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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

## **Annual Equality Report 2020/2021**

### **Our Values are....**



**Personal  
Responsibility**



**Passion for  
Improvement**



**Pride in what  
we do.**



This document is available in Welsh and on request in a range of accessible formats.

**Dyfodol**  **Clinigol**  
**Clinical Futures**

All publications are also available to download on our website  
<https://abuhb.nhs.wales/>

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## Introduction and Background

This is the Aneurin Bevan University Health Board Annual Equality Report. It gives an overview of key work in relation to delivery of our Strategic Equality Objectives for the period 2020/2021 and should be read in conjunction with other relevant Health Board publications. These include our Strategic Equality Plan, Annual Report, Annual Quality Statement, Population Needs Assessment, Integrated Medium Term Plan and Annual Report of the Public Health Director. These reports can be found by following the below link: <https://abuhb.nhs.wales/about-us/key-documents/>

Aneurin Bevan University Health Board is responsible for the delivery of health care services to 639,000 people living in Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen, and South Powys. We are also responsible in partnership for improving the health and wellbeing of local people.

The University Health Board employs 14,539 members of staff to deliver our services.

In March 2020 following a formal consultation and ongoing engagement activities with the community we serve and our staff we published a new Strategic Equality Plan and Objectives for the period 2020-2024.

The Equality Act 2010 protects people from discrimination because of their protected characteristics, which are: age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, non-belief including philosophical belief, and sexual orientation. These categories are known in the Act as 'protected characteristics'. The Act places a duty on listed public sector organisations to have Due Regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
- Foster good relations between those who share a relevant

protected characteristic and those who do not.

In order for public bodies to better perform and demonstrate compliance with the Public Sector Equality Duty, the Welsh Government legislated to bring in specific equality duties as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties). The Regulations aim to ensure that the Health Board and others carrying out 'public functions' consider how we can positively contribute to a fairer society in our day-to-day activities.

The Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Equality Act coming into force on 08 April 2010, Part 1 of the Duty regarding socio- economic inequality lay dormant on the statute book, as neither the UK Government nor the devolved legislatures elected to commence it.

Welsh Ministers have since elected to commence the Socio-economic Duty on 31 March 2021. The statutory requirement places a legal responsibility on relevant bodies when taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. We continue to work to maximise the opportunities presented to align the equality duties within this framework. There is a range of activity taking place across Aneurin Bevan University Health Board, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations.

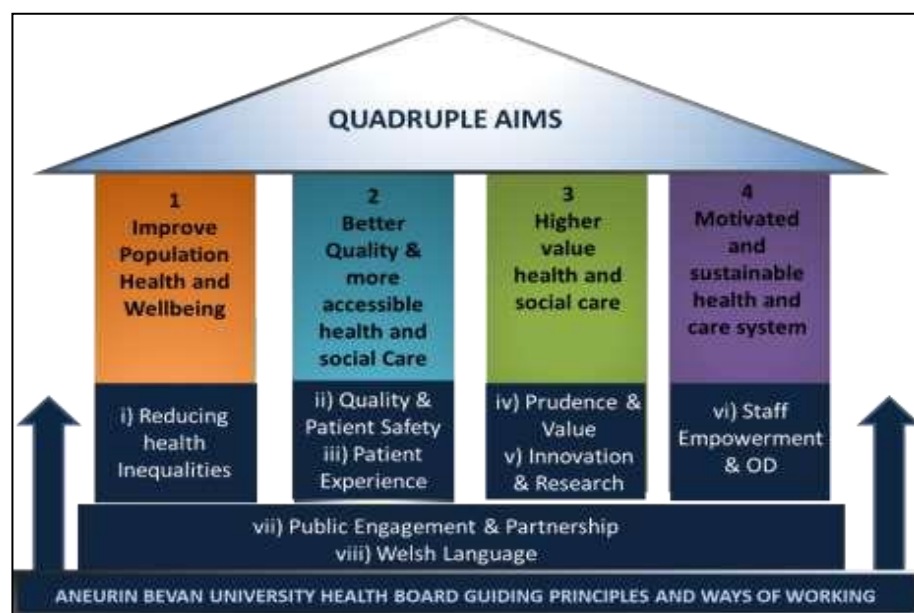
Our equality objectives relate to the 9 'protected characteristics' covered by the Equality Act (2010). These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

# Our Values and Purpose

## Our Values



## Our Aims



## **Looking back over the last year**

Progress has been made in the delivery of our equality objectives and the range of information we are increasingly able to draw on. We recognise that due to the entrenched nature of some inequalities stronger progress must continue to be made. We have ensured that these areas have been carried forward via our Strategic Equality Objectives for 2020 – 2024, integrated in to our IMTP and response to our Population Needs Assessment.

As this reporting period starts, we entered a national lockdown, and no one could have predicted that the spread of the Coronavirus (COVID-19) throughout the UK would become an unprecedented national emergency and how much the services we provide were to be significantly disrupted. Our Health Board area soon became the first and one of the worst-hit location in the whole of Wales and the UK. The pandemic has further highlighted existing inequalities and has widened others. Older people, ethnic minority people and some disabled people, particularly those in care homes, have been disproportionately impacted by the pandemic. We will keep our Strategic Equality Plan 2020-2024 under review to ensure that as more evidence continues to emerge our action plan will reflect what needs to be done to address inequalities.

This Annual Report describes our work towards implementing our equality objectives during 2020/2021. It highlights our achievements and identifies areas where further work is still required to make progress.

### **Key achievements in 2020-2021 aligned to our Strategic Equality Objectives**

#### **Equality Objective 1: Work in partnership to reduce all hate crime.**

We have continued to raise awareness and understanding among staff of how to report hate crime and support colleagues who are victims of abuse/hate crime. Work continues with multi agency partners to raise awareness and respond positively to victims of hate crime.

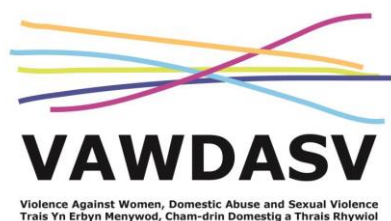


This has included sharing information, resources and upcoming events and training opportunities.

Work has progressed in raising awareness of 'modern slavery' and the implementation of our action plan in relation to the Welsh Government Code on 'Ethical Employment in Supply Chains'.

## **Equality Objective 2: Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse**

Working in partnership we have continued to work with the South East Wales Violence against Women, Domestic Abuse and



Sexual Violence (VAWDASV) Partnership Board. This provides the governance vehicle for the regional partnership for related services. We are key partners in the delivery of the **Gwent Regional Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2018-2023**.

To implement the National Training Framework for- 'Violence Against Women, Domestic Abuse and Sexual Violence Act (2015)' we are members of the Regional Training Group and have accredited trainers.

In 2020/2021 the Pandemic had an impact on training resulting in reduced compliance of 67%. We continue to promote our policy for staff who are victims of domestic abuse, working with Divisions and Trade Union colleagues to promote the policy and training requirements. We were particularly mindful of staff who may be victims of abuse when working from home and ensured that provision for them to safely remain in the workplace were undertaken. We have participated in the White Ribbon campaign, including information in our communication to all staff. Opportunities have been developed for staff to undertake Group 2 and 3 training online [ask-and-act-role-frontline-practitioner.pdf \(gov.wales\)](#). This has enabled us to build an infrastructure of Domestic Abuse Champions to support and



signpost staff and patients affected by Domestic Abuse and Violence.

The Intranet pages of the Corporate Safeguarding team have been revamped and a new newsletter and Twitter account promoted publicising important information and training <http://howis.wales.nhs.uk/sitesplus/866/page/60486>

In the mass vaccination centres the Corporate Safeguarding team set up domestic violence awareness information areas promoting the 'Live Fear Free# helpline.



### **Equality Objective 3: Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.**

The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) has significantly strengthened the legislative requirements for health boards and local government to integrate services in support of carers and the progress made to date with partner organisations provides an important foundation.

In April 2018, Welsh Government confirmed the annual allocation of £1 million across Wales to support carers under the SS&WBA. The total allocation for the Aneurin Bevan University

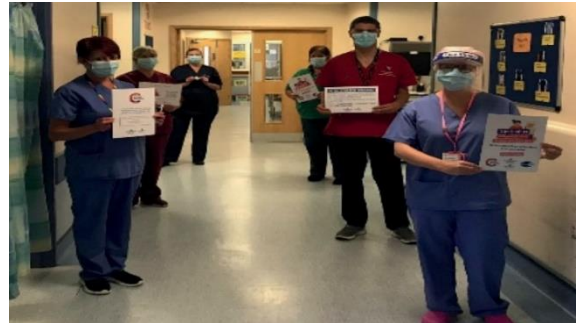


Health Board area was £191,000 of which £16,609 was ring-fenced for young carers.

The Gwent Regional Partnership Board (RPB) was established (under Part 9 of the SSWBA) and has a duty to oversee implementation of the Act including the population needs assessment and subsequent area plans. Good progress has been made during the past year to implement the requirements of the SSWBA.



The Health Board would traditionally have information stands at hospital sites, however because of the pandemic and lack of access to sites this year, carers week links and carers stories were shared on IT platforms and with partnership networks. Nevill Hall hospital highlighted Carers Trust South East Wales (CTSEW) services and carer friendly accreditation at the main hospital reception area and the Royal Gwent hospital A&E and C4 East ward supported and promoted carers week with staff.



As part of our work with the Carers Strategic Partnership, we continued to provide information and support to carers during the pandemic and national carers week, as well as administering the carer's small grant scheme.

#### **Equality Objective 4: Improve the wellbeing and engagement of our staff.**

Improving the health and wellbeing of our staff continues to be an identified priority within the Integrated Medium Term Plan (IMTP). The Health Board has maintained its Corporate Health Standard awards at both Gold and Platinum level.

During the reporting period, the Health Board utilised 450 Clinical Futures Champions from across all areas of the Health Board and all roles to support two-way conversation and wellbeing to help ensure the successful delivery of our Clinical Futures model and the early opening of the Grange University Hospital in November 2021 as pictured below.



During the reporting period we continued to offer a very successful wellbeing module as part of a suite of staff development transformation modules and our award-winning staff development programme called 'Leading People' that focusses on self-care and compassionate leadership.

Our comprehensive Employee Wellbeing Service has been further expanded and plans continue to progress in relation to the establishment of a 'Wellbeing Centre of Excellence'. The Employee Well-being Centre of Excellence supports the priority placed on employee engagement and wellbeing within 'A Healthier Wales', the Royal College of Physicians 'Doing things differently: Supporting junior doctors in Wales' 2019, Health Education and Improvement Wales - [Health and Social Care Workforce Strategy - HEIW \(nhs.wales\)](#) and the Health Boards IMTP. It also supports a wide range of national strategic drivers identified within the All-Wales Staff Survey, NHS Wales Workforce Strategy, Well-being and Future Generations Wales (2015). During the pandemic the Employee Wellbeing Service was configured to form a 'hub and spoke' model to ensure staff were supported at this most challenging time. Many wellbeing initiatives were established including the establishment of a COVID-19 Peer Support Network – see link <https://aneurinbevanwellbeing.co.uk/wp-content/uploads/2020/11/peer-support-network.pdf>

The Health Board's lead psychologist for employee well-being is leading the framework for employee well-being through COVID-19. A framework of support has been put into place including:

- Staff well-being plan developed
- Access to well-being support on-line
- Well-being resource on intranet for staff <https://aneurinbevanwellbeing.co.uk/>
- Network of psychologists to support at local level
- Intensive care and emergency department spoke teams established
- Weekly briefing from Head of Employee Well-being to all staff
- Road to well-being programme being delivered virtually

- Evidence based Well-being Strategy and first in Wales psychological therapy trauma pathway and low intensity psychoeducational support pathway
- Mental Health support scheme for doctors extended to every frontline healthcare worker in Wales

**Objective 5: Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse.**



Our Annual Quality Statement, IMTP and Annual Report of the Director of Public Health gave a comprehensive overview of the range of work that has been undertaken to reduce inequalities.

All patient and public areas continue to work towards improving the experience for those with sensory loss. This continues to be supported by the Health and Care Standards Audit.

The Health Board has a Patient Information Unit that promotes accessibility guidance for staff producing information for patients and the public. The Patient Information Unit continues to update its intranet pages and publicise this widely to increase staff awareness of the service and information on offer. This includes guidance for staff on producing accessible information.

Aneurin Bevan University Health Board were involved in the pilot for clear face masks, to support patients who needed to lip-read, and information was shared for staff to use speech to text services on their phones to support communication with patients who needed further support.

Lower uptake of COVID-19 testing within ethnic minority communities has seen a range of positive action initiatives undertaken to ensure equality of access. This included creating a 'drop in' facility at the mass testing centre, tailored communications, and the use of community influencers to

spread the word. This is a model we have continued to use since the COVID-19 vaccination became available.

During the first few months of the pandemic, the disproportionate impact of COVID-19 had on some groups of staff, such as ethnic minority staff, pregnant staff, older staff, and those with underlying conditions were emerging. There was a considerable amount of work with Staff Side and the Local Negotiating Committee to promote vaccinations to British, Asian and Minority Ethnic. As a result, we introduced an evidence-based risk assessment tool to safeguard staff in the workplace which became the basis for the All-Wales tool that was further developed as new evidence emerged. This tool undoubtedly reduced risk and protected lives.

**Objective 6: Improve the access, experience, and outcomes of those who require Mental Health and Learning Disability services.**

The Health Board's vision for mental health is underpinned by:

- Together for Mental Health Strategy.
- Together for Children and Young People Service Improvement Plans; the Mental Health Measure (Wales) 2010.

As well as local integrated strategies developed in partnership with local authorities, and other statutory legislation and policy drivers.

Based on these strategies and plans, our approach focusses on the following key principles:

- An emphasis on creating a culture and environment that is safe, therapeutic, respectful, and empowering. This includes a foundation of Inspirational leadership and a well-trained, competent workforce in sufficient numbers.
- A vision of services integrated evidence-based and high quality; services which offer accessible information that will allow services users to experience hope and optimism about their future and their recovery and will empower them to

develop their care in partnership with those that deliver care or offer support.



- An emphasis on working towards recovery and promoting independence where possible, by providing the information and support required to sustain and improve mental health and to self-manage mental health problems.
- Ensuring that people are treated and supported in environments and services that tackle stigma and discrimination.
- Developing services in partnership with the people that use them, including the design and evaluation of such services.
- Ensuring that the physical environment offers single sex facilities, usually in single rooms; gender safe communal areas; family areas; privacy and safety; and dignity for children and young people.

The Health Board's 2018-21 IMTP identified 5 major transformation programmes as its priorities. Two of these programmes:




- The redesign of the Older Adult Mental Health model and the Learning Disabilities Residential Services Review are sufficiently on track to conclude in the near future and are therefore being removed from the priorities list in this refresh.
- The Learning Disabilities residential review has resulted in some residential properties being declared surplus to requirements for people with learning disabilities. The Assessment & Treatment Unit at Llanfrechfa Grange has recently been refurbished to provide a fit for purpose and more homely facility until such time as the proposed Low Secure/Psychiatric Intensive Care Unit/High Dependency Unit development is commissioned. These programmes are replaced by two new integration programmes on young peoples' transition services (for the 15-25 age group) and developing service models that integrate physical and mental health care. A summary of their key achievements, opportunities and risks are outlined below along with a synopsis of the refreshed priorities for 2019-22.

## Mental Health and Learning Disabilities Key Achievements 2020/21 and next steps

The Health Board's 2020/21 IMTP identified 5 major transformation priorities. A summary of their key achievements is outlined below along with a synopsis of the next steps for these priorities in the next planning phase 2020/23

<b>Crisis Resolution</b>  	<p>A 12-month pilot of a new model for inpatient and Crisis Resolution Home Treatment Teams (CRFTT) started in October 2019 with a view to identifying a preferred option and implementation by summer 2020. Staff consultation was completed with agreement to new working hours that will support the future model of care and new staff were allocated to deliver the new CRFTT model in December 2019. A single site (St. Cadocs Hospital) has been identified for out-of-hours crisis assessment to improve access to a sustainable service 24/7. A business case is being developed following stakeholder evaluation of options for inpatient service re-design and once approved, staff engagement and consultation will take place early in 2020-21.</p>
<b>Sanctuary Service</b>  	<p>Development and testing of a Sanctuary Service is being led by third sector partners 'Growing Space' who have with health, social care, police and third sector to define the model needed for Gwent. This service is aimed at people in a self-defined or early stage of mental health crisis, providing a day facility that offers a safe place where people can go to talk with others who have a similar experience and where there are also self-help resources available to help people manage the causes of their distress and worry. Stage 1 'expression of interest' bid to fund a sanctuary service has been submitted for the Big Lottery 'People and Places' fund and following approval is now proceeding to Stage 2.</p>
<b>Learning Disabilities</b>	<p>The Learning Disabilities Services Review was completed, the impact of the recommendations on people affected by the change are being</p>



<b>Service Review</b> 	<p>evaluated. One of the immediate outcomes is the proposed new service model based on three 'agile' teams (highly skilled and well supported workforce) across Gwent to respond flexibly and effectively to crisis and engage early in transition. A business case is being developed to take forward the model which focuses on specialist health assessment, interventions, and expert advice with improved experiences for service users including those with complex needs and challenging behaviours.</p>
<b>Support House</b> 	<p>Ministerial and business case approvals were completed for the Support House (Crisis House). Funding of £1.4m was secured from the Intermediate Care Capital Fund and the programme has moved into invitation to tender and tender evaluation stages. The aim remains to be fully operational with delivery through third sector by 2021.</p>
<b>Shared Lives</b> 	<p>An operational model for the Shared Lives (formerly Host Families) was developed, baseline data gathered, and implementation tested in Newport local authority. This service model focuses on providing better support to prevent crises from escalating and suitable alternatives to inpatient admission for people already experiencing a mental health crisis. Evaluation of the initial pilot placements have taken place with positive, high impact outcomes for service users. The number of carer households increased to 7 families. The project team are designing carer support and training to facilitate full roll out of the programme in 2020/2021.</p>



## Objective 7: Improve the experience of lesbian, gay, bisexual and transgender (LGBT) service users and staff.



The Health Board has a long-established staff Lesbian, Gay, Bisexual and Transgender Advisory virtual Group. We continue to participate in engagement activities with the wider LGBT community.

Throughout the reporting period further work has been undertaken to increase awareness of the needs of transgender and non-binary people.

We continue to maintain membership of the Stonewall Diversity Champions programme.

As a result of the pandemic, Pride Cymru's annual event did not happen physically, so the Equality leads across Wales came together to share resources and hold the first NHS Wales Virtual Pride week event.

**NHS Wales Virtual Pride Week**  
24th-29th August 2020

Monday 24th	Tuesday 25th	Wednesday 26th	Thursday 27th	Friday 28th	Saturday 29th
NHS Wales LGBT+ Poetry Booklet & winning poem reading Link - live 24th Final Poetry booklet #NHSWALESPRIDE #PRIDEIGCYMRU	NHS Wales Drag Storyhour www.dragqueenstoryhour.co.uk/ Book Here	Gender identity Panel Discussion Book Here	LGBT+ time Cuppa & Cake discussion session Join Microsoft Teams Meeting Book Here	NHS Wales LGBT Quiz Night Book Here	NHS Wales supports Pride Cymru Pride Cymru up-dates

With More Events & Activities to be added.  
To find out more LGBT.Historymonth@wales.nhs.uk  
#NHSWALESPRIDE #PRIDEIGCYMRU



As part of our virtual LGBT+ event, we were joined by Executive Director Peter Carr, the session was very positive, and staff even brought virtual biscuits to the event.

## Equality Objective 8: Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

Throughout the reporting period we have continued to encourage staff to complete their equality related data on their Electronic Staff Record (ESR) as an integral part of ESR training,

through specific promotional activities and regular communication messages on the ESR carousel. Despite the Health Board's move to online payslips for all staff, which has seen more staff logging into their online ESR account, significant gaps in our information remain. From an intersectional perspective, this continues to hamper a more detailed understanding in relation to gender and other protected characteristics such as ethnicity, disability, sexual orientation, and religion/belief.

It remains clear from the employment data that men continue to be underrepresented in the Health Board (as is the case across NHS Wales), however they are overrepresented in some job roles such as trade and estates related occupations and are disproportionately represented in the higher management banded posts.

The age and gender profile of the workforce together with anecdotal feedback from staff continues to identify that the menopause is a significant issue. During the reporting period ongoing work continues to implement the All-Wales Menopause Policy and the availability of awareness and support sessions for staff by the Health Boards menopause specialist nurse, who also runs a specific clinic for staff.

Proportionally more women than men work part time, our anecdotal information identifies childcare and other carer responsibilities as one of the main reasons for this. We have developed an agile working strategy to help staff with more flexible options for working.

Our roll out of Group 1 'Violence Against Women, Domestic Abuse and Sexual Violence' training continues to indicate a significant number of mainly historical disclosures that is also likely to be having a negative impact on women's progression within the workforce. We have continued to raise awareness and understanding of the effective implementation of our Health Board policy: "Supporting Staff Who Are Victims of Domestic Violence". This became increasingly important as the emerging evidence of increased domestic abuse became apparent during the lock down required as part of the management of the pandemic.

## Other Key achievements 2020-21

- We have continued to advance equality through the delivery of a revised year 1 Strategic Equality Plan.
- Aneurin Bevan University Health Board were a key organisation to work with Welsh Government to develop the All-Wales Covid Risk Assessment, that is now available on ESR for all staff to complete and put support in place for High-Risk staff groups.
- We have taken action to understand the impacts of COVID-19 on people with protected characteristics and supported teams to consider the potential impact of equality within their decisions.
- We have delivered new programmes such as Test, Trace and Protect, Virtual Visiting and Attend Anywhere informed by Equality Q? Impact Assessments.
- We have taken action to strengthen equality and human rights scrutiny in governance and decision-making structures.
- We have prepared for implementation of the Socio-economic Duty.
- We established a Race Equality Advisory Group to concentrate awareness and support for our staff of colour. With the aim to develop a Race Equality Workforce Action Plan for the Health Board.
- Lower Monmouthshire Community Mental Health Team has signed up to the Diverse Cymru Race Mental Health Toolkit and accreditation programme.
- We opened Wales first vaccine clinic in a Jamia mosque.
- NHS Wales came together to hold NHS Wales Equality week, a series of events focusing on different aspects of Equality and inclusion, held virtually.
- Aneurin Bevan University Health Board invited staff to join a virtual Interfaith tour, to learn more about how they can



support the spiritual needs of our patients and families.

- During Sensory Loss Awareness Month in November, staff were invited to session on Visual Impairment, British Sign Language, and hearing loss. All sessions were held virtually.

### **Staff Case Study – David Chaffey BEM**



David has been working as a switchboard operator for the Health Board since 2004. During that time, he has been a member of the Disability Advisory Group and is also a part of the Enable Staff network.

Since David was young, he has had problems with his vision, at the age of 7, he discovered that the nerves behind his eyes were disintegrating and after weeks of tests, he was told he would eventually go blind when he was diagnosed with Krabbe Disease. He was eventually registered blind at the age of 14. David had his first guide dog Gina when he was 18, which helped him build his confidence and made him more self-reliant. Later in life, David was diagnosed with dilated cardiomyopathy and had an implantable cardio defibrillator (ICD) fitted and in 2011 had a heart transplant.

Following his heart transplant, David has been able to take up horse riding again and has won competitions in Dressage. He also carried the Olympic torch in 2012 and received a BEM in 2014 for services to the NHS and voluntary work.

David has brought his own personal experiences of sight loss and disability into the workplace, getting involved in different projects including accessibility of the Health Board website, Access evaluations, visual awareness training, often in his own time. Having the combined perspective of the Health Board as an employee and patient he has often used his experiences to help improve services for others. During his time at ABUHB, he has faced barriers, around perceptions of his disability and access to personal development opportunities but has utilised

these experiences to work with departments to improve the experiences of others and create more inclusive services.

## **Conclusion**

The unprecedented impact of the COVID-19 pandemic has shone a light on some of the entrenched inequalities that exist within wider society. It has become clear that some people within the communities we serve have been more negatively impacted than others. We have done our utmost to learn important lessons from the impact of the pandemic and have embraced new ways of working and innovative practices to support us to think and work differently to reduce inequalities.

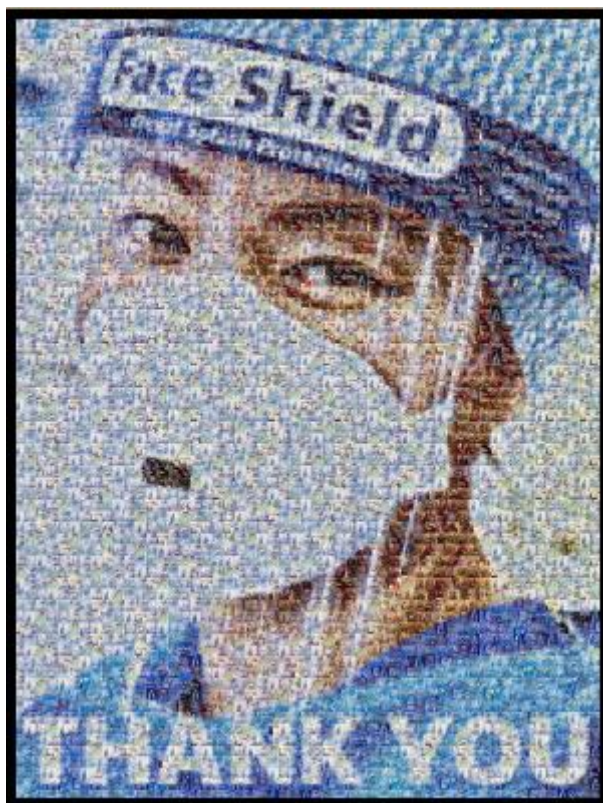
The Equality and Human Rights Commission (EHRC) 2020 report 'How coronavirus has affected equality and human rights' summarises the emerging evidence. This has helped to provide clarity on the effects of the pandemic from an equality and human rights perspective and the risks to these in the longer term. We will take account of this and other evidence as it becomes available to update our Equality Action Plan.

## **Thank you**

Thank you, as always, to the community we serve for their ongoing support and engagement and that of our partners and other stakeholders.

Thank you to our staff for their continued efforts to live the values of the Health Board every day and for their dedication, skill, and kindness during what continues to be unprecedented times.





Nathan Wyburn (artist - [www.nathanwyburn.co.uk](http://www.nathanwyburn.co.uk))

### **Contact us**

If you would like to make any comments or discuss any aspects of the Annual Equality report, please contact:

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Minicom 01633 238957.

# ANEURIN BEVAN UNIVERSITY HEALTH BOARD



## EMPLOYMENT INFORMATION 2021

### Introduction

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. Aneurin Bevan University Health Board (ABUHB) produce data yearly. The information provided relates to 31 March 2021 and includes:

- Section 1: Gender
- Section 2: Staff Group
- Section 3: Age Band
- Section 4: Disability
- Section 5: Ethnicity
- Section 6: Marital Status
- Section 7: Religion/ Belief/ Non-Belief
- Section 8: Sexual Orientation
- Section 9: Working Pattern & Gender
- Section 10: Contract Type
- Section 11: Full Time Average Pay by Gender
- Section 12: Average PT Hourly Rate by Gender & Staff Group
- Section 13: AfC Pay Grade % Breakdown by Gender
- Section 14: Medical & Dental % Breakdown by Role
- Section 15: Leavers Data



## Overview

### 1. Staff in Post (SIP)

Our workforce is predominately female (over 80%), which is reflective of the majority of NHS Health Boards in Wales. Gender breakdown by headcount equates to Female – 11,808 and Male – 2,731, total headcount is 14,539.

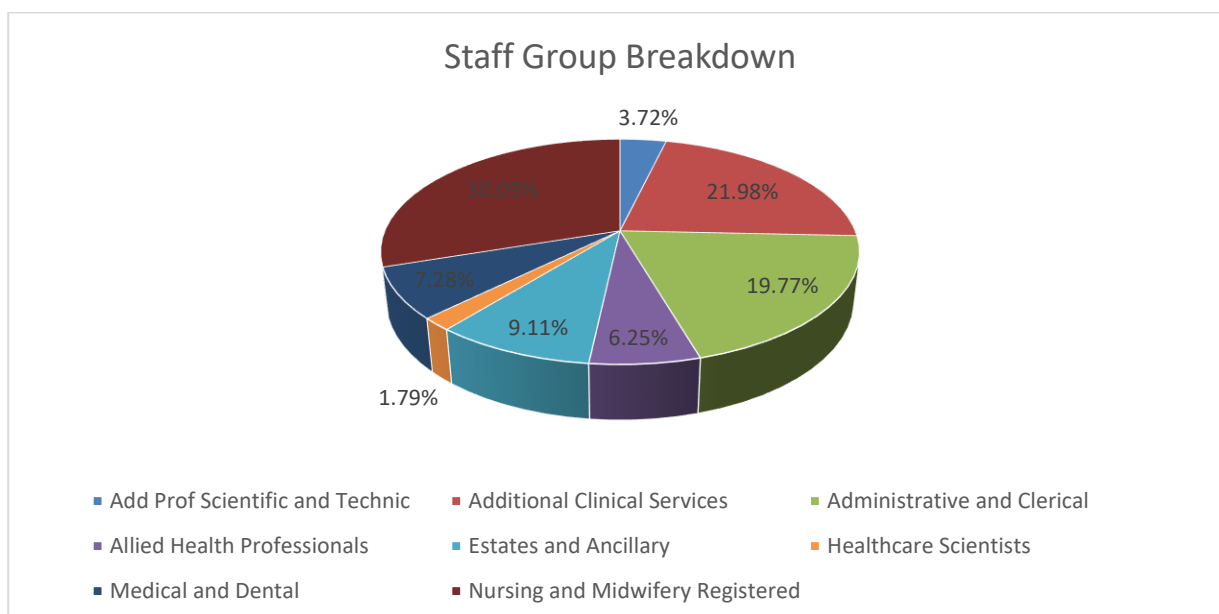


### 2. Staff Group

The largest staff group is Nursing & Midwifery, which amounts over 30% of our workforce.

#### Total Staff in Post by Staff Group and Percentage Breakdown

Staff Group	Female	%	Male	%	Grand Total	%
Add Prof Scientific and Technic	400	2.75%	141	0.97%	541	3.72%
Additional Clinical Services	2792	19.20%	403	2.77%	3195	21.98%
Administrative and Clerical	2335	16.06%	540	3.71%	2875	19.77%
Allied Health Professionals	764	5.25%	145	1.00%	909	6.25%
Estates and Ancillary	846	5.82%	479	3.29%	1325	9.11%
Healthcare Scientists	179	1.23%	81	0.56%	260	1.79%
Medical and Dental	482	3.32%	576	3.96%	1058	7.28%
Nursing and Midwifery Registered	4009	27.57%	366	2.52%	4375	30.09%
Students	1	0.01%		0.00%	1	0.01%
<b>Grand Total</b>	<b>11808</b>	<b>81.22%</b>	<b>2731</b>	<b>18.78%</b>	<b>14539</b>	<b>100.00%</b>



### 3. Age Profile

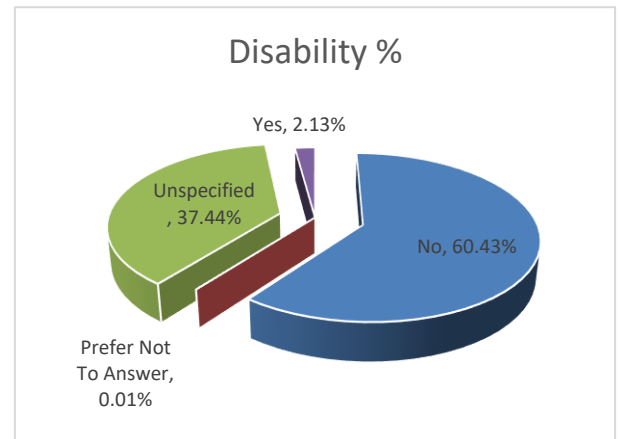
Nearly 30% (27.58%) of our workforce are aged between 51 and 60. Employees aged 71 and over has increased this year from 55 to 61 heads.

Age Band	Female	Male	Heads	%
20 and under	69	17	86	0.59%
21-25	660	154	814	5.60%
26-30	1232	313	1545	10.63%
31-35	1388	379	1767	12.15%
36-40	1365	341	1706	11.73%
41-45	1257	282	1539	10.59%
46-50	1452	334	1786	12.28%
51-55	1776	341	2117	14.56%
56-60	1585	309	1894	13.03%
61-65	805	189	994	6.84%
66-70	167	63	230	1.58%
71 and over	52	9	61	0.42%
<b>Grand Total</b>	<b>11808</b>	<b>2731</b>	<b>14539</b>	<b>100.00%</b>

### 4. Disability

37.44% of data is Unspecified, so full data not available. The collection of disability data has improved by 14.5% from March 2018. In 2018 only 49% of staff had completed this information compared to 62.56% in March 2021.

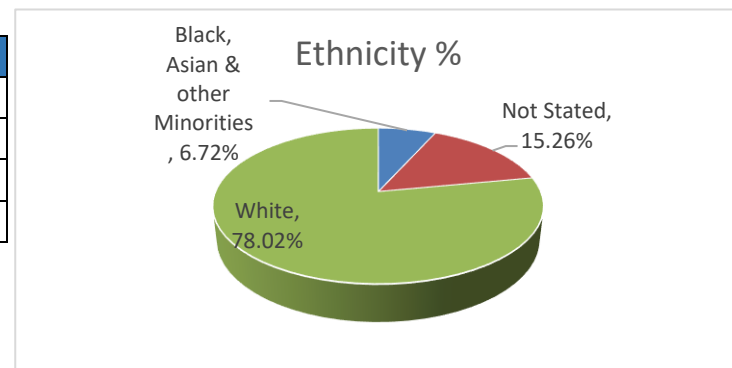
Disability	Heads	%
No	8,786	60.43%
Prefer Not to Answer	1	0.01%
Unspecified	5,443	37.44%
Yes	309	2.13%
<b>Grand Total</b>	<b>14,539</b>	<b>100.00%</b>



## 5. Ethnicity

Over 78% of employees identified as White. Within our workforce data base, we have 47 different Ethnic Origins identified which breakdown ethnicity further.

Ethnicity	Heads	%
BAME	977	6.72%
Not Stated	2,219	15.26%
White	11,343	78.02%
<b>Grand Total</b>	<b>14,539</b>	<b>100.00%</b>



## 6. Marital Status

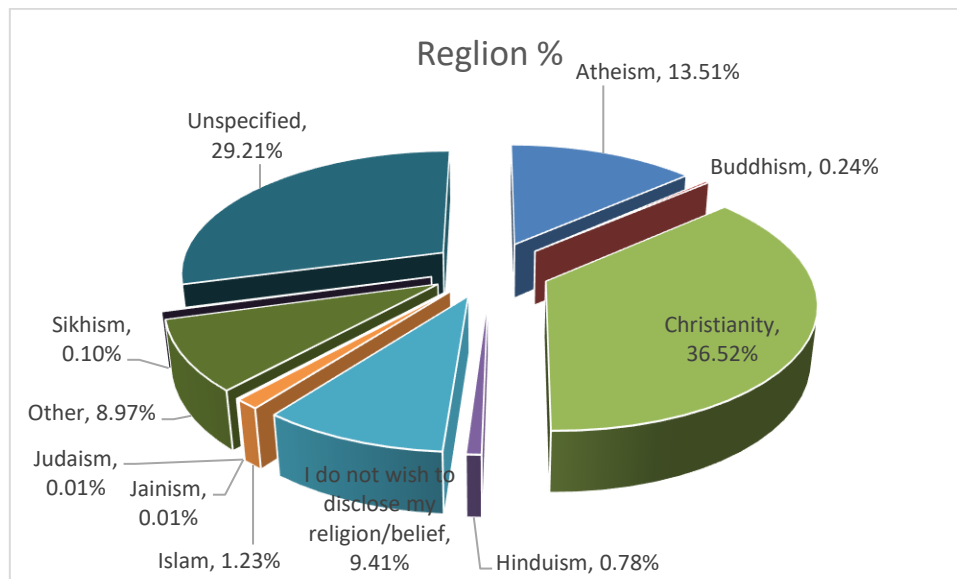
Only 11% of marital status data has not been provided and over 50% of employees identify as civil partnership/ married.

Marital Status	Heads	%
Civil Partnership	195	1.34%
Divorced	900	6.19%
Legally Separated	108	0.74%
Married	7,389	50.82%
Single	4,324	29.74%
Unknown	1,533	10.54%
Widowed	90	0.62%
<b>Grand Total</b>	<b>14,539</b>	<b>100.00%</b>

## 7. Religion/ Belief/ Non-Belief

9.41% of the workforce have expressed that they do not want to disclose their religion/ belief and another 29.21% are unspecified.

Religion, Belief, Non-Belief	Heads	%
Atheism	1,964	13.51%
Buddhism	35	0.24%
Christianity	5,310	36.52%
Hinduism	113	0.78%
I do not wish to disclose my religion/belief	1,368	9.41%
Islam	179	1.23%
Jainism	2	0.01%
Judaism	2	0.01%
Other	1,304	8.97%
Sikhism	15	0.10%
Unspecified	4,247	29.21%
<b>Grand Total</b>	<b>14,539</b>	<b>100.00%</b>



## 8. Sexual Orientation

Under 30% of the workforce have not disclosed their sexual orientation and 3.37% have identified they have declined to provide the information. Over 65% of the workforce have identified as heterosexual/ straight.

<b>Sexual Orientation</b>	<b>Heads</b>	<b>%</b>
Bisexual	90	0.62%
Gay or Lesbian	210	1.45%
Heterosexual or Straight	9,468	65.20%
Not stated (person asked but declined to provide a response)	489	3.37%
Other sexual orientation not listed	9	0.06%
Undecided	5	0.03%
Unspecified	4,268	29.39%
<b>Grand Total</b>	<b>14,539</b>	<b>100.00%</b>

## 9. Staff Group by Gender and Working Patterns

Staff Group	Female					Male					Grand Total
	Full Time	%	Part Time	%	Female Total	Full Time	%	Part Time	%	Male Total	
Add Prof Scientific and Technic	199	49.75%	201	50.25%	400	111	78.72%	30	21.28%	141	541
Additional Clinical Services	1098	39.33%	1694	60.67%	2792	303	75.19%	100	24.81%	403	3195
Administrative and Clerical	1208	51.73%	1127	48.27%	2335	457	84.63%	83	15.37%	540	2875
Allied Health Professionals	409	53.53%	355	46.47%	764	132	91.03%	13	8.97%	145	909
Estates and Ancillary	92	10.87%	754	89.13%	846	294	61.38%	185	38.62%	479	1325
Healthcare Scientists	111	62.01%	68	37.99%	179	70	86.42%	11	13.58%	81	260
Medical and Dental	334	69.29%	148	30.71%	482	503	87.33%	73	12.67%	576	1058
Nursing & Midwifery	2197	54.80%	1812	45.20%	4009	285	77.87%	81	22.13%	366	4375
Students	1	100.00%		0.00%	1		0.00%		0.00%		1
Grand Total	5649	47.84%	6159	52.16%	11808	2155	78.91%	576	21.09%	2731	14539

## 10. Contract Type

Under 10% of the workforce are on Fixed Term contracts.

<b>Assignment Category</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
Fixed Term Temp	999	433	1,432
Permanent	10,809	2,298	13,107

## 11. Full Time Average Pay by Gender

Staff Group	Female	Male	Overall
Add Prof Scientific and Technic	£37,795.42	£41,256.85	£39,034.84
Additional Clinical Services	£20,554.93	£20,736.42	£20,594.08
Administrative and Clerical	£29,443.80	£36,738.39	£31,445.98
Allied Health Professionals	£35,419.67	£35,776.63	£35,506.77
Estates and Ancillary	£21,013.12	£22,547.85	£22,182.06
Healthcare Scientists	£36,991.17	£37,474.61	£37,178.14
Medical and Dental	£68,396.90	£74,511.09	£72,071.26
Nursing and Midwifery Registered	£34,034.77	£34,761.20	£34,118.21
Students	£44,503.00		£44,503.00
<b>Grand Total</b>	<b>£32,544.97</b>	<b>£41,314.85</b>	<b>£34,966.19</b>

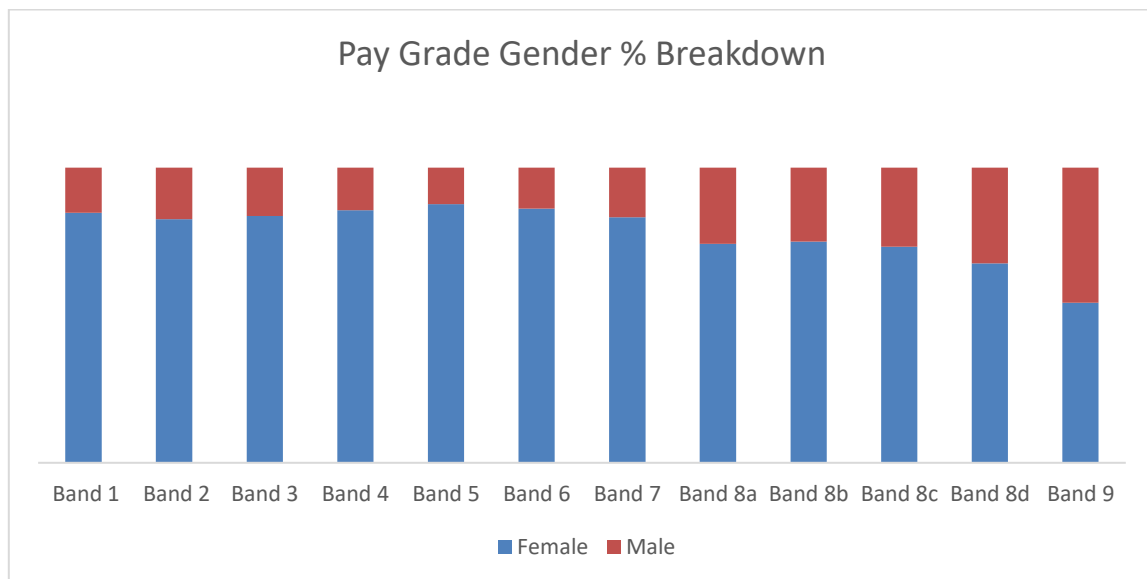
## 12. Average Part Time Hourly Rate by Gender and Staff Group

Part time contracted hours can vary between 1 and 37 hours so the average hourly rate has been calculated rather than average salary.

Staff Group	Female	Male
Add Prof Scientific and Technic	25.48	24.47
Additional Clinical Services	10.62	10.49
Administrative and Clerical	11.82	13.80
Allied Health Professionals	20.09	19.30
Estates and Ancillary	9.91	9.92
Healthcare Scientists	21.09	17.45
Medical and Dental	127.76	128.22
Nursing and Midwifery Registered	17.40	17.59

### 13. Agenda for Change Pay Grade % Breakdown by Gender

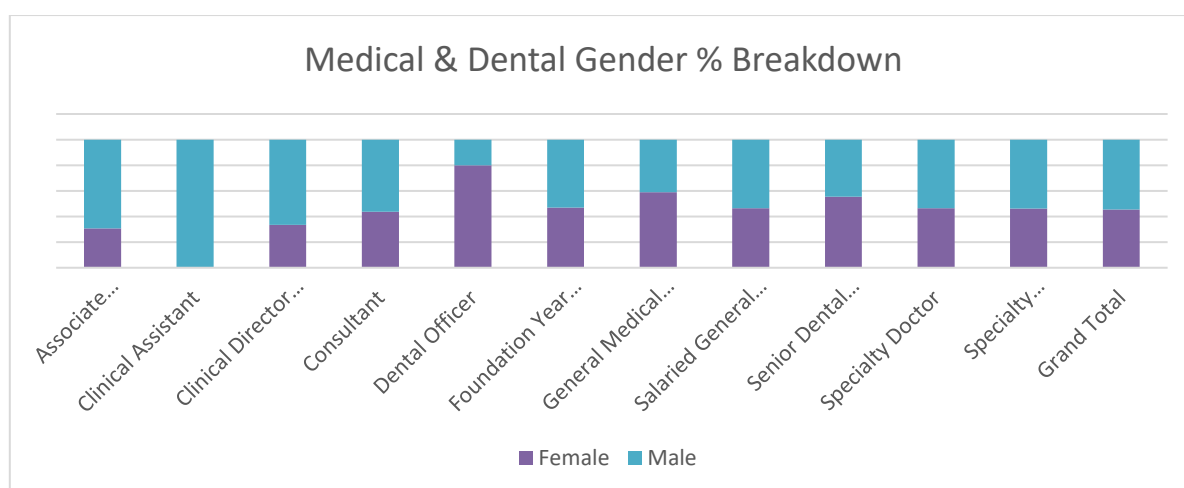
Agenda for Change Pay Band	Female	Male
Review Body Band 1	84.62%	15.38%
Review Body Band 2	82.47%	17.53%
Review Body Band 3	83.56%	16.44%
Review Body Band 4	85.52%	14.48%
Review Body Band 5	87.56%	12.44%
Review Body Band 6	86.06%	13.94%
Review Body Band 7	83.16%	16.84%
Review Body Band 8 - Range A	74.19%	25.81%
Review Body Band 8 - Range B	74.86%	25.14%
Review Body Band 8 - Range C	73.13%	26.87%
Review Body Band 8 - Range D	67.50%	32.50%
Review Body Band 9	54.17%	45.83%
<b>Grand Total</b>	<b>84.08%</b>	<b>15.92%</b>





## 14. Medical & Dental Gender % Breakdown by Role

Medical and Dental Role Breakdown	Female	Male
Associate Specialist	30.77%	69.23%
Clinical Assistant	0.00%	100.00%
Clinical Director - Medical	33.33%	66.67%
Consultant	43.66%	56.34%
Dental Officer	80.00%	20.00%
Foundation Year 2	46.94%	53.06%
General Medical Practitioner	58.82%	41.18%
Salaried General Practitioner	46.43%	53.57%
Senior Dental Officer	55.56%	44.44%
Specialty Doctor	46.49%	53.51%
Specialty Registrar	46.25%	53.75%
<b>Grand Total</b>	<b>45.56%</b>	<b>54.44%</b>



## 15. Leavers Data

Over half of all leavers (53.42%) are over 50 years of age.

Age Band	Female	Male	Grand Total	Leavers %
Under 20	7	2	9	0.78%
21-25	77	17	94	8.14%
26-30	94	20	114	9.87%
31-35	65	25	90	7.79%
36-40	93	14	107	9.26%
41-45	50	14	64	5.54%
46-50	42	18	60	5.19%
51-55	137	22	159	13.77%
56-60	180	31	211	18.27%
61-65	148	22	170	14.72%
66-70	51	10	61	5.28%
over 70 Years	14	2	16	1.39%

**N.B.** Due to the constant movement of junior doctors, Medical and Dental data is not included in this data