



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

Caring for People Keeping People Well

Our Mission is: (This is why we exist)

CARING FOR PEOPLE KEEPING PEOPLE WELL

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

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

Our Strategy is: (This is our game plan)

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



Annual Equality Report 2015/16

Accessible Formats

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



This 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 2015-16 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.

Information on Welsh Speakers is collected and an action plan in place to fulfil the requirements of the Welsh Language Measure and is available through access to the Welsh Language Scheme Annual Report 2015/16.

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.

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. The population of Cardiff and the Vale of Glamorgan is growing and becoming more diverse.

By 2025 we expect that an extra 50,000 people will need health and wellbeing services. This represents a 10% increase on today's figure. The shape of our population is also changing:

- the number of over 85s is increasing much faster than the rest of the population (32.4% increase by 2025); and
- unlike the rest of Wales, there is also predicted to be an increase in children under the age of 4.

This change in the population presents a unique set of challenges for the UHB, as these groups generally have a greater need for healthcare. Currently the NHS in Wales spends around £1,700 per person per year on health and

wellbeing services with significantly more being spent in the first year of life and on people over the age of 65.

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

- there are inequalities in health and healthcare provision. In Cardiff and the Vale of there are differences between the most and least deprived areas, with up to 11 years difference in life expectancy and up to 22 years difference in healthy life expectancy;
- unhealthy behaviours are common with around 1 in 5 adults smoke, nearly half drink above guidelines, over half are overweight or obese, two thirds do not have a healthy diet and three quarters do not get enough physical activity; and
- more people are living with a long term health condition. In Cardiff and the Vale nearly 1 in 10 adults are recorded as having asthma or chronic obstructive pulmonary disorder (COPD), and 1 in 25 with diabetes.

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. We continued this approach throughout 2015/16. The following is a summary of the strategy:

EQUALITY STRATEGY MAP: <i>What are we here for?</i>	Putting patients first to ensure an equitable approach to the service we provide and to our staff and others who work with us
<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 2016, the Minority Ethnic Communities Health Fair took place at Cardiff City Hall and was launched by the then Welsh Government Deputy Minister for Health and Social Services who is now the Cabinet Secretary for Health, Well-being and Sport , Vaughan Gethin (picture below at the Interactive Schools Zone. Other supporters for the event included Sight Cymru, BRG, TMR, BAWSO, Diverse Cymru, Cardiff Vale Health Charity, Tenovus Cancer Care, Women Connect First, Marie Curie, Hindu Council of Wales, Tai Pawb, Oasis Cardiff



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 offered health checks, experts on a variety of health issues, health-related displays and stalls, an interactive Schools Zone and language support provision

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.

Dementia Supportive Communities

The UHB has run numerous Dementia Friends sessions designed to help attendees better understand the condition and how they can engage with people with dementia in the community.

There is also a Dementia Champion network set up by Cardiff and Vale University Health Board to help in all areas understand how dementia affects people, and how they can best respond. For example, Heather Maloney, Surgery Dementia Champion supports the Trauma wards in making their wards dementia friendly by utilising the Kings Fund Audit Tool “Is your ward Dementia friendly” and acting on the findings. “The use of Volunteers has been introduced on the ward in order to ensure that the patients with dementia are receiving good quality psychological care. We always put patients at the centre of our care and recognise the importance of ensuring the relatives/carers are fully involved in the assessment and planning of the care.



Vice Chair Professor Marcus Longley (above) leads the Dementia Champions Network, who meet regularly to share good ideas, share best practice and learn from each other. He is keen to recruit many others to become Dementia Champions across wards and services, and to make people's experiences dementia friendly. To celebrate Dementia Awareness Week (17-23 May), the UHB held Dementia Friends sessions for staff and visitors on two hospital

sites during the week. The sessions lasted approximately 40 minutes and aimed to improve understanding of dementia through 5 key messages. A stall was staffed by an Alzheimer's Society representative to answer questions about dementia.

To find out more about being a Dementia Friend, see:
<https://www.dementiafriends.org.uk/>

Christmas celebrations for patients in hospital

Patients with dementia were treated to a special Christmas party to get them into the festive spirit.

Patients donned their best outfits including bow ties to celebrate with their families, carers and staff from the Unit at University Hospital Llandough.



Guests were spoilt with entertainment from a local choir and brass band made up of students from Ysgol Gyfun Gymraeg Plasmawr who performed a range of Christmas songs for everyone to enjoy.

The Christmas events on the unit were organised by Refocussing Nurse, Katherine Martinson, who also arranged for a personalised Christmas stocking to be put together for every patient to open on Christmas Day.

Katherine also organised other festive activities including craft sessions like card making and present wrapping as well as 'reminiscence therapy' using old wooden toys to remind the patients of their Christmas memories.

Dementia Care

The UHB continues to work in partnership with Cardiff County Council, Vale of Glamorgan Council and a number of voluntary organisations as part of 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

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.

Diabetes

The Children and Young People's Wales Diabetes Network (and Brecon Group) launched on Wednesday 23 September to improve care for children and young people who have been diagnosed with diabetes.



The Children and Young People's Wales Diabetes Network (and Brecon Group) will play a key role in ensuring the implementation of the Welsh Government's diabetes delivery plan.

The Paediatric Diabetes Team from Cardiff and Vale UHB is part of the network and will contribute on a national level to a range of work that will deliver better outcomes for children and young people. The team is committed

to working with children, young people and their families, supporting them to manage their diabetes and prevent some of the serious effects of the condition.

Staff from Cardiff and Vale UHB have played a key role in developing an educational programme for children and young people with diabetes. This will help children and young people gain a better understanding of their condition and discover how best to manage their diabetes in daily life.

More information about the network is available at:

www.cypdiabetesnetwork.nhs.uk/wales

Mental Health

The final patients have been transferred from Whitchurch Hospital to the new purpose built adult mental health unit at University Hospital Llandough.



Patients who require hospital treatment will now receive their care and rehabilitation at Hafan y Coed in the new facilities which were designed with service users and staff, providing a modern, therapeutic and recovery focused environment to adults experiencing mental health issues.

Hafan y Coed, which is Welsh for Haven of Trees, is a first class facility which will enable our staff to provide the care and support that service users deserve when they are feeling unwell. The attention to detail in the design of the new unit is a testament to the partnership working with patients to build a calming, warming and welcoming facility to aid patient recovery. The key to the success of this unit is allowing service users to have a degree of independence, despite them being in a hospital environment. One feature of the new unit which will have the biggest impact on service users is the inclusion of individual bedrooms with ensuite facilities, something that was not available at Whitchurch Hospital. This will give service users the dignity and respect they deserve as they undertake their recovery journey.

We would like to take this opportunity to thank the community of Whitchurch for all their support over the years while services operated from the Hospital

and our staff who have worked tirelessly to provide a seamless transfer of patients between the two sites

Patients benefit from Pets As Therapy

Patients in Cardiff experiencing mental health problems have benefited from a new therapy session using pets.



Pets As Therapy have been visiting the Iorwerth Jones Centre in Llanishen since summer 2015 to provide therapy sessions using pets with the aim of improving the wellbeing of patients.

Volunteer Anne Barkley from Pets As Therapy has been visiting the centre every week with Pippa the dog, with the experience meeting the needs of the patients on a variety of levels.

For some patients the sensory aspect, such as stroking the dog, can be meaningful and for other patients, it could be the memory of a family pet which may ignite a conversation and allow them to express their experiences and memories. The sessions have also proved beneficial for those patients at the Centre who have shown little engagement in other activities.

The presence of Pippa the dog seems to command a sense of relaxation and excitement that involves a common theme for staff and patients to engage in together.

Simone Lewis, Therapy Technician said; "On seeing the Pets As Therapy dog, some patients immediately smile from across the room. We have also had carers visit the unit at the same time and they have been able to observe the positive experience it brings for their loved one. The therapy sessions have enabled staff to improve communication and interaction with the service users, and these visits have been a fantastic addition to the other interventions that we provide."

The Iorwerth Jones Centre is a 45 bedded unit in the community of Llanishen, Cardiff. There are two wards for people with a dementia related illness who have behavioural and psychiatric symptoms requiring highly specialist care. These wards also provide rotational respite care for patients with high level need who are cared for at home to give their carers a regular two week break from the caring role.

A 'world class centre' for Wales



World class technology and attention to the small details will make the big difference to the lives of children across Wales. That's the verdict of doctors working at the Noah's Ark Children's Hospital for Wales, based at our University of Hospital of Wales site, and of the Royal College of Paediatricians and Child Health who have both welcomed the opening of phase two.

The hospital boasts brand new hydrotherapy and radiography facilities designed specifically for children, alongside purpose-built ward areas catering for children's needs. Added to that are specialist surgical theatres, close to the children's wards, decorated to help put their young patients at ease and an abundance of opportunities for them to play and get better.

It is this mixing of big science and attention to details, designing services around children, which is winning such acclaim.

Jennifer Evans, a Consultant Paediatrician at the Children's Hospital, said: "When I first looked around the new phase two of the Children's Hospital I

noticed a small detail: the staircases had two handrails, one for the adults like any other staircase and one at a lower level for the children.

"That says to me, "this place was designed with the right people in mind - the children". When training as a paediatrician you often hear the phrase, "children are not simply small adults". "They are individuals in their own right, their bodies react differently to disease - they need professionals trained specifically to look after them and the environment in which they are cared for has to be designed to suit them and their needs.

Sensory Loss

The Health Board is increasingly seeing the benefit of having a sight loss adviser, also known as an ECLO (Eye Clinic Liaison Officer) as part of a core service provision for patients. Professor Marcela Votruba who works in a retinal genetic clinic liaises with the ECLO on a weekly basis.

Marcela explains just why an ECLO is so important when providing support to a patient: "The patient may have been told a few things by the consultant during the consultation, and they don't remember everything. I'm not talking necessarily about medical details, but as a way of backing up information. If they have just received very bad news about being registered and they didn't expect it, they have the opportunity to talk it through. The ECLO provides practical support and reassurance. I definitely think that it is an important addition to the service we offer and should be delivered by a trained person."

There are two types of patients who Marcela may refer on to the ECLO. The first might be someone who is being told that they are receiving a certificate of visual impairment that day. The eye department keeps a log book in the clinic of every single patient who has received a Certificate of Visual Impairment CVI. The ECLO carries out a weekly check to ensure no one has slipped through the net.

The other group are patients who have not yet met the criteria to receive a CVI, or have been registered a long time ago, and have yet to receive social services support. Without an ECLO this group of patients would find it difficult to get the information they need.

Care for older people

The Health Board, Cardiff Council, the Vale of Glamorgan Council, Glamorgan Voluntary Services and C3SC have examined the best way to build upon the work done to integrate community health and social care services across Cardiff and the Vale of Glamorgan.

We are pleased to announce that, all three organisations, together with third sector partners, have agreed to fast track a far-reaching programme which will provide the public with joined up services across the region. This decision

marks a historic moment in our work to deliver effective services for our communities and ensure that we make best use of our resources.



In the first instance, the work will focus on bringing together services for older people to prolong their independence in their own homes and provide sustainable care within the community. This will help us to put into effect from April 2016 the new requirements of the Social Services and Well-being (Wales) Act. In the future, the work may be extended to services for other people in need of care and support within our region.

Maria Battle, Chair of Cardiff and Vale Health Board said, “This coordinated approach of working will transform the care people receive, keeping them independent and healthy for longer, by delivering services which respond better to their needs. Frail older people can look forward to getting the support they need much more quickly, to go home sooner from hospital, and playing a more active role in what is provided. Simply, it’s the prudent way to do things and what people tell us they want.”

The work will be steered through the regional Integrated Health and Social Care Partnership.

Further information on the work of the Partnership can be found at <http://www.cardiffandvaleuhb.wales.nhs.uk/integrated-health-and-social-care> And on the Social Services and Well-being (Wales) Act 2014 at <http://www.ccwales.org.uk/getting-in-on-the-act-hub/>

Our 100 day cancer plan

A 100 day cancer plan to boost access to treatment in the short and longer term is delivering benefits in Cardiff and the Vale of Glamorgan.



The plan by Cardiff and Vale University Health Board is providing increased clinical capacity to help patients be seen more quickly. It is also developing longer more sustainable measures such as expanding services, new care pathways and new specialist treatments.

Alice Casey, Chief Operating Officer is confident that the implementation of the 100 Day Cancer Plan will ensure cancer waiting times will continue to improve.

Young Carers' Event took place in City Hall on 31st March and presented initial feedback from young carers on how they are supported or not by services and others. During the afternoon Cascade (Cardiff University) undertook focus groups with the young people, so the feedback from that along with the survey should provide the Health Board and partners with rich data to develop future support for young carers.

Carers A Working group continues to oversee the implementation of the Carers' Information and Consultation Strategy 2012-2015. For further information, contact jane.rowlands-mellor@wales.nhs.uk and see <http://www.cardiffandvaleuhb.wales.nhs.uk/information-for-carers>

Please note there is a dedicated email account - cardiffandvale.carers@wales.nhs.uk - for people who are carers to use for any carer-related enquiries, problems, requests for information etc. A joint Cardiff and Vale Carers Strategy and Planning Group has been established so that the Health Board and the two local authorities can combine their strategic arrangements for supporting carers. Third sector and carer organisations are represented on this Group. Contact Linda Pritchard at Linda@valecvcs.org.uk Sarah Capstick at Sarah.C@c3sc.org.uk for more information.

Information Centres The information and support centre, funded by Macmillan Cancer Support, is based in the Concourse area of UHW. The centre offers confidential advice and support and help patients, their families

or carers access financial and other help. Visit the Centre at UHW or contact Sue Llewellyn, Information and Support Facilitator , 02920 2074 5655, email susan.llewellyn@wales.nhs.uk A multi-agency information service is also run at UHW Llandough, which a number of local third sector organisations run sessions from.

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.

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.

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 2015-2016 include

Mobile technology helps improve patient care

Mobile technology is allowing health staff to make thousands of extra visits to patients in homes across Cardiff and the Vale of Glamorgan.



The roll out of hundreds of extra remote access devices and the increased use of electronic records has allowed Cardiff and Vale University Health Board staff to increase the number of home visits by 16%.

Staff can now access a single electronic file for community and mental health patient details whether treating the patient at home or in hospital. It also means patients are less likely to need hospital admissions and can more easily access the service that is right for them.

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 will replace the Welsh Language Scheme in 2016.

- 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 the Welsh Language Standards Framework consultation. Also this year the UHB continued its work on the More than Just Words Strategy, which is the Welsh Government strategy on improving bilingual services offered by NHS Wales. While progress has been achieved in some areas we recognise that not enough 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. A Board development day on Equality and Welsh Language issues is taken place in June 2016.

Health inequities

With regards to inequities in health, the UHB Clinical Boards (CB) have identified inequities in service access to and use across the primary and secondary care system. The following illustrates progress:-

- Primary Community and Intermediate Care Clinical Board (PCIC)

The Clinical Board has identified staff that can speak Welsh through the Electronic Staff Records, and have an agreed a plan with the Welsh Language Officer to improve Welsh Language access and compliance with the Act.

The Clinical Board promotes the use of interpreter services and not relying on family members to interpret through WITS.

Expressing a concern poster is available in Welsh.

GP practices have a carers champion in each of their practices.

The Community Resource teams, District Nursing services and Nurse Assessor Team use the integrated assessment which supports the identification of carers.

Staff are aware where appropriate the use of the hearing loop system and trained to use it.

Mental Health Clinical Board

Welsh speakers are offered services following a positive request – this may be using existing Welsh speaking employees or through translation services.

The 5 most common letters are in the process of being translated into Welsh

Other language/ communication needs are met via things such as pictorial door signs and contrasting colour doors/toilet seats, in MHSOP and the symbolic ward signage in Hafan y Coed, the portable Loop system and some BSL trained staff and Speech and Language Therapists who work specifically with the neuropsychiatry team.

The Speech to Text/Type Talk system has been utilised in adult Mental Health services for carers.

Email access to community services for those with hearing loss has been introduced

'Hello my name is' is promoted within the CB and, in line with the Mental Health Measure.

Care and Treatment plans are developed in partnership with the service user and/or their family where appropriate.

Service users have designed the patient surveys, participated in the development of information leaflets and the design of Hafan Y Coed.

- Dental Clinical Board

The Clinical Board is keen to promote the Welsh Language. We want to encourage staff to speak or learn Welsh, and display the Working Welsh Iaith Gwaith logo.

Welsh Language is stipulated as 'desirable' in all Personal Specifications for all posts across Clinical Board.

Those staff members who are Welsh speakers are encouraged to wear a badge to show they are Welsh speakers.

All standard letters are available in English and Welsh

All new posters and signs will be produced bilingual.

Interpreters through language line (WITS) are used to communicate with patients with various languages

The Clinical Board has developed 'Have you enjoyed your visit today' which consists of a poster and feedback slips. This will be rolled out across the Clinical Board

- Surgery Clinical Board

The Clinical Board has carried out a significant amount of work in relation to meeting individual needs of patients with for example communication needs,

sensory loss and disability. Examples of different initiatives include the development and introduction of a pain assessment tool and toolkit for adult patients with communication difficulties which includes

- A “Show me Where” fan which is a visual aid which helps to determine location of pain
- The Bolton Pain Assessment Tool is an objective tool for patients with communication difficulties who are completely unable to participate in the pain assessment process
- The Faces Rating Scale with word cues for those who can participate in the assessment process but require additional aid to support the process

Directorate sensory loss action plans have been completed and are monitored through the Surgery Nursing Board

Clinic managers from the specialties of Ophthalmology and ENT host update training for the staff in their areas. For example, the ENT clinic staff have yearly updates on hearing impairment in conjunction with the audiology department. The nursing staff in the Ophthalmology clinic area visit charities who are involved in visual loss as part of their induction programme.

Any sensory loss is documented within the Integrated Assessment forms and also within the medical notes. In ENT Outpatients, hearing loss is highlighted using a ‘sticker’ which is placed on the front of the medical notes. Patients with sensory loss are discussed during the safety briefing at the beginning of each shift in the ward setting.

This is communicated within the ward team on handover and on the handover sheet which provides written information about each patient. It is also documented on the nutritional bed plan and verbally with team members, including the ward catering

Welsh speakers are highlighted throughout the Clinical board by badges on their uniforms

Interpreters are widely utilised throughout the directorate to ensure that patients and their families are given the correct information and are given the chance to ask important questions relating to their care

There is a hearing loop system in place in the ENT outpatient department which can be loaned to the clinical areas. T&O also hold hearing Loops in their directorate offices what are utilised by the Clinical areas as required.

The butterfly scheme has been rolled out across surgery. There are “cascade trainers” for dementia awareness and staff are trained as “dementia friends”. Staff awareness sessions on the concept of dementia friends are delivered and staff are encouraged to undertake the dementia e-learning package.

Plans going forward are to continue the above work with ward B6 to pilot coloured Zimmer frames, and the roll out of yellow painted toilet doors which have been already been introduced on Ward B2 to encourage recognition.

Carer's information is displayed in all inpatient areas on display boards

UHB Patients information is available in all clinical areas. Patients and their families are encouraged to read them.

- Specialist Services Clinical Board

Patients have access to an up to date plan of their care which is written in collaboration with the patient's wishes. This is regularly audited by the Health and Care standards tool and by corporate inspections

Nephrology & Transplant have formed a multi-disciplinary patient education group looking at patients going through the pre-transplant stage right through to discharge. A new information booklet and consent form has received excellent feedback from patients.

A newsletter is available to all staff, patients and relatives to read at each bedside within in Critical Care.

Carers information and information relating to "Putting things Right" is kept in all clinical areas that have been provided by the Patient Experience team

Specialist Clinical Board initiated the "Hello my name is... campaign.

- Medicine Clinical Board

Sensory Loss action plan developed

A letter to all senior clinical and nursing staff about the involvement of next of kin/carers regarding the refusal of diagnostic treatment/investigations for patients with cognitive impairment has been issued.

Welsh speakers are offered language services that meet their needs as a natural part of their care.

Open and honest communication is emphasised in the spirit of co-production.

Special care is taken in communicating with those whose mental capacity may be temporarily or permanently impaired.

Language and communication needs are addressed for people with specific care needs including: learning disabilities, dementia, stroke, sensory loss, neurological developmental problems and brain injury.

Effective, accessible, appropriate and timely communication is tailored to the needs of each individual person and reasonable adjustments are made as defined in the Equality Act.

Methods of on and off line communication in various languages and accessible formats are used.

Communication is age appropriate and considers people's ability to engage in health related conversations.

Support is given for carers and advocates who in turn are supporting the needs of people with communication needs.

There is compliance with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing. The purpose, effectiveness, methods, security and appropriateness of communication is considered internally and externally with patients, service users, carers and staff, and about patient, service users and carers using a range of media and formats.

- Children & Women's Clinical Board

There is widespread use of interpreters throughout the Directorate through WITS.

Welsh Language – working towards compliance and included as desirable skill in all Personal Specifications for posts across Directorate.

All staff who are Welsh speakers wear a badge to show they are Welsh speakers.

Welsh language books available in play rooms on children's wards.

All communication within the children's hospital is age appropriate.

Colour coding and visual signs to help visitors/patients find their way around the hospital.

- Clinical Diagnostics and Therapeutics Clinical Board

The Clinical Board holds names of individuals within teams who are Welsh speakers or are able to hold a conversation in Welsh.

The 'Cymraeg' posters are in use in patient and non patient facing areas where Welsh speakers are available and 'Cymraeg' lanyards for staff to wear. The purpose of this is (a) to promote the Welsh language and (b) to ensure

that our patients, who would prefer to speak in Welsh / it is their first language, know that there is someone they can speak to.

The Clinical Board is collecting staff stories describing experiences of dealing with Welsh speaking patients.

The reason why we are doing this is to:

- ✓ improve staff confidence in dealing with patients/service users who prefer to speak Welsh
- ✓ show how using their Welsh language skills (however limited) can help build better working relationship with patients/service users
- ✓ improve communication with patients which can lead to better outcomes
- ✓ encourage staff to think of the language as a tool they can use to improve patient care

The Radiology Department at the Children's Hospital for Wales is developing a Welsh Language version of the communication tool used by play therapists for children attending for MRI scans.

Hearing devices and loops have been placed in key locations in the Clinical Board.

Alternative methods of communication such as text messaging and email are in use within the Clinical Board.

Translation and interpreter services are available and in use.

A sensory loss action plan has been developed.

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 was tested out and taken forward within the Staff Pulse Surveys that we launching during 2015 and which continue in 2016.

UHB launches staff Health and Well-being campaign

Cardiff and Vale University Health Board is committed to creating an environment where Health and Well-being is promoted to all staff, both within the workplace and outside of it.



A Health and Well-being Advisory Group was established in November 2015. As a result, a Health and Well-being action plan has been developed to ensure that we encourage, enable and endorse a culture of Health and Well-being.

Keep your eye out for our 'lotus flower' logo. The lotus flower is recognised as a symbol of wellbeing and feedback from staff is that it looks "relaxing" and "tranquil".

There'll be plenty of opportunities for staff to tell us what they want, whether it's a running club, exercise class or diet advice.

We would also like to know what people are already involved in, so that we can support them, raise awareness and encourage others to get involved.

We recognise that staff can work across various sites and that different working patterns can affect their ability to get involved. That's why we want to develop a programme of activities that reflects our diverse and amazing workforce that everyone can fit in around their lifestyle.

Equality Duty

We are strengthening our approach to assessing any equality impact (as described in legislation) of any of the changes set out in our IMTP. At clinical board level, equality impact assessments are undertaken for key service changes or significant policy changes to ensure that we can understand and where possible mitigate impact on the groups defined in the equalities legislation. An internal audit report of our processes in 2014/15 identified where good practice was being established and the areas where we needed

to make more progress. Once finalised, an EQIA will be undertaken on the whole of the IMTP.

The EQIA process is also referenced in the engagement flow chart and process we have developed with our Community Health Council .

The basis for any planning, particularly from an equality perspective, is a systematic and robust consideration of the Equality Act's duties and 'protected characteristics' during all stages of policy or practice development. It is also about taking account of the UHB's Strategic Equality Plan and Objectives. This is not just about collecting data, but reviewing both qualitative and quantitative information on how a service will work in practice. It is also about training, awareness and education.

There is work to do to help staff feel more comfortable about discussing equality related issues and questions in terms of sexual orientation, religion and gender-reassignment and for our patients to understand why this information is so important. There are well documented issues which impact on certain communities more than others e.g. diabetes, hypertension and organ donation among black and minority ethnic (BME) communities.

One of our priorities continues to be working with those with a disability caused by sight loss, hearing loss and deafness or a combination of both. The UHB has recognised that it has to work more effectively with those patients, relatives, carers who have a hearing or sight loss. We will continue to use our data to inform our plans and policies. However as a UHB we need to engage more with the people in the community that these issues affect, and others, so that we are able to better understand how we can positively influence our communities and patient care.

For more information on what the Health Board is doing around health inequalities and inequities please go to our Progressing Our Future - Developing the 2015/16-2017/18 Integrated Medium Term Plan available at: <http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/CVUHB%20IMTP%202015-16%20final%20draft%20010415%20with%20appendix.pdf>

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 certain groups.

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. A positive action initiative currently underway is the UHB's continued work with QUEST who 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 started a pilot project 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 project involved a 30-day placement in our catering department. Candidates had the chance to develop their existing skills in the workplace and at the end of the project were 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. We are now looking to extend this project throughout the UHB with the assistance of the Clinical Boards.

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 second 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 1st April 2013 through to March 31st 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 also 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.

Staff Recognition Awards



The winners of the Equality, Diversity and Human Rights were the GA Theatre Dental Hospital Gwenwyn Ward Team (pictured above with Margaret McLaughlin, Independent Board Member & Equality Champion.). This team has demonstrated identification of vulnerable groups' i.e. sensory loss and carried out engagement exercises to achieve awareness and training for frontline staff. This is for the ultimate benefit of the hospital and community patients utilising the UHB dental services. This has been promoted through general publications and events. Standards have improved internally and clear outcomes shown through sensory loss equipment.

The runners up were:

Department of Sexual Health Marcia May & Imelda Overend

This team have set up a weekly outreach service for sex workers working in the parlours in Cardiff. The service has allowed women to access sexual health screening and contraceptive advice in a timely manner and at the same time consider wider health needs and safeguarding issues. This outreach work has meant that a population who might otherwise have found it difficult or experienced barriers to accessing sexual healthcare now have a service designed around their needs.

Runner Up: Jacqueline Prosser

Jackie has worked closely with Human Resources department and the Equality Manager to take on 2 adults with learning disabilities to work within Heathfields Restaurant from Quest (Supported Employment). They have made a great impact on the service and have become very much part of the team, due in large part to the work that this person has undertaken with them and the rest of the team. She has provided a huge amount of advice, support and encouragement to the individuals which have led to our desire to provide the opportunity for the individuals to apply for vacant posts within Restaurant Services.

The winner of the Welsh Language Award was Gwawr James (pictured below.)



Gwawr is an experienced dietician working in Flying Start/ Dechrau'n Deg, the Welsh Government's flagship Early Years programme for families with children under 4 years of age and living in areas of greatest deprivation. She delivers accredited nutrition skills training in Welsh for early year practitioners. She provides professional dietetic support to Welsh medium and bilingual childcare settings working towards achieving the Welsh Government Healthy

and Sustainable Pre School Scheme and the Gold Standard Healthy Snack Award (GSHSA).

The runner up were the North & West Community Resource Team (Stephanie Murray, Caryl Morgan & Elin Evans). This team has been instrumental in establishing a Welsh Language therapy service to community patients. When patients have requested treatment in Welsh, they have combined their skills to review referrals and paperwork prior to the initial visit. They have conducted patient visits in Welsh and reviewed their findings, to ensure correct translation prior to recording their PARIS notes in English. Patients have benefitted by being able to conduct these sessions in their first language. This not only allows the patient to feel more comfortable during treatment sessions, but has aided the understanding of their condition and their ongoing management. The majority of the patients seen by the team are older people and many suffer with communication issues, memory impairment or dementia problems. Providing these services to these community patients, in Welsh, has been highly beneficial to the patients concerned.

External Awards

One of our hospital porters who has worked in the NHS for nearly 50 years has collected his British Empire Medal after being recognised in the Queen's Birthday Honours.



Stephen Tatnell (pictured above with Chair, Maria Battle) who loves working and getting to meet patients and staff every day, received a letter earlier this year announcing that he had been recognised in this year's honours list. He will be attending the Garden Party at Buckingham Palace in June 2016.

At the Royal College of Nursing Awards three Cardiff and Vale UHB nurses won specialist awards at the Fourth Annual RCN in Wales Nurse of the Year Awards held at City Hall, Cardiff on 19 November.



Executive Nurse Director Ruth Walker said: “I want to offer congratulations to three shining stars who were recognised for their accomplishments at the Awards.” Emily Carne, Deborah Davies and Emily Brace were honoured for their outstanding achievements in their respective clinical areas. Each one has been instrumental in driving change to achieve the best outcomes for our patients. Specialist Midwife, Emily Brace, was awarded Runner Up in the Humanitarian Nursing Award category. Emily is a specialist midwife working within Cardiff and Vale's Elan Team. She provides guidance and support for midwives who are caring for women from ethnic minority groups.

Award success for Move On Team

The Move On Team based in the Mental Health Directorate has been recognised in the Promoting Independence Awards for its support to patients with mental health issues who are leaving a hospital setting to return to their local communities.



Jess Jallow picked up the Inspirational Colleague Award for her work in reducing the length of hospital stays for patients, and the team were also Highly Commended for the Steps Project, a project to provide continued support to mental health patients when they leave hospital.

Jess who is employed by Cardiff Council as a Housing Resettlement Officer works within the Move On Team at the UHB to improve patient flow and reduce patients' time in hospital by resolving housing and homelessness issues.

Poppy Coleman, Deputy Ward Manager said; "Since Jess has been in post there has been a massive reduction in length of stay for patients. Jess has ensured that our patients are discharged to a better place than where they were admitted from.

"From something small like ensuring repairs are made to the property, or something life-changing like a transfer to different accommodation. No matter how big or small Jess is the woman for the job and our patients agree. Patients regularly ask me when they can see Jess again."

The Promoting Independence Awards are a joint initiative between the Welsh local authorities and charity Cymorth Cymru to recognise and celebrate the work being carried out with homelessness, housing and social care sectors to support vulnerable people to overcome barriers and fulfil their potential.

Celebrating the success of the LIPS Programme

Improving patient experience and the outcome of their care was at the forefront of a celebration event last week. Staff from across the health board celebrated the end of the third cohort of LIPS, the Leading Improvement in Patient Safety Programme (LIPS).



LIPS started in April 2014 and continues to be a huge success throughout the organisation. Executive Director of Nursing, Ruth Walker said: "It has been really inspiring to hear how teams are working together to focus on the patient

to improve their pathway. Applying improvement methodology, taking things like PDSA cycles, and using data to demonstrate the outcomes for patients to improve service delivery and, at times, save us some money.”

The then Minister for Health and Social Services, Professor Mark Drakeford attended the event and said: “I have enjoyed listening to staff explaining what projects they are delivering,, focusing on the outcome all that activity has on the lives of people. You are tailoring what we do to make the maximum difference we can for the people we have within the available resources.”

Volunteers

A new courtesy shuttle service was launched at the University Hospital Llandough (UHL) to assist patients and visitors around the site. The hospital



has received funding from the Royal Voluntary Service (RVS) to run a 12 month pilot courtesy shuttle service to transport patients to and from the car parks and main entrances of the hospital site. The pilot ends in the autumn of 2016.

The volunteer led service will initially run Monday to Friday between 9am and 11am with a view to expand the times offered through the help of local volunteers.

Peter Welsh, Board Secretary and General Manager at University Hospital Llandough said: “We offer free parking at UHL but as the site is quite large sometimes patients and visitors can be parked further away from the hospital entrances than they wish. In recognition of this we welcome the funding from the RVS which has enabled us to pilot this courtesy shuttle service to assist them around the hospital site.

“We welcome feedback from any users of the service which will help us to improve what is offered with a hope to extending the pilot next year.”

RVS has been working to coordinate a number of volunteers to help expand the service throughout the week. Any volunteers who would be willing to

assist or would like to find out more should contact RVS on 02920 027855 or you can email: cardiffvaleuhb@royalvoluntaryservice.org.uk

Volunteers will have to sign up with RVS and provide two referees and have a clean driving licence before any volunteering can commence. Times can be agreed in line with volunteers with the aim to enable the shuttle service to run until 4pm every weekday.

RVS is a registered charity founded in 1938 as the Women's Voluntary Services for Air Raid Precautions. Today they work successfully alongside hospitals, local authorities and other organisations, providing much-needed support for older people – delivered with warmth and friendliness by our dedicated volunteers.

The RVS donated £13,000 to Cardiff and Vale University Health Board to provide the service at its UHL site. RVS and Cardiff and Vale UHB have worked in partnership on a number of initiatives starting in 1938.

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

Workplace Engagement

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.

The Health Board recognises that it is important to promote equality. A new e-learning course, 'Treat Me Fairly', was fully introduced as part of the equality training options available to staff. It has been developed specifically for staff in NHS Wales to promote equality towards patients, the general public and each other. It has been developed specifically for people working in the NHS in Wales. It has now been made accessible to staff inside and outside of the workplace as a way of increasing usage.

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.

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**.

The UHB continued to work closely with third sector organisations, for example, through the Third Sector Framework, working with relevant stakeholders on its new Strategic Equality Plan Fair care 2010-20 and with 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.

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:

Pulling Our Weight Together

A new digital approach to find some answers to the key obesity questions facing communities in Cardiff and the Vale of Glamorgan was launched during the year. Pulling Our Weight Together asks the public to have their say on a range of hot topics related to achieving and maintaining a healthy weight and to help steer efforts to support people in living healthier lifestyles.



Dr Sharon Hopkins (pictured above), the Director of Public Health for Cardiff and Vale University Health Board, is taking a new approach to her annual report – traditionally a large, formal document – and is instead hoping to engage with individuals, communities and organisations online.

Her previous report focused on the choices we make every day which affect our health and wellbeing. It described the challenges we all face in trying to maintain a healthy weight, the impact of being overweight or obese on our health and what we can all do to help each other. She suggested actions for us all, for communities, organisations, schools, the NHS and councils, the voluntary sector, Welsh Government and the food and drinks industry.

“This year she took this information a stage further so as to be able to have a conversation with everyone about what we are all doing to achieve and maintain a healthy weight and how we can take action together.

“It could be activities in communities, schools or in the workplace; changes to services; different foods in our shops or in our schools; policy change by government or even reducing the speed limits on our roads to encourage walking and cycling.”

To spark debate Dr Hopkins will be publishing fact sheets on a particular issue and pose a question and encouraging everyone to join the conversation. She will be engaging in online chats on Facebook, Twitter (using the hashtag #cavpowt) and inviting views to be emailed or posted to her office.

Board Meetings

The Equality, Diversity and Human Rights Sub-Committee (EDHRSC) has the role of advising, seeking and providing assurance to the Board in relation to the strategic direction for equality, diversity and human rights, for both employment practice and delivery of patient care. The EDHRSC is chaired by an Independent Member (Third Sector) and is comprised of, Independent Member, Executive, Clinical Board and Corporate representatives as well as Staff Representatives and the Community Health Council. It scrutinises progress and provides assurance to the People, Planning and Performance (PPP) Committee, which reports directly to the Board. All issues of significance are reported to the PPP Committee or Quality, Safety and Experience Committee (QSE) (where issues of significance are specific to service users). The Annual Equality Report is presented to the Board.

In 2014/15 the EDHRSC recommended that ~~each year~~ the Board adopt an equality theme. It was agreed that this would be Sensory Loss and further work took place during 2015/16 with the development of a Sensory Loss Task & Finish Group chaired by the Chief Operating Officer. The purpose of this group is to oversee the development, implementation and compliance with the All Wales Standards for Accessible Information and Communication for People with Sensory Loss as required by the Welsh Government

Throughout 2015/16 the UHB has continued to explore the links between the equalities agenda and organisational development. There has been a specific focus on supporting the organisation to meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) through the inclusion of equalities perspectives within team interventions and development programmes

A Board Member as well as an Assistant Director acted as Mentors as part of Stonewall Cymru's development Programme. In Stonewall's Workplace Equality Index, which is an annual benchmarking exercise that ranks the best employers for lesbian, gay and bisexual people in Britain, the UHB has moved to the 8th best employer in Wales. The Equality Manager for the UHB was also awarded Stonewall Cymru's Ally of the Year.

The Health Board has continued developing its Spiritual care understanding and capacity building across the UHB through its established Spiritual Care Group. The Group provides the strategic direction for meeting the spiritual needs of patients, relatives, carers, staff and students. It also amongst other things, promotes a close working partnership between service providers and local faith/belief communities regarding the provision of spiritual care.

Welsh Language is incorporated within the remit of the EDHRSC and the UHB has a Board Welsh Language Champion. They have responsibility in ensuring that senior management are aware of the UHB duties when managing and developing healthcare services for patients and service users. Under the Welsh Language Scheme, all members of staff have a responsibility towards providing Welsh language services for patients and service users.

The Welsh Language has been included in the Equality Impact Assessment, which means that staff producing policies or service change proposals assess how it will affect and help Welsh speakers.

Work has started to prepare for and integrate the new Welsh language standards, which will eventually replace the Welsh Language Scheme, in the organisation. The UHB provided a comprehensive response to the consultation which took place during the year.

Work has also continued to take place to raise awareness about the new Welsh Government 'More than Just Words' Strategic Framework across the organisation and the notion of the 'Active Offer'.

The Board actually ensures that Equality Impact Assessments are undertaken in response to service change and development of UHB and are published on the Internet site. The Board Report Template specifically requires the author to make reference to this. There have been improvements in this area but there is a need to continue to ensure that assessments are performed to the quality and depth required so that there is clear evidence that the outcomes appropriately inform the decisions made by the organisation.

The work established by the Chair to support the engagement and development of the career progression of Consultant staff with a Black, Asian, and Minority Ethnic (BAME) background in the UHB continued. For example, a number of Consultants attended an internal leadership programme and the Board supported the All Wales Initiative to increase diversity of appointments to public Boards. Two individuals, including an internal Consultant were supported by the Health Board and each had their own Independent Member Mentor.

Each Clinical Board has been asked to assess the associated risk of the delivery of their IMTPs as identified within their Equality Impact Assessments.

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)

A number of EQIAs 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 and the raising of Welsh Language issues.

The UHB has also reviewed its current Equality Impact Assessment and in the coming months will look to replace the current toolkit with one which merges with a Health Impact Assessment.

A starter guide of engagement for the completion of EQIAs, in conjunction with the Third Sector is now available for use.

In 2016/17 work will begin on developing an integrated impact assessment combining equality and health impact assessments together, initially called Equality & Health Impact Assessment or EHIA.

C&V Health Board & CHC

Cardiff and Vale UHB and the Cardiff and Vale Community Health Council have jointly developed a Service Change Engagement Flow Chart which sets out the process and decision-making arrangements that have been agreed between the two organisations, to support engagement on service change. The chart illustrates expectations around themes of continuous engagement and co-production and seeks to demonstrate how effort expended on these can lead to a reduced need for more formal engagement or consultation. It highlights where key decisions need to be made and who is delegated to make them, therefore providing an audit trail and mutual understanding of process to be followed. The CHC has shared the flow chart with its counterparts across Wales and the work has also been shared with the South Wales Health Collaborative team.

The flow chart highlights the importance of undertaking engagement work in tandem with Equality Impact Assessment activity.

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 Patient Experience and Feedback

A new 'How are we Doing?' leaflet has been launched and distributed to all wards, out-patient departments and other clinical areas as well as community

settings. All areas have been asked to display the leaflets in patient and/or family areas. The aim of the leaflets is to encourage patients, carers and visitors to provide us with feedback on the services we provide. In addition to the leaflet a feedback card has also been developed. The cards can be used at events to capture instant feedback on any element of services we provide.

The feedback received will be collated by the Patient Experience Team and included in reports as required. Any individual issues highlighted will be addressed by the Patient Experience Team and where appropriate forwarded onto the Concerns Team or Lead/Senior Nurse for the particular area.

Ward-based Patient Information Folders

The new ward based patient, carers, families Information Folders are currently in the final stages of development. The folders contain useful information for patients, carers and visitors and will be kept in wall mounted holders placed near bed areas on the Wards. A variety of information will be included. This will range from what to expect while in hospital, how to keep well during your stay and ward information to hospital facilities, discharge processes and how to feed back on your experiences. Approximately 600 folders will be distributed across wards on all of the Cardiff and Vale UHB hospital sites.

The content for the folders was trialled in some ward areas offering both patient and staff the opportunity to comment on the content. The Editorial Panel, consisting of patients and carers, were also consulted on the information contained in the folders. Any comments or suggestions made were discussed and where possible and appropriate changes were incorporated into the folders.

GP Carers Accreditation Scheme

Cardiff and Vale UHB in partnership with both Cardiff and the Vale of Glamorgan Councils are in the process of developing a GP Accreditation Scheme. The scheme will have a list of criteria that GP practices will need to achieve to obtain accreditation for supporting carers and their families. When the GP Accreditation Scheme becomes live GP Surgeries, who take part, will be assessed and those meeting criteria will be awarded a Bronze certificate. The surgeries will then be able to work towards gaining the Silver award.

The criteria for the scheme was taken to two carers events held in Cardiff City Stadium, during Carer's Week. Patients and Carers were given an opportunity to discuss the scheme with a member of the Patient Experience Team and submit their comments. All of the patients and carers we spoke to felt that the scheme was a positive idea. The information has since been circulated to the Carers Measure Strategy Group members who have been asked to discuss the scheme with their staff and clients.

University Hospital Llandough Information and Support Centre

During May 2015 the Information and Support Centre at University Hospital Llandough celebrated its first year anniversary. Enquiries vary and can range

from welfare benefits, directions, general advice, support for carers, information and discharge queries.

The following is a case study to demonstrate how the team in the Information Centre are able to support and signpost people:

A lady visited the Information Centre whose elderly mother was an inpatient at Llandough. She was concerned about what services would be available to meet her mother's complex needs on discharge. It was suggested that she could initially speak to the ward manager to establish if a social worker had been allocated to her mother. The telephone number of a Carer Support Officer was provided and a 1:1 meeting arranged to discuss concerns. Information booklets were also provided so that the lady could take time to look through it at home which would possibly help with questions to ask at a later meeting. This lady was also concerned about her legal position if her mother had to go into a nursing home at any stage as she still lived with her. She was advised that she could also discuss this with CSO but if she wanted initial legal expertise that this could be done through Citizen Advice Bureau (CAB). Times when CAB held sessions at University Hospital Llandough were provided. The lady was happy to take things forward herself.

Hospital Patient Environment (HPE) Assessment

This was 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 through the Sensory Loss Task and FINISH Group that all the Clinical Boards identify a sensory loss lead and develop a sensory loss plan.

Diabetes UK Clinical Champions appointed from Cardiff and Vale University Health Board

Three staff members from Cardiff and Vale University Health Board have been appointed as Diabetes UK Clinical Champions, joining a small but elite team across the UK.

The Clinical Champions programme is designed to support health care professionals in championing the cause of patients with diabetes with the intention of improving quality of life and clinical outcomes.



Dr Justin Warner, consultant in Paediatric Endocrinology, Scott Cawley, Podiatry professional clinical lead and Neera Agarwal, consultant Diabetes Physician (all pictured above) have been appointed from Cardiff and Vale University Health Board, joining only 20 other individuals across the UK.

Adam Cairns, Chief Executive of Cardiff and Vale University Health Board said: "This project is in keeping with the Health Board's key priorities. Diabetes is increasing throughout Cardiff and the Vale of Glamorgan, as it is in the rest of the UK. With help and guidance from the diabetes clinical champions, we can ensure our services are as effective as possible, helping to reduce complications, resulting in better outcomes for those with the condition and reduced costs for NHS Wales."

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

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.

Work has began on preparing for the regulations on gender pay gap reporting which are expected to come into effect in October 2016 and introduced as part of the Public Sector Equality Duty.

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. For more information please see **Appendix 2**.

7.1 Patient Stories and Experience

The mother of a six year old boy who was diagnosed with a brain tumour following a routine eye test is urging parents to get their children's eyes tested.



Tanya Phibben took her son Lestyn to a routine eye test at his local Specsavers when the optician picked up a blur on his optic nerve. Following a referral to the University Hospital of Wales (UHW), Cardiff, Lestyn was diagnosed with a brain tumour.

Lestyn had been suffering with headaches and general tiredness, and his left eyelid was droopy. Tests carried out revealed he had a swelling of the optic nerve head.

Lestyn was referred to Consultant Neurosurgeon Dr M Imran Bhatti at UHW who carried out a 15 hour operation with his skull base neurosurgical colleague, Miss Caroline Hayhurst, to remove the tumour from this delicate area.

Tanya said; "I hope that Lestyn's story can raise awareness of how important regular eye tests are. I will always ensure that Lestyn and his sister have regular eye tests, and if he hadn't gone to the opticians that day his tumour may still be undetected.

"For something that takes a small amount of time I would urge all parents to get their child's eyes tested as it's such an important part of their overall health and visiting the optician helps with so much more than just checking if you need a pair of glasses."

The Health Board is urging parents to ensure their child's eye health is high on the list, as a visit to your local optician is not just important in order to check your child's The Health Board is urging parents to ensure their child's eye health is high on the list, as a visit to your local optician is not just important in order to check a child's sight, but it can also pick up a number of health conditions

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 2015/16 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 and our work around sensory loss continues to be used as a point of reference for our improvement in other equality areas. We have continued to work in partnership with the Third Sector and have started to build upon positive employment initiatives around learning disabilities. .

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

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to 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 and its new Strategic Equality Plan as it contains SMART, progressive and meaningful actions.

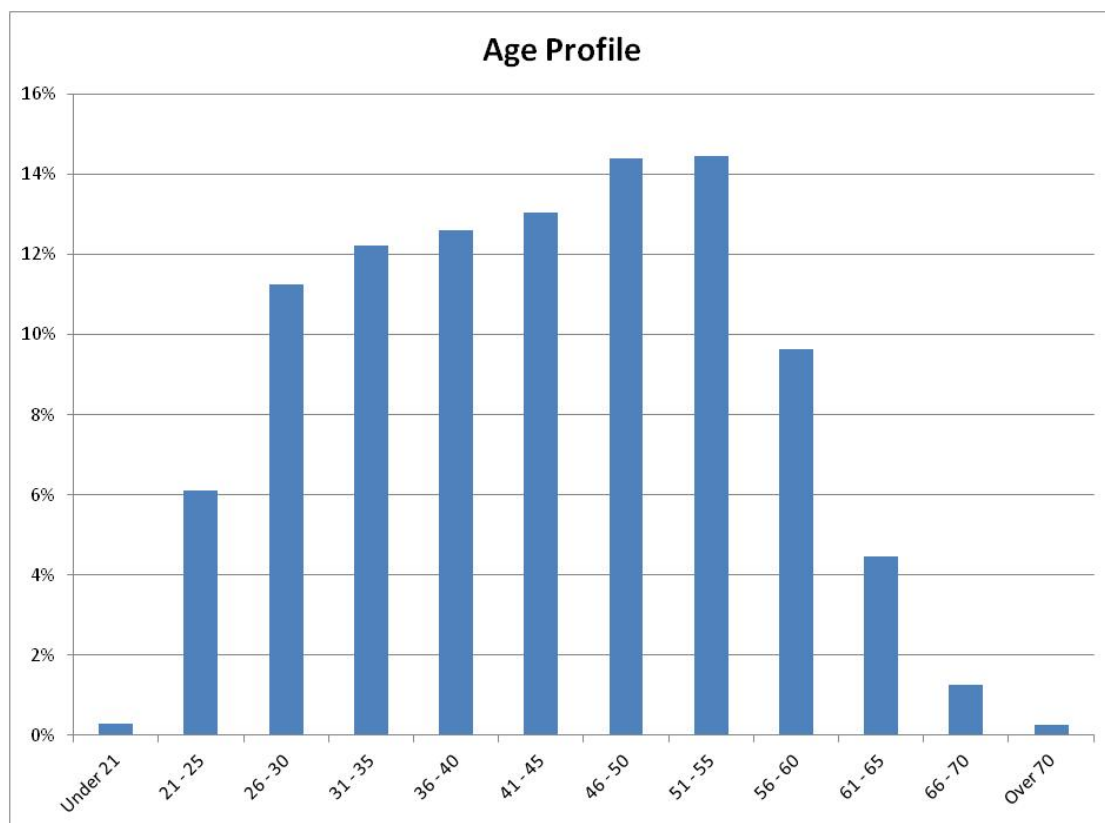
You can see our new Strategic Equality Plan Fair Care 2016-20 at:
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Strategic%20Equality%20Plan%20Fair%20Care%202016-20.pdf>

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

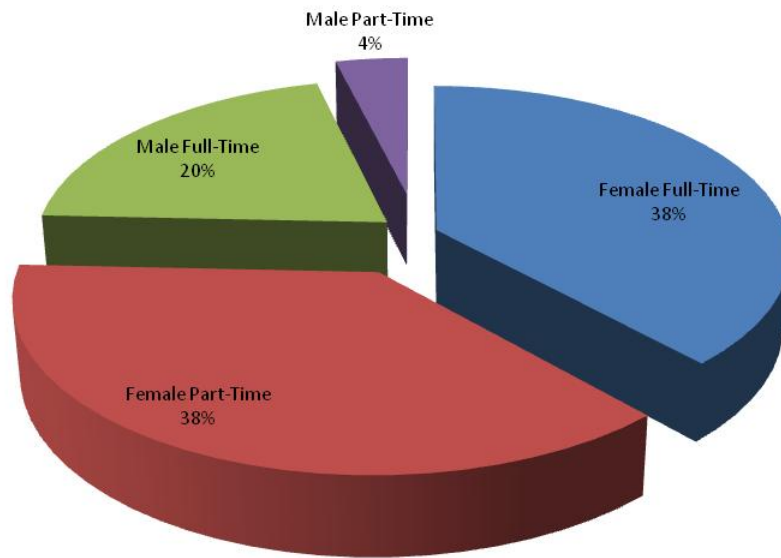
Appendix 2 Workforce Information and Profile

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.

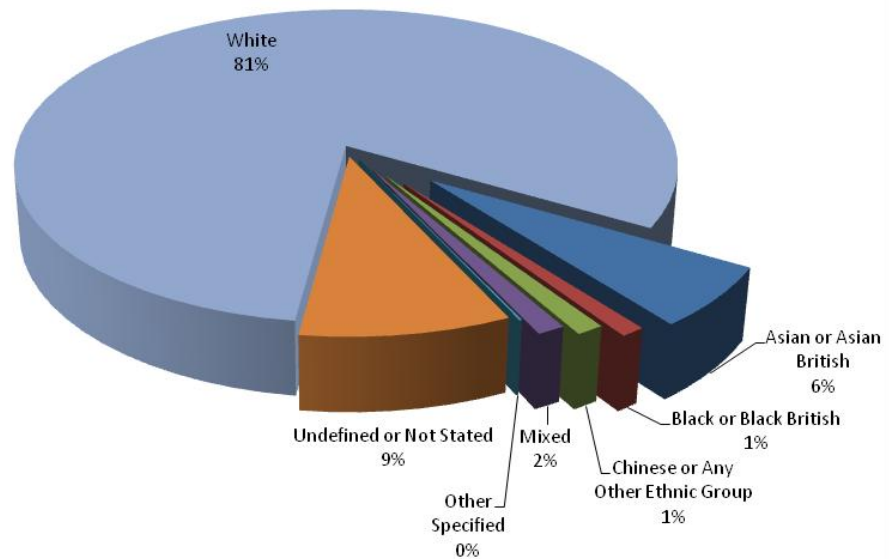
The protected characteristics profile



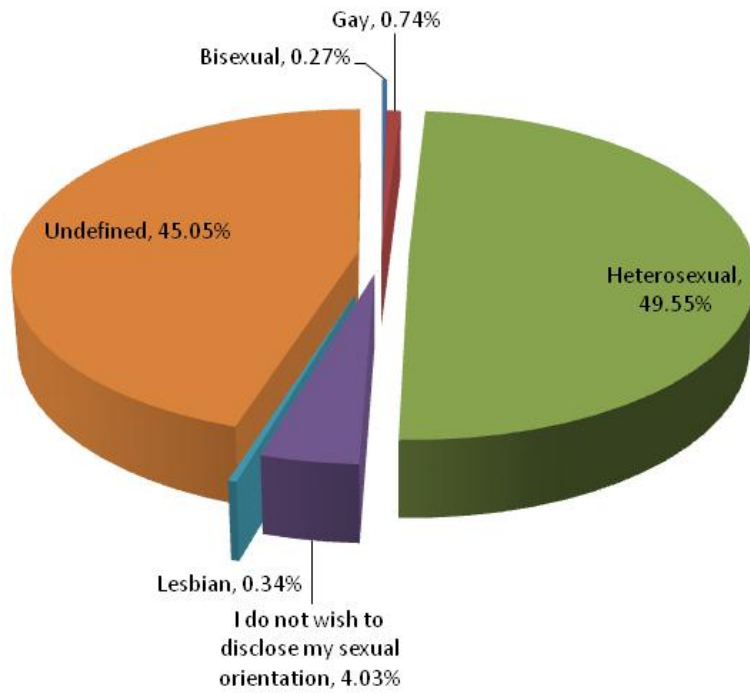
Gender and Contract Type



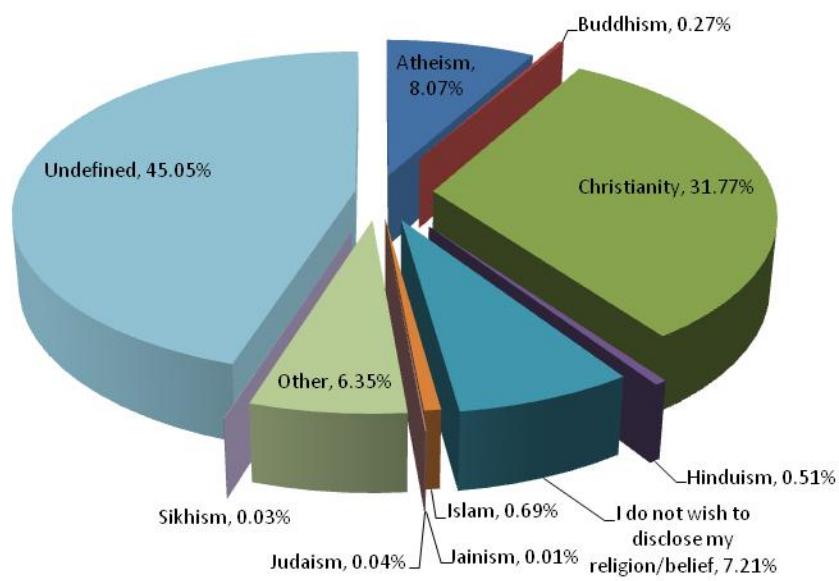
Ethnicity



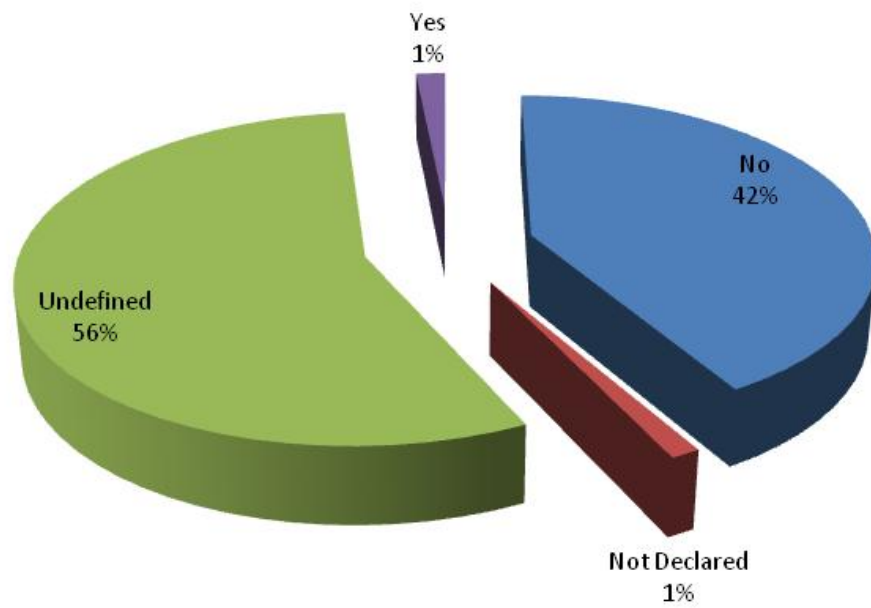
Sexual Orientation



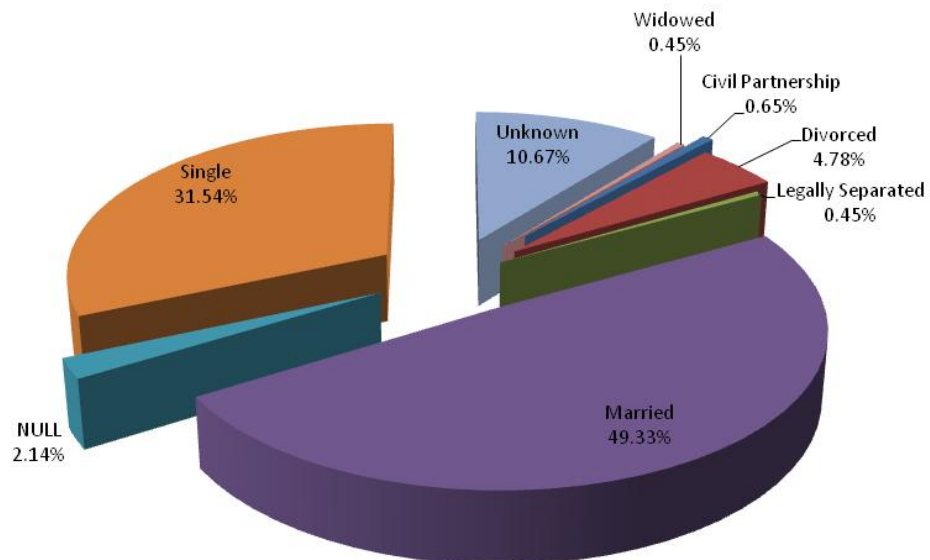
Religious Belief



Disability



Marital Status



Please find below the nationality of our staff.

Clinical Board	(All)
Directorate	(All)
Staff Group	(All)

Clinical Board	(All)
Directorate	(All)
Staff Group	(All)
EU Member Country	(All)

Headcount	
Nationality	Total
Algerian	3
American	3
Antiguan	1
Australian	3
Bangladeshi	4
Belarusian	1
Belgian	2
Brazilian	2
British	6646
Bulgarian	4
Burmese	2
Canadian	2
Central African	1
Chinese	5
Cypriot	1
Czech	5
Dutch	11
Egyptian	14
Finnish	4
French	5
Gambian	1
German	17
Ghanaian	2
Greek	17
Guyanese	2
Honduran	1
Hungarian	10
Indian	179
Indonesian	1
Iranian	4
Iraqi	3
Irish	79
Italian	24
Jordanian	2
Kenyan	3
Korean	1
Latvian	5
Lithuanian	8
Malaysian	21
Maltese	4
Mauritanian	1
Mexican	1
Nepalese	2

Headcount	
Country Of Birth	Total
Afghanistan	1
Albania	1
Australia	1
Bangladesh	3
Belgium	1
Bosnia and Herzegovina	1
Bulgaria	1
Czech Republic	2
Egypt	14
Estonia	1
Finland	2
France	3
Germany	21
Ghana	5
Gibraltar	2
Greece	8
Hong Kong	4
Hungary	7
India	154
Iran, Islamic Republic of	3
Iraq	13
Ireland	22
Italy	6
Jamaica	2
Jordan	2
Kenya	1
Korea, Republic of	1
Latvia	3
Lebanon	1
Lithuania	4
Malaysia	22
Malta	4
Myanmar	3
Nepal	2
Netherlands	5
New Zealand	2
Nigeria	9
Norway	1
NULL	11685
Pakistan	21
Palestinian Territory,Occupied	2
Philippines	33

New Zealand	2	Poland	20
Nigerian	10	Portugal	4
NULL	7174	Romania	3
Pakistani	19	Russian Federation	5
Philippine	86	Saint Kitts and Nevis	1
Polish	37	Saudi Arabia	2
Portuguese	27	Singapore	4
Romanian	15	Slovakia	2
Russian	6	Slovenia	1
Singapore	6	South Africa	3
Slovak	4	Spain	11
Slovenian	1	Sri Lanka	4
Somali	1	Sudan	5
South African	3	Syrian Arab Republic	2
Spanish	31	Tanzania, United Republic of	1
Sri Lankan	4	Thailand	7
Sudanese	6	Tunisia	1
Swedish	1	Turkey	3
Syrian	1	United Kingdom	2389
Thai	5	United States	6
Trinidadian	1	Venezuela, Bolivarian Republic of	2
Tunisian	1	Zambia	2
Turkish	4	Zimbabwe	3
Yemeni	1	Grand Total	14560
Zimbabwean	7		
Grand Total	14560		

Please find below other workforce related information to

Staff Group	(All)
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Assignment Status	Data	Total
Active Assignment	Count of Assignment Number	97.58%
	Count of Clinical Board	14207
Career Break	Count of Assignment Number	0.28%
	Count of Clinical Board	41
Internal Secondment	Count of Assignment Number	0.01%
	Count of Clinical Board	2
Maternity & Adoption	Count of Assignment Number	2.04%
	Count of Clinical Board	297
Out on External Secondment - Paid	Count of Assignment Number	0.01%
	Count of Clinical Board	1
Out on External Secondment - Unpaid	Count of Assignment Number	0.01%

	Count of Clinical Board	1
Suspend No Pay	Count of Assignment Number	0.07%
	Count of Clinical Board	10
Suspend With Pay	Count of Assignment Number	0.01%
	Count of Clinical Board	1
Total Count of Assignment Number		100.00%
Total Count of Clinical Board		14560

Please find below the equality profile in regard to job applicants 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 2015 – March 2016.

		Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15
Gender	Male	688	505	888	965	1243	708	878	944	903	1029	821
	Female	2048	1904	2239	1628	2938	1852	2537	2497	2161	2022	1836
Disability	Undisclosed	18	10	8	17	12	6	2	4	11	7	3
	Yes	110	102	122	90	160	115	148	135	162	120	115
Criminal Conviction	No	2616	2298	2981	2492	3996	2430	3220	3258	2868	2905	2512
	Undisclosed	28	19	32	28	37	21	49	52	45	33	33
Ethnicity	Yes	25	20	37	26	46	28	40	28	23	35	23
	No	2729	2399	3098	2583	4146	2538	3377	3417	3052	3022	2637
Age Band	WHITE - British	2072	1959	2349	1772	3136	1909	2600	2504	2268	2197	2002
	WHITE - Irish	10	8	20	15	22	22	18	30	24	18	15
Sexual Orientation	WHITE - Any other white background	138	135	201	206	211	141	225	230	191	178	167
	ASIAN or ASIAN BRITISH - Indian	155	103	185	247	248	173	177	205	162	201	152
Marital Status	ASIAN or ASIAN BRITISH - Pakistani	41	27	45	61	61	25	39	51	66	67	48
	ASIAN or ASIAN BRITISH - Bangladeshi	19	17	16	26	16	16	32	25	27	27	20
Impairment	ASIAN or ASIAN BRITISH - Any other Asian background	58	37	73	49	141	78	95	109	63	90	63
	MIXED - White & Black Caribbean	20	13	19	25	34	18	14	28	26	25	21
Religion	MIXED - White & Black African	14	4	9	6	21	5	9	12	11	14	7
	MIXED - White & Asian	13	2	9	4	13	13	24	15	10	14	22
Disability	MIXED - any other mixed background	18	11	13	10	23	7	15	28	28	24	13
	BLACK or BLACK BRITISH - Caribbean	5	7	18	3	9	9	5	19	16	16	6
Age Band	BLACK or BLACK BRITISH - African	68	32	70	72	106	60	76	74	86	71	49
	BLACK or BLACK BRITISH - Any other black background	1	1	3	1	11	8	8	7	5	4	2
Sexual Orientation	OTHER ETHNIC GROUP - Chinese	19	8	20	6	8	4	8	15	8	7	10
	OTHER ETHNIC GROUP - Any other ethnic group	63	35	45	56	83	48	49	43	39	65	35
Religion	Undisclosed	40	20	40	51	50	30	23	50	45	40	28
	Under 18	2	0	4	0	2	1	5	2	6	2	1
Sexual Orientation	18 to 19	25	47	85	46	56	43	71	68	45	35	21
	20 to 24	580	568	675	434	886	418	644	647	663	548	513
Sexual Orientation	25 to 29	632	443	614	537	866	548	694	718	656	676	663
	30 to 34	378	327	416	387	452	374	485	495	440	445	358
Sexual Orientation	35 to 39	327	262	313	313	515	354	411	382	300	337	284
	40 to 44	284	278	271	273	411	265	341	335	304	299	277
Sexual Orientation	45 to 49	239	221	309	251	400	246	304	318	232	298	246
	50 to 54	152	148	272	205	343	178	249	274	252	230	156
Sexual Orientation	55 to 59	105	103	131	109	188	106	158	145	140	133	110
	60 to 64	25	21	42	51	68	29	50	55	33	45	25
Sexual Orientation	65 to 69	0	1	3	3	4	4	4	4	3	6	3
	70 and over	0	0	0	0	0	0	0	0	0	1	0
Religion	Undisclosed	5	0	0	1	2	0	1	2	1	3	3
	Atheism	456	398	595	406	667	392	568	528	561	541	520
Religion	Buddhism	25	17	11	10	23	16	19	16	12	25	7
	Christianity	1277	1206	1461	1189	2148	1233	1720	1770	1454	1455	1251
Religion	Hinduism	72	32	45	124	68	80	56	55	58	56	65
	Islam	133	73	112	179	152	93	120	126	159	162	126
Religion	Jainism	1	1	0	0	0	1	0	0	1	0	1
	Judaism	1	2	2	1	1	1	8	4	1	8	3
Religion	Sikhism	9	4	5	26	14	13	11	10	12	17	4
	Other	456	456	532	386	668	435	548	508	473	447	384
Sexual Orientation	Undisclosed	324	230	372	289	452	302	367	428	344	347	299
	Lesbian	39	23	46	36	29	18	24	20	24	28	23
Sexual Orientation	Gay	52	65	75	58	64	56	73	55	43	40	36
	Bisexual	38	22	28	32	45	32	33	36	54	39	29
Sexual Orientation	Heterosexual	2464	2171	2763	2297	3769	2299	3102	3069	2725	2764	2422
	Undisclosed	161	138	223	187	286	161	185	265	229	187	150
Marital Status	Married	899	768	1046	1013	1496	939	1197	1198	1010	1094	830
	Single	1502	1323	1693	1302	2205	1368	1814	1830	1702	1594	1521
Marital Status	Civil partnership	83	84	65	55	99	67	77	77	69	84	63
	Legally separated	24	16	26	20	35	10	31	45	31	30	21
Marital Status	Divorced	140	164	207	151	258	130	212	201	193	166	145
	Widowed	10	7	11	7	17	5	14	17	8	16	11
Marital Status	Undisclosed	96	57	87	62	83	47	72	77	62	74	69
	Physical Impairment	14	23	32	12	20	34	33	49	33	26	26
Impairment	Sensory Impairment	9	5	7	4	25	14	24	18	17	12	11
	Mental Health Condition	20	21	21	20	28	24	30	23	35	21	20
Impairment	Learning Disability/Difficulty	38	34	21	16	31	17	33	29	31	41	32
	Long-Standing Illness	14	25	33	26	50	45	41	42	42	24	31
Impairment	Other	25	14	25	27	34	14	27	25	25	17	8
Total	Total	2754	2419	3135	2610	4193	2566	3417	3445	3075	3058	2660

Please find below the equality profile in regard to those shortlisted applicants 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 2015 – March 2016.

		Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15
Gender	Male	11	118	259	315	383	252	261	234	208	304	239
	Female	76	556	854	536	1107	657	954	750	675	678	637
Disability	Undisclosed	0	1	1	7	5	1	0	3	6	5	1
	Yes	2	31	46	34	66	37	52	37	39	43	40
No	Undisclosed	83	638	1057	817	1413	863	1150	937	840	936	831
	Yes	2	6	11	7	16	10	13	13	10	8	6
Criminal Conviction	Yes	0	9	11	7	16	10	10	2	6	14	4
	No	87	666	1103	850	1479	900	1205	985	883	972	873
Ethnicity	WHITE - British	74	554	858	613	1142	664	929	703	721	763	687
	WHITE - Irish	2	4	8	9	6	14	13	16	9	11	8
WHITE - Any other white background	Undisclosed	2	34	73	54	65	46	75	61	33	41	38
	ASIAN or ASIAN BRITISH - Indian	3	33	58	71	77	82	65	70	41	47	52
ASIAN or ASIAN BRITISH - Pakistani	Undisclosed	1	6	15	16	23	14	13	9	14	18	15
	ASIAN or ASIAN BRITISH - Bangladeshi	0	1	7	8	6	6	11	3	3	4	1
ASIAN or ASIAN BRITISH - Any other Asian background	Undisclosed	1	11	24	12	45	23	36	40	12	15	18
	MIXED - White & Black Caribbean	0	0	8	6	15	7	6	7	2	7	6
MIXED - White & Black African	Undisclosed	0	4	2	2	7	0	3	1	3	4	3
	MIXED - White & Asian	2	1	1	2	4	3	6	1	2	3	4
MIXED - any other mixed background	Undisclosed	0	1	2	6	7	5	5	8	5	6	7
	BLACK or BLACK BRITISH - Caribbean	0	4	6	2	6	4	1	9	7	9	4
BLACK or BLACK BRITISH - African	Undisclosed	1	6	20	19	28	12	21	15	15	16	10
	BLACK or BLACK BRITISH - Any other black background	0	0	1	0	4	2	2	1	1	2	0
OTHER ETHNIC GROUP - Chinese	Undisclosed	0	3	8	5	3	3	5	4	1	3	3
	OTHER ETHNIC GROUP - Any other ethnic group	0	6	11	17	34	13	17	18	8	18	14
Age Band	Undisclosed	1	7	12	16	23	12	7	21	12	20	7
	Under 18	0	0	2	0	0	0	3	0	0	0	1
18 to 19	Undisclosed	1	8	12	4	10	5	21	8	5	3	4
	20 to 24	7	110	185	105	245	95	167	134	109	127	118
25 to 29	Undisclosed	15	118	217	166	332	177	274	180	173	220	206
	30 to 34	16	92	162	125	174	150	172	133	123	147	114
35 to 39	Undisclosed	16	85	118	122	209	150	155	134	122	118	108
	40 to 44	10	98	127	116	170	110	143	121	122	125	111
45 to 49	Undisclosed	11	81	119	94	140	92	126	118	92	104	93
	50 to 54	7	53	112	81	127	73	99	95	81	87	69
55 to 59	Undisclosed	1	26	47	29	65	45	37	49	53	37	40
	60 to 64	3	3	10	13	21	10	16	11	9	14	9
65 to 69	Undisclosed	0	1	3	2	2	3	1	3	0	4	1
	70 and over	0	0	0	0	0	0	0	0	0	0	0
Religion	Undisclosed	0	0	0	1	0	0	1	1	0	1	3
	Atheism	14	107	207	130	246	121	213	145	148	182	177
Buddhism	Undisclosed	0	9	6	4	7	6	9	3	7	8	2
	Christianity	53	377	556	417	774	465	631	558	459	480	401
Hinduism	Undisclosed	1	3	11	40	19	41	17	19	14	14	27
	Islam	1	13	36	53	50	38	39	23	26	40	38
Jainism	Undisclosed	0	1	0	0	0	0	0	0	1	0	0
	Judaism	0	0	0	0	0	0	0	1	0	3	2
Sikhism	Undisclosed	0	2	3	5	3	6	1	2	2	4	0
	Other	12	95	163	110	229	126	179	119	132	124	126
Sexual Orientation	Undisclosed	6	68	132	99	167	107	126	117	100	132	104
	Lesbian	0	8	13	6	11	6	8	8	4	8	7
Gay	Undisclosed	3	19	20	23	22	19	26	18	11	16	14
	Bisexual	1	4	11	8	11	9	12	12	10	10	7
Heterosexual	Undisclosed	78	610	1010	771	1353	822	1103	874	805	897	808
	Marital Status	5	34	60	50	98	54	66	75	59	56	41
Married	Undisclosed	45	253	418	366	554	415	478	421	374	380	321
	Single	30	329	555	387	749	399	599	440	411	474	458
Civil partnership	Undisclosed	3	18	23	19	37	26	25	19	11	28	19
	Legally separated	0	4	8	6	12	5	15	16	6	13	6
Divorced	Undisclosed	7	50	76	51	99	44	70	62	62	59	53
	Widowed	0	3	4	5	7	2	5	3	1	4	5
Impairment	Undisclosed	2	18	30	24	37	19	23	26	24	29	15
	Physical Impairment	0	7	13	4	9	9	8	9	6	3	8
Sensory Impairment	Undisclosed	0	1	3	2	13	3	10	4	5	9	3
	Mental Health Condition	0	5	7	5	7	8	9	6	3	3	4
Learning Disability/Difficulty	Undisclosed	1	12	9	11	14	5	14	5	11	18	14
	Long-Standing Illness	0	7	15	9	19	11	16	7	11	8	10
Other	Undisclosed	1	5	6	6	9	4	12	9	7	7	4
Total	Total	87	675	1114	858	1495	910	1215	987	889	987	877

Please find below the equality profile in regard to those applicants 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 2015 – March 2016.

		Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15
Gender	Male	0	4	41	54	86	52	77	63	31	62	54
	Female	0	27	201	112	272	146	259	199	125	182	125
	Undisclosed	0	0	0	0	0	0	0	2	1	1	0
Disability	Yes	0	1	4	5	14	5	9	9	5	8	10
	No	0	30	236	159	343	192	323	252	149	237	169
	Undisclosed	0	0	2	2	1	1	4	3	3	0	0
Criminal Conviction	Yes	0	0	1	0	3	3	1	1	2	3	0
	No	0	31	241	166	355	195	335	263	155	241	179
Ethnicity	WHITE - British	0	25	194	121	284	165	276	195	130	193	149
	WHITE - Irish	0	0	5	3	1	3	5	5	4	1	3
	WHITE - Any other white background	0	2	12	8	14	5	16	15	6	8	5
	ASIAN or ASIAN BRITISH - Indian	0	1	10	9	11	10	12	16	5	11	8
	ASIAN or ASIAN BRITISH - Pakistani	0	1	2	1	8	3	0	0	3	3	1
	ASIAN or ASIAN BRITISH - Bangladeshi	0	1	0	3	2	0	0	0	0	1	1
	ASIAN or ASIAN BRITISH - Any other Asian background	0	0	5	3	9	5	11	15	2	6	2
	MIXED - White & Black Caribbean	0	0	1	2	4	1	1	3	0	1	1
	MIXED - White & Black African	0	0	1	1	0	0	1	0	0	0	0
	MIXED - White & Asian	0	0	0	1	1	0	4	0	2	1	2
	MIXED - any other mixed background	0	0	1	3	3	0	1	2	0	1	0
	BLACK or BLACK BRITISH - Caribbean	0	0	3	1	2	1	1	2	2	1	3
	BLACK or BLACK BRITISH - African	0	1	2	2	5	2	2	2	0	6	2
	BLACK or BLACK BRITISH - Any other black background	0	0	0	0	2	1	0	1	0	0	0
	OTHER ETHNIC GROUP - Chinese	0	0	4	2	1	0	1	2	0	1	0
	OTHER ETHNIC GROUP - Any other ethnic group	0	0	1	4	5	1	4	4	1	4	1
	Undisclosed	0	0	1	2	6	1	1	2	2	7	1
Age Band	Under 18	0	0	1	0	0	0	2	0	0	0	0
	18 to 19	0	0	2	0	2	2	4	2	0	1	0
	20 to 24	0	5	57	15	73	32	62	30	16	37	32
	25 to 29	0	4	56	43	92	47	83	55	42	62	44
	30 to 34	0	5	32	20	37	36	50	36	19	36	23
	35 to 39	0	5	24	23	53	22	32	39	21	26	21
	40 to 44	0	3	19	27	45	21	40	31	27	34	20
	45 to 49	0	7	16	17	26	16	32	36	16	24	24
	50 to 54	0	1	25	14	18	12	23	21	8	16	10
	55 to 59	0	1	7	3	9	8	5	11	6	7	3
	60 to 64	0	0	3	4	3	2	3	2	2	2	1
	65 to 69	0	0	0	0	0	0	0	1	0	0	0
	70 and over	0	0	0	0	0	0	0	0	0	0	0
	Undisclosed	0	0	0	0	0	0	0	0	0	0	1
Religion	Atheism	0	4	60	34	74	33	78	39	28	47	45
	Buddhism	0	0	4	1	0	1	1	1	2	3	1
	Christianity	0	23	111	82	174	111	160	152	75	122	77
	Hinduism	0	0	2	3	3	3	4	4	1	2	3
	Islam	0	3	4	8	14	5	2	3	4	6	5
	Jainism	0	0	0	0	0	0	0	0	0	0	0
	Judaism	0	0	0	0	0	0	0	1	0	0	1
	Sikhism	0	0	1	2	1	1	0	0	0	0	0
	Other	0	0	34	18	46	19	54	33	28	28	27
	Undisclosed	0	1	26	18	46	25	37	31	19	37	20
Sexual Orientation	Lesbian	0	0	1	3	3	1	3	1	1	4	3
	Gay	0	0	3	7	5	7	8	8	3	4	8
	Bisexual	0	0	1	0	2	0	2	2	1	2	2
	Heterosexual	0	30	231	150	334	182	307	225	144	219	153
	Undisclosed	0	1	6	6	14	8	16	28	8	16	13
Marital Status	Married	0	13	90	72	119	77	123	116	69	96	58
	Single	0	15	139	77	197	105	181	122	69	113	102
	Civil partnership	0	1	2	4	8	7	7	7	3	6	6
	Legally separated	0	0	0	0	4	1	5	5	1	5	1
	Divorced	0	2	7	9	20	4	11	8	9	16	8
	Widowed	0	0	1	2	1	0	2	1	0	1	1
	Undisclosed	0	0	3	2	9	4	7	5	6	8	3
Impairment	Physical Impairment	0	0	0	0	1	2	1	2	0	0	1
	Sensory Impairment	0	0	0	0	3	0	1	1	0	0	1
	Mental Health Condition	0	0	1	0	1	1	0	0	1	1	2
	Learning Disability/Difficulty	0	1	2	2	5	0	4	3	2	6	5
	Long-Standing Illness	0	0	1	3	4	2	1	0	2	2	2
	Other	0	0	0	0	1	0	3	3	1	1	1
Total	Total	0	31	242	166	358	198	336	264	157	245	179

Please find below the Equality Mandatory Training Report for the Period March 2013 - April-2016. 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.

Equality					
1-Mar-2013 - 30-APR-2016					
Clinical Board	Staff in Post	Equality & Diversity - Awareness Training (Human Rights)	Equality & Diversity - Equality Impact Assessment	Mandatory Training Programme - Equality & Diversity	Grand Total
001 Children & Women Clinical Board	1906	318	74	1326	1718
001 Clinical Diagnostics & Therapeutics Clinical Board	2249	223	19	2206	2448
001 Dental Clinical Board	503	25	6	520	551
001 Director of Therapies & Health Science	71	6		62	68
001 Executive Services	182	3	1	145	149
001 Finance Division	102	1		110	111
001 Medical Division	81	14		44	58
001 Medicine Clinical Board	1719	144	1	1155	1300
001 Mental Health Clinical Board	1349	314	3	907	1224
001 Nursing Division	99	11	7	75	93
001 Planning Division	1223	63	1	1332	1396
001 Primary, Community Intermediate Care Clinical Board	803	103	6	697	806
001 Public Health Division	77	1		89	90
001 Specialist Services Clinical Board	1643	187	11	1278	1476
001 Surgical Services Clinical Board	1853	86	3	1568	1657
001 Workforce & OD Division	138	30	16	169	215
Grand Total	13998	1553	148	11721	13422

How to give us your comments

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There is a range of ways 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

Join a patient group

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

The Patient Experience team can also help on 02920 335468

Tell us your story

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

Raise a concern

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

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

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

Accessibility

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

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