on trips. “Every person with dementia is different, so we try to promote patient-centred care and treat the individual,” she said.

- Patients from Ash Day Unit at Hafan y Coed recently organised a celebration day of food, live music (see picture below) and activities for patients and staff to enjoy. Four patients attending the neuropsychiatry unit took part in a 14-week project led by Occupational Therapist, Ian Nurse, resulting in a day of enjoyment for patients and staff. The project enabled patients to meet individual occupational goals and inform follow-on goals by taking part in tasks and activities to create the event. Ian also facilitated patient feedback sessions for 15 day unit patients to understand their experiences of the neuropsychiatry service to tailor future service provision. Live music was provided to enhance this celebration by the UHB Health Charity.



Patients valued the support they received from the service and also said that being supportive to other patients and participating in project-based work helps them to prepare for risks in the community and develop or maintain independence.

- A poster competition to promote the independence of our patients during their stay in hospital was won by Oliver Williams (pictured below), a Senior Physiotherapist in the Vale Community Resource Service. There is extensive evidence that demonstrates patients wearing their own clothes is more dignifying, provides a sense of normality and allows patients to be more independent whilst in hospital. Oliver came up with the concept of 'Get up, Get dressed, Get moving' to encourage people to think differently when staying in hospital. This will now be the brand for the health Health Board campaign in line with the National #EndPJParalysis campaign.



- For carers, the Health Board has a dedicated email account, cardiffandvale.carers@wales.nhs.uk, for people to use for any carer-related enquiries, problems, requests for information etc. A Carers

Information Support Group (CSING) is run by Glamorgan Voluntary Services (GVS) for third sector and statutory organisations who work with carers to network.

- A team of Paediatric Diabetes Specialist Nurses (PDSNs) who help children and young people with diabetes have been named our latest Health Heroes. The team provide emotional support for families as well as the highest level of care and professionalism.



They look after children from the ages of 0 to 17 so some may be in school and others may be in college, but they are all helped to come to terms with their condition. They are helped to overcome the fear of injections and are encouraged to feel more confident.

Other achievements reported by protected characteristic group

Trans/gender reassignment

To address any inequalities, or possible levels of discrimination, that members of this community may face relative to the wider population when accessing healthcare, the awareness of gender reassignment, and our public duty towards members of the public covered by this characteristic, is covered as part of the UHB's mandatory induction and refresher training for all staff. It is also demonstrated through our tailored Trans awareness sessions.

Marriage and civil partnership equality

The Health Board's Electronic Staff Record (ESR) collects data on the status of our Workforce.

Religion and belief equality

Chaplaincy services

A Chaplaincy service is provided across all sites 24 hours a day, every day of the week. The local Chaplaincy service is there to support staff, patients and their families of all religions or beliefs including those with no religion or belief.

Multi faith space

Staff members and patients have access to a multi faith space at each of our hospital sites which is further evidence to support the UHB's commitment towards the promotion of equality for all, irrespective of their religion or belief.

Spiritual Care Group

A key purpose of the Spiritual Care Group is to provide the strategic direction for meeting the spiritual needs of patients, relatives, carers, staff and students. It provides oversight and guidance regarding spiritual care in the healthcare delivered by the staff of the UHB and in support of the staff delivering that care.

The Spiritual Care Group continues to promote a close working partnership between service providers and local faith/belief communities regarding the provision of spiritual care.

Patient information

As part of our efforts to enable our patients to make informed choices, information and advice for people with diabetes about fasting during Ramadan, the Muslim holy month, is made available to our patients.

Information Centres

The information and support centres, funded by Macmillan Cancer Support, are based in the Concourse area of UHW, in the Outpatients waiting area of, Barry Hospital and opposite the Art Gallery within the Plaza of the University Hospital Llandough. The Centres offer confidential advice and support and help patients, their families or carers, access financial and other help. Visit the Centres or contact Sarah Davies, Information and Support Facilitator, 02920 2074 5655, email sarah.davies37@wales.nhs.uk A multi-agency information service is also run at both UHW and Llandough, from which a number of local third sector organisations run sessions.

Sexual Orientation and Trans equality

The UHB has been recognised as the top health and care organisation in Wales and one of the top ten in the UK, demonstrating the strength of our work for the lesbian, gay, bisexual and Trans (LGBT+) communities, which includes our staff. We have a very established and active LGBT+ staff network. We are committed to being a LGBT+ inclusive organisation.

Languages Spoken by GPs in Cardiff and the Vale of Glamorgan

Cardiff and Vale UHB serves a diverse population who speak a large number of different languages. In relation to our GP services we have made available a [list of those who have knowledge of Welsh and other languages, and who are able to consult in that language](#).

Welsh Language

The last census showed that Cardiff is one of the areas of growth for the Welsh Language. The UHB serves 50,000 Welsh speakers across the City and the Vale of Glamorgan. It is the second largest used language in the area. Further background includes:

- Older people, particularly those with dementia, need to be able to communicate in a language of their choice: in many cases this is Welsh.
- Children and young people: the increase in Welsh medium education means that we must also provide services for children in Welsh when required - for example for school visits.
- New Welsh Language Standards will now replace the Welsh Language Scheme in June 2018 as initially anticipated.
- Plans and changes for services actively consider how bilingual services will be provided.

This year the UHB has produced responses to the Welsh Language Commissioner in regard to the Welsh Language Standards Framework consultation. Also this year the UHB continued to progress its work on the More Than Just Words Strategy, which is the Welsh Government strategy on improving bilingual services offered by NHS Wales. While progress has been achieved in some areas, such as increased availability of bilingual appointment letters, we recognise that substantial progress needs to be achieved against other actions, particularly in the area of recruitment and looking to ensure that we offer more posts with Welsh language as an essential criteria within job descriptions. The UHB recognises that it has more to do and has aligned the Welsh Language agenda to the Integrated Medium Term Plan. The forthcoming Welsh Standards will act as a barometer for our future work.

1.4 Gender and any other protected characteristic pay gap reduced

The job evaluation system ensures that job banding is allocated on the principle of equal pay for work of equal value.

Work has continued in preparation for the regulations on gender pay gap reporting which came into effect in April 2018. We have published our report below in **Appendix 1**.

2. Human Rights framework in healthcare

The Health Board is committed to adopting a Human Rights approach in the delivery of healthcare in a constantly changing environment, ensuring that in everything we do, we give due regard to the FREDA principles:

- F** - Freedom
- R** - Respect
- E** - Equality
- D** - Dignity
- A** - Autonomy

Our Human Rights approach includes the enabling of people to access services and information and also the promotion of inclusion at all levels of involvement, engagement and consultation of service users, their family and staff.

3. Equality and Health Impact Assessment (EHIA)

Training and support has been provided to individuals and teams in undertaking the EHIA of their respective service areas, policies and functions throughout the reporting year. Embedding the principle of conducting EHIAs is beginning to become successful, with recognition highlighted during receipt of our Platinum Corporate Health Standard and nomination in the recent Staff Recognition Awards.

All new policies and functions cannot be ratified unless an EHIA has been undertaken. This enables the UHB to ensure a full integration of the principles of equality, diversity and human rights into policy development for our employment practices and service delivery. Details of the EHIAs have and will continue to be posted on the staff intranet and the internet.

4. Our plans for the future

Our mission is to Care for People, to Keep People Well and to provide health services in which we can all take pride. Success will see the health of the population transformed and health inequities considerably reduced. This commitment is what assists to define our organisation and our values. We are working to create stronger links to local communities to develop services in line with the needs of local people and patients.

We continue to shape our strategy in partnership. We want to hear the views of local people, patients, partners and regulators as we develop our strategy. This report provides an opportunity for stakeholders to be aware of this development and play an important part in the future of the UHB. Building on the work that we have started, our future plans include focusing on the following overarching themes:

A. Better health outcomes and reducing health inequalities

The UHB has a responsibility to tackle Health Inequality and a number of options present themselves:

- a) UHB Employees as 'Agents for Change,

- b) use of equality data,
- c) use of Health Inequality data
- d) promoting effective interventions, and
- e) adopting a framework for Inclusion in service delivery and employment practices.

For the latest information on what the Health Board is doing around health inequalities and inequities please see our [Progressing Our Future – Summary Plan 2017-2018](#).

B. Patient access and experience

The NHS has a responsibility to provide equitable access to effective healthcare in relation to need and this places a responsibility upon the UHB to improve patient access and experience all together. Studies show that there are variations across protected characteristic groups. The UHB Clinical Boards, Patient Experience and Engagement Teams and Planning, Estates & Operational Services have already started to play a key role in bringing about improvements in this area.

C. Our employees

The UHB workforce approximates 14,500. This is valuable capital that can be deployed as ‘agents of change’ not just in the workplace but also in the wider community. With our commitment to the Public Sector Equality Duty demonstrated in the employment process and practice, this taken together with the combination of the Living Our Values can lead to giant strides being made.

5. Training

The UHB continues to offer support to staff to ensure that in carrying out their duties they promote equality and good relations, with dignity and respect. The UHB works on the principle of integrating training on equality, diversity and human rights into all relevant training provided. Therefore within the training provided at Induction for healthcare staff (which includes medical staff, nursing staff and healthcare support workers, professions allied to medicine and administrative and clerical staff) there is an element around equality, diversity and human rights. 76.47% of UHB staff have attended equality-related training during the three year refresher period of 1 April 2015 through to 31 March 2018 (**Please see Appendix 2 below**).

The UHB is committed to providing environments in which staff, patients and the public feel safe, valued, respected and encouraged to contribute to the quality of services provided. The UHB Learning, Education Development Team has provided training and support for services in working with patient stories. The UHB recognises that listening to people talking about their experience in their own words is a powerful way of better understanding what actually happens and gaining insight into what is good and what could be improved. The Team has developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilize them within service improvement.

The Committed to Care Programme for Healthcare Support Workers continues to include a comprehensive section around equality, diversity and human rights and sensory loss.

6. Procurement

Procurement is a specific duty for Wales. Cardiff and Vale UHB holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services, for some of which equality considerations will have more relevance than others. However, we are aware of our obligation to always have due regard to the general duties when considering the awarding of contracts.

The UHB adheres to the All Wales Conditions of Contract guidelines and the equality related issues. When seeking to contract with external organisations, the UHB has been mindful of the need to seek assurance that any organisation providing services on behalf of the UHB adheres to the principles of equality, diversity and human rights in their policies and practices.

7. Specified employment information

The workforce profile identifies that the UHB has more women (approximately 76.17%) working for it than it does men. The local population is more of a 50-50 basis. This indicates that the workforce is not representative of the local community where a little more than half of the population is female. It also suggests that there are low levels of disclosure and/or unspecified declaration around sexual orientation and religion.

You can read the equality profile in regard to marital status, gender, disability, race, age, religion and sexual orientation in Appendix 3 below. However gender-reassignment and maternity and pregnancy information is not currently gathered on the ESR system. The figures are for the time period 01 April 2016 to 31 March 2018.

8. Progress against Healthcare Standard 2 Equality

The new Health and Care Standards came into force on 1 April 2015 and require self-assessment against set criteria. Meeting the Health and Care Standards are an integral part of the Strategic Equality Plan (SEP). The Clinical Boards were asked to provide evidence of their equality related work specifically against the Standards. The overall assessment of performance is that we are beginning to 'Meet the Standards', in terms of the criteria laid down.

9. Conclusion

This report demonstrates the UHB's compliance with the Public Sector Equality Duty across its functions and we welcome your feedback. It demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan.

Being faced with an increasing ageing population, the health inequities between the populations and geographical areas that the UHB serves, means that there are challenges that will have to be faced. The UHB recognises that there is still too much difference in people's access, experience and outcomes but progress is being made. The UHB Equality Delivery Plan will assist us in our attempts to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards, as with our consultation work around the new Strategic Equality Plan, and partnership with the Third Sector will become increasingly significant to enable the UHB to meet its objectives.

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values.

[You can see our new Strategic Equality Plan Fair Care 2016-20 here.](#)

The plan and its objectives were developed in partnership with Velindre NHS Trust through engagement with patients, staff and external stakeholders. It sets out the approach that the Health Board will take to continue to advance, mainstream and integrate equality, diversity and human rights throughout the organisation.

How to give us your comments

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There is a range of ways in which you can do this:

- **Complete a survey**

If you are an inpatient you may be asked to complete a survey asking a range of questions about your overall experience. We send a more detailed questionnaire to some patients when they return home or after a clinic appointment.

- **Leave your comments on the website.** Please click on the following link www.cardiffandvaleuhb.wales.nhs.uk.

- **Join a patient group**

We listen to views passed on to us by a wide range of patient support groups. A list of groups can be found at: www.nhsdirect.wales.nhs.uk.

- **The Patient Experience team can also help on 02920 335468.**

- **Tell us your story**

Your stories provide us with helpful feedback about good and not so good care. If you would like to tell us your story please ring 02920 745294.

Raise a concern

If you want to raise a formal concern please contact our Concerns Team on 029 2074 4095.

If you wish to submit your complaint via e mail, please send it to concerns@wales.nhs.uk or write to:

Len Richards, Chief Executive
Cardiff and Vale University Health Board,
Headquarters, University Hospital of Wales, Heath Park, Cardiff CF14 4XW.

The Advocacy and Concerns Team, comprising members of the Health Board Concerns Team and Cardiff and Vale Community Health Council, will be available on Tuesdays and Thursdays at the Information Centre in University Hospital Llandough. Their role is to listen, advise and support.

Accessibility

Accessibility on the UHB's website is guided by Government standards and the [Web Content Accessibility Guidelines \(WCAG\)](#). WCAG guidelines are widely accepted as the international standard for accessibility on the web.

Whilst we aim to make our website accessible to all users and achieve a WCAG conformance level 'AA'; we continually work with stakeholders to ensure that conformance level 'A' is adhered to as a minimum.

If you experience any accessibility issue on this site or have any comment, please contact us at:

Cardiff and Vale University Health Board,
1st Floor Monmouth House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

Or
Telephone 02920 742267

Or
keithley.wilkinson@wales.nhs.uk

Gender Pay Gap Report 2017/18

Situation

New regulations came into effect last year requiring organisations with more than 250 employees to publish annual data on their gender pay gaps. Although public sector organisations in Wales covered by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 are exempted from these regulations, to demonstrate our commitment to equality Cardiff and Vale UHB (along with other NHS Wales organisations) has made a commitment to publish this data.

In addition, as part of our Public Sector Duty (PSED), Equality Act 2010, we gave a commitment to reducing gender or other protected characteristic pay gap. Objective 4 in Strategic Equality Plan states:

Gender and any other protected characteristic pay gap

Objective: To reduce any gender or other protected characteristic pay gap to promote equality and good practice

Actions: meet the legislative requirements of the gender pay gap information regulations

(Year 1-4)

Measures: Identify any trends and to formulate an action plan to address an unfair differentials that may emerge

It is recognised that this requires us to publish, consider and act upon differences in relation to other protected characteristics, but for the purposes of this report we are focusing on the requirements of the gender pay gap information regulations only. These are:

1. mean gender pay gap
2. median gender pay gap
3. mean bonus gender pay gap
4. median bonus gender pay gap
5. proportion of males and females receiving a bonus payment
6. proportion of males and females in each pay quartile band

It should be noted that gender pay gap reporting is different from equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is prohibited under UK law to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women and the regulations require both median and mean figures to be reported. The median shows the mid-point salary of any sample, calculated through sorting the hourly rates from lowest to highest and calculating the middle value. The mean is the overall average of the sample and therefore the overall figure can be influenced by any extremely high or low hourly rates of pay. It is therefore possible to have genuine pay equality but still have a significant gender pay gap.

Background

This is the first time our workforce data has been analysed to provide a Gender Pay Gap report.

Data and statistics provided for this report have been created using the national Electronic Staff Record System Business Intelligence reporting tool, specifically designed to allow NHS organisations to meet the reporting requirements of the Regulations.

Assessment

The data contained in this report is a 'snapshot' from 31 March 2017. At that time the Health Board employed 14,743 individuals, of which 11,178 (76%) were female and 3565 (24%) were male.

Payband	Male	Female
Band 1	44%	56%
Band 2	27%	73%
Band 3	22%	78%
Band 4	18%	82%
Band 5	15%	85%
Band 6	16%	84%
Band 7	20%	80%
Band 8a	22%	78%
Band 8b	29%	71%

Payband	Male	Female
Band 8c	30%	70%
Band 8d	41%	59%
Band 9	53%	47%
Consultant	67%	33%
Junior Medical	49%	51%
Local Payscale	50%	50%
Other Medical Grades	35%	65%
VSM	42%	58%
Whitley Payscale	20%	80%

a) Average gender pay gap as a mean average

Gender	Avg. Hourly Rate
Male	19.8078
Female	15.8269
Difference	3.9809
Pay Gap %	20.0975

b) Average gender pay gap as a median average

Gender	Median Hourly Rate
Male	14.5556
Female	14.3322
Difference	0.2233
Pay Gap %	1.5344

c) Average bonus gender pay gap as a mean average

Gender	Avg. Pay
Male	13,755.70
Female	8,849.66
Difference	4,906.04
Pay Gap %	35.67

d) Average bonus gender pay gap as a median average

Gender	Median Pay
Male	9,692.80
Female	6,462.20
Difference	3,230.60
Pay Gap %	33.33

e) Proportion of male and female employees receiving a bonus payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	76.00	12186.00	0.62
Male	214.00	4083.00	5.24

f) Proportion of male and female employees in each quartile pay band (quartile 1 – lowest paid, quartile 4 – highest paid employees)

Quartile	Female	Male	Female %	Male %
1	2675.00	915.00	74.51	25.49
2	2772.00	817.00	77.24	22.76
3	2943.00	646.00	82.00	18.00
4	2402.00	1189.00	66.89	33.11

The data shows that statistically the Health Board pays the male workforce more than the female workforce. However, further analysis is needed to determine if this is true for all staff groups or if this changes when Agenda for Change and Medical/Dental staff are separated, or when each pay band is examined individually.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Award of Commitment Awards. The figures given in table (e) show recipients of these awards as a percentage of the whole UHB workforce. In reality only approximately 290 staff are eligible to receive these bonuses, and the gender split is 24% female and 76% male. Further work is needed to understand the implications of this.

Recommendations

1. To establish a task and finish group with representatives from Workforce Information, Equality, Workforce Governance, Payroll and Medical Workforce with the aim of analyzing, understanding and acting upon this information
2. Assess in some detail the allowances, enhancements and other things that have been used as default in the ESR BI reporting to determine 'pay' and ensure that they stand up to scrutiny and meet the reporting requirements
3. Explore the extent to which the gap reported is true for all staff groups or if this changes when Agenda for Change and Medical/Dental staff are separated, or when each pay band is examined individually.

Equality Training Figures

1st April 2016 - 31 March 2018

Clinical Board	Staff in Post	Mandatory Training Programme - Equality & Diversity	Equality & Diversity Equality Impact Assessment	Equality & Diversity Awareness Training (Human Rights)	Grand Total
001 Capital, Estates & Facilities	1228	863	3	114	2208
001 Children & Women Clinical Board	2097	1635	3	259	3994
001 Clinical Diagnostics & Therapeutics Clinical Board	2357	1834	2	167	4360
001 Dental Clinical Board	558	492	0	2	1052
001 Medicine Clinical Board	1820	1249	1	69	3139
001 Mental Health Clinical Board	1408	1023	3	244	2678
001 Primary, Community Intermediate Care Clinical Board	898	703	3	117	1721
001 Specialist Services Clinical Board	1817	1312	2	149	3280
001 Surgical Services Clinical Board	1995	1292	2	98	3387
					0
001 Finance Division	105	100		1	206
001 Chief Operating Officer	94	81		3	178
001 Director of Governance	55	39		3	97

001 Director of Transformation	1	0		0	1
001 Nursing Division	124	99		10	233
001 Planning Division	31	24		2	57
001 Public Health Division	75	58		1	134
001 Director of Therapies & Health Science	72	44		2	118
001 Medical Division	104	82	1	16	203
001 Workforce & OD Division	135	112		24	271
(blank)					
Grand Total	14974	11042	20	1281	

Equality Training Figures –Refresher Period 1st April 2015 through to March 31st 2017

Appendix 2

Clinical Board	Staff in Post	Mandatory Training Programme - Equality & Diversity	Equality & Diversity Equality Impact Assessment	Equality & Diversity Awareness Training (Human Rights)	Grand Total
001 Capital, Estates & Facilities	1253	1184	0	126	1310
001 Children & Women Clinical Board	1889	1491	4	433	1928
001 Clinical Diagnostics & Therapeutics Clinical Board	2250	2660	13	348	3021
001 Dental Clinical Board	521	547	1	23	571
001 Director of Therapies & Health Science	73	87	0	6	93
001 Executive Services	140	130	1	3	134
001 Finance Division	104	112	0	3	115
001 Medical Division	103	63	0	32	95
001 Medicine Clinical Board	1664	1341	0	163	1504
001 Mental Health Clinical Board	1351	929	3	456	1388
001 Nursing Division	105	72	8	14	94
001 Planning Division	51	44	3	7	54
001 Primary, Community Intermediate Care Clinical Board	852	862	10	176	1048
001 Public Health Division	78	71	0	3	74
001 Specialist Services Clinical Board	1650	1534	9	261	1804
001 Surgical Services Clinical Board	1800	1512	4	106	1622
001 Trust Board Level 2D		172	0	30	202
001 Workforce & OD Division	141	178	1	35	214
(blank)					
Grand Total	14025	12989	57	2225	15271

Please find below the equality profile in regard to marital status, gender, disability, race, age, religion and sexual orientation in Appendix 3 below. However gender-reassignment and maternity and pregnancy information is not currently gathered on the ESR system. The figures are for the time period 01 April 2016 to 31 March 2018.

Disability Flag	Headcount	%
No	7,743	53.4
Not Declared	260	1.8
Prefer Not To Answer	3	0.0
Unspecified	6,205	42.8
Yes	291	2.0
Grand Total	14,502	100.0

Gender	Headcount	%
Female	11,008	75.9
Male	3,494	24.1
Grand Total	14,502	100.0

Sexual Orientation	Headcount	%
Bisexual	61	0.42
Gay or Lesbian	205	1.41
Heterosexual or Straight	8,134	56.09
Not stated (person asked but declined to provide a response)	604	4.16
Unspecified	5,498	37.91
Grand Total	14,502	100.00

Religious Belief	Headcount	%
Atheism	1,553	10.71
Buddhism	54	0.37
Christianity	4,917	33.91
Hinduism	85	0.59
Islam	142	0.98
Jainism	2	0.01
Judaism	6	0.04
Not Disclosed	1,175	8.10
Other	1,081	7.45
Sikhism	6	0.04
Unspecified	5,481	37.79
Grand Total	14,502	100.00

Age Band	Headcount	%
<=20 Years	50	0.34
21-25	863	5.95
26-30	1,689	11.65
31-35	1,771	12.21
36-40	1,783	12.29
41-45	1,781	12.28
46-50	1,943	13.40
51-55	2,085	14.38
56-60	1,561	10.76
61-65	729	5.03
66-70	177	1.22
>=71 Years	70	0.48
Grand Total	14,502	100.00

Marital Status	Headcount	%
Civil Partnership	135	0.93
Divorced	831	5.73
Legally Separated	69	0.48
Married	7,239	49.92
Single	4,664	32.16
Unknown	1,205	8.31
Unspecified	264	1.82
Widowed	95	0.66
Grand Total	14,502	100.00

Ethnic Origin	Headcount	%
A White - British	6,730	46.4
B White - Irish	111	0.8
C White - Any other White background	235	1.6
C2 White Northern Irish	3	0.0
C3 White Unspecified	3,592	24.8
CA White English	74	0.5
CB White Scottish	19	0.1
CC White Welsh	1,025	7.1
CD White Cornish	3	0.0
CF White Greek	12	0.1
CG White Greek Cypriot	3	0.0
CH White Turkish	1	0.0
CK White Italian	9	0.1
CP White Polish	17	0.1
CQ White ex-USSR	3	0.0
CX White Mixed	8	0.1
CY White Other European	64	0.4
D Mixed - White & Black Caribbean	54	0.4
E Mixed - White & Black African	22	0.2
F Mixed - White & Asian	38	0.3
G Mixed - Any other mixed background	52	0.4
GA Mixed - Black & Asian	2	0.0
GC Mixed - Black & White	2	0.0
GF Mixed - Other/Unspecified	12	0.1
H Asian or Asian British - Indian	512	3.5

J Asian or Asian British - Pakistani	65	0.4
K Asian or Asian British - Bangladeshi	27	0.2
L Asian or Asian British - Any other Asian background	309	2.1
LA Asian Mixed	2	0.0
LD Asian East African	1	0.0
LE Asian Sri Lankan	7	0.0
LF Asian Tamil	2	0.0
LH Asian British	10	0.1
LJ Asian Caribbean	1	0.0
LK Asian Unspecified	10	0.1
M Black or Black British - Caribbean	36	0.2
N Black or Black British - African	107	0.7
P Black or Black British - Any other Black background	19	0.1
PA Black Somali	4	0.0
PC Black Nigerian	3	0.0
PD Black British	11	0.1
PE Black Unspecified	3	0.0
R Chinese	63	0.4
S Any Other Ethnic Group	92	0.6
SB Japanese	2	0.0
SC Filipino	43	0.3
SD Malaysian	6	0.0
SE Other Specified	16	0.1
Unspecified	85	0.6
Z Not Stated	975	6.7
Grand Total	14,502	100.0