

# Caring for People Keeping People Well



## Annual Equality Statement and Report 2014/15



**The 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

The gathering and analysing of information contained in this report helps the UHB to demonstrate how it provides accessible and equitable services to our staff and patients: how it works to eliminate unlawful discrimination, harassment and victimisation; foster good relations and advance equality of opportunity. Methods used to gather and collate information about our communities and our staff have included:-

- Consultation and engagement activities for our Equality Impact Assessments
- Engaging and consulting with patients, carers and staff through satisfaction and pulse surveys
- Undertaking surveys and questionnaires at community events such as Pride (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

As a listed body in Wales, the UHB is required to provide evidence of compliance with these.

## **1. Steps taken to identify and collect relevant information**

A single integrated risk management system (Datix) is still 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 enhance its 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 UHB. 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 UHB 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 current 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

During 2014-15 the UHB 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 attached as **Appendix 2**.

Details on the demographic profile of Cardiff and the Vale of Glamorgan are available in publications that can be found at the links below:

<http://www.cardiffandvaleuhb.wales.nhs.uk/key-publications>  
<http://howis.wales.nhs.uk/sitesplus/922/page/57057>  
<http://www.wales.nhs.uk/swp/hafan>

## **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 UHB on trends around equality, diversity and human rights. (Please see **Appendix 2**)

Information on Welsh Speakers is collected and an action plan in place to fulfil the requirements of the Welsh Language Measure and is available on request access to the Welsh Language Scheme Annual Report 2014/15.

#### Other Relevant Information

The UHB 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 UHB 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. However the Equality Manager will continue to work with the UHB Concerns team to monitor and assist with equality related complaints and compliments.

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

The UHB 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 disabled people. 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.

Before looking at the six objectives it is useful to have a look at the community the UHB serves via some key headlines:

- the population of Cardiff and the Vale is growing twice as fast as the rest of Wales
- the number of people who are over the age of 85 is increasing. This means there will be over 17,000 people over the age of 85 living in Cardiff and the Vale of Glamorgan by 2017
- our childbirth rate is three times higher than the rest of Wales
- the number of babies being breastfed is much higher than in other areas of Wales which is very good news

- the number of people aged 0-24 in Cardiff is much higher than other places in Wales averaging 35.5% (122,600 people) compared with 30.3% nationally
- Over a quarter of our children live in poverty
- about 300 teenagers (under 18) get pregnant each year
- the number of people with dementia will increase
- chronic conditions such as heart disease, diabetes and stroke are becoming more common
- the number of people from Black and Minority Ethnic (BME) families is much higher than other areas in Wales and we know that in these families there are more problems with hearing and sight
- 20% of the total population served by the UHB suffer from problems with hearing, sight and general communication
- the 2011 census recorded 50,580 carers in Cardiff and the Vale of Glamorgan (a 12% rise in the last 10 years)
- approximately 1,579 people identified as young carers in Cardiff and the Vale of Glamorgan-the UHB thinks there are more
- More than 4,000 people suffer with a serious mental health illness.
- there has been a gradual overall increase in the number of new asylum seekers moving in to Cardiff over the past two years

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

Six main equality objectives are identified and are detailed below after small revisions to the wording was made during the year.

Section 5 provides a brief overview of progress around the high level strategic objectives set out in our SEP.

In 2014 we developed an Equality, Diversity and Human Rights Strategy Map in order to ensure alignment with the UHB 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. The following is a summary of this:

<b>EQUALITY STRATEGY MAP:</b> <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
<i>What matters/ Outcomes</i>	Improved outcomes for patients and staff in a fully accessible environment where people are treated with respect and dignity, to reflect their individual needs  A place where equality, diversity and human rights are promoted,

	protected and celebrated/valued
	Services are planned and developed collaboratively taking account of protected characteristics and Welsh Language issues

## 5.1 Better health outcomes for all

To achieve better health outcomes for each individual taking account of their protected characteristic(s) and Welsh Language whilst 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**

In March 2015, the Minority Ethnic Communities Health Fair took place at a new venue, Cardiff City Stadium and was launched by the Welsh Government Deputy Minister for Health and Social Services, Vaughan Gething (picture below). 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 deputy Health Minister (Vaughan Gething) talking with UHB staff. Within the city of Cardiff and its surrounding areas, black and minority ethnic populations experience disproportionate levels of ill-health especially relating to diabetes, glaucoma, stroke, coronary heart disease and certain cancers. The purpose of the Health Fair is to help individuals from different ethnic



backgrounds to become more aware of their own health needs and to enable health providers to improve their understanding of community health issues.

The Health Fair was used to make an impact on the nearly 200 people attending in terms of the importance of using GP services and of health screening. It is widely recognised that a large proportion of people from minority ethnic groups are either not registered with a local GP, dentist or optician, or do not regularly access their services. Of particular concern are the low numbers who attend for bowel and breast screening, and childhood immunisation. The Health Fair included talks by local GPs to encourage wider awareness and take up of these services. There were also demonstrations of eye testing by an optometrist, together with information on local optometry services.

As usual, a wide range of stallholders were in attendance representing different third sector and statutory health and wellbeing organisations.

### **Spiritual Care Group**

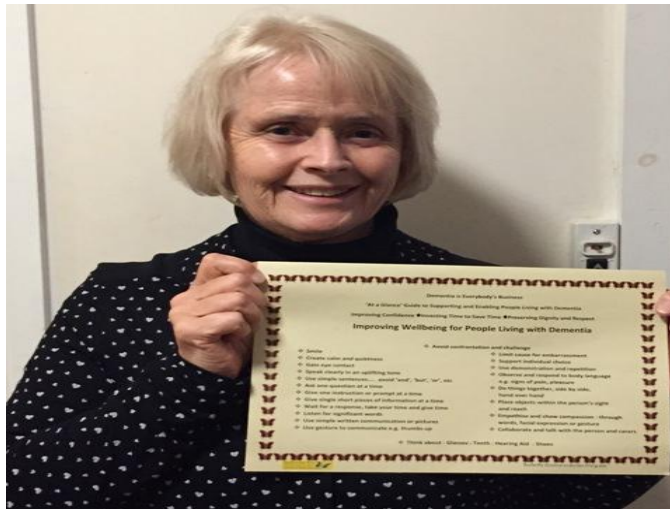
A key purpose of the Spiritual Care Group is to provide the strategic direction for meeting the spiritual needs of patients, relatives, carers, staff and students. It provides oversight and guidance regarding spiritual care in the healthcare delivered by the staff of the UHB and in support of the staff 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. Although Census figures show that most of the population who identify with a religion in the Cardiff and the Vale of Glamorgan area identify with the Christian faith (51.4% and 58.1% respectively) there are a significant number whose spiritual needs require support from other faith groups. The Chaplaincy department, through the work of the Spiritual Care Group, have engaged a number of religious leaders on a “Bank” basis to give advice about their faith group and we call them in as and when needed. The chaplaincy office has contact details for all faith/belief groups should a request be made for particular religious and spiritual care.

### **Dementia Supportive Communities**

A new guide to help health staff and the public help and support patients living with dementia has been developed by a health board dementia champion.

Christine Sampson, (pictured below) an Occupational Therapist within Cardiff and Vale University Health Board, has developed an ‘at a glance’ guide to help support and enable people living with dementia.



The single A4 sheet summarises the essential elements of good practice in working with people living with dementia. The use of simple sentences, gaining eye contact and asking one question at a time can all help to ease a potentially stressful situation, for a person living with dementia.

The need for such a guide was recognised during the first ever Dementia Champions Network meeting. During the meeting a carer described the experiences their friend, who was living with dementia, had encountered using UHB services. The story was compelling in throwing into stark relief significant deficits in basic dementia care practice that were present in our workforce. The guide has been designed for a diverse audience to be distributed and displayed widely and implemented immediately in the course of everyday practice. However, the guide is not only for UHB staff. It can be used by anyone who comes into contact with a person living with dementia. The intention is to improve the experience of people living with dementia and their carers immediately and for those who will enter Health and Social Care services in the future.

## **Dementia Care**

The UHB in partnership with Cardiff County Council, Vale of Glamorgan Council and a number of voluntary organisations has launched the Cardiff and Vale Dementia Plan 2014-2017. The vision for the strategy can be summarised as to prevent, to delay, to help cope:

More information on the Dementia Plan can be found at:  
<http://www.cardiffandvaleuhb.wales.nhs.uk/news/33291>

The Health Board Younger Onset Dementia Service is a specialist and dedicated service for people who receive a diagnosis of dementia under the age of 65, and for their carers and families.



If you would like to know more about this Service, please contact:  
Younger Onset Dementia Service  
c/o MHSOP Admin (off East 18)  
University Hospital Llandough  
Penlan Road  
Penarth CF64 2XX  
Tel: 029 2071 5779  
Fax: 029 2071 5814  
Email: [Yod.Service@wales.nhs.uk](mailto:Yod.Service@wales.nhs.uk)

Alternatively, if you need to talk to someone about your situation as a client or carer, you can contact the **Wales Dementia Helpline** on 0808 808 2235.

### **Cardiff Youth Council CAV have their say**

During 2014/15 Cardiff and Vale University Health Board continued the programme of engagement with stakeholders to inform how it developed its future services. For example, Maria Battle, (pictured below), Chair of Cardiff and Vale UHB, met with the Cardiff Youth Council (CYC) to talk about challenges and choices facing local health services and asked for their views on the ways in which the UHB could improve its service delivery and inform our 'Shaping our Future Wellbeing' Clinical Service Strategy. CYC is the official network of young people aged 11-25 in Cardiff. They meet monthly to work on priorities that are set by young people, aiming to make Cardiff a better place for young people to live, work and play.

If you want to find out more about our Shaping Our Future Wellbeing [click here](#).



## **Mental Health**

The UHB celebrated the construction of an £88m adult mental health unit. The new 135-bed adult mental health facility, named Hafan y Coed (meaning Haven of Trees), will bring together existing adult and specialist services provided at Whitchurch Hospital and the Llanfair Unit under one roof in Llandough Hospital. The unit will ensure adults with mental health problems who need inpatient care are cared for in modern facilities. The design of the unit has taken into account extensive engagement undertaken with service users and staff and also good practice examples to establish the philosophy and principles on which the design would be based. This includes the provision of all single bedrooms with en-suite facilities, access to single sex sitting rooms, quiet areas and visitor rooms.

The Mental Health Clinical Board has established a 'Deaf and Hard of Hearing resource team. This team will act as a resource for the service for information, contacts and appropriate signposting to help when caring for service users who are deaf or who have hearing difficulties. The team is working with the UHB audiology department to help skill-up a small group of staff to be able to hold a portfolio of information and be a resource for their section of the service. The information will be useful to staff and managers in inpatient and community teams to help them ensure their environments and teams are equipped to manage interactions with service users who are deaf and hard of hearing.

The month of October 2014 was used as a training and education event month to promote all aspects of Mental Health. Placing all the activity in one month allowed managers to plan for the release of staff in advance. The thinking behind the month long activity was to get everyone interested in Mental Health Matters, their own and the mental Health issues of service users and work colleagues. Some of the sessions that evaluated very well were taster sessions in mindfulness the "Making Every Contact Count" and working with interpreters.

The Mental Health Clinical Board is committed in its business planning to move forward over the next three years in addressing inequality of access and provision for different service user groups. In addition to helping prepare staff to work with different groups through training. There was also provision of a co-ordinated Welsh Language "lunch and chat" for staff to promote confidence in using Welsh whilst in work. In addition, training for staff in recovery and dementia care was also made available.

## **CPD GPs E Learning - Veterans' Health & Wellbeing**

This resource, promoted by the UHB, has been developed to help health workers in the community better understand the specific health and wellbeing issues that apply to Veterans, carers and their families. The development of

this resource has been funded by the Welsh Government. The resource consists of:

- An educational module
- An information sheet
- Patient information leaflets
- A links page to sources of support
- A PowerPoint presentation (for GP practice based education)
- Suggestions for simple practice interventions

In the UK as a whole there are approximately 5 million Veterans. This makes up around 8% of the population therefore a medium sized GP practice of 6000 patients would have approximately 480 Veterans registered. For further information, please click on the following link:

<http://gpcpd.walesdeanery.org/index.php/veterans-health-wellbeing>

### **Improvements in Post Cataract and Emergency Eye Care**

The UHB has received confirmation of success in gaining funding from Welsh Government for two schemes to reduce pressures on secondary care and develop services in primary care optometry.

#### **Post-Cataract Follow-Up**

The first scheme will see a proportion of patients who have undergone a cataract operation being followed up through their local WECS-approved optometrist rather than in the Hospital Eye Service. This will allow patients to be seen at times which are convenient to them and far more locally than currently. There will be safeguards in the system to ensure that any post-operative abnormalities are referred back into the Hospital for urgent assessment, but for the majority of patients this will mean a far more efficient service. For the Hospital, it will mean that they are freed from seeing very routine patients in already very busy clinics and allows them to focus on the patients who are in need of their intervention.

For information on WECS and the accredited optometrists, please go to the Wales Eye Care Services website at:

[www.eyecare.wales.nhs.uk](http://www.eyecare.wales.nhs.uk).

### **Eye Casualty Project**

This second scheme will place a community optometrist in each session of the Eye Casualty, working alongside the eye casualty team, who will assess the quality and accuracy of referrals into the unit from optometrists, GPs and other professionals. Initially, patients referred to Eye Casualty inappropriately will not be turned away but will be treated. The project will look at what the education needs are in GMS, optometry, pharmacy and the general public to prevent inappropriate referrals from occurring.

Patients can have an urgent Eye Health Examination (EHEW) at a WECS accredited optometrist to determine whether they need to be seen in Eye

Casualty. Patients can make an urgent appointment themselves directly with the optometric practice.

For more information on the Eye Health Examination (EHEW) click on the following link:

<http://www.eyecare.wales.nhs.uk/eye-health-examination-wales>

### **New Arrangements for the Prescribing and Dispensing Of Lymphoedema Garments**

The Lymphoedema Clinic at Cardiff & Vale UHB is a therapist-led clinic that has been established to address the needs of individuals with a diagnosis or potential diagnosis of lymphoedema in the Cardiff & Vale of Glamorgan locality. The therapists and assistants will strive to preserve and maintain the dignity, individuality and privacy of patients, being sensitive to ever changing needs. Such needs may be medical, therapeutic, cultural, psychological, spiritual, emotional or social.

Following on from a survey carried out by the lymphoedema service in June 2012 which highlighted that around 50% of garments were supplied incorrectly and that waiting times for receipt of a garment were often excessive, a new system is being introduced across the UHB and Wales to address these issues.

The proposed changes are designed to realise the following benefits:-

- Ensure that the patient is supplied with the correct garment thus improving patient outcomes.
- Reduce delays in patients receiving garments.
- Reduce waste and inconsistency
- Improve the flow of information to community pharmacies and GP practices

### **Health Protection**

The UHB has a duty to protect the health of its citizens, through prevention as well as treatment of disease. In most cases, preventing illness is also cheaper than waiting for disease and complications to develop, as well as a better experience for patients. The NHS Wales Planning Framework issued by Welsh Government (WG) in August 2014 makes it clear that population health needs should be the underlying basis for organisations' actions, and is set out in the IMTP 15/16. There is good evidence that one of the key life stages to intervene to prevent disease and improve health is during pregnancy and in the early years. In Cardiff and Vale Children and Women's Clinical Board has responsibility for services for these two population groups.

Immunisation uptake at age one, has shown a worrying decline in the last year. Although there are a number of issues with the timeliness of data, uptake in Cardiff and the Vale of Glamorgan is the lowest in Wales and getting lower. This is of significant clinical concern. A number of actions are taking place, supported by Children and Women's and Primary, Community &

Intermediate Care (PCIC) Clinical Boards, to understand and address the reasons for the low uptake.

One finding, that uptake is lower among Black and Minority Ethnic communities, has led to a project which started in February 2015 to work more closely with the local communities in South Cardiff to increase awareness and uptake of immunisations

Improving the use of immunisation data and making immunisation data available through the internal information technology systems, are being scoped for feasibility. A concerted push to increase immunisation uptake in Flying Start areas will start in April 2015.

## **Older People**

Changes to services for older people in Cardiff and the Vale of Glamorgan were approved by the Board of Cardiff and Vale University Health Board during 2014/15.



The proposals, which were developed by specialist elderly care clinicians and reviewed by a variety of stakeholders, including Cardiff and the Vale of Glamorgan Community Health Council, related primarily to changes to clinical gerontology services at Barry Hospital and West Wing in Cardiff.

Following feedback, updated proposals were agreed which will see the Frail Older People's Assessment and Liaison Service (FOPAL) extended to the Vale of Glamorgan, based at University Hospital Llandough (UHL), along with



a specialist hub for medical, stroke and orthopaedic rehabilitation in-patient beds, also at UHL.

The Elderly Care Assessment Service (ECAS) will be provided from Llandough, St David's and Barry Hospitals, a slight change to the original proposals, reflecting the feedback received during the engagement process. This work is very important as getting the care the UHB provides for older people right is vital as the population ages. The UHB is acutely aware that the average age of patients in our hospitals is in the mid-80s. These patients can have multiple, complex health and social care needs and these plans look at meeting those needs in the best way and in the best place. The CHC will oversee the implementation of these changes through its normal routine visiting mechanism.

### **Latest Treatment for Prostate Cancer**



Maria Battle, Chair of Cardiff & Vale UHB, Prostate Cancer patient's wife, Mrs Doris Dallimore, Prostate Cancer Patient (7 weeks post-op) Mr David Dallimore, Mark Drakeford AM, Minister for Health & Social Services, Professor Howard Kynaston.

Cardiff and Vale University Health Board became the first centre in Wales to offer the latest treatment for Prostate Cancer. This regional service will benefit patients across South and West Wales and delivered by surgeons from Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale and Cwm Taf University Health Boards. This method of treatment for Prostate Cancer has major benefits over traditional surgical treatment; there's less post-operative pain, reduced blood loss, reduced length of stay, quicker recovery and better overall outcomes for patients.



## Learning disabilities

'Learning disabilities' is an umbrella term for persons who have varying degrees of 'Impairment of intellectual and social functioning'. In Wales there are some 11,000 adults with learning disabilities who are known to social services and in receipt of services. There are estimated to be at least a further 40,000 adults with milder learning disabilities who are not in receipt of services (Welsh Government, 2007). Thanks to better neonatal care and improvements in health and social care people with learning disabilities are living longer and into older age.

Specialist healthcare services for people with a learning disability in Cardiff and the Vale is provided by Abertawe Bro Morgannwg UHB, through its Learning Disabilities Directorate. Learning Disability partnership working reports to the Integrated Health and Social care Programme via the Cardiff Local Authority Director for Health and Social Care. The UHB's Executive Director for Therapies and Health Science is the UHB representative on this group. The Chief Operating Officer, who is accountable for the provision of Learning Disabilities services, supported the establishment of a pan Clinical Board group to progress the implementation of the 1000 Lives Learning Disabilities care bundle. The Continuous Service Improvement team are facilitating this group, with input from Public Health Wales. The care bundle sets out key steps, which if taken consistently for all patients who have a learning disability, will ensure:

- Early recognition of patients with learning disabilities.
- Effective communication with patients, carers, family members and clinicians.
- Dignified, person-centred care and treatment.
- Effective review and discharge planning.

A communication strategy is being developed that will be similar to the Butterfly Scheme for dementia. The logo (below) has been developed for use by Health Boards across Wales to identify patients with learning disabilities who are known to community services. The logo will be available to pilot wards to use as part of their board rounds. Development is currently underway to automatically identify these patients on our ward clinical ward workstation and Emergency Unit workstation.

Fig. 1 Learning Disability logo



Speech bubble represents the need for clear and appropriate communication

Red, amber, green figures represent the traffic light assessment contained within the hospital passport.

The UHB is also developing processes to ensure that ward staff are able to contact the appropriate community team on patient admission. The community teams will be able to provide help and advice to the ward staff throughout the patient stay. We believe this will improve patients experience and equip staff to provide an equitable service for patients with learning disabilities.

## **5.2 Improved Patient Access and Experience**

The UHB will improve accessibility and information, and deliver right services that are targeted, useful, useable and 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. Welsh and English are Wales' official languages, but people in Cardiff and the Vale of Glamorgan speak many other languages. Like two-thirds of the world's population, many people in Wales are bilingual or multilingual. It is not easy to find reliable statistics about languages other than Welsh or English although a survey by CILT Cymru, the National Centre for Languages has suggested that at least 98 languages are spoken by school pupils in Wales.

### **Progress:**

Improving access to services is one of our key priorities. We need to ensure that you get the **right** care at the **right** time in the **right** place by the **right** person. All of our plans for services focus on getting this right.

23% of our complaints last year related to cancelled appointments or long waiting times for treatment and the UHB is acutely aware of the importance of this issue.

### **Some of the key areas we are trying to improve are:**

- Improving work on sensory loss issues
- Better use of technology to help us to meet our waiting times targets e.g. how we book and schedule appointments;
- Cancer care
- Providing more care in primary care and the community
- Better communication with patients
- Addressing health inequities

### **Some examples of actions we have undertaken in 2014-2015 include**

The UHB identified sensory loss as its first ever equality theme and undertook work around the recommendations outlined in the All Wales Standards for

Accessible Communication and Information for People with Sensory Loss and produced an Implementation Plan. This work undertaken included the running of a specific workshop for staff about the Standards in December 2014; the inclusion of sensory loss issues at all equality training sessions and membership and attendance at the All Wales Sensory Loss Standards Group meetings. It was agreed at the workshop that communication, flagging and training were the three priority areas to address going forward.

Following discussions between RNIB, Action on Hearing Loss, Chair of the Equality, Diversity and Human Rights Sub-Committee and Lead Nurse Patient Experience, it was agreed that a specific patient's experience survey would be developed, to assess the experience of sensory impaired patients within the UHB who were attending Outpatient clinics. Two specific surveys were developed to assess the satisfaction of patients attending Ophthalmic and Hearing Clinics. The surveys were developed internally with advice and support on the precise questions provided by the RNIB and Action on Hearing Loss. The survey aimed to capture the views of 50 patients in both departments.

Within the Audiology Outpatient Clinic 47 patients were surveyed which provided a 94% return rate.

The results demonstrate that:

- 89% did not require use of a hearing loop
- 1 respondent required the use of a hearing loop, reported it to be available and working
- of the 4 patients requiring BSL interpreter or speech to text support this was provided
- only 73% of patients could hear their name being called
- only 77% felt clinic staff were aware of how best to communicate with them
- 83 % of patients felt supported and able to understand clearly any information provided

Patients were offered an opportunity to write free text comments which are varied in nature with no clear themes identified.

The Ophthalmic Outpatient Clinic was also surveyed during the same time period with a 100% return from 50 surveys. Of note within the results are:

- 12% of appointment letters were not in a format accessible to the patient
- 66% of patients who travelled by car were able to clearly identify exit from car park to hospital
- 8% of patients felt staff were not aware of assistance that may be required due to sight loss
- 80% of patients felt supported during the visit,
- 86% feeling communicated with appropriately

With regard to the free text comments of the 13 negative comments 9 were concerned with waiting times either for an appointment or whilst in clinic. The positive comments were in relation to overall satisfaction with the service and staff.

With regard to the survey, lessons learnt from this piece of work include the need to ascertain if this is the patients first or ongoing visit to the department as this influences the responses regarding signage and wayfinding. It was also clear that one of the questions in both surveys requires rewording to provide clarity to patients and carers.

The results of the surveys have been shared with relevant internal stakeholders and improvement actions are planned such as increasing the font size of appointment template letters for these clinics. It is also planned to undertake this survey in a revised manner in 2015/16 in the light of accommodation move.

## **Technology and sensory loss**

Whilst the use of earphones is encouraged to prevent the disturbance of others it is particularly important where patients are using mobile communication technologies to watch films/television programmes etc. If patients are hard of hearing or profoundly deaf and they have a hearing aid they may not be able to use earphones. However, with the use of available technology they may be able to use a Bluetooth facility or loop system as an alternative. Where a patient or their relatives/visitors are not familiar with this technology the Audiology Helpline can be contacted to provide further advice

## **Booking Appointments**

The UHB has launched two innovative schemes aimed at improving the way in which appointments are booked for patients. This new system will send letters with appointments out to patients approximately four weeks before the appointment date, and ask patients to confirm acceptance of their appointment via an automated telephone line. In addition, the patient will be reminded about the appointment approximately a week before the slot with an automated telephone call. Initial pilots of this new way of booking patient appointments and the results are really encouraging. In particular, the numbers of those who did not attend have halved in the pilot areas.

A new text messaging system is also being trialled with Gynaecological Patients, modernising the way in which we communicate with them. Patients on a waiting list would have traditionally been sent a letter at points throughout the year to check that they still wanted/needed to remain on the waiting list. The patient would then be required to ring a central number within the UHB to confirm attendance. Under the new system, a text will be sent to patients asking them to reply "yes" or "no", informing the UHB if they still

require their appointment. The UHB is hopeful that by introducing texting to patients, communication becomes much easier for them and in particular for individuals with sensory loss who may find it easier to respond independently via text.

This initiative will also help us improve upon waiting lists so that we can focus resources to offering appointments to patients who still need and want them. If a patient replies “no”, they will be removed from the waiting list and their GP will be notified. If the patient replies “yes” then their position on the waiting list will remain the same. Patients who do not reply will remain on the waiting lists and will be followed up using the traditional way of contacting them by letter. This will ensure that people who did not receive our texts are not missed including those patients who have changed their mobile numbers.

## **Contact Centre**

A focus on the use of other services such as Telecare and equipment is proving to be an essential element of a contact centre project for managing growing demand and enabling people to be more independent in their communities. Technological advances are helping doctors assess patients in hospitals many miles away, even when on call in their own homes. Stroke patient Keith Mapstone, 80, developed speech difficulties on a Saturday afternoon and went by ambulance to the Royal Glamorgan Hospital. He was immediately assessed and a brain scan was arranged by the resident medical team. Using the Telecart, they were able to contact and get the advice of a stroke specialist from the UHB who could see the scan and the patient and provide advice on his treatment. It was decided he had had an acute stroke and he was suitable to be given a clot busting drug. The Telestroke service allowed him to promptly get specialist advice on a weekend to ensure he most safely got the best treatment and this greatly improved his chances of a good recovery. Here he describes his experience of Telecare:

“It happened just over a year ago and I’m feeling pretty good actually. I’ve got a little bit of memory loss and take a bit longer to get my words out sometimes. I think it [Telecare] is a great idea... wasn’t uncomfortable with the technology – I have a mobile phone, watch the television and use the internet – this was like having the telly on in the room and someone on the telly talking to someone else in the room.”

Further Vale locality services are also planned to move to be managed through the Customer Contact Centre in the future, with a view to improving response times. The Customer Contact Centre will be formally evaluated as part of the ICF grant funding process. The outcome of this evaluation will help set the priorities for the Centre going into 2015/16.

## **IMTP Planning processes**

Mechanisms were set in place with regard to the Integrated Business Plan 2013-14 (now called the Integrated Medium Term Plan (IMTP)) 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. In 2014-15 work has begun by Clinical Boards to build upon this area of work. The UHB will publish information on developments as appropriate.

Plans to continue to improve access to services closer to home 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 key to developing the proposals for future services. The excellent engagement of third sector organisations with the development of the UHB's Clinical Service Strategy throughout the year is testimony to this approach. With a population which is living longer with more complex needs, it has been identified that 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/opensoc/238332>

More details about the Clinical services Strategy Shaping Our Future can be found at <http://www.cardiffandvaleuhb.wales.nhs.uk/shaping-our-future-wellbeing>

## **Languages Spoken by GPs in Cardiff and the Vale of Glamorgan**

Cardiff and Vale University Health Board 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.

<http://www.cardiffandvaleuhb.wales.nhs.uk/languages-spoken-by-gps-cardiff-vale>

## **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. 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 replaced the Welsh Language Scheme in 2015.
- Plans and changes for services actively consider how bilingual services will be provided.



- When recruiting staff we include Welsh Language skills as part of the assessment process.

This year the UHB has produced responses to the Welsh Language Commissioner in regard to 'My health, my language' and the Welsh Language Standards Framework'. Also this year the UHB implemented the second year of 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 we recognise that little progress has been achieved against other actions particularly in sharing good practice and implementing the 'active offer' to patients and service users. The UHB recognises that it has more to do and has been identifying opportunities to improve engagement through aligning the Welsh Language agenda and importance within the UHB Big 5 priorities.

### **Health inequities**

With regards to inequities in health, Clinical Boards(CB) have been supported to explore where they exist and tackle inequities of access and use of their service areas, across the primary-secondary care system. The following illustrates progress:-

- Primary Community and Intermediate Care Clinical Board (PCIC)

PCIC agreed to focus on the primary/community components of the diabetes local delivery plan (led by Medicine Clinical Board) and the local heart disease delivery plan (led by Specialist Services Clinical Board). Progress has been made in data analysis by deprivation with regard to primary care risk factor management in diabetes and further work has been completed to establish 'GP practice deprivation scores'. This data analysis will form part of the set of indicators for the integrated diabetes pathway and will assist in developing targeted actions within the Diabetes delivery plan.

The UHB's local response to the delivery plans and subsequent reports can be found on the following link

<http://www.cardiffandvaleuhb.wales.nhs.uk/delivery-plans>

- Mental Health Clinical Board

As indicated above the Mental Health CB agreed to focus on both black and minority ethnic (BME) communities and people with hearing loss. Indicators of ethnicity and mental health have been created and data collected. Accurate recording of ethnicity has been identified as an issue, which is being explored. The refresh of the BME and mental health action plan is also in progress.

- Dental Clinical Board

The Dental CB agreed to focus on the primary and secondary care interface by deprivation and facial injuries. A report on inequity and dental health has

been produced by the Dental Consultant in Public Health and the findings showed no real pattern of inequity in their chosen areas. It was agreed that no further action was required.

- Surgery Clinical Board

The Surgery CB initially agreed to consider orthopaedics, cataract surgery or vascular services. Currently a needs assessment for diabetic retinopathy services is being conducted which is exploring equity of access in relation to sex, age, deprivation and ethnicity (where recorded).

- Specialist Services Clinical Board

The Specialist Services CB agreed to focus on the Heart Disease Delivery Plan and potential inequities identified by the health needs assessment. Potential analysis has been discussed to explore equity of access and equity indicators in cardiology. Further feedback from clinicians is awaited.

- Medicine Clinical Board

The Medicine CB has agreed to focus on A & E services and has commenced the data analysis part of the work.

- Children and Women Clinical Board

The Children and Women CB agreed to focus on elective access to outpatient services for Maternity Services and General Paediatric services. Additionally the aforementioned detailed quantitative and qualitative work has been completed to look at inequity of uptake of childhood immunisations based on ethnicity, focusing particularly in South Cardiff. The recommendations from the work are being implemented as part of the Cardiff and Vale Immunisation action plan, including community development work to engage BME communities in Cardiff to raise awareness and tackle barriers to uptake of immunisations.

- Clinical Diagnostics and Therapeutics Clinical Board

The Clinical Diagnostics and Therapeutics CB agreed to review outpatient attendances and Did Not Attends (DNAs) by deprivation for Cardiff and Vale of Glamorgan residents with a view to informing future policy management on outpatient provision and management of DNAs.

Lead Contact Consultants in Public Health have been liaising with their respective Clinical Boards to discuss the rationale and proposed actions. These discussions have been either directly with Senior Management Teams or at Clinical Board meetings.

### **5.3 Empowered, Engaged and Included Staff**

Increase diversity of UHB workforce and quality of the working lives, empowering and supporting our people to 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.

The UHB is fully aware that it can only give high quality, safe services if we employ staff who have the right values and behaviour, skills and training to do their jobs.

The UHB continues to develop ways to embed the UHB Values. Examples of this work include new guidance for medical appointments and work undertaken by the CEO on the UHB vision, particularly around a clinical services strategy. This vision will be tested out and taken forward within the Staff Pulse Surveys that we are launching in June 2015. Progress will be reported in the Annual Equality Statement and Report 2015/16.

The Assistant Director of Workforce has been working collectively on "Common Principles" with other Assistant Director's across Wales. (Please see below). They have begun to map out a Behaviours framework associated with that work. Progress will be reported in the Annual Equality Statement and Report 2015/16.

		BEHAVIOURS		
COMMON PRINCIPLES	Respect Individuals	Expect to see	Want to see	Don't want to see
		<ul style="list-style-type: none"> <li>Overcomes constraints to meet individuals' needs</li> <li>Always maintains sensitivity and patience</li> </ul>	<ul style="list-style-type: none"> <li>Thinks the best of people</li> <li>Treats people as individuals</li> <li>Is open to different views and improved ways of doing thing</li> </ul>	<ul style="list-style-type: none"> <li>Is insensitive to the needs/preferences of others</li> <li>Is inappropriately distant or over-familiar</li> <li>Is dismissive of different views and cultures</li> </ul>
		<ul style="list-style-type: none"> <li>Remembers people's names, faces or facts to 'personalise' the service</li> <li>Makes others feel valued and individual</li> <li>Intervenes when others do not</li> </ul>	<ul style="list-style-type: none"> <li>Makes eye contact, always listens and smiles if appropriate</li> <li>Always introduce themselves and their role</li> <li>Gains consent and shared decision making where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Ignores or avoids people</li> <li>Demonstrates rude, aggressive or impolite behaviour</li> <li>Demonstrates behaviour that damages public/patient trust and confidence</li> </ul>
		<ul style="list-style-type: none"> <li>Goes the extra mile, putting themselves out for the benefit of others</li> <li>Communicate with people in a way they understand</li> </ul>	<ul style="list-style-type: none"> <li>Keeps eyes open for people who need help</li> <li>Takes action to support, protect and care for people, or to find someone else who can.</li> <li>Promote health and well-being of yourself and those in your care</li> </ul>	<ul style="list-style-type: none"> <li>Ignores patients or colleagues who need help</li> <li>Behaviours that contribute to or cause harm</li> <li>Tolerates environments, situations, behaviours and actions which lead to harm</li> </ul>
	Protect your dignity	<ul style="list-style-type: none"> <li>Create an environment of privacy and dignity</li> <li>Is an active advocate for the vulnerable – both patients and colleagues</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates and awareness of vulnerability</li> <li>Protects privacy and treats others as equals</li> <li>Intervenes when others do not</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates thoughtlessness or lack of awareness of others feelings and needs</li> <li>Makes inappropriate generalisations about other people</li> </ul>



## **Some UHB facts**

- The UHB employs around 14,000 staff.
- Although recruitment to general nursing posts is good, we still have difficulty in recruiting nurses to a small number of areas including Specialist Theatres and Mental Health for Older People
- The UHB still has a number of medical recruitment shortages most notably within the Emergency Unit and Psychiatry. This remains a recognised UK wide issue.

## **Working in different ways**

We know that our workforce is changing

- Recruitment problems mean that there will be shortages in some specialties
- Increasing numbers of women in the workforce
- Increasingly flexible approaches to working
- Changes in professional roles
- In future we will see expertise held by a much broader range of workers as we move toward a balance of specialist and generalist skills to care for patients holistically
- Staff will support people living longer; the wellness model; and help people live with chronic illness
- Staff may be working longer themselves and therefore may take many different routes within their own long term careers with many job changes
- The culture needs to be one where staff take personal responsibility and are supported to drive quality from within, working in a learning organisation, not one focussed on blame
- The 'Prudent workforce' will enable staff to have different conversations with patients as they strive to provide high quality, safe services.

## **Progress:**

### **Positive Action**

The UHB has an open, outward reaching approach in attracting applicants from all sections of the community and in helping people unfamiliar with the organisation to feel welcome. However we are aware that there are marked levels of historical under-representation of ethnic minorities in particular occupations or professions.

As a consequence we have reviewed our procedures and practices to consider whether positive action (legal within the parameters of the legislation) is appropriate. This has allowed us to introduce a programme of



activity aimed at encouraging applications for jobs or promotion from specific sections of the community that are under-represented in our workforce as a whole or at particular levels, such as in Clinical Director roles. A positive action initiative currently underway is the UHB's work with Black, Asian and other Ethnic minority consultants. This work includes a focus on recruitment and selection, coaching and mentoring through the development of a specific programme of work called 'Breaking Barriers'.

The UHB is fully committed to tackling discrimination and creating an inclusive organisation, reflecting the richly diverse communities of Cardiff and the Vale of Glamorgan which we serve. This commitment was recently recognised when we were named as one of Wales' most gay-friendly employers, appearing in Stonewall Cymru's Top 10 Employers for the first time. The UHB will continue to use legal positive action approaches where it is appropriate to do so.

### **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 included in the training packages provided. Seventy seven per cent of UHB staff have attended equality related training during the three year refresher period of 1<sup>st</sup> April 2012 through to March 31<sup>st</sup> 2015.

The UHB 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 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 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. See Section 7.1 for examples of what the UHB has used this year.

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

### **Staff awards**

It is so important that our staff are recognised for the excellent work that they carry out and that the UHB actively encourages line managers to put their staff forward for awards whether these are internal staff recognition awards or national awards.

A number of staff were honoured in the annual Staff Recognition Awards (STARS) which recognises outstanding performance and achievements. More than 300 staff attended this year's event to showcase their wonderful work across the award categories, including Equality, Diversity and Human Rights and Welsh Language.



The Equality, Diversity and Human Rights Award was won by Doctor Ian Bowler and Judith Smith on behalf of the Surgical Short Stay Unit Team who demonstrate their recognition of meeting individual need by providing sensitive and insightful care. This is best illustrated by including one of the quotes from a family the team worked with:

“Thanks to the sensitive staff on short stay my sons’ worst eruptions were avoided. I thank you for listening-the despair grows with every second of the fear of the unknown which his autism escalates. You avoided this-he is much better thanks to your carefulness of his condition.”

The runner up award went to Nicola George, from the Audiology department who demonstrates enthusiasm in her determination to improve services to patients who are deaf or hard of hearing

The Welsh Language Award was won by Mared Jones, an individual who has provided quality bilingual healthcare for many children and their families who use the radiology services as well as promoting the use of Welsh Language when speaking with colleagues in the workplace. The runner up, Joella Price, who works in the critical Team learnt Welsh as a second language and demonstrated leadership in her attitude to lifelong learning. She was also honoured as Welsh Language (Adult) at the 2014 Eisteddfod.

The Going the Extra Mile Award went to Ann Ablett, who is a clinical leader in ophthalmology theatres. She has used her passion and experience for the benefit of sight loss patients here in the UHB and worldwide.

Nine Nurses from the UHB received recognition at the Royal College of Nursing Wales Nurse of the Year Awards..This includes Ann-Marie Ablett, Clinical Leader, Ophthalmology who won the Humanitarian Relief Award and Kath Smith, Team Leader was the runner up in this category. Full details of all the winners can be found here

[http://www.rcn.org.uk/aboutus/wales/wales\\_nurse\\_of\\_the\\_year](http://www.rcn.org.uk/aboutus/wales/wales_nurse_of_the_year)

A consultant psychiatrist from the UHB won a national award for his work with dementia patients. Dr Sabarigirivasan Muthukrishnan, Consultant Old Age Psychiatrist for the Community REACT Service, was awarded the 2014 Best Consultant Service Development prize by the Royal College of Psychiatrists. The Community REACT Service is a crisis intervention and home treatment service for older adults with both functional illnesses and dementias. The innovative service strongly values feedback from patients and carers.

## **Our volunteers**

Volunteers are individuals who, on an unpaid basis, contribute their time, energy and skills to play a vital role in supporting a good patient experience within the UHB. They enrich and extend the care provided to service users, and supports carers and families through practical help. Volunteers undertake their role alongside paid staff complementing, not replacing their work, and adding value to it. The number of volunteers has increased from 11 known volunteers in 2009, to currently more than 500 active UHB and Third Sector volunteers (this number includes Mental Health volunteers).



For more information on Volunteering in the UHB please visit <http://www.cardiffandvaleuhb.wales.nhs.uk/volunteering>

Email: Michelle.Fowler2@wales.nhs.uk or

Telephone: 029 20335467

## **Work Experience / QUEST**

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 UHB. 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 UHB has the opportunity to attract young people into our future workforce.

During 2014/15 placements have continued to have been available across the UHB 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 also begun working with Quest, a specialist supported employment organisation which enables people with learning disabilities to enter the world of work. They provide assessment and support for people to identify their skills and training needs, source a work placement, provide job search skills and, if paid work is secured, provide retention support once in work. The UHB is proposing that starting in 2015/16 a pilot project with QUEST will run as part of the NHS Centre for Equality and Health's Project Enable to provide opportunities for adults with learning disabilities. This particular pilot will involve a 30-day placement which, at 1 session per week, will last approximately 6 months. Candidates will have the chance to develop their existing skills in the workplace and at the end of the project they will be eligible to apply for any appropriate internal vacancies. The UHB believes that the UHB as an employer and the candidates will both gain immensely from a supported work placement like this. As an employer the UHB workforce can learn from candidates who often have a different skill set and viewpoint; the candidate learns from the experience of working in a big organisation and to develop their skills in a way they might not have experienced before.

## **Workplace Engagement**

Cardiff and Vale University Health Board recognises that some staff, particularly if they are part of minority groups, may experience marginalisation and isolation. Peer support networks are a good way of reducing the isolation that is experienced by some people. They also provide a forum for individuals to share collective understanding, positive and negative experiences and to develop strategies in response to their experiences at work. Individuals who are part of groups or networks may improve self-confidence and become empowered to participate and influence in all kinds of ways. For example, our Lesbian, Gay, Bisexual and Transgender Rainbow Network have helped the UHB become a Top Ten Employer in the Stonewall Equality Index. It recognises the UHB as a gay-friendly organisation. The UHB was the first Health Board in Wales to achieve this milestone.

Not only does the UHB empower and engage staff it also has the desire to have a very inclusive and diverse workforce regardless of background. This real life example, kindly permitted by the individual concerned, demonstrates this aspiration:

Jonathan had been in care as a child until he was 15 years old. At the age of 19 he suffered depression, drifted around and became involved with the Police. This was his pattern of life until he taught himself to read and fortunately had the opportunity to go to University to study for social work. Jonathan became a Social Worker and worked in this role for 10 years. Unfortunately Jonathan's depression continued and he had to leave his job as Social Worker. In 2006, he was diagnosed with Bi-polar disorder and prescribed medication.

Jonathan heard about the role of Peer Support Worker in the UHB's Mental Health Clinical Board and how someone's own experience could help others. Jonathan saw this as an opportunity to help people and get back into work. Jonathan was successful in his application for Peer Support Worker training and began his programme of training which prepared him to work alongside others with similar experiences and facilitate recovery through providing support based on common experiences. He was able to gain employment as a Peer Support Worker.

The Peer Support Worker role has given him confidence about his own ability. Jonathan had suffered a long time with his mental health problem and he thought there was nothing there for him. The Peer Support Worker role has helped him to manage his illness and to live his life. Jonathan has been able to build up good relationships with people who have huge difficulties; they know he can relate to them whilst keeping confidentiality.

Peer Support Workers meet monthly to share their experiences and give support to each other. Through the Peer Support Worker role Jonathan has been able to identify and recognise his strengths and weaknesses. His confidence has grown and he is looking forward to continuing working as a Peer Support Worker; to him his future looks bright now.

A new e-learning course, 'Treat Me Fairly', which last year, had been developed specifically for staff in NHS Wales to promote equality towards patients, the general public and each other was postponed due to technical difficulties. It has been developed specifically for people working in the NHS in Wales. It will now be made accessible to staff inside and outside of the workplace as a way of increasing usage.

Four young people from across South Wales have secured apprenticeships at the UHB. The apprentices will be trained as electrician and mechanical craftsmen during their four-year term, working at various sites including the University Hospital of Wales and the University Hospital Llandough. They will also gain NVQs in their chosen fields, thanks to the UHB's partnership with Coleg Gwent. It is an important aspect of our ongoing business plans to provide opportunities and to train young people to ensure the UHB has

competent and knowledgeable staff who can have a long-term future in the NHS.



Assistant Director of Planning, Capital, Estates & Operational Services, Geoff Walsh, with the apprentices.

The Equality, Diversity and Human Rights section on the UHB 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 such as Black History Month, Ramadan and transgender screening information..

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 on equality issues.

The UHB continued to work closely with third sector organisations, for example, through the Third Sector Framework, the development of an equality engagement guide, working with relevant stakeholders and partners such as the Co-Creating Healthy Change project in order to promote equality, foster good relations and eliminate discrimination.

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

### **Taking care of our carers**

The UHB 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.



**Facts:**

- The 2011 census recorded 50,580 carers in Cardiff and the Vale of Glamorgan (a 12% rise in the last 10 years).
- Approximately 1579 people identified themselves as young carers for Cardiff and the Vale of Glamorgan – we think there are more
- We have worked with the Vale of Glamorgan Council, Cardiff Council, voluntary organisations and carers themselves to develop a local Carers Information and Consultation Strategy.
- In June and November 2014, carers attended Carers Week events where a range of health checks were offered together with provision of relevant advice.
- The health needs of carers in the minority ethnic communities were also recognised as part of the annual Minority Ethnic Communities Health Fair in March 2015, which resulted in a number of carers being identified and supported.

In early 2014 the UHB undertook a further carers survey to assist in shaping our plans for 2014 – 15 and took on board the feedback received. As a result of an end-of-life carer's story, we were able to write to the carer advising her of the changes made in a number of ways to palliative care. These were particularly pertinent to her and the relative she was caring for. She has since given consent for her story to be used as a case study for staff training.

The number of carers contacting the Patient Experience Facilitator (Carers) has significantly increased since the UHB carers' leaflet racks have been in place providing contact details for information and advice. An older woman who made contact called as she had just become a carer following her husband's diagnosis of Parkinson's disease. She shared her concerns about managing financially and UHB staff were able to send her the Citizens Advice Bureau Benefit and Advice Factsheet and talk to her about their drop-in service where she could receive personalised advice.

The Patient Experience Department still runs 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 UHB and the two local authorities can combine their strategic arrangements for supporting carers. Third sector and carer organisations continue to be represented on this Group.

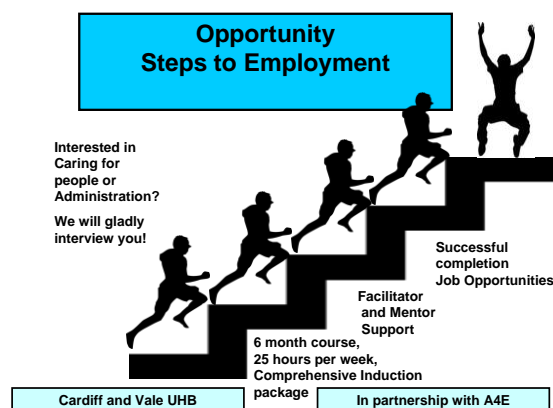
**Corporate Health Standard/Supported Employment Scheme**

In 2014 the UHB achieved the Platinum Corporate Health Standard which is the highest level of the Standard, and recognises the organisation's

sustainable development and corporate social responsibility work, in addition to continued efforts to improve the health and well-being of our employees.



The UHB presented a case study on its '*Steps to Employment*' programme, which enables people from disadvantaged groups to develop the skills and knowledge required in support worker roles. The programme enables the UHB to work with a range of partner organisations, and has also supported candidates through its dyslexia assessment service.



Further work demonstrated by the organisation to address the six Platinum criteria includes:

- Transport: A sustainable travel plan with targets for increasing active travel;
- Procurement: Transferring the sourcing of food products to Wales, and the use of other Wales-based suppliers, whenever possible;
- Facilities management: Recognition as an exemplar for waste management;
- Capital build: The 2013 Building Excellence Award (Vale of Glamorgan) for the mental health services unit for older people at Llandough;

- Employment and skills: A carer's initiative which manages carers' issues, training and well-being;
- Community engagement: The 'Dementia Supportive Communities' initiative, which included the opening of the 'Memory Café'

#### **5.4 Inclusive Leadership at all Levels**

Inclusive leadership at all levels, so that everyone plays a part in fostering good relations

##### **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:**

Chief Executive Adam Cairns has used the launch of his new monthly video blog to discuss the importance of what else is needed to tackle health inequalities amongst the public the UHB serves. He also has added Cardiff and Vale University Health Board to the list of those supporting Stonewall Cymru's No Bystanders campaign (See picture below). The campaign aims to stop the use of bullying and teasing language in schools and workplaces.



Health Board meetings begin with a patient or carer story in order to remind Board members of the personal impact of the decisions they make and the services they oversee. One such example was a story from a carer whose friend had been an in-patient with the UHB. The story illustrated a number of

instances where general ward staff were not sufficiently sensitive to the needs of a patient with dementia and also demonstrated inflexibility and low expectations for his recovery. As a result, his care was not optimal and his discharge and recovery were unnecessarily delayed. Following the story, the Chief Executive apologised for the lack of kindness that had been shown on several occasions to the patient and his carer. The Chair thanked the carer for sharing her experiences and for agreeing to be a member of the Health Board's Dementia Champions Group.

As well as being named as one of Wales's Top 10 Employers by Stonewall Cymru the Deputy Chief Executive Tracy Myhill (currently on secondment) was also named the charity's Role Model of the Year in recognition of her outstanding contribution to equality during her time at the UHB.



Advice and information continues to be made available to staff presenting papers to the Board and Board members have been made aware of their role in scrutinising for equality impacts.

The UHB has a network of Equality Champions with a strong interest in Equality Diversity and Human Rights issues. These champions support the implementation of the Strategic Equality Plan (SEP) from a more operational perspective. They achieve this through training and guidance and by working with their Heads of Delivery within their own Clinical Boards. This work in turn influences the implementation of the SEP within their divisional and corporate areas. Equality champions have also established closer working relationship between them and the EDHR SC.

Specific training around equality, diversity and human rights in relation to particular protected characteristics were provided by organisations such as Action on Hearing Loss, the Royal National Institute for the Blind (RNIB) and

Race Equality First to staff from, for example, Dental and Mental Health Clinical Boards.

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. Learning and education training is provided in **Appendix 2**.

Work has begun on developing quality improvement skills for the workforce by the Continuous Service Improvement Team. The work defines quality services under six main areas. One of these areas is that of equality. Staff who attend the quality improvement skills session are made aware that part of providing a quality and comprehensive service should be available all and applies irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. It recognises that every patient should be treated as an individual and with dignity and respect for human rights. Also, that particular attention should be paid to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

## **5.5 Corporate Compliance - Demonstrating Good Practice**

Ensure the UHB complies with its legal duties as well as organisational policies and actions.

### **Outcome:**

The UHB complies with legal duties, corporate compliance and demonstrates good practice.

### **Progress:**

#### **Equality Impact Assessment (EQIA)**

Sixty-six equality impact assessments have been published on the UHB website. One of the common themes emerging from the EQIAs is about providing communication in a range of languages and formats. Another theme is the use of the Rainbow LGBT FFlag Network in policy making discussions.

The UHB also approved the South Wales Plan EQIA.

A starter guide of engagement for the completion of EQIAs, in conjunction with the Third Sector, has now been developed for uses which, it is anticipated, improve the quality of our equality impact assessments.

#### **Progress against Healthcare Standard 2 Equality**

This year the UHB, in its responses to the Healthcare Standard 2 (Equality) focussed upon and included sensory loss issues. One of the pieces of work

developing from this is that the Equality Manager will be facilitating a workshop on Equality and the impact of the new National Health and Care Standards approved in April 2015.

### **Communication and Information**

A Hospital Patient Environment (HPE) assessment undertaken by the Cardiff and Vale Community Health Council found that there was inadequate provision of hearing loops across the UHB. It has been agreed that the Equality Manager in partnership with Action on Hearing Loss will undertake an audit to explore how this can be improved.

The UHB is aware from inspection reports by Health Inspectorate Wales and from feedback from patients that it is not doing enough to improve its communication with people with a sensory loss. The improvement actions include promoting the role of the sensory loss worker across all areas and to increase the availability of portable sensory loss devices for all clinical areas.

### **IRIS (Identification and Referral to Improve Safety Programme)**

GP Practices in Cardiff and the Vale of Glamorgan have been selected to implement an innovative approach to tackling domestic violence and abuse - the Identification and Referral to Improve Safety Programme, better known as IRIS. Dr Jackie Gantley a GP Partner with North Rd Medical Practice has been appointed as the Clinical Lead for the project. Dr Laura Wass from Caerau Lane GP Surgery (which has the current highest prevalence rate for reported incidents of domestic violence and abuse DVA), will be working alongside Dr Gantley to support the roll out of the project. Both doctors have undertaken their IRIS training. The IRIS project was developed by a GP in Bristol. It provides free in-house training for all practice staff. On completion of training each practice is allocated a domestic abuse specialist advocate to allow referrals to be managed as a one stop shop. In Bristol the IRIS trained practices showed a 4 fold increase in referrals in the first year, compared to those who did not have the scheme. Selected practices will be offered training dates to attend.

### **CHAP Service Review**

Cardiff Health Access Practice (CHAP) core purpose is to provide health screening and signposting assessments for newly arrived asylum seekers when they are in temporary initial accommodation in Cardiff prior to them being sent to the 4 main dispersal areas in Wales (Cardiff, Newport, Swansea & Wrexham). Due to the number of asylum seekers currently entering the UK, CHAP has seen a 38% increase in the number of patients it supports annually between 2012 and 2014. The service is not currently achieving its core purposes of screening and signposting all asylum seekers who come into Wales within a week and is providing a very limited GMS service which it has never been properly established or resourced to provide. Concerns have therefore been raised by staff within the service and stakeholders about demand, capacity and the quality and safety of the services being provided.

In order that that patients receive equitable access to primary care services as all other Cardiff and Vale residents and the CHAP service can focus on public health screening, the Primary Care Team consulted and engaged with stakeholders regarding the option for patients permanently registered with CHAP (approx 520 patients) re-registering with an established mainstream GP practice in their dispersal area (predominantly South East Cardiff). The Board recently approved the new focus.

The Equality, Diversity and Human Rights Sub-Committee, who reports to the People, Performance and Delivery Committee continues to seek and provide assurance to the Committee that equality, diversity and human rights are embedded across the UHB.

## **Procurement**

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.

## **Excellence for Access Award**

Good practice for inclusive practice was recognised for University Hospital Llandough which received a Diverse Cymru award for the development of its Information and Support Centre. The Excellence for Access award celebrates inclusivity rather than physical access. It was given to the hospital in recognition of its patient experience team's work to involve third sector organisations in providing information for staff, patients and visitors. (Please see picture below.)





The UHB Assistant Director of Patient Experience and Patient Experience lead nurse collect the Award.

During 2014/15 the Equality Manager developed an Equality Key Performance Indicator Framework. This framework is designed to support the six equality objectives and provide tangible measurement to track improvement. An example within the Framework is the EQIA - which as outlined previously demonstrates through an audit that the UHB is in compliance with undertaking EQIA and continues to further embed these into the Planning processes. The next step in the development of the KPI's is to continue to develop the Scorecard, metrics and objectives which are presented to the EDHR committee at regular points during the year.

## **5.6 Addressing the Gender & other Protected Characteristic Pay Gap**

Reduce any gender or other protected characteristic pay gap to promote equality 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 continues 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 2014-15. There has been on-going improvement this year. However the UHB has undertaken an internal review of the objectives and will begin to consult more widely on the objectives in the autumn of 2015. As indicated in the 2013-14 report the UHB will 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 the UHB has more women (approximately 75%) 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.

NHS systems, such as ESR, do not provide information on all the protected characteristics. However, as a UHB we have provided information on all the characteristics that are available to us. For more information please see **Appendix 2**.

### **7.1 Patient Stories and Experience**

#### **Patient Story 1**

Laura has visited University Hospital of Wales several times in recent months both as an outpatient and inpatient, for an operation:

“Across the board, staff were helpful. When I was staying in hospital they made sure I knew where the bathroom was and where the buzzer was, so if I needed to go to the toilet I could make my own way there, but someone would also come to see if I needed help. They’d check in on me every now and again to make sure I was ok and if I needed a drink or anything – because, unlike other people, I can’t just go to and fro when I need something.

“In the clinic, nurses would come and tell me if they were running late, and where I was in the queue and keep me informed about things as they progressed. Generally they’d come and give me information, rather than me having to ask. If we had to wait a long time, one of the nurses would take me down to let my guide dog out on the grass, or give him water as well. If I was having a scan and the dog had to wait outside, then someone would look after the dog.

“All the staff were very good about guiding me when I needed it, and offering assistance rather than me having to ask.

“I wanted to say thank you to all the staff, but it didn’t seem like there was any way to record thanks!”

The above is related to neurology B4 ward, but Laura emphasised that during her inpatient stay she had various x-rays and scans, and that the staff in these other departments were also really helpful.

### **Patient Story 2 (extract from Two Minutes of your Time feedback)**

‘I am filling in form on behalf of my 92 year old mother. All staff have been wonderfully kind and also so professional. My mother is profoundly deaf; this has in the past frustrated some members of the public she has had contact with. However at this hospital everyone has been so patient and caring towards mum. She absolutely adores everyone here. In fact she has just commented to her nurse ‘ I wish I could take you home with me’. From all the family we are so grateful for the care shown to mum.’

### **Patient Story 3 (extract from Two Minutes of your Time feedback)**

‘This is my third visit to this ward in 3 months... The staff have always been excellent and very attentive. Full of practical advice and reassurance. Being diagnosed with pre-invasive breast cancer it has been a difficult time for myself and my family and the dedicated staff on x ward are exceptional in their care and advice. No question goes unanswered- pain relief was always available, together with compassionate practical advice. I cannot praise the staff highly enough, from the receptionist to the nursing staff right through to the catering staff- all are caring and attentive.’

## **CONCLUSIONS**

This report demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan. The UHB has made good progress in addressing equality, diversity human rights and Welsh Language issues in its workforce and for patients, carers and the public. During 2014/15 the UHB has continued to promote the importance of EDHR to ensure patient centered service provision based on individual need, through for example our work with people with a sensory loss. The year on year improvement in our Stonewall Diversity Champions national rating will continue to be used as a benchmark for our improvement in other equality areas. We will continue to work in partnership with the Third Sector to build upon positive employment initiatives such as Positive about Disabled People, Age Positive, and the Mindful Employer Charter.

Challenges still remain, not least in relation to the increasing ageing population and the health inequities between the populations and

geographical areas the UHB serves. The UHB recognises that there is too much difference in people's access, experience and outcomes despite progress being made. The UHB delivery plans will assist in seeking to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards will become increasingly significant to enable the UHB to meet its objectives, including through the South Wales Health Collaborative work.

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 will look to build on and develop its equality and human rights approach and increasingly align it to the organisation's priorities and values. As the UHB looks forward to the year ahead, it will develop its Equality Plan and ensure it contains SMART, progressive and meaningful actions. To this end, , later this year the UHB will engage and consult with as wide a range of stakeholders as possible to gain their views of and perspectives on our future equality objectives.

## Appendix 2 Workforce Information and Profile

Please find below the equality Workforce profile, broken down by Clinical Boards and other services. Hours worked are also included in the profile. It should be noted that although most of the protected characteristics are present the NHS ESR system does not currently allow the capturing of gender-reassignment data. It should also be noted that there are fewer 'undefined' entries than last year with regard to sexual orientation and religion. This may be due in part to the increase in the ESR self-service rollout and the improved recruitment process which records our equality data more effectively. The UHB will look to monitor this data during 2015/16 and present it in next year's report.



uHB Profile  
31-Mar-2015.xls

For this year's report the UHB is providing some specific information about its Medical, Dental and Clinical staff as part of its positive action approach work with consultants.

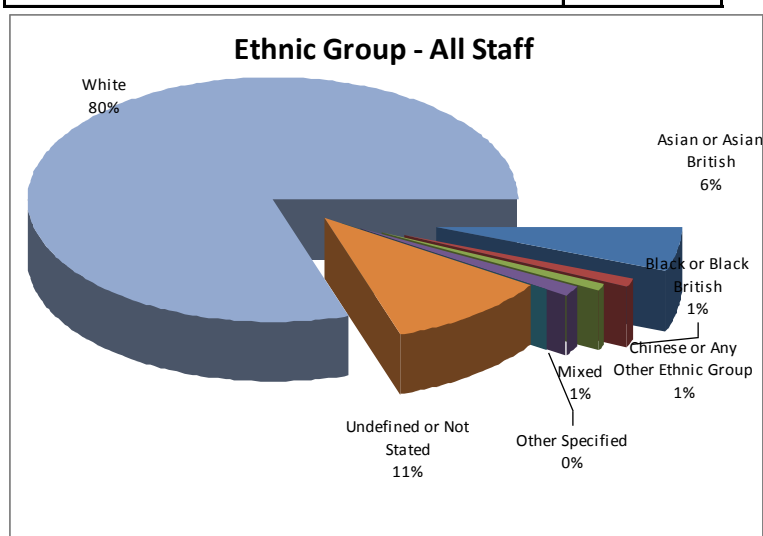
### Cardiff and Vale University Health Board - Staff Numbers

Staff Group	Headcount	WTE
Add Prof Scientific and Technic	720	616.24
Additional Clinical Services	1081	871.48
Administrative and Clerical	2250	1883.18
Allied Health Professionals	872	741.19
Estates and Ancillary	1230	1043.54
Healthcare Scientists	481	454.05
Medical and Dental	1382	1260.38
Nursing and Midwifery Registered	4196	3663.54
Unqualified Nursing	1821	1527.90
<b>Grand Total</b>	<b>14033</b>	<b>12061.48</b>

## Ethnicity

### All Staff

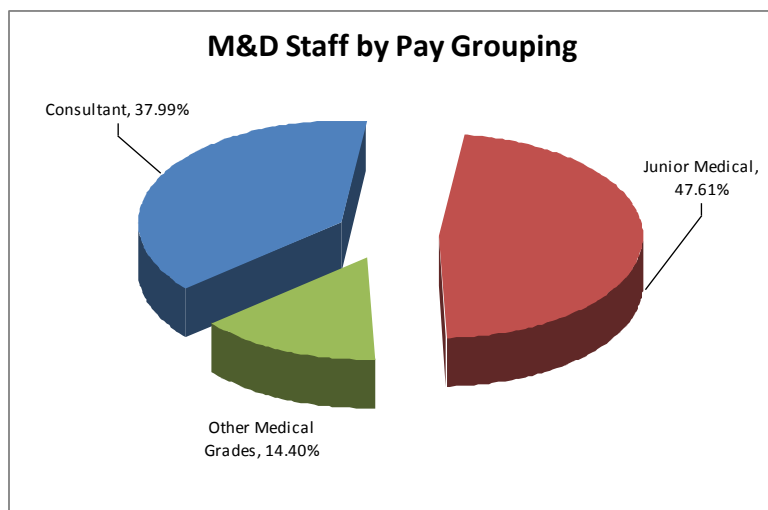
Ethnic Group	% Total
Asian or Asian British	5.90%
Black or Black British	0.94%
Chinese or Any Other Ethnic Group	1.03%
Mixed	1.20%
Other Specified	0.19%
Undefined or Not Stated	10.72%
White	80.03%



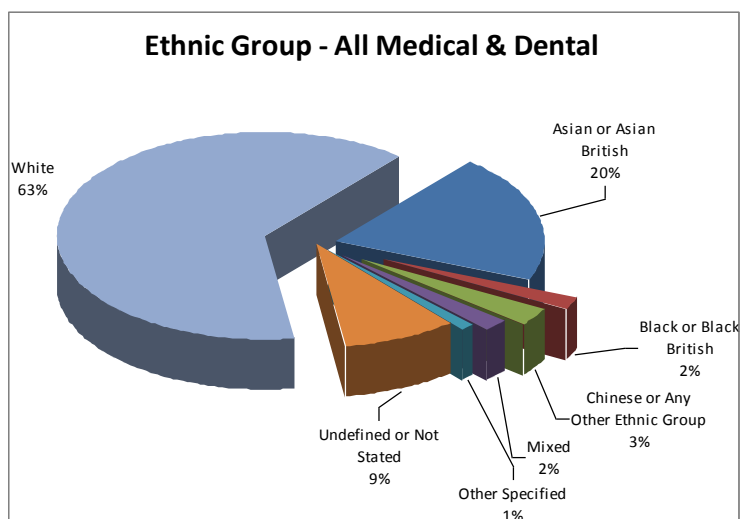
### Medical & Dental (M&D) Staff

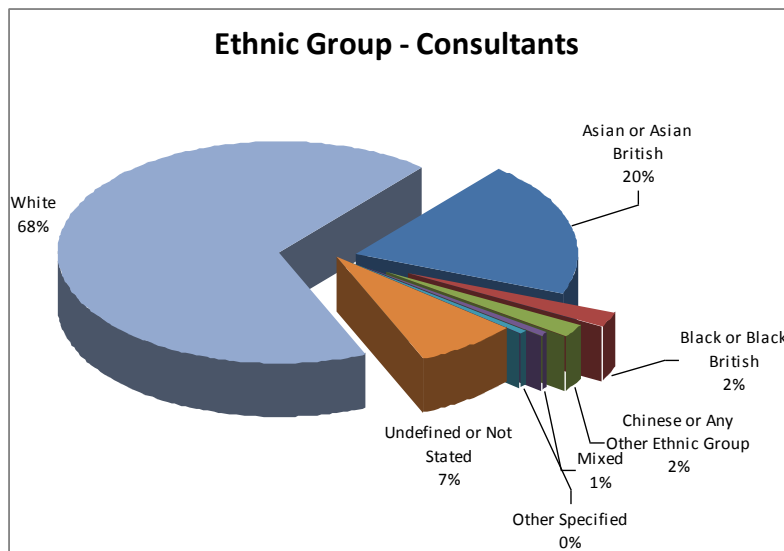
Gender	% Split
Female	45.66%
Male	54.34%

Headcount		%
Consultant	525	37.99%
Junior Medical	658	47.61%
Other Medical Grades	199	14.40%
<b>Grand Total</b>	<b>1382</b>	



Ethnic Group All Medical & Dental	% Total
Asian or Asian British	20.12%
Black or Black British	1.74%
Chinese or Any Other Ethnic Group	2.89%
Mixed	2.03%
Other Specified	1.01%
Undefined or Not Stated	8.76%
White	63.46%





Clinical Board Directors - 9  
 Ethnicity - 89% White, 11% Asian or Asian British  
 Gender - 78% Male, 22% Female

Clinical Directors - 20  
 Ethnicity - 95% White, 5% Asian or Asian British  
 Gender - 90% Male, 10% Female

Clinical Excellence Awards - 87 recipients

Ethnicity	% Total
Asian or Asian British	3.45%
Mixed	1.15%
Undefined or Not Stated	17.24%
White	78.16%

## Available Comparative Data

	Population	People who say they are from a white background	People who say they are from a non-white background	Percentage of population from a non-white background
The Vale of Glamorgan	125,800	120,300	5,500	4.37%
Cardiff	355,300	305,400	49,700	13.99%
Combined	481,100	425,700	55,200	11.47%

Source: Stats Wales, data at 30-Jun-2014

### Statistics for Consultant Staff

	White	Black or Black British	Asian or Asian British	Mixed	Chinese or Any Other Ethnic Group	Other Specified	Undefined or Not Stated
Abertawe Bro Morgannwg Uni LHB	27%	1%	8%			2%	62%
Aneurin Bevan LHB	48%	1%	11%	1%			38%
Barts Health	56%	3%	26%	2%	3%	3%	7%
Betsi Cadwaladr Uni LHB	55%	1%	26%	2%	1%	3%	12%
Cardiff & Vale Uni LHB	68%	2%	20%	1%	2%		7%
Central Manchester Uni F	62%	2%	22%	2%	2%	2%	8%
Guy's & Thomas' F	62%	1%	17%	3%	3%	3%	13%
King's College F	57%	3%	26%	3%	3%	5%	3%
Leeds Teach	74%	1%	16%	1%	1%	1%	6%
Leicester Uni	58%	2%	26%	2%	2%	2%	7%
Newcastle-Upon-Tyne F	80%	2%	12%	2%	1%	2%	2%
Nottingham Uni Hosp	64%	2%	20%	2%	2%	2%	9%
Oxford Uni	69%	1%	15%	1%	1%	4%	9%
Pennine Acute	40%	4%	43%	3%	1%	6%	1%
Sheffield Teach Hosp F	72%	1%	17%	2%	3%	3%	2%

Source: NHS iView, data at 31-Dec-2014 (All iView data rounded to nearest 5)



Please find below the equality profile in regard to job applicants, those shortlisted and those appointed in regard gender, disability, race, age, religion, sexual orientation and marital status. However gender –reassignment and maternity and pregnancy information is not currently gathered. Unfortunately, NHS Jobs only retains information for 12 months, so the figures are for the time period May 2014 to March 2015.



C&V Equal Opps  
Report - May 14 to M

Please find below the Equality Mandatory Training Report for the Period 1st April 2012 - 31st March 2015. It should be noted that the training figures presented below are representative of a three-year period as this is the way records are kept.



001 Public Health Division  
 001 Specialist Services Clinical Board  
 001 Surgical Services Clinical Board  
 001 Trust Board Level 2D  
 001 Workforce & OD Division  
 (blank)

**Grand Total**

Equality compliance data

Please find below information about staff who have attended training (compliant) and those who have not attended training (non-compliant) across the protected characteristics.

Age

Count of Employee Number		
Age Band	Equality Training Compliance	Total
21 - 25	Compliant	2.75%
	Non-Compliant	2.57%
21 - 25 Total		5.32%
26 - 30	Compliant	6.94%
	Non-Compliant	4.39%
26 - 30 Total		11.33%
31 - 35	Compliant	7.95%
	Non-Compliant	4.49%
31 - 35 Total		12.44%
36 - 40	Compliant	8.27%
	Non-Compliant	4.30%
36 - 40 Total		12.56%
41 - 45	Compliant	9.31%
	Non-Compliant	4.16%
41 - 45 Total		13.46%
46 - 50	Compliant	10.47%
	Non-Compliant	4.60%
46 - 50 Total		15.06%
51 - 55	Compliant	9.75%
	Non-Compliant	4.51%
51 - 55 Total		14.26%
56 - 60	Compliant	6.52%
	Non-Compliant	3.17%
56 - 60 Total		9.68%
61 - 65	Compliant	2.49%
	Non-Compliant	1.64%
61 - 65 Total		4.14%
66 - 70	Compliant	0.76%
	Non-Compliant	0.47%

66 - 70 Total		1.23%
Over 70	Compliant	0.16%
	Non-Compliant	0.08%
Over 70 Total		0.24%
Under 21	Compliant	0.13%
	Non-Compliant	0.14%
Under 21 Total		0.28%
Grand Total		100.00%

## Disability

Count of Employee Number		
Equality Training Compliance	Disabled	Total
Compliant	No	21.04%
	Not Declared	0.55%
	Undefined	43.08%
	Yes	0.81%
Compliant Total		65.48%
Non-Compliant	No	12.54%
	Not Declared	0.79%
	Undefined	20.80%
	Yes	0.40%
Non-Compliant Total		34.52%
Grand Total		100.00%

## Ethnicity

Count of Employee Number		
Ethnic Group	Equality Training Compliance	Total
Asian or Asian British	Compliant	3.46%
	Non-Compliant	2.49%
Asian or Asian British Total		5.96%
Black or Black British	Compliant	0.57%

	Non-Compliant	0.42%
Black or Black British Total		0.99%
Chinese or Any Other Ethnic Group	Compliant	0.64%
	Non-Compliant	0.43%
Chinese or Any Other Ethnic Group Total		1.08%
Mixed	Compliant	0.67%
	Non-Compliant	0.48%
Mixed Total		1.15%
Other Specified	Compliant	0.08%
	Non-Compliant	0.10%
Other Specified Total		0.18%
Undefined or Not Stated	Compliant	6.85%
	Non-Compliant	3.78%
Undefined or Not Stated Total		10.62%
White	Compliant	53.20%
	Non-Compliant	26.82%
White Total		80.02%
Grand Total		100.00%

#### Gender

Count of Employee Number		
Gender	Equality Training Compliance	Total
Female	Compliant	50.94%
	Non-Compliant	24.99%
Female Total		75.93%
Male	Compliant	14.54%
	Non-Compliant	9.53%
Male Total		24.07%
Grand Total		100.00%

#### Religion

Count of Employee Number		
Equality Training Compliance	Religious Belief	Total
Compliant	Atheism	4.41%
	Buddhism	0.16%
	Christianity	20.59%
	Hinduism	0.14%

	I do not wish to disclose my religion/belief	4.77%
	Islam	0.29%
	Judaism	0.01%
	Other	3.92%
	Sikhism	0.01%
	Undefined	31.19%
Compliant Total		65.48%
Non-Compliant	Atheism	2.13%
	Buddhism	0.08%
	Christianity	8.70%
	Hinduism	0.21%
	I do not wish to disclose my religion/belief	1.69%
	Islam	0.40%
	Jainism	0.01%
	Judaism	0.02%
	Other	1.58%
	Sikhism	0.01%
	Undefined	19.68%
Non-Compliant Total		34.52%
Grand Total		100.00%

#### Sexual orientation

Count of Employee Number		
Equality Training Compliance	Sexual Orientation	Total
Compliant	Bisexual	0.14%
	Gay	0.32%
	Heterosexual	30.81%
	I do not wish to disclose my sexual orientation	2.74%
	Lesbian	0.27%
	Undefined	31.20%
Compliant Total		65.48%
Non-Compliant	Bisexual	0.08%
	Gay	0.16%
	Heterosexual	13.63%
	I do not wish to disclose my sexual orientation	0.93%
	Lesbian	0.06%
	Undefined	19.65%
Non-Compliant Total		34.52%
Grand Total		100.00%

## **How to give us your comments**

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There are a range of ways that 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](http://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](http://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](mailto:concerns@wales.nhs.uk) or write to :

Adam Cairns, 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