

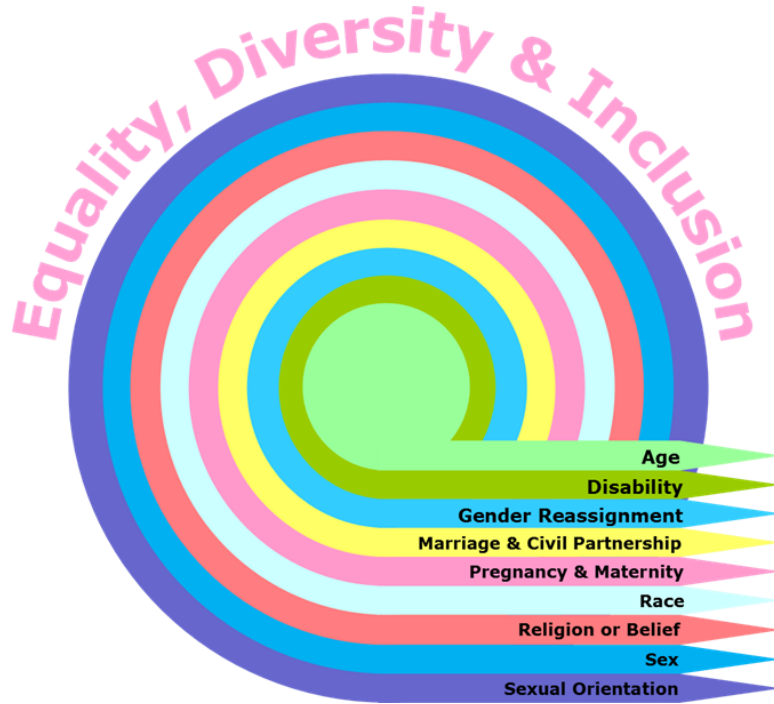


**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

# Equality Annual Report

## 2019-2020



## Contents

<b>Introduction</b>	3
Achievements during 2019-20	4
Our LGBT Achievements	4
Our Sensory Loss and Disability Achievements	5
Compliance and Mainstreaming	6
<b>Our Strategic Equality Plans Engagements and Partnership Working</b>	7
<b>Information, Training and Mainstreaming</b>	8
	9
Policy and Constitution	10
<b>Information and Monitoring</b>	11
Steps taken to identify and collect relevant information	11
How we have used the data in meeting the three aims of the general duty	12
Limitations of data	12
How we have used this data	12
Any reasons for not collecting the relevant information	13
<b>Progress toward fulfilling each of the authority's equality objectives</b>	14
Employment Equality Information	17
<b>Conclusion</b>	25

## **Equality Annual Report 2019-20: Introduction**

This report aims to meet the requirements of the Equality and Human Rights Commission's, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'.

This report relates to 2019-20 and is therefore the first produced since the Cwm Taf Morgannwg University Health Board boundary changes. Comparisons between previous Equality Annual Reports and this one should take into consideration the fact that the Health Board Health Board now covers a much larger geographic area, and employs a significantly larger workforce. This has particular relevance to the statistical elements of the report.

## Achievements during 2019-20

### We're proud of our work in the last year:

#### Our LGBT achievements:

- Our work with the *Ffrindiau* LGBT staff network being nominated for a 2019 NHS Wales Award and also winning the HPMA award for our new LGBT helpline.
- Membership of our LGBT network passing 100, and still growing.
- In partnership with Swansea Bay University Health Board and their LGBT Network, we hosted the 'LGBTTea' event in November 2019 at the Angelton Clinic at Glanrhyd Hospital. This full day event focused on the too-frequently marginalised experience of older LGBT people. Guest speakers included Phil Forder, Community Engagement Officer at Parc Prison, and Professor Ben Thomas, Research and Policy Officer at *Opening Doors*.
- We took part in Pride 2019, with a comprehensive social media campaign as well as sending numerous staff representatives from the *Ffrindiau* network.
- We have produced and had approved a Policy for the Recruitment and Retention of Trans\* Staff. This policy outlines how the organisation will support its existing and future Trans\* staff with their Transition process as well as supporting their dignity and inclusion in their everyday working life. This has already been used in relation to existing staff undergoing transition in 2019-20, and was described by a member of staff as one of the most useful and

comprehensive policies the Health Board had produced.

- The above policy was supported by a new LGBT\* 'Diversity Street – Helping You Be You' staff helpline used by staff for support and information. This won an HPMA award and we subsequently shared it at an All Wales HPMA conference.
- We have developed a Trans\* Patient Policy, expected to be approved before the end of 2020, to dovetail with the devolution of the Gender Pathway to Wales. This will also be developed into a 'toolkit' and shared throughout Wales.
- We were placed mid-way on the Stonewall's *Workplace Equality Index* and were certified as a Stonewall Diversity Champion.
- We arranged a series of Trans\* awareness sessions for both Health Board staff and Primary Care staff within the Health Board area to support the increased role of GP practices in the Trans\* patient pathway. These were delivered by a Trans\* individual and explored the Trans\* experience, including guidance and appropriate language.

### **Our sensory loss and disability achievements:**

- The Health Board was shortlisted and won an Action on Hearing Loss Award in 2019. This was the third time that the Health Board has won this prestigious national award for 'Excellence in Healthcare', reflecting our ongoing sector-leading excellence in the field of Sensory Loss. The judges were particularly pleased with the Health Board's Accessible Buildings policy and the work on providing BSL on-line interpretation systems throughout the Health Board (see below).

- Distributing hearing equipment throughout Bridgend services so that all our patients have the same access to this equipment. We trained the Patient Experience team and a number of departmental managers and subsequently presented to Senior Nurses which led to wide uptake of this resource.
- This included extending 24/7 availability of on-line interpretation equipment and services to A&E and other services. Deaf patients in the Bridgend area are now able to access same day GP appointments without delay due to non-availability of face to face interpreters. We received excellent feedback from the Bridgend Deaf Club for this initiative and members said they felt very empowered and supported by the Health Board.
- This work was presented to the Welsh Government Hearing Board, chaired by Jean White, Chief Nursing Officer who called on all health boards to introduce on-line interpretation.
- A new online Mental Health Toolkit for Sensory Loss, which collects together a range of resources for addressing Sensory Loss issues in Mental Health services. This was developed in partnership with Deaf service users and the British Deaf Association who co-presented our launch in January, well-attended by our own staff and many from other health boards. This work included making changes which improved access to Mental Health, particularly at night which was previously difficult for deaf patients. This will be shared throughout Wales.
- Carrying out Sensory Loss training sessions throughout the Health Board, with a focus on training staff to use the Health Board's sensory loss equipment, and mainstreaming the *All Wales Standards for Information and Communication with People with a Sensory Loss*. We specifically raised awareness in Bridgend, reaching Patient Care &

Safety leads, departmental managers and senior nurses.

## **Compliance and Mainstreaming**

- We have continued to monitor the use of Online interpretation, which now makes up approximately 25% of the instances of the use of interpretation in the Health Board. Monitoring of usage suggests the system is frequently used out-of-hours, an encouraging finding which suggests the system is enabling access to interpretation where previously patients would have had appointments and even operations cancelled.
- We carried out a series of audits on accessibility in wards and departments, monitoring progress and ensuring compliance. These indicated very high levels of awareness of sensory loss issues, equipment and availability of sensory loss champions.

## Our Strategic Equality Plans (SEP)

2019-20 was the last year of the previous SEP which covered the period 2016-20. Consequently we worked on developing a new SEP to cover the period 2020-24, which was subsequently confirmed by the Health Board. As part of the development process for the SEP we carried out a full public consultation, soliciting the views of patient groups, partnership organisations, third sector and charity groups

The outgoing SEP was reviewed as part of the new SEP which was published in March 2020 on the Health Board website.

The new SEP divides our objectives into three broad strategic aims:

**Strategic Aim 1: Improved access and experience for patients throughout the Health Board Strategic Objectives**

**Strategic Aim 2: Improved staff engagement and experience**

**Strategic Aim 3: Mainstreaming, Monitoring and Compliance**

The SEP was in place by the end of the 2019-20 financial year; however during the Covid-19 pandemic in 2020 and its associated impacts on both the Health Board and the wider community, it was decided to revisit the plan in 2020-21 and produce a revised plan. Whilst much of the content of the original 2020-2024 plan is expected to be retained, new developments are expected to reflect the Post-Covid landscape.

## Engagement and Partnership Working

- Our Planning and Partnerships directorate engages with local authorities, Third Sector organisations and community groups for the purposes of service developments and this informs the EIA process.
- We support major national events such as Pride Cymru (in collaboration with NHS Wales colleagues from across the country), and have sent representatives to LGBT events such organised by local colleges.
- Our LGBTea Break collaboration with Swansea Bay UHB was a success, with speakers and guests from Parc Prison and *Opening Doors*.
- We have consulted with Stonewall and with other NHS Wales organisations on our Trans\* Recruitment and Trans\* Patient policies.
- We have continued to maintain our LGBT network which now has over 100 members. It has already been taken forward as a model for a new Disabled Staff network, established early in 2020, and a BAME staff network planned in the second half of 2020.

## Information, Training and Mainstreaming

- We continue to deliver equality training via the corporate induction process, management leadership programmes and by request to specific areas. This includes equality impact assessment training.
- We have provided 1:1 briefings on Equality matters to colleagues in professional roles
- We contribute to Corporate Orientation and raise awareness of our initiatives and networks via this session.
- We contribute to Healthcare Support Worker and Medical Student programmes.
- We promote our Equality intranet site and project work at every opportunity.

## Policy and Constitution

- We have published a new Health Board Policy for the Recruitment and Retention of Trans\* Staff. It has already been used to assist a department with a staff member setting out on their own Transition journey.
- We have also developed a Trans\* Patient Policy, which will be published later in of 2020. This will be one of the first in the NHS Wales and is in response to the relocation of Gender Pathway services from London to Wales, meaning it is now possible for individuals to transition on the NHS in Wales.
- Regular Equality reports are produced for Board, Quality, Safety and Risk Committee and Welsh Government.
- Our progress against the Strategic Equality Plan is monitored by the Equality and Welsh Language Forum which meets quarterly.
- We work to an Equality work plan, Welsh Language action plans and a Sensory Loss action plan which are each monitored by the respective committees. The Equality and Sensory Loss plans have been recently updated and will concentrate on consolidating and embedding our recent developments such as Disability Confident and on-line interpretation whilst ensuring that this work includes Bridgend services.

## Information and Monitoring

### Steps taken to identify and collect relevant information

The completeness of the Health Board's Equality Data fell in 2019/20 for Sexual Orientation, Religion and Ethnic Origin, although a small rise was seen in completion for Disability:

	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20
<b>Age</b>	100%	100%	100%	100%	100%
<b>Gender</b>	100%	100%	100%	100%	100%
<b>Disability</b>	42%	50%	56%	61%	64%
<b>Sexual Orientation</b>	60%	62%	65%	68%	58%
<b>Religion</b>	60%	62%	65%	68%	58%
<b>Ethnic Origin</b>	99%	94%	95%	99%	90%

The fall in completeness in the three categories is largely attributable to two factors. The first of these was the addition of a large number of new staff to the Health Board as a result of the Bridgend Boundary Change. More than four thousand additional staff now work for the Health Board compared to the 2018/19, and the completion rates for these new staff were lower than in the former Cwm Taf.

Additionally, the Health Board has taken on a number of temporary staff in response to the Covid-19 Pandemic. Due to the means by which these staff were recruited (for example the temporary promotion of 3<sup>rd</sup> year medical and nursing students), their Equality Data is incomplete.

There is expectation that the previous trend of improvement year-on-year will resume as Bridgend-based staff complete their Equality profiles on ESR, and temporary staff either do the same or complete their contracts as staffing levels return to normal. Nevertheless, the Equality and ESR teams intend to work in partnership with other parts of the Health Board to improve these figures in the near future.

### **Limitations of Data**

At the time the data was collected there was no field for transgender status on ESR nor any way to log anything other than Male or Female for Gender, however this is being reviewed and in future should be addressed in time for the next annual report. Staff can choose Mx. as a title, but titles cannot be reported on.

Employee relations activity data is not captured for data protection reasons given the small numbers and risk of identification.

Comprehensive training information has been included in the report although information is not included on unsuccessful applications for training as this information is not recorded. Similarly it is not possible to distinguish between internal and external applicants for promotion on NHS Jobs.

2011 Census and Public Health information are both useful sources of data and there are a range of other sources which are also available e.g. Deprivation index. The census data is now 8 years old and could have changed to some extent.

It is not possible to provide recruitment data for 2019-20; this is due to the available data being so incomplete as to be unhelpful, and potentially misleading. This is due to Data Protection protocols built into the recruitment systems which the authors were not aware of at the time of producing the report: these systems delete most equality

data after a short period of time in order to comply with GDPR. Future annual reports will include Recruitment Data as indented.

### **How we have used this data**

The three aims of the Public Sector Equality General Duty are to:

- 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
- eliminate unlawful discrimination, harassment and victimisation

Equality data was used in the development of the new Strategic Equality plan and our work prioritisation e.g. our current focus on disability and LGBT projects.

BAME data was used to identify and target departments for BAME Risk Assessments during the Covid-19 Pandemic. Individual staff were not identified using this data.

### **Any reasons for not collecting the relevant information**

Steady progress has been made to date and this work will continue. Staff may sometimes be reluctant to disclose personal information particularly in the current national climate of concern about data breaches and misuse. Because staff data is recorded electronically it may be difficult to capture some staff groups who do not have regular computer access at work. As noted elsewhere, system limitations prevent the capture of certain information (e.g. trans\* status). The main employment system for the Welsh NHS (NHS ESR – Electronic Staff Record) is managed outside Wales on a UK-wide basis; we

have requested the inclusion of Trans\* status for years but this has yet to be implemented.

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

As this is the last Equality Annual Report of the 2016-20 cycle, it will be the last to report on these objectives. Future reports will reflect the objectives outlined in the 2020-24 Strategic Equality Plan.

Long Term Goal	Equality Objective	Progress
<b>Better health outcomes for all</b>	To ensure the needs of protected groups under the Equality Act 2010 are included in all service developments and improvements.	The EIA process has been revisited in 2020 to reflect the requirements of the the NHS Delivery Framework Report. The new process should ensure improved rates of completion and greater quality.
<b>Improved patient access and experience</b>	To meet the cultural, language and communication needs of service users who belong to protected groups through: <ul style="list-style-type: none"> <li>- Our cultural toolkit.</li> <li>- Our Welsh Language work</li> <li>- Our work on the All Wales Standards for Communication and Information for</li> </ul>	We continue to work to meet the Welsh Language Standards and more information is available in the Welsh Language Annual Report. The Cultural Toolkit has been expanded to include other groups such as Welsh speakers and deaf culture. It continues to provide a valuable resource,

	<p>People with Sensory Loss.</p>	<p>is promoted at every corporate orientation session to new staff.</p> <p>We continue to be sector leaders in provision for service users with Sensory Loss.</p>
<p><b>Empowered, engaged and included staff</b></p>	<p>To ensure staff from protected groups are treated equally and fairly and give them a voice through the development of networks and our Communications work.</p>	<p>Our work with the <i>Ffrindiau</i> LGBT Network was shortlisted for an NHS Award and won an HPMa award. We established a disability network on a similar model in early 2020 and will expand this to BAME staff later in the year.</p>
<p><b>Inclusive leadership at all levels</b></p>	<p>We link with management and organisational development programmes so that Equality can be mainstreamed throughout the organisation</p>	<p>Equality, sensory loss and Welsh language are included in leadership programmes, corporate orientation, health care support worker programmes, medical training and on a departmental basis.</p>

## ***Gender pay Equality***

This is a fifth stand-alone objective - to continue to review gender equality in the workplace and build on the success of the Women Adding Value to the Economy project.

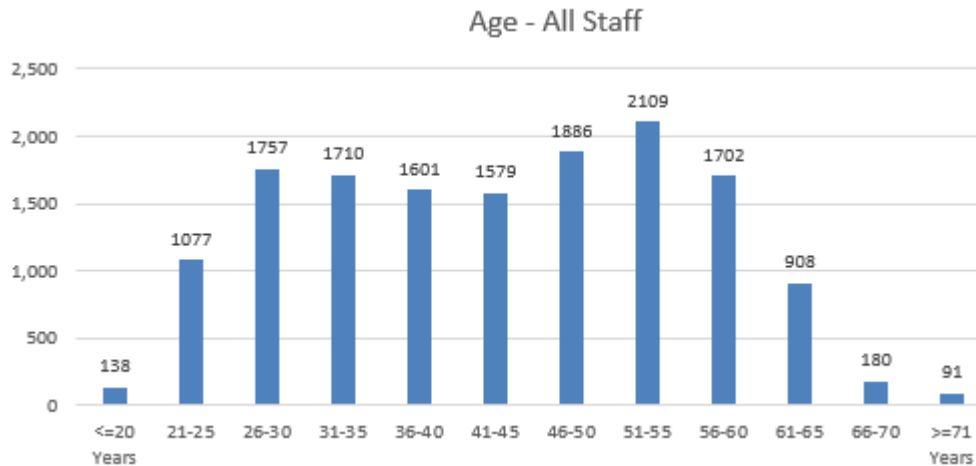
The gender pay gap has widened slightly, to 29% compared to 28% in the previous year. This may be related to the Bridgend transition, which involved a larger proportion of senior medical staff (who are slightly more likely to be male) joining relative to senior administrative or managerial staff (who are more likely to be women).

A comprehensive gender pay review project was carried out internally and published a series of recommendations to mitigate the pay gap. These will be taken forward as part of the 2020-24 SEP.

The gender pay gap is significantly higher than in the country more generally, however is similar to that reported by other NHS Wales organisations

## Employment Equality information

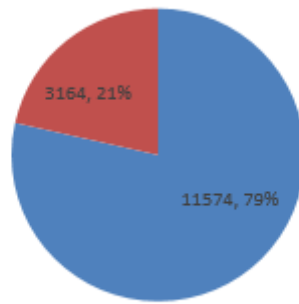
### Workforce Information – Staff in post



The youngest age group remains under-represented. This is likely in part due to the high number of graduate roles within the Health Board: university graduates would normally be aged 21 or higher, and a degree is a requirement for many starting roles in the Health Board e.g. registered nurse, occupational therapist, physiotherapist, etc.

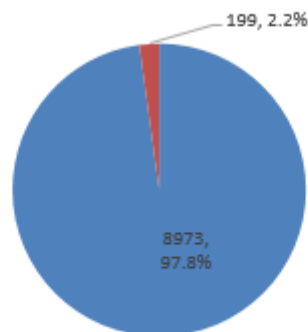
33.7% of staff are aged over 50, continuing a downward trend seen in previous years (35% in 2018-19, 38% in 2017-18) – although as noted most changes to the staff profile will be due to the addition of Bridgend-based staff.

### Gender



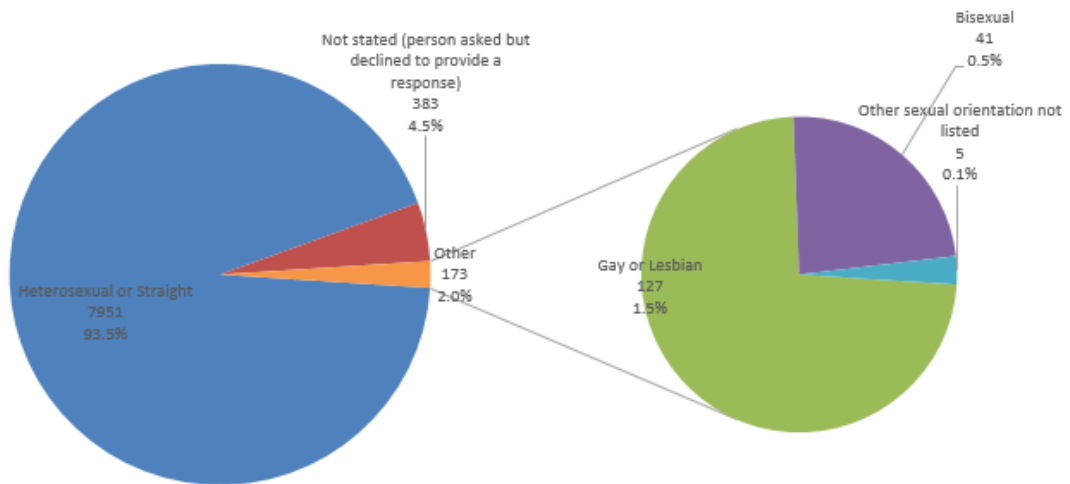
79% of staff are female. Despite the boundary change, this is consistent with previous years (80% in 2018-19), and is likely due to the significant number of roles within the Health Board which are in traditionally female-dominated sectors e.g. nursing and administration.

### Disability

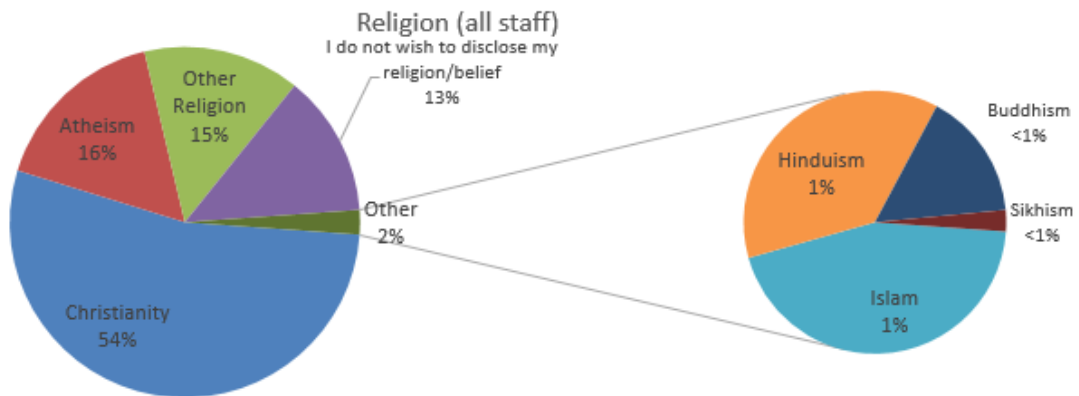


There are low numbers of staff who declare a disability compared to the local population, however the proportion who have done so declared (2.2%) is significantly more than in the previous year (1%). The boundary change may be a factor, however the Health Board has also improved the rate of reporting.

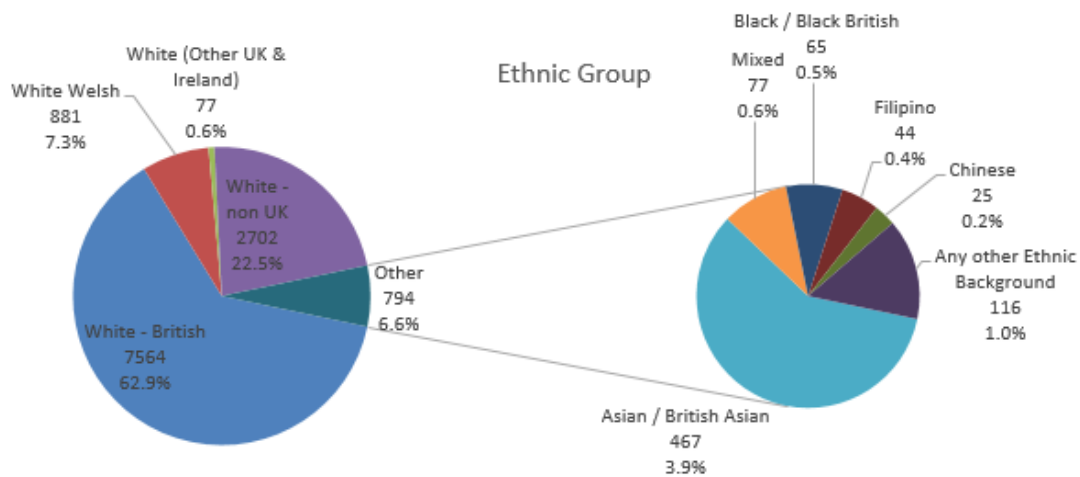
### Sexual Orientation



2.1% of staff now declare they are LGBT, an increase on the 1.6% seen last year. As ever the boundary change could be a factor, however efforts have also been made to improve the rate of completion.



The low numbers from minority religions reflect the local community and are not significantly different to previous years.

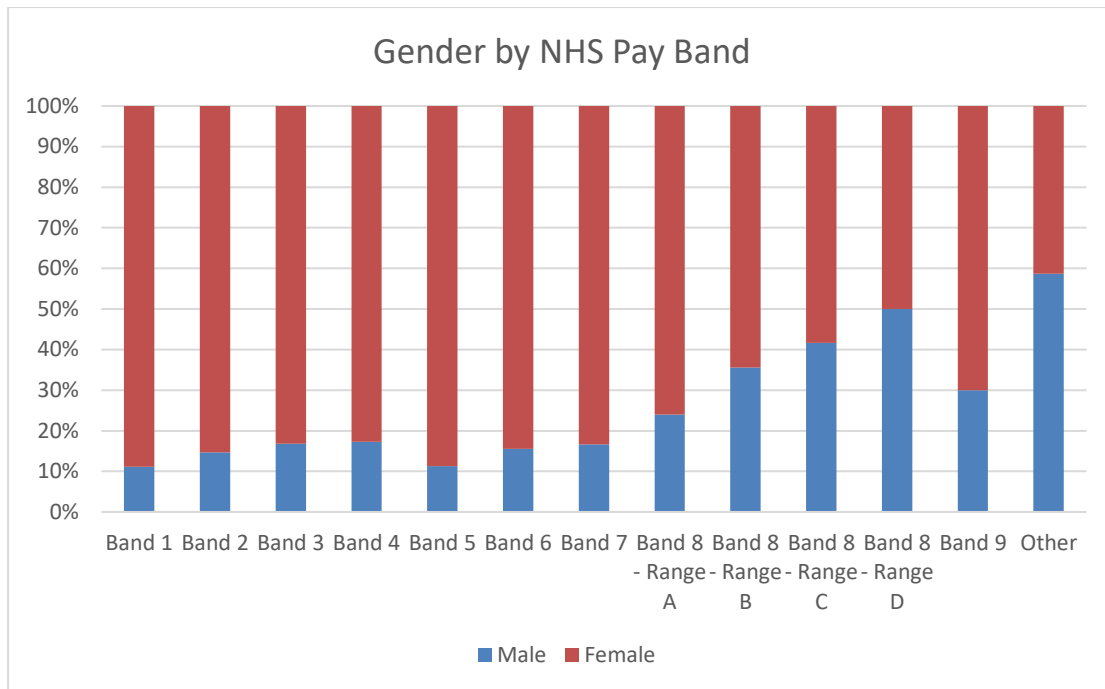


The most significant non-UK group after are White individuals from outside the UK. The addition of Bridgend staff has increased the BAME proportion of the staff population from 5.4% to 6.6%, significantly higher than the proportions seen in the community.

### Gender Pay

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	22.2103	16.6262
Female	15.7449	13.9412
Difference	6.4654	2.6850
Pay Gap %	29.1100	16.1493

As previously noted, the gender pay gap has widened slightly, to 29% compared to 28% in the previous year.



The large disparity may reflect the overall dominance of women within the organisation, who make up the majority of staff at almost all pay levels, but the overwhelming majority in Bands 1-7. It is noteworthy that most nursing roles are in these pay bands, and that nursing roles are traditionally seen as 'female' professions. Men are only comparatively well represented in senior management and (the field "other" in the above graph includes all medial pay grades).

### Training Equality Profile:

Small groups (<5 individuals confirmed) have been disguised in the below table in order to ensure confidentiality.

Gender	Completed	Confirmed	Not Completed	Completion %
Female	82,318	34,309	43	70.56%
Male	17,344	12,195	<5	58.71%
Unknown	13			100.00%

Ethnic Group	Completed	Confirmed	Not Completed	Completion %
A White - British	53,476	15,450	22	77.56%
B White - Irish	331	86		79.38%

C White - Any other White background	17,935	4,064	<5	81.50%
C2 White Northern Irish	10	5		66.67%
C3 White Unspecified	3,164	4,270	<5	42.54%
CA White English	193	19		91.04%
CB White Scottish	97	31		75.78%
CC White Welsh	5,777	1,448	<5	79.94%
CF White Greek	9	12		42.86%
CH White Turkish		12		0.00%
CK White Italian	8			100.00%
CP White Polish	51	6	<5	87.93%
CX White Mixed	37	15		71.15%
CY White Other European	184	59		75.72%
D Mixed - White & Black Caribbean	120	28		81.08%
E Mixed - White & Black African	47	60		43.93%
F Mixed - White & Asian	160	22		87.91%
G Mixed - Any other mixed background	144	83		63.44%
GC Mixed - Black & White	26	13		66.67%
GD Mixed - Chinese & White		12		0.00%
GF Mixed - Other/Unspecified	68	10		87.18%
H Asian or Asian British - Indian	1,136	1,336		45.95%
J Asian or Asian British - Pakistani	85	243		25.91%
K Asian or Asian British - Bangladeshi	8	22		26.67%
L Asian or Asian British - Any other Asian background	1,599	245	<5	86.53%
LA Asian Mixed	8	35		18.60%
LB Asian Punjabi	<5	6		40.00%
LD Asian East African	<5	15		21.05%
LE Asian Sri Lankan	18	58		23.68%
LF Asian Tamil	42	9		82.35%
LG Asian Sinhalese	7			100.00%
LH Asian British	60	5		92.31%
LK Asian Unspecified	27	50		35.06%
M Black or Black British - Caribbean	103	59		63.58%
N Black or Black British - African	221	233	<5	48.57%
P Black or Black British - Any other Black background	57	6		90.48%
PC Black Nigerian	11	12	<5	45.83%
PE Black Unspecified		26		0.00%
R Chinese	236	106		69.01%
S Any Other Ethnic Group	585	367		61.45%
SA Vietnamese	15			100.00%
SB Japanese		11		0.00%
SC Filipino	458	123	<5	78.69%
SD Malaysian	<5	13		18.75%
SE Other Specified	94	126		42.73%
Z Not Stated	8,294	6,409	<5	56.41%
Unknown	4,761	11,273	<5	29.69%

Disability	Completed	Confirmed	Not Completed	Completion %
No	22,506	7,942	31	73.84%
Not Declared	471	228		67.38%
Prefer Not To Answer	9			100.00%
Unspecified	76,148	38,220	13	66.57%
Yes	541	114	1	82.47%

Age Band	Completed	Confirmed	Not Completed	Completion %
<=20 Years	708	1,080		39.60%
21-25	8,159	5,565	1	59.45%
26-30	11,471	7,932	5	59.10%
31-35	11,274	6,091	1	64.92%
36-40	10,843	4,815	6	69.22%
41-45	11,793	4,427	9	72.67%
46-50	13,672	4,505	4	75.20%
51-55	15,597	4,716	15	76.73%
56-60	10,983	4,131	3	72.65%
61-65	4,460	2,380	1	65.20%
66-70	553	558		49.77%
>=71 Years	162	304		34.76%

Sexual Orientation	Completed	Confirmed	Not Completed	Completion %
Bisexual	314	88		78.11%
Gay or Lesbian	1,111	332		76.99%
Heterosexual or Straight	65,868	16,676	33	79.77%
Not stated (person asked but declined to provide a response)	2,932	886	1	76.77%
Other sexual orientation not listed	25	17	1	58.14%
Undecided	42	6		87.50%
Unknown	29,383	28,499	10	50.75%

Religious Belief	Completed	Confirmed	Not Completed	Completion %
Atheism	11,958	3,171	7	79.00%
Buddhism	270	102		72.58%
Christianity	38,442	8,905	21	81.16%
Hinduism	425	523		44.83%

I do not wish to disclose my religion/belief	8,892	2,205	4	80.10%
Islam	484	584		45.32%
Jainism	29	7		80.56%
Judaism	18	2		90.00%
Other	9,716	2,382	3	80.29%
Sikhism	64	38		62.75%
Unknown	29,377	28,585	10	50.67%

## Conclusion

Significant progress has been made in the past year as detailed in the opening sections. Our progress has been recognised via awards but more importantly through feedback from patients, staff and our Third Sector colleagues.

Our priority will be to embed these development to ensure that they really make a difference but also to ensure that they reach all areas of the new Health Board and that we capture this in our new Strategic Equality Plan.