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Cardiff and Vale
University Health Board

**Caring for People
Keeping People Well**

Annual Equality Report 2013/14

March 2015

Annual Strategic Equality Statement and Report 2013-14

Introduction

The Equality Act 2010 (Statutory Duties) (Wales) came into force on the 6 April 2011. It obliges the UHB, as a public sector organisation, to have its first legally required Strategic Equality Plan (SEP) and set of equality Objectives to demonstrate and ensure that it does not discriminate against any 'protected characteristic' group or person when taking decisions that affect them.

The UHB is required to report annually on progress in meeting its obligations set out in the Strategic Equality Plan and Objectives (SEP). This Equality Annual Report relates to the period 2013-14.

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

1. Steps taken to identify and collect relevant information
2. How the UHB has used this data in meeting the three aims of the general duty
3. Any reasons for not collecting the relevant information
4. The effectiveness of the UHBs arrangements in identifying and collecting relevant information
5. Progress toward fulfilling each of the authority's equality objectives
6. Effectiveness of the steps taken to meet these objectives
7. Specified employment information, including information on training and pay (unless it has already published this information elsewhere)

This has been a year of enhancing our previous good work, achieving some new successes, building on others but also facing up to new challenges. The UHB wants to ensure that it actively demonstrate how it values equality, diversity and human rights so that no barriers exist for patients, their families and carers, the public and staff in getting good health outcomes.

This report concentrates on providing more detail about the service delivery aspect of valuing equality, diversity and human rights. It builds on information included in our previous equality annual reports with details of progress against objectives, updates and sign-posting to relevant information published elsewhere. Progress against Equality Objectives is reported to the Equality, Diversity & Human Rights Sub Committee (EDHR SC). This report also complements other annual reports expected to be produced by the UHB, such as the UHB Annual Quality Statement 2013-14 as well as workforce monitoring reports. In addition it provides some examples of patient stories and staff working together and identifies issues specific to carers.

The gathering and analysing of information contained in this report helps the UHB to provide accessible and equitable services to our staff and patients, to

eliminate unlawful discrimination, harassment and victimisation and advance equality of opportunity. Methods used to gather and collate information about our communities and our staff have included:-

- Engagement and consultation activities on re-configuration of health services, such as the South Wales Programme (SWP) which received more than 61,000 responses to its eight week consultation
- Engaging and consulting with patients, carers and staff through satisfaction surveys
- Undertaking surveys and questionnaires at community events such as Mardi Gras and the Minority Ethnic Community Health Fair
- Welsh Government initiatives and national reports from the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others.
- Census data.
- Local public health data
- Electronic staff records
- Staff surveys

As a listed body in Wales, the UHB is required to provide evidence of compliance with these. A comprehensive list of achievements, initiatives and events during 2013-14 is available in **Appendix 1**, the highlights of which are listed below.

1. Steps taken to identify and collect relevant information

A single integrated risk management system (Datix) is in place across all areas of activity which collates information in relation to patient safety, complaints and claims, affording an opportunity to provide some evidence around equality. There are some challenges around this data collection and this year saw the UHB explore and identify equality data collection on the system.

Information relating to the protected characteristics of our workforce, for new staff, is collected during the recruitment process via NHS Jobs at the stage when people apply for posts with the Health Board. This enables us to capture the profile of those applying to work with us and to follow their journey through the recruitment process, including shortlisting, interview and appointment or any other variation.

For candidates who are appointed to posts, this information automatically transfers over onto their personal record within the Health Board held on the Electronic Staff Record System (ESR) which also holds information on existing staff. The majority of this information is classed as sensitive personal information under the Data Protection Act 1988 and staff are under no obligation to disclose the information if they do not wish to do so.

The national ESR system does not currently facilitate the recording of information in relation to the protected characteristic of gender reassignment, or any information on caring responsibilities.

2. How the UHB has used this data in meeting the three aims of the general duty

The three aims are to:

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

The UHB has this year continued to roll out the ESR Self Service Programme which enables staff to enter their own personal details onto their records with a view to increasing information recorded and incorporating that new information into regular workforce profile reports. This will also lend itself to staff engagement that could help in fostering good relations. Better information could also help in the elimination of discrimination, harassment and victimisation. A detailed Workforce Equality Report along with required specified employment information is contained within the Annual Report at

Appendix 1.

Details on the demographic profile of Cardiff and the Vale of Glamorgan are available in publications around reconfiguration of services in relation to the South Wales Programme and public health Wales Observatory can be found at the links below: stuff.

<http://www.wales.nhs.uk/swp/hafan>

<http://www.cardiffandvaleuhb.wales.nhs.uk/key-publications>

<http://howis.wales.nhs.uk/sitesplus/922/page/57057>

3. Any reasons for not collecting the relevant information

Under-reporting (mainly in the form of non-disclosure for various reasons) remains an issue and discussions are ongoing as to how this may best be addressed in order to increase the numbers on record and facilitate the production of meaningful data that will inform the Health Board on trends around equality and diversity issues.

Information on Welsh Speakers is collected and an action plan in place to fulfil the requirements of the Welsh Language Measure and is available through access to the Welsh Language Scheme Annual Report 2013/14.

Other Relevant Information

The Health Board undertakes regular analysis of grievance and disciplinary

procedures during each year against employees involved both as a complainant and as a person against whom a complaint was made. The NHS ESR system does not require this data to be collected currently. In reporting results, the Health Board remains conscious of the sensitivity of such data and the need to preserve anonymity of individuals, so we have not on this occasion reported these figures.

4. The effectiveness of the UHB's arrangements in identifying and collecting relevant information

The Health Board acknowledges that further efforts are needed to encourage both staff and service users to provide equality data monitoring information. We will continue engaging with patients and the public, including those identified as seldom heard, particularly Black and Minority Ethnic Groups, young people, people with religion/belief outside Christianity and people with disabilities. It is particularly difficult to capture statistical information around gender-reassignment and sexual orientation and we need to find new and innovative ways to encourage people to disclose information (whilst acknowledging and protecting the right not to disclose, particularly in relation to gender reassignment), and to demonstrate how we can use the information to improve service provision. Key to this will be the use of Stonewalls' 'What's it got to do with you?' which is a 10 point plain English guide to help employers and service providers explain to their staff and service users why monitoring is important.

5. Progress toward fulfilling each of the authority's equality objectives

Six main equality objectives were identified and are detailed below:

The following provides a brief overview of progress around the high level strategic objectives set out in our SEP.

Better health outcomes for all

To achieve better health outcomes for each individual taking account of their protected characteristic(s) and tailoring our approaches based on need.

Outcome:

The UHB will achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Progress:

Minority Ethnic Communities

Within the City and South Neighbourhood Management Team, continuous engagement takes place with a diverse range of minority ethnic communities in order for priorities to be identified. Continuous engagement takes place through representatives of a variety of minority ethnic communities in the area.



The Heath Minister, UHB staff and other organisers at the Minority Ethnic Communities Health Fair held at Cardiff City Hall

Local communities were engaged in the participation of planning and running the Minority Ethnic Community Health Fair in Cardiff. Over 400 people from a wide range of communities attended.

Over 400 people attended the event, launched by the Welsh Government Minister for Health and Social Services, Mark Drakeford and supported by the UHB. Other organisers for the event included Sight Support Cymru, Co-Creating Healthy Change, BAWSO, C3SC, The Mentor Ring, Welsh Government and Cardiff Communities First. The purpose of the Health Fair has, from its inception, been to help individuals from different ethnic backgrounds become more aware of their own health needs and to enable health providers to improve their understanding of community health issues.

Further, a new role was developed within the primary care setting to offer support to users in Cardiff South and East Locality (Loudoun Square development), as there is a particularly high Did Not Attend rate for outpatient appointments among some parts of the Black and Minority Ethnic community. The role of the volunteer will be to provide a support/information service to the local community to encourage attendance at appointments.

Dementia Supportive Communities

During 2013, the Public Health Team were instrumental in launching the Dementia Supportive Communities initiative in Cardiff West. A community engagement plan was developed by a working group which included local community members to engage people within the area on the issue of Dementia. The first phase was a community open day held in Fairwater Leisure Centre in July 2013 which engaged with local residents to raise awareness of Dementia and liaised with local community members to gather views on how Cardiff West could become supportive of people with Dementia. Feedback from the event highlighted the need for awareness training to be provided for people in Cardiff West who regularly come in to contact with older people in the community. Suggestions included hairdressers, shop keepers, and front line staff working in Libraries, Post Offices and banks. It was also

suggested that young people should be trained to help support older family members, both now and in the future. Community members were also supportive of the concept of a 'Memory Cafe' in the area for people with Dementia to socialise with others in a comfortable and safe environment.

As a result of the community engagement process, local community members have become involved in the planning of the initiative which has thus far:

- Organised for training on Dementia to be provided by the Alzheimer's Society for key community members;
- Liaised with schools in Cardiff West for training in Dementia to be provided to their pupils
- Identified a venue to become a 'Memory Cafe';
- Identified a local voluntary group to help co-ordinate activities at the 'Memory Cafe' (which will include intergenerational work with pupils volunteering from local schools).

Communities First

Additional attention and support has been targeted to deprived areas through working with Communities First areas across the UHB area. UHB and Local Public Health Team staff were engaged with the five Communities First clusters (four in Cardiff and one in the Vale of Glamorgan), community groups and organisations. All plans include a major focus on engaging with local community members to work towards health improvement and propose specific projects to address identified local needs. Plans are wide ranging and focus on identified population groups for example school aged children, new parents, isolated older people as well as topics such as smoking, food and physical activity, access to health services, CHD screening, teenage pregnancy, substance misuse and environmental issues. Ongoing community engagement and involvement is at the heart of the programme and forms the foundation of the approach.

Older People

The Public Health Team works closely with the third sector and local older people's groups to engage with older people in order to:

- Promote flu immunisation and dispel myths about flu;
- Provide health education information to a wide audience of older people in relation to physical activity, alcohol, smoking cessation, and reducing the risk of stroke;
- Support action to reduce fuel poverty in older people;
- Support local older people's 'Healthy Wealthy and Wise' clubs;
- Raise the issue of falls and bone health, and develop an osteoporosis leaflet and falls prevention checklist.

Issues and concerns identified by community groups and community members inform the design and delivery of all work with older people.

Improved patient access and experience

The UHB will improve accessibility and information, and deliver the right services that are targeted, useful, and used in order to improve patient experience.

Outcome:

Patients can access UHB services, activities and information in English and Welsh, and also in other spoken languages and different formats (Braille, BSL, large print etc) as required.

Progress:

The Health Board undertook work around the recommendations outlined in the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and has produced an Implementation Plan. In 2014-15 it will look to membership of an Implementation Group which comprises a wide range of in-house staff and service users with sensory loss together with representatives from associated national and local third sector bodies.

Mechanisms were set in with regard to the integrated business plan 2013-14 (now called the Integrated Medium Term Plan) so as to ensure that the voice of service users is heard and the needs of groups and individuals with protected characteristics are taken into account. The UHB will publish information on developments as appropriate.

Plans to improve access to community services form a significant part of discussions around the reconfiguration of services and integrated business plans and the views of service providers and service users are gathered and the feedback used to develop the proposals for future services. With a population which is living longer with more complex needs, primary care capacity is a priority. The UHB will work with the wide range of professionals delivering care outside of hospital, together and in different ways dependent on the needs of the local community.

More details on the IMTP can be found at

<http://www.cardiffandvaleuhb.wales.nhs.uk/pendoc/238332>

Empowered, engaged and included staff

The UHB will take all possible steps to increase the diversity of its workforce and the quality of the working lives of all staff and volunteers, empowering and supporting them to better respond to patients' and communities' needs.

Outcome:

Individuals from all parts of the community feel that the UHB is a fair and inclusive employer and that staff are responsive to the needs and concerns of all communities and groups.

Progress:

The UHB continued to offer support to staff to ensure that in carrying out their duties they promote equality and good relations, dignity and respect. The Health Board 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 included in the training packages provided.

A night of celebration was held on Friday March 14, to recognise outstanding performance and achievements at Cardiff and Vale UHB's annual STARS ceremony. More than 300 staff attended this year's event to showcase their wonderful work and achievements across 12 award categories, including Equality, diversity and human Rights and Welsh language.

Cardiff and Vale University Health Board also won three NHS Wales Awards for its work to improve patient care including employing people who have experienced mental health conditions to act as peer support workers for patients who need mental health care scooped the Developing a Flexible and Sustainable Workforce award, at the ceremony in the Swalec Stadium, Cardiff.

One of the UHB Ward sisters, Ruth Owens, was named Wales Nurse of the Year at a national awards ceremony. Ruth was one of seven award winners from Cardiff and Vale University Health Board recognised for their excellent work by the Royal College of Nursing in Wales Awards. Staff at Cardiff and Vale UHB won in the following categories:

- Wales Nurse of the Year Award - Ruth Owens, Ward Sister for Older People's Care.
- Lifetime Achievement Award - Helen Bennett, Clinical Board Nurse Mental Health
- Health Care Support Worker Award - The General Surgery, Urology and Head and Neck Quality and Standards Group
- Health Care Support Worker Award Runner up - David Lomas, Health Care Support Worker for Assertive Outreach Service
- Mental Health and Learning Disability Award - Andy Lodwick, Advanced Nurse Practitioner
- Older People's Commissioner for Wales Award - Ruth Owens Ward Sister
- Older People's Commissioner for Wales Award Runner-up - Sian Brookes, Ward Sister
- Nurse Education Award Runner-up - Rachel Hart, Staff Nurse, Transplant Unit

Improving Quality Through Better Use of Resources Award
Innovative projects delivered by staff from Cardiff and Vale University Health Board have been shortlisted for national awards including a project to use a drama group to help improve the mental health of inmates in Cardiff Prison

has been. Cardiff and Vale University Health Board and Public Health Wales have also been nominated for their work in reducing mortality from congenital heart disease in babies by introducing new screening during pregnancy, improved diagnosis and treatment. The winners of the NHS Wales Awards 2014 will be announced in July 2014.

Work Experience / Remploy / Working Links Wales

Cardiff and Vale University Health Board provides a wide range of work experience placements for school students and young adults within the Cardiff and Vale area. Work experience can benefit both the individual and the Health Board. Students develop a greater understanding of how healthcare works and the many different roles involved in providing a health service. At the same time, through the provision of structured and informative placements, the Health Board has the opportunity to attract young people into our future workforce.

In 2013/14 231 placements have been made across the Health Board to school and mature students. This has given individuals from a variety of backgrounds valuable experience which will benefit them in future careers.

The UHB has a good working relationship with Remploy and uses their services to support employees who may be at risk of losing their jobs due to disability and/or health conditions to great success. Remploy will offer advice and assistance with the purchase of equipment and will support individual training needs.

The UHB has established links with 'Working Links Wales' which support long term unemployed people back into the workplace. 'Working Links Wales' will send suitable candidates for interview for vacancies within the UHB and if suitable will fund a placement for the first month and provide funding for ongoing training. The UHB has successfully employed 56 candidates via this route with all most all being employed for over 6 months and more. This has provided them an opportunity to gain experiences that can enhance their employability.

Workplace Engagement

The UHB has led the development of an Employers Network, which provides health themed forums for sharing of best practice and support for organisations of all sizes and across all sectors within Cardiff and the Vale of Glamorgan. The Forum provides the opportunity for ongoing engagement with organisations across the UHB area on employee health and wellbeing. Thus far, the Employers Network has supported organisations in Cardiff and the Vale of Glamorgan to develop health and wellbeing policies and access support and training for staff on mental health and wellbeing, physical activity and alcohol awareness, thus providing the opportunity for the working age population to engage in healthy lifestyles within their working environments.

Treat Me Fairly, a new e-learning course which has been developed specifically for staff in NHS Wales, has now been launched throughout the UHB.

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

The Equality, Diversity and Human Rights section on our website has been revised and updated, providing information for staff and is maintained on a regular basis to ensure that information is up to date.

The UHB uses the internal global email system and staff bulletin board to promote campaigns and other events that may be useful to staff in helping to raise awareness and provide further information.

The UHB continued to work closely with third sector organisations, relevant stakeholders and partners in promoting equality and good relations and eliminating discrimination.

It also continued to work closely with our Community Health Council through membership of the Board and the EDHR SC.

Inclusive leadership at all levels

Ensuring everyone in the UHB is included in playing their part in advancing equality, including fostering good relations between people who share protected characteristics and those who do not.

Outcome:

The Board will ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.

To ensure the spread of initial learning and action, by identifying and utilising all current and proposed leadership, development and communication mechanisms, in order that the principles of the SEP are embedded and taken forward throughout the organisation

Progress:

Advice and information was made available to staff presenting papers to the Board and Board members were made aware of their role in scrutinising for equality impacts, with particular regard to the South Wales Programme through training facilitated by the NHS Centre for Equality and Human Rights (CEHR).

Specific training around equality, diversity and human rights in relation to particular protected characteristics were provided by organisations such as Age Connects and Mencap Cymru.

Individual training needs identified via the Personal Development Review process is catered for via the in-house prospectus or by external courses. Equality and Diversity is a Core Dimension of the NHS Knowledge and Skills Framework

Corporate Compliance - Demonstrating Good Practice

To ensure that the UHB complies with its legal duties as well as organisational policies and actions.

Outcome:

The UHB demonstrates compliance with its duties, and receives positive feedback from the relevant monitoring bodies on its annual reports, progress against the objectives and actions and whose good reputation is enhanced.

Progress:

The Equality, Diversity and Human Rights Sub-Committee is a new Sub Committee of the Cardiff and Vale Health Board which has been set up under the People, Performance and Delivery Committee to seek and provide assurance to the Committee that equality, diversity and human rights are embedded across the Health Board. It will be possible in the near future to access Sub Committee papers on-line. Meetings take place in public.

Procurement is a specific duty for Wales. Cardiff and Vale University Health Board holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services, to 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 contribute to discussions within the NHS Centre for Equality and Human Rights Linkworkers Working Group that has been formed to discuss Procurement arrangements under the equality duty.

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 adhere to the principles of equality, diversity and human rights in their policies and practices.

The Health Board's Workplace Policy on Violence Against Women, Domestic Abuse and Sexual Violence was launched at the University Hospital of Wales on International Day for the Elimination of Violence Against Women.



Minister for Local Government and Government Business and UHB staff

Addressing the Gender & other Protected Characteristic Pay Gap

To reduce any gender or other protected characteristic pay gap over 4 years by addressing the causes through making changes to pay policies and practices that are found to be a contributory factor to any inequality in pay.

Outcome:

To have in place fair, open and transparent pay, grading, remuneration and recruitment strategies and plans so that the reduction in any pay gap is achieved.

Progress:

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

6. Effectiveness of the steps taken to meet these objectives

This report represents progress in a four year plan and relates to 2013-14. There has been on-going improvement this year. However the UHB recognises that a review of the objectives and a narrower focus on some of the protected characteristics will assist with that improvement. As indicated in the 2012-13 report the UHB will in 2014-15 revise its objectives based on the following principles:

- Meeting the Public Sector Equality Duty
- UHB aspiration in and commitment to improving its organisation-wide equality and diversity performance
- UHB priorities in tackling health inequalities in our communities
- Effective engagement of the communities that the UHB serves

7. Specified employment information

The workforce profile identifies that approximately 75% of 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 at around 65% and 67% respectively.

Last year the UHB stated that it would look to provide workforce information on marriage and civil partnership, gender-reassignment and maternity and pregnancy protected characteristics. This year it has only been possible to collect information regarding marriage and civil partnership and workforce information on marriage and civil partnership, gender-reassignment and maternity and pregnancy protected characteristics.

Patient Stories and Experience

The Health Board is committed to provide 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 Health Board 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 have developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilise them within service improvement.

1. Patient Story

The Surgical Clinical Board was made aware of a young male patient with learning difficulties (LD) by the LD Health Liaison Team based in Cwmbran. Staff from the Surgery Clinical Board liaised with the Cwmbran Team. This involved discussion regarding an admission date and a list of people and equipment that was needed to ensure the quality and safety of the young man's admission. Staff here ensured that a cubicle was made available from a Monday afternoon until his admission on the Wednesday at 2pm. This allowed UHB staff to have the room deep cleaned, curtains changed, acquire a cot and store other appropriate equipment. Paediatric latex free resuscitation equipment for the patient was also provided.

The mother of the patient had also requested a bed to sleep in due to back problems. Catering staff were informed to offer the mother hot drinks and meals.

The plan all came together when the patient and his family arrived on ward and their bed area cubicle was all ready and waiting. Doctors and Anaesthetists were made aware of his admission time and were able to prepare the patient promptly and speak to his mother regarding the procedure. The patient was discharged on the Thursday evening following the successful procedure.

2. Patient Story

A Board meeting began with presentation by a young woman with experience of depression who highlighted the stigma and discrimination that she had experienced at work as a result of her mental ill health. This was followed by a request to the Board to sign up to the Time to Change Wales pledge, under the auspices of 3 mental health charities, Hafal, Gofal and Mind Cymru, aimed at reducing discrimination in organisations and in the wider community. The Board gave its full support for the pledge. More information about Time to Change can be found on the website: <http://www.timetochangewales.org.uk/>

3. Patient Story

Collaborative working between the UHW Dental Hospital, specialist learning services and a private residential provider ensured that appropriate assessment and treatment as provided to three individuals with autism and learning disabilities. All three had a phobia about dental examination and treatment and had not been examined by a dental practitioner for some time. Due to the nature of each individual's condition and particularly because of their reluctance to comply with examination it was necessary to consider examination and treatment under general anaesthetic. For one individual attending hospital caused significant distress. An in-depth preoperative

assessment at home was undertaken by UHW staff. Following multi-agency working the individual was able to attend the dental hospital for examination and treatment. The detailed pre-assessment and planning that for this individual the admission was uneventful with very positive outcomes. Building on this experience the process was repeated for the other two individuals from the residential service with comparable outcomes. The Dental hospital now has a learning disability pathway in place.

Engagement with Carers

The health board recognises and values the role of carers within our communities, supporting those who need help because of old age, physical or learning disability or ill health, including mental ill health. A Carers' Information and Consultation Strategy 2012-2015 is now available, placing far more emphasis on the UHB to provide information and advice to unpaid carers and to effectively consult with them over any service change. The Patient Experience Department has now set up a dedicated email account for people who are carers to use for any carer-related enquiries, problems and requests for information at: <http://www.cardiffandvaleuhb.wales.nhs.uk/information-for-carers> . A joint Cardiff and Vale Carers Strategy and Planning Group has now been established so that the Health Board and the two local authorities can combine their strategic arrangements for supporting carers. Third sector and carer organisations are represented on this Group and can be contacted at Linda@valecvcs.org.uk

Working Together



Board members, staff and members of the Filipino community.

Two members of staff from the Filipino community were granted emergency leave from their roles with Cardiff and Vale University Health Board to fly out and help the victims of Typhoon Haiyan. A benefit concert for the victims of the Philippines typhoon was held at the University Hospital of Wales. It featured a host of local bands to help raise money for those affected by Typhoon Haiyan.

Optimising Outcomes Policy

Residents of Cardiff and the Vale of Glamorgan were engaged with and consulted on an ongoing basis regarding the implementation of an Optimising Outcomes Policy which aims to optimise the positive surgical outcomes of patients in need of elective surgery by offering additional lifestyle based support. A variety of patient and community groups were engaged with the discussion of the principles of the policy and feedback from these groups helped to design specific details of the pilot phase. People engaged in discussion on the policy included older people's groups, community groups through third sector councils and patient groups amongst others. Engagement took place through a variety of mechanisms, each suitable for the intended audience. Members of the UHB and Public Health Team attended public meetings and community venues to engage with local people to seek their views as well as conduct radio interviews to raise awareness of the opportunity for people to provide their views on the policy. Additionally, the Communications Team of the UHB liaised with local and national press and provided information via social networking to extend the reach of community engagement as far as possible. A test phase for the policy being run with 10 GP practices in the area has proved a success and paved the way for the approach to be adopted across the health board's region from December 1st.



Conclusions

The UHB has made sustained progress in addressing equality, diversity human rights and Welsh language issues in its workforce and for patients, carers and the public. The UHB has continued to engage with different communities and has begun to get beneath the surface of what matters to these diverse communities when it comes to being heard.

However there are still challenges to face, not least in ensuring the UHB gets better and more accurate information about the people we serve as we attempt to address inequalities. The UHB will need to gather more information from and about service users and that may not be without problems as people prefer not to divulge matters such as sexual orientation, religion or disability.

The organisation will seek to address this partly by collaborating with other Health Boards and reviewing the staff equality network and supporting them to be effective and able to address issues relevant to service users as well as staff, through the particular insight they have to how and why barriers exist.

It is important that the UHBs work to address inequality and to promote diversity and human rights continues to receive Board support. Not only because it is a legal obligation but because also it is the right thing to do. In this way the UHB can continue to ensure our services are accessible to people with protected characteristics, no matter where they live within our geographical footprint.

Appendix 1

Workforce Information and Profile

Age

Age Band	Headcount	%	FT
<20	29	0.19	10.94
20-25	991	6.45	732.08
26-30	1,775	11.55	1445.15
31-35	1,961	12.76	1541.96
36-40	1,962	12.77	1545.97
41-45	2,133	13.88	1637.25
46-50	2,242	14.59	1870.66
51-55	2,038	13.26	1703.19
56-60	1,367	8.89	1098.44
61-65	611	3.98	422.78
66-70	210	1.37	114.03
71+	49	0.32	13.52
Unspecified	1	0.01	0.00
Grand Total	15,369	100.00	12135.97

There is a more or less even split between some of the age bands 31-35 and 36-40 as well as 41-45 and 51-55. The age band 46-50 is particularly noteworthy as is the identification that the UHB has nearly 300 staff over the age of 65.

Disability

Disability Flag	Headcount	%	FTE
No	278	1.8	246.26
Unspecified	15,083	98.1	11874.85
Yes	11	0.1	8.68
Grand Total	15,372	100.0	12129.79

There is a very low disclosure of disability which does not necessarily reflect the number of staff who may meet the definition.

Gender

Gender	Headcount	%	FTE
Female	11,392	74.1	8866.60
Male	3,977	25.9	3269.37
Grand Total	15,369	100.0	12135.97

Seventy –five percent of the workforce is female which is significantly different to the population figure where slightly over half is female.

Marital Status

Marital Status	Headcount	%	FTE
Civil partnership	46	0.30	35.34
Divorced	542	3.53	429.52
Legally Separated	56	0.36	36.44
Married	7,151	46.53	5571.28
Single	4,590	29.87	3676.59
Unknown	2,297	14.95	1916.45
Unspecified	633	4.12	430.67
Widowed	54	0.35	39.70
Grand Total	15,369	100.00	12135.97

The largest group here is in the married category followed by that in the single category. What is also of significance is that members of staff are beginning to state their civil partnership status.

Race/Ethnicity

Ethnic Group	Headcount	%	FTE
1 Black-Caribbean	1	0.0	0.60
A White - British	4,257	27.7	3322.93
B White - Irish	64	0.4	52.67
C White - Any other White background	135	0.9	109.82
C2 White Northern Irish	3	0.0	3.00
C3 White Unspecified	6,147	40.0	5188.52
CA White English	94	0.6	79.99
CB White Scottish	21	0.1	19.19
CC White Welsh	824	5.4	644.89
CF White Greek	11	0.1	10.38
CG White Greek Cypriot	1	0.0	1.00
CH White Turkish	2	0.0	1.87
CK White Italian	4	0.0	2.56
CN White Gypsy/Romany	1	0.0	1.00
CP White Polish	10	0.1	8.76
CQ White ex-USSR	2	0.0	2.00
CU White Croatian	1	0.0	1.00
CV White Serbian	1	0.0	0.00
CW White Other Ex-Yugoslav	1	0.0	0.60
CX White Mixed	7	0.0	5.94
CY White Other European	50	0.3	37.41
D Mixed - White & Black Caribbean	44	0.3	38.11
E Mixed - White & Black African	19	0.1	13.07
F Mixed - White & Asian	46	0.3	36.85
G Mixed - Any other mixed background	55	0.4	43.75
GA Mixed - Black & Asian	1	0.0	1.00
GD Mixed - Chinese & White	1	0.0	1.00
GE Mixed - Asian & Chinese	2	0.0	2.00
GF Mixed - Other/Unspecified	14	0.1	12.33
H Asian or Asian British - Indian	495	3.2	429.32

J Asian or Asian British - Pakistani	66	0.4	51.68
K Asian or Asian British - Bangladeshi	15	0.1	12.22
L Asian or Asian British - Any other Asian background	286	1.9	255.87
LA Asian Mixed	3	0.0	2.00
LD Asian East African	1	0.0	1.00
LE Asian Sri Lankan	5	0.0	4.60
LF Asian Tamil	1	0.0	1.00
LH Asian British	9	0.1	6.00
LJ Asian Caribbean	2	0.0	2.00
LK Asian Unspecified	12	0.1	8.90
M Black or Black British - Caribbean	32	0.2	27.51
N Black or Black British - African	94	0.6	73.93
P Black or Black British - Any other Black background	18	0.1	9.44
PA Black Somali	1	0.0	1.00
PB Black Mixed	1	0.0	1.00
PC Black Nigerian	2	0.0	2.00
PD Black British	3	0.0	2.90
PE Black Unspecified	1	0.0	0.96
R Chinese	42	0.3	35.39
S Any Other Ethnic Group	74	0.5	64.34
SC Filipino	16	0.1	13.25
SD Malaysian	9	0.1	8.00
SE Other Specified	21	0.1	19.63
Unspecified	459	3.0	86.37
Z Not Stated	1,882	12.2	1373.44
Grand Total	15,369	100.0	12135.97

Seventy three percent of the workforce identifies themselves as White whilst significantly 15% do not state or specify their race. Five percent identify themselves as Asian whilst one percent identifies themselves as Black.

Religion

	Headcount	%	FTE
Religious Belief			
Atheism	730.0	4.75	635.46
Buddhism	21.0	0.14	15.27
Christianity	3584.0	23.32	3117.99
Hinduism	45.0	0.29	38.83
Islam	88.0	0.57	73.98
Jainism	2.0	0.01	1.47
Judaism	4.0	0.03	2.60
Not Disclosed	670.0	4.36	591.49
Other	657.0	4.27	564.90
Sikhism	2.0	0.01	1.87
Unspecified	9566.0	62.24	7092.11
Grand Total	15369.0	100.00	12135.97

Christianity is the most frequently disclosed religion. Minimal numbers have stated membership of other religions. Sixty seven percent do not wish to disclose or specify their religion.

Employment Category

Employee Category	Headcount	%	FTE
Full Time	8,227	53.53	8228.00
Part Time	7,126	46.37	3906.37
Unspecified	16	0.10	1.60
Grand Total	15,369	100.00	12135.97

Over 53% percent of our workforce is employed full time whilst just over 46% are employed part time. However the nature of what constitutes part time working is difficult to conclude as the number of hours is variable.

Sexual Orientation

	Headcount	%	FTE
Sexual Orientation			
Bisexual	31.0	0.20	27.09
Gay	62.0	0.40	55.59
Heterosexual	5272.0	34.30	4582.48
Lesbian	41.0	0.27	36.13
Not Disclosed	391.	2.54	340.33
Unspecified	9572.0	62.28	7094.36
Grand Total	15369.	100.00	12135.97

Although 35% percent declare their sexual orientation it needs to be noted that 65% do not specify or disclose. The introduction of a campaign to explain why the UHB uses monitoring information may reduce the latter figure in future years.

Length of Service in Current Employment

Length of Service Band	Headcount	%	FTE
<1 Year	1,610	10.48	1062.95
1<5 Years	4,000	26.03	2729.28
5<10 Years	3,881	25.25	3283.18
10<15 Years	2,606	16.96	2237.60
15<20 Years	1,253	8.15	1062.47
20<25 Years	886	5.76	760.53
25<30 Years	624	4.06	548.59
30+ Years	497	3.23	442.56
	12	0.08	8.83
Grand Total	15,369	100.00	12135.97

Over 50% of the workforce has been employed between 1 and 10 years and 10% being employed for less than 1 year.

Please find below the equality profile in regard to job applicants, those shortlisted and those appointed in regard gender, disability and impairment, race, age, religion, sexual orientation and marital status. However gender – reassignment and maternity and pregnancy information is not currently

gathered. NHS Jobs information is only retained for 13 months in accordance with the Data Protection Act.

		Apr-14	Mar-14	Feb-14	Jan-14	Dec-13	Nov-13	Oct-13	Sep-13	Aug-13	Jul-13	Jun-13	May-13
Gender	Male	0	1	10	5	11	14	24	24	22	11	17	12
	Female	0	1	3	19	47	52	86	117	86	15	67	66
	Undisclosed	0	0	0	0	0	0	0	0	0	0	0	0
Disability	Yes	0	0	0	2	4	2	4	4	1	2	0	1
	No	0	2	13	22	54	63	105	137	107	24	84	77
	Undisclosed	0	0	0	0	0	1	1	0	0	0	0	0
Criminal Conviction	Yes	0	0	0	0	0	0	1	1	1	0	0	0
	No	0	2	13	24	58	66	109	140	107	26	83	78
Ethnicity	WHITE - British	0	1	1	21	49	52	93	119	91	21	80	66
	WHITE - Irish	0	0	0	0	0	2	1	3	1	0	0	1
	WHITE - Any other white background	0	0	1	0	2	4	1	3	6	3	0	3
	ASIAN or ASIAN												
	BRITISH - Indian	0	0	6	0	2	0	4	4	3	1	0	3
	ASIAN or ASIAN												
	BRITISH - Pakistani	0	0	1	0	1	1	2	1	1	0	0	0
	ASIAN or ASIAN												
	BRITISH - Bangladeshi	0	0	0	0	0	0	0	0	0	0	0	1
	ASIAN or ASIAN												
	BRITISH - Any other Asian background	0	0	0	1	1	2	3	1	3	0	0	2
	MIXED - White & Black Caribbean	0	0	0	0	0	0	0	3	1	0	1	2
	MIXED - White & Black African	0	0	0	0	0	0	1	0	0	0	0	0
	MIXED - White & Asian	0	0	0	0	0	1	0	0	0	0	1	0
	MIXED - any other mixed background	0	0	0	0	0	0	0	0	0	0	0	0
	BLACK or BLACK												
	BRITISH - Caribbean	0	0	0	0	0	0	1	0	0	0	0	0
	BLACK or BLACK												
	BRITISH - African	0	0	0	2	0	0	1	4	0	0	0	0
	BLACK or BLACK												
	BRITISH - Any other black background	0	0	0	0	0	0	0	0	1	0	0	0
	OTHER ETHNIC GROUP - Chinese	0	0	0	0	1	1	0	0	0	0	0	0
	OTHER ETHNIC GROUP - Any other ethnic group	0	1	4	0	1	1	2	2	0	0	2	0
	Undisclosed	0	0	0	0	1	2	1	1	1	1	0	0
Age Band	Under 18	0	0	0	0	0	0	0	0	0	0	0	0
	18 to 19	0	0	0	0	0	1	0	0	2	0	0	0

Religion	20 to 24	0	0	0	8	8	12	17	21	12	6	12	19
	25 to 29	0	1	0	6	12	10	29	38	32	5	17	14
	30 to 34	0	0	6	3	10	10	14	26	17	8	11	14
	35 to 39	0	0	4	1	10	6	7	21	15	1	10	10
	40 to 44	0	1	2	2	9	11	15	10	8	1	11	8
	45 to 49	0	0	1	3	4	10	13	11	10	2	14	5
	50 to 54	0	0	0	0	5	4	9	8	7	2	4	5
	55 to 59	0	0	0	0	0	1	5	3	4	1	4	2
	60 to 64	0	0	0	1	0	1	1	2	1	0	1	1
	65 to 69	0	0	0	0	0	0	0	1	0	0	0	0
	70 and over	0	0	0	0	0	0	0	0	0	0	0	0
	Undisclosed	0	0	0	0	0	0	0	0	0	0	0	0
	Atheism	0	0	1	5	7	8	17	29	24	8	14	10
	Buddhism	0	0	0	0	1	0	0	1	1	0	1	2
	Christianity	0	0	2	15	35	32	58	78	56	10	48	45
	Hinduism	0	0	4	0	2	1	2	2	3	0	0	2
	Islam	0	1	6	1	1	2	3	6	2	1	0	1
	Jainism	0	0	0	0	0	0	0	0	0	0	0	0
	Judaism	0	0	0	0	0	0	0	0	0	0	0	0
	Sikhism	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Orientation	Other	0	0	0	2	6	16	19	18	11	3	10	6
	Undisclosed	0	1	0	1	6	7	11	7	11	4	11	12
	Lesbian	0	0	0	0	1	0	0	0	1	0	3	0
	Gay	0	0	0	0	2	1	2	0	2	1	1	0
	Bisexual	0	0	0	1	0	0	0	1	0	1	1	1
Marital Status	Heterosexual	0	1	13	23	53	63	102	134	102	21	75	75
	Undisclosed	0	1	0	0	2	2	6	6	3	3	4	2
	Married	0	1	0	0	0	0	0	0	0	0	0	0
	Single	0	1	0	0	0	0	0	0	0	0	0	0
	Civil partnership	0	0	0	0	0	0	0	0	0	0	0	0
	Legally separated	0	0	0	0	0	0	0	0	0	0	0	0
	Divorced	0	0	0	0	0	0	0	0	0	0	0	0
	Widowed	0	0	0	0	0	0	0	0	0	0	0	0
Impairment	Undisclosed	0	0	13	24	58	66	110	141	108	26	84	78
	Physical Impairment	0	0	0	0	1	1	0	0	1	0	0	0
	Sensory Impairment	0	0	0	0	0	0	0	1	0	0	0	0
	Mental Health Condition	0	0	0	0	0	0	0	1	0	0	0	0
	Learning Disability/Difficul	0	0	0	2	1	2	3	2	0	0	0	1
	ty												
	Long-Standing Illness	0	0	0	0	1	0	1	1	0	0	0	0
	Other	0	0	0	0	1	2	0	1	4	2	0	1
	None	0	0	0	0	0	0	0	0	0	0	0	0
Total	Total	0	2	13	24	58	66	110	141	108	26	84	78

It should be noted that the training figures presented below are representative of a two-year period as this is the way records are kept.

**Equality Mandatory Training Report for the period:
1st April 2012 - 31st March 2014 which reflects
the refresher period for Equality Training**

	SIP Head Count Jan 2014	Total number of staff trained	% of staff trained
Clinical Board			
Children's & Women's	1767	990	56
Clinical Diagnostics & Therapeutics	2196	1164	53
Dental Services	461	367	80
Medicine	1609	793	49
Mental Health	1293	640	49
Primary, Community	728	631	87
Specialist Services	1475	788	53
Surgical Services	1767	1027	58
Total	11296	6400	57
Corporate			
Finance	97	61	63
Executive Services	146	68	47
Governance	31	15	48
Improvement and Innovation	129	55	43
Medical	59	19	32
Nursing	93	50	54
Planning	1228	841	68
Public Health	5	1	20
Therapies & Health Sciences	3	0	0
Workforce & OD	146	99	68
Total	1937	1209	62
Grand Total for UHB	13233	7609	58