

Equality Annual Report

2018-2019

Doing things differently, doing different things
Cwm Taf Cares



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Equality Annual Report 2018-9

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

Please note that this report relates to 2018-9 and to the former Cwm Taf University Health Board only. Future reports will relate to Cwm Taf Morgannwg in its entirety and will include reference to Bridgend services.

Achievements during 2018-9

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

Our LGBT achievements:

- Being included in the Stonewall Employers Index for the second time and reaching the top 50%, we climbed a further 105 places
- Our LGBT network doubling to over 80 members by March 2018 and still growing
- Our new LGBT helpline, Diversity Street: Helping You Be You!
- ...and winning first place in the Healthcare People Management Association (HPMA) awards for Diversity Street.
- Our 'Bright Side Of The Moon' event run jointly with Velindre NHS Trust, and held in Royal Glamorgan Hospital which honoured Holocaust Memorial Day (January 27th) and celebrated LGBT History Month. It was attended by our own staff, local community partners and other health boards.

Our sensory loss achievements:

- Being shortlisted for the Action on Hearing Loss Excellence in Healthcare award for the third time last year and for a fourth time this year.
- Continuing to roll out and promote hearing equipment to every area of the former Cwm Taf so that our patients have 'help to hear' everywhere they go
- Consolidating our 'Communicate Now Communicate Well' on-line British Sign Language interpretation pilot study so we now have on-line interpretation in all of the hospitals in our former Cwm Taf UHB. We have shared this in conferences and other national forums and other health boards are also now providing on-line interpretation so its impact is widespread.
- Being shortlisted for a prestigious NHS Wales award for 'Communicate Now Communicate Well'.
- Our Deaf Friendly initiative in Sensory Loss Awareness Month where 25 departments were recognised for their progress by Jim Hehir, Independent Member and Jo Davies, Director of Workforce & OD our Sensory Loss Board Champions.

Our Disability Confident progress

- We are the first health board in Wales to achieve Disability Confident Leader, Level 3 which is the highest level.
- Our new policy for the Recruitment and Retention of Disabled Staff was ratified and we have developed Disability Confident resources on a 'one stop' site on Sharepoint. This will be launched later in 2019.

Our Equality Impact Assessment (EIA) progress

- Good quality EIAs have been produced for a wide range of policy and service developments for our health board
- We have contributed to the EIA element of the Integrated Medium Term Plan and we have developed a timetable for EIA completion.

- We've led, delivered training and/or contributed to robust EIAs for Cwm Taf and also WHSSC and partner organisations.
- We continually improve compliance and scrutiny.

Engagement and Mainstreaming

- Within the health board – information stands, communications, events but also working with other departments and supporting their agendas.
- Outside the health board – linking with local groups and including them in our work
- Community Events – Big Bite and Pride Cymru. We have also supported events led by local colleges and young people.
- Continuing to support programmes such as Management Development, Corporate Orientation, Medical training and Health Care Support Worker training.

Our Strategic Equality Plan (SEP)

2017-18 was the third year of our current SEP. We undertook a full review of both the SEP and our progress against the All Wales Standards and developed new action plans to cover the final year. These were approved by the respective committees. The action plans also took account of Bridgend services.

What Difference Have We Made?

We're helping patients to communicate throughout all our services. This benefits not only those who cannot hear but anyone who communicates in a language other than English. Support is available for foreign languages 24/7. This can massively impact on patient care and safety.

We're raising understanding of Equality and Sensory Loss so it can be mainstreamed throughout our work—making it matter!

We're giving a positive message to existing and future LGBT staff and patients.

We're giving positive messages regarding the recruitment and retention of staff who have or develop disabilities and make a real difference to their experience.

We're helping Cwm Taf maintain a good reputation for Equality and Sensory Loss.

We're helping to meet our legal duties.

Equality shall underpin everything we do!



Review of the Strategic Equality Plan (SEP)

The SEP was updated in 2016 for the period 2016-20. We are now reviewing it ready for 2020-24 and will carry out a consultation exercise in the summer of 2019. We will continue to embed and refresh existing objectives and new developments and will include Bridgend services. We will structure it differently to make it as easy to access and understand as possible. We manage its implementation through an annual work plan and report to the Equality and Welsh Language Forum.

Equality Impact Assessment (EIA)

- We strive to complete EIAs for all policy and service developments and our key committees monitor this.
- We review the EIA for the Integrated Medium Term Plan each year and our Planning Team maintain a timetable to ensure all of all the related service developments are covered.
- We provide training and helped to compete and/or advised on the following:

Service Developments	Policies
Adult Interim Gender Service (WHSSC)	Learning Disabilities Care Bundles
Thoracic Surgery (WHSSC) - revisited	Pressure Ulcer Management
CVD Health Check Programme	Payment of Locums
National Imaging Academy Wales Service	Transfer of Staff from Bridgend (ABMU)
Regional Strategy for Supporting Children, Young People and Families	

- We also contribute to all Workforce & OD policies and EIAs as part of our policy group membership

All Wales Standards for Information and Communication with People with a Sensory Loss

- We work to an annual sensory loss plan overseen by our Steering Group and also work with a Stakeholder Reference Group including service users and third sector partners. These groups have now been combined as a Sensory Loss Standards group to enable better communication and understanding between both parties.
- We reviewed progress against the Standards and agreed leads for outstanding work.
- We continue to promote sensory loss in Primary Care in our annual practice development visits.
- We receive excellent feedback in relation to the hearing equipment which is in place throughout Cwm Taf. Some consultants do not do ward rounds without it. A ward manager recently requested a set specifically to deal with a patient who was hard of hearing in a sensitive way regarding hygiene issues.
- On-line interpretation is now available for British Sign Language users 9-5pm, Monday to Friday so no patient's appointment should be cancelled because of interpreter non-availability. This includes 3 GP practices most used by Deaf patients and the 3 Keir Hardie practices who can share the health park resources.
- The Health Board has been shortlisted for further awards for the above work in 'Healthcare Excellence'. We were also shortlisted for the NHS Wales Awards for 'Reducing Inequalities').



- We celebrated progress in Deaf Friendly Services as part of our Sensory Loss Awareness Month celebrations in November. The British Deaf Association are keen to use the model we developed to roll out this initiative to other health boards and will be using the kite mark symbol we developed.
- We represent health boards as an invited member of the RNIB Vision Strategy group.

Engagement and Partnerships

- We release regular articles and contribute to the Chief Executive's bog at every opportunity and promote key Equality dates throughout the year. We also run a regular programme of roadshows to maintain awareness of the team and its work.
- We work closely with patients who have sensory loss on an individual and group basis and also Third Sector organisations including those representing people with sensory loss.
- 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 local and national events such as Big Bite, Global Village, Pride and the Eisteddfod.
- We have developed and maintain several networks including Sensory Loss Champions and our rapidly growing LGBT network. We are currently developing a new Disability network.

Information, Training and Mainstreaming

- Our Comms work (above) enables us to share information and raise awareness
- We deliver equality training via the Leadership programmes and by request to specific areas. This includes equality impact assessment training.
- We now have a Corporate Orientation presence and raise awareness via this session and a signposting leaflet. All new staff are made aware of our initiatives and networks.
- We contribute to Healthcare Support Worker and Medical Student programmes.
- We promote our Equality intranet site and project work at every opportunity.
- We integrate and mainstream our agendas at every opportunity e.g. we contribute to the All Wales review of nurse documentation led by NWIS and ensure that full account was taken of equality, welsh language and sensory needs of patients.
- We speak at a range of events, most recently the HPMA conference as award winners.

Policy and Constitution

- We have updated and refreshed our Equality and Diversity policy.
- Regular Equality reports are produced for Board, Quality, Safety and Risk Committee and Welsh Government.
- We reviewed membership, format and terms of reference of the sensory loss groups as mentioned earlier and also the Equality and Welsh Language Forum. We have a new Welsh Language group working towards achievement of the new Welsh Language Standards which come into force in May 2019.
- The EIA process facilitates the inclusion of Equality issues in all policies which are assessed. The policy group has been trained for this purpose. Other groups now also monitor their completion.
- Our progress against the Strategic Equality Plan is monitored by the Equality and Welsh Language Forum which meets quarterly.

Action plans and projects

- 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.
- We also develop specific plans and working groups for projects and initiatives.

Information and Monitoring

1. Steps taken to identify and collect relevant information

The ESR team's ongoing work has had a further positive effect on the completeness of Equality data which has continued to improve year on year:

	2015/16	2016/17	2017/18	2018/19
Age	100%	100%	100%	100%
Gender	100%	100%	100%	100%
Disability	42%	50%	56%	61%
Sexual Orientation	60%	62%	65%	68%
Religion	60%	62%	65%	68%
Ethnic Origin	99%	94%	95%	99%

Limitations of Data

There is no field for transgender status on ESR although this has been requested.

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.

2. How we have used this data in meeting the three aims of the general duty

The three aims of the '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.

3. 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. Part of the increase in completeness may be due to staff recruitment and gaps may exist in records of long serving staff and this could improve year on year as staff turnover naturally takes place. As noted elsewhere, system limitations prevent the capture of certain information (e.g. trans* status).

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

Data completeness has improved for each group and this will continue through the work of the ESR team and there is a clear strategic lead for this going forward.

It is also possible that our Equality work may be help to encourage staff to disclose this data over time with particular reference to Disability and LGBT status.

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

Cwm Taf Health Board		
Long Term Goal	Equality Objective	Progress
Better health outcomes for all	To ensure the needs of protected groups under the Equality Act 2010 are included in all service developments and improvements.	We've continued to make progress in raising profile, understanding, completeness and quality of equality impact assessments. Further work required in monitoring and mitigation.
Improved patient access and experience	<p>To meet the cultural, language and communication needs of service users who belong to protected groups through:</p> <ul style="list-style-type: none"> • Our cultural toolkit. • Our Welsh Language work • Our work on the All Wales Standards for Communication and Information for People with Sensory Loss. 	<p>The revised patient documentation reflects equality and cultural considerations.</p> <p>The Equality and Welsh Language agendas are now combined. The new Welsh Language Standards are now a very high priority and significant work has been undertaken in preparation for their implementation – see Welsh Language annual report.</p>

Empowered, engaged and included staff	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.	An LGBT network has now been established and a disabled staff network is under development. Others will be considered in due course. Links established with health and wellbeing agenda e.g our Bright Side of The Moon event was part of Health and Wellbeing Month.
Inclusive leadership at all levels	We link with management and organisational development programmes so that Equality can be mainstreamed throughout the organisation	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.

Gender pay equality

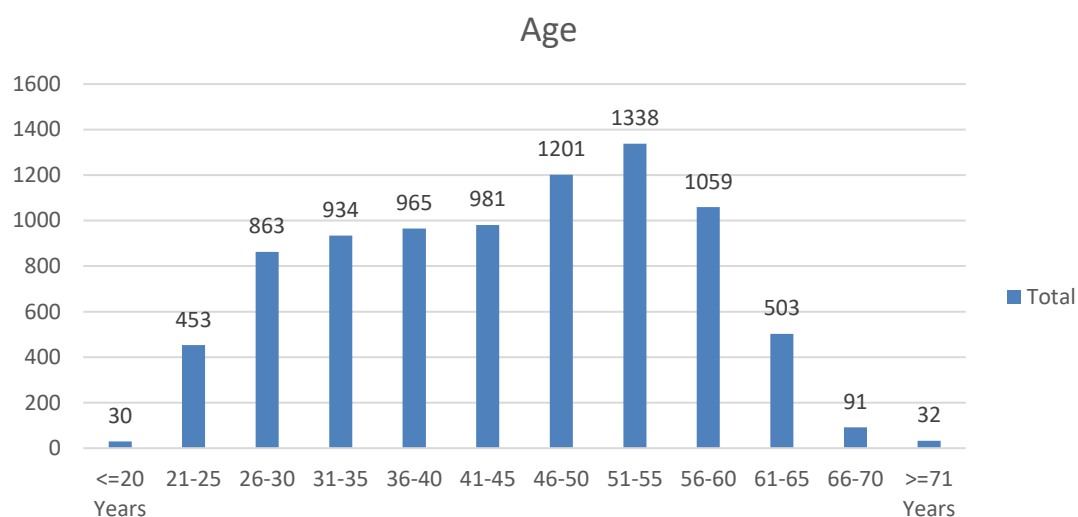
This is a fifth stand-alone objective - to continue to review gender equality in the workplace and build on the success of the Women Adding Value to the Economy project. See Gender Pay section below.

6. Effectiveness of the steps taken to meet these objectives

The Health Board has made steady progress and this will be developed further throughout the remainder of the period.

7. Employment Equality information

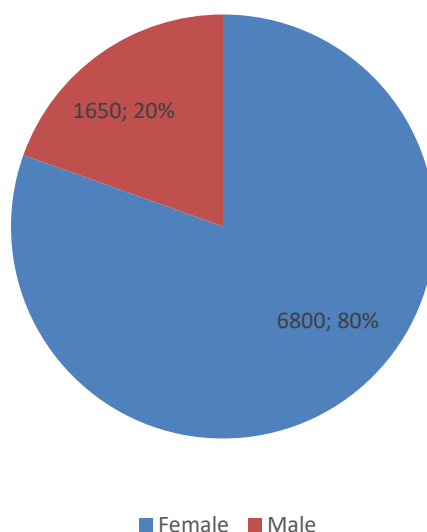
Workforce Information – Staff in post



The youngest age group is under-represented, perhaps in part due to the high number of graduate roles within the health board (university graduates would normally be aged 21 or higher). We are aiming to promote the use of apprenticeship programs to address this. We also make significant provision for work experience placements which could encourage future applications..

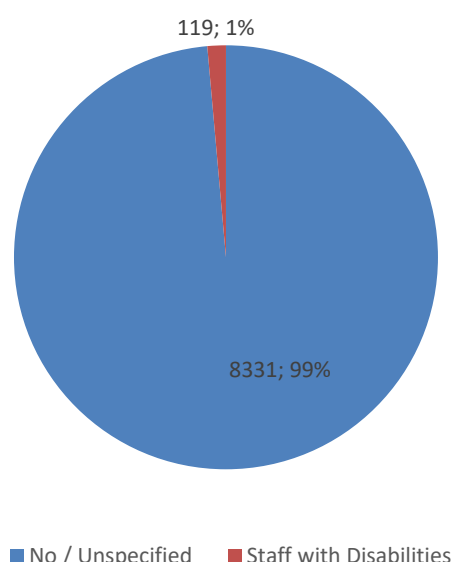
35.7% of staff are aged over 50, which has implications for retention issues, although this is lower than the previous year (38%).

Gender



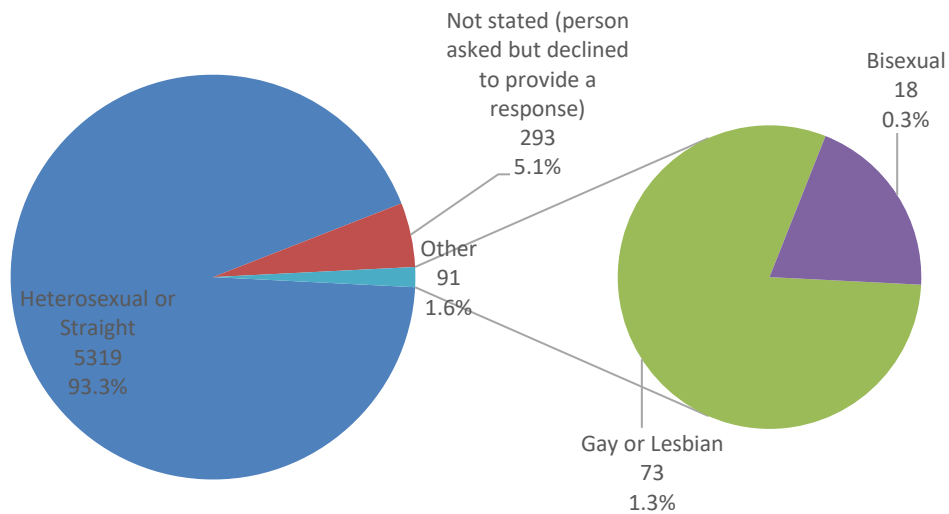
80% of staff are female. This is consistent with previous years, and may be due to the significant number of roles within the health board which are in traditionally female-dominated sectors e.g. nursing and administration.

Disability



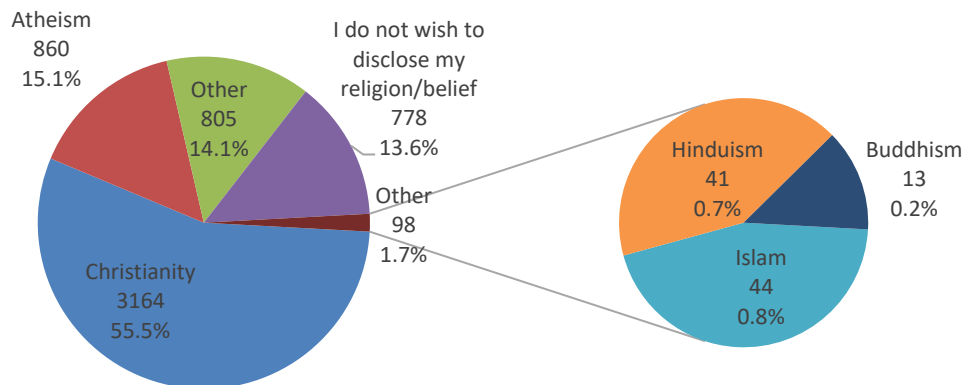
There are low numbers of staff who declare a disability compared to the local population. Greater proportions may be employed but may not consider themselves disabled or may not wish to disclose.

Sexual Orientation

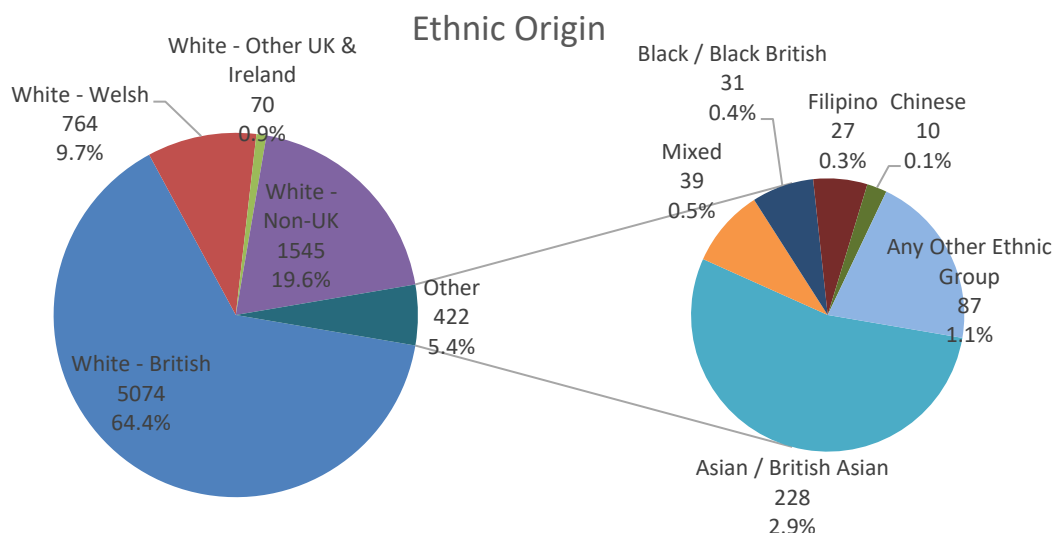


Less than 2% of staff declare they are LGBT which is very slightly lower than 2% of the UK population and 2.5% in Cardiff (Office of National Statistics 2017). This could reflect our location but could also indicate that people are not 'out' at work and our LGBT network is relevant here.

Religious Belief



Very low numbers of minority religions which reflects the local community.



The most significant group after 'White' is Asian/British Asian. There is a low representation from other groups, which also reflects the low proportion of such groups within the local community.

Gender Pay

Average & Median
Hourly Rates

Number of employees |
Q1 = Low, Q4 = High

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.7924	16.5034
Female	15.4749	13.6063
Difference	6.3175	2.8971
Pay Gap %	28.9895	17.5545

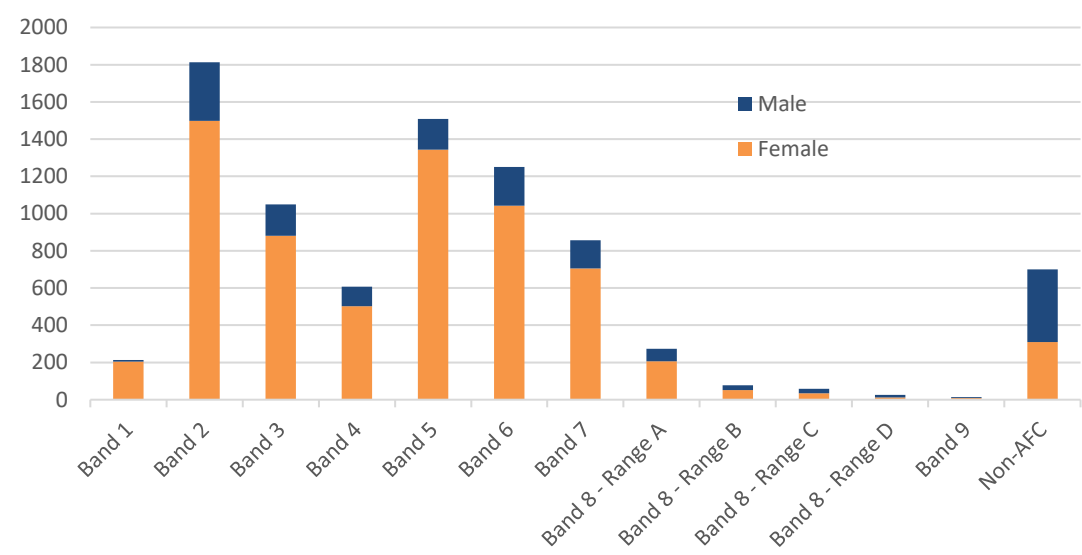
Quartile	Female	Male	Female %	Male %
1	1833.00	299.00	85.98	14.02
2	1784.00	351.00	83.56	16.44
3	1815.00	319.00	85.05	14.95
4	1447.00	688.00	67.78	32.22

It is evident that there is a significant variation in hourly rates. Females are over represented in the lower three quartiles as they account for 80% of the workforce and under-represented in the highest quartile.

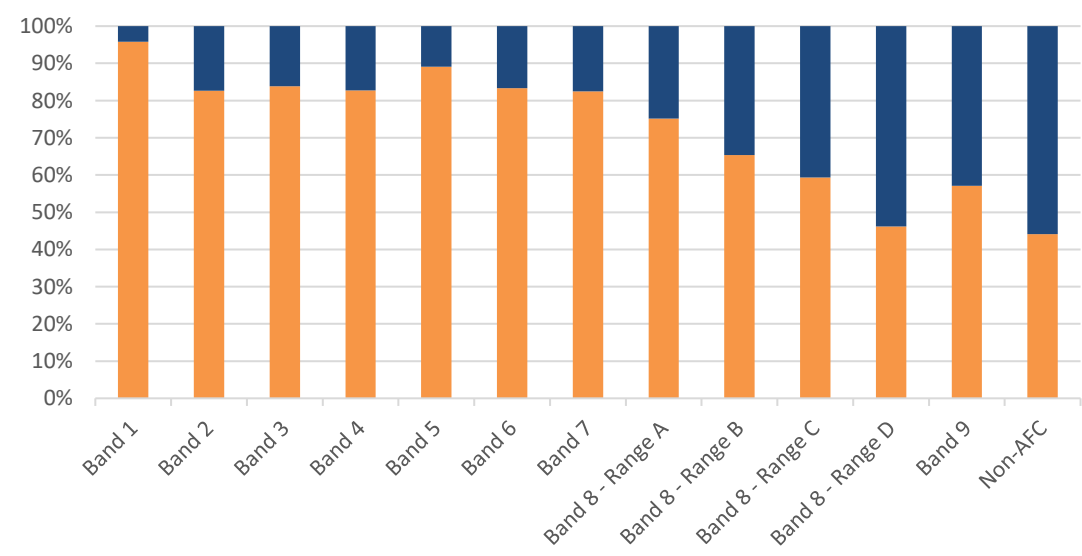
This information will be analysed further as part of the gender pay objective referenced earlier. Researchers from Cardiff University have expressed an interest in working further with us.

Information is also available for staff in post, full-time and part-time profiles, salary profiles by age and contract status. Please see appendix 1.

Staff in Post By Grade



“Non-AFC” refers to staff on terms outside the NHS Agenda for Change pay bands. There are many individual sets of terms and conditions represented within this category, but broadly speaking these are medical staff (specifically doctors) on salaries equivalent to AfC Band 7 or higher.



Training Equality Profile:

	Confir med	Compl eted	Not comple ted	Comple tion Rate
Totals	8265	49156	111	85.44
Gender				
Female	6826	41262	96	85.63
Male	1398	7850	14	84.75
Unrecorded	41	44	1	51.16
Ethnic Background				
White UK & Ireland	5524	41766	91	88.15
White Other European	16	131	1	88.51
White Unspecified	897	2842	8	75.85
Mixed	45	228	1	83.21
Asian / British Asian	227	853	3	78.76
Black & Black British	43	121	1	73.33
Chinese	14	46	0	76.67
Filipino	24	210	1	89.36
Other	96	579	2	85.52
Not Stated	629	1936	3	75.39
Disability				
Disabilty	86	515	2	85.41
No Disability	2697	22539	72	89.06
Not recorded	5482	26102	37	82.55
Age				
<=20 Years	178	301	0	62.84
21-25	808	4132	5	83.56
26-30	1245	6027	14	82.72
31-35	1157	5847	9	83.37
36-40	937	5700	16	85.68
41-45	875	5847	17	86.76
46-50	910	6823	14	88.07
51-55	990	7476	23	88.07
56-60	777	5151	12	86.72
61-65	313	1653	1	84.04
66-70	58	181	0	75.73
>=71 Years	13	35	0	72.92

Sexual Orientation				
Bisexual	9	141	0	94.00
Gay or Lesbian	82	640	2	88.40
Heterosexual or Straight	4127	33844	77	88.95
Not stated (person asked but declined to provide a response)	232	1659	4	87.55
Unspecified	3811	12882	28	77.04
Religion				
Atheism	613	6137	15	90.72
Buddhism	21	87	1	79.82
Christianity	2484	19833	46	88.69
Hinduism	29	141	0	82.94
I do not wish to disclose my religion/belief	598	4747	7	88.70
Islam	49	143	0	74.48
Jainism	0	5	0	100.00
Judaism	0	5	0	100.00
Other	650	5173	14	88.62
Sikhism	1	7	0	87.50
Not specified	3816	12895	28	77.04

Recruitment Equality Profile:

The following table shows the numbers from different groups applying for vacancies at Cwm Taf UHB during the 2018-19 period. Success rates are then given for 1) the proportion of applications invited to interview; 2) the proportion of interviewed candidates offered a position; 3) the overall proportion of applicants offered a position. The figures include external and internal candidates, but exclude a small number appointed through non-conventional means.

		Applications	Interviews	Appoint ments		% of applicants Interview ed	% of applicants invited successful at interviews	% applications offered position
Totals		20980	5077	443		24.20	8.73	2.11
Gender	Male	5003	1102	97		22.03	8.80	1.94
	Female	15949	3969	346		24.89	8.72	2.17
	I do not wish to disclose	28	6	<5		21.43		
Age	Under 20	490	55	<5		11.22		
	20 - 24	3400	595	60		17.50	10.08	1.76
	25 - 29	4233	859	91		20.29	10.59	2.15
	30 - 34	3244	749	79		23.09	10.55	2.44
	35 - 39	2546	694	66		27.26	9.51	2.59
	40 - 44	1974	541	41		27.41	7.58	2.08
	45 - 49	1997	618	58		30.95	9.39	2.90
	50 - 54	1664	529	28		31.79	5.29	1.68
	55 - 59	1106	337	15		30.47	4.45	1.36
	60 - 64	289	87	<5		30.10		
	65+	37	13	<5		35.14		
Ethnic Ori	WHITE - British	16095	4066	353		25.26	8.68	2.19
	WHITE - Irish	95	25	<5		26.32		
	White Northern Irish	<5	<5	<5				
	White English	26	8	<5		30.77		
	White Scottish	5	<5	<5				
	White Welsh	1472	391	24		26.56	6.14	1.63
	WHITE - Not UK/Ireland	594	121	13		20.37	10.74	2.19
	ALL WHITE	18291	4611	393		25.21	8.52	2.15
	MIXED	244	45	11		18.44	24.44	4.51
	ASIAN / BRITISH ASIAN	1229	231	24		18.80	10.39	1.95
	BLACK	712	95	<5		13.34		
	Chinese	30	8	<5		26.67		
	Filipino	28	10	<5		35.71		
	OTHER ETHIC GROUP	304	45	11		14.80	24.44	3.62
	I do not wish to disclose my e	142	32	<5		22.54		
Disability	I do not wish to disclose whe	310	72	12		23.23	16.67	3.87
	No	19810	4765	419		24.05	8.79	2.12
	Yes	860	240	12		27.91	5.00	1.40
Disability	None / Not Applicable	17713	4344	333		24.52	7.67	1.88
	ALL DISABILITY	923	255	15		27.63	5.88	1.63
	Not stated	2344	478	95		20.39	19.87	4.05
Sexual Ori	Heterosexual or Straight	19346	4664	418		24.11	8.96	2.16
	Bisexual	180	37	<5		20.56		
	I do not wish to describe my s	711	199	9		27.99	4.52	1.27
	Gay or Lesbian	668	145	11		21.71	7.59	1.65
	Other sexual orientation not	19	5	<5		26.32		
	Undecided	56	27	<5		48.21		

Transgender	No	5702	1492	97	26.17	6.50	1.70
	Yes	41	14	<5	34.15		
	I do not wish to answer this question	91	23	<5	25.27		
Marital Status	MARRIED OR CP	8363	2268	185	27.12	8.16	2.21
	SINGLE	11840	2598	243	21.94	9.35	2.05
	Other	519	140	12	26.97	8.57	2.31
	I do not wish to disclose this information	258	71	<5	27.52		
Religion	Atheism	4228	958	97	22.66	10.13	2.29
	Buddhism	138	33	9	23.91	27.27	6.52
	Christianity	8794	2347	183	26.69	7.80	2.08
	Hinduism	243	50	<5	20.58		
	Islam	915	130	22	14.21	16.92	2.40
	Jainism	6	<5	<5			
	Judaism	6	<5	<5			
	Sikhism	26	6	<5	23.08		
	Other	3804	851	70	22.37	8.23	1.84
	I do not wish to disclose my religion	2819	698	59	24.76	8.45	2.09
Conviction	May Have Convictions	352	76	9	21.59	11.84	2.56
	No Convictions	20628	5001	434	24.24	8.68	2.10
	Not stated	<5	<5	<5			

A red cell indicates that the success rate is significantly (20%) lower than the overall average, a blue cell indicates it is significantly (20%) higher, whilst white cells are approximately at the overall average. To preserve anonymity figures are hidden for groups with fewer than 5 members (but greater than 0), and this will cause blank cells in the success rates for that group.

For example, a person in the 40-44 age bracket had a 27.41% chance of being invited to interview when applying for a role; 7.56% of these were subsequently be successful. The overall success rate of applications from individuals aged 40-44 was 2.08%.

Where numbers are particularly low, the statistics are more likely to show statistically higher (or lower) success rates and this should be taken into account before inferring any trends from the above data.

The success rates are compared to the overall average, and so do not take into account any difference in competitiveness between particular vacancies. More competitive vacancies will mean lower success rates for any groups more likely to apply.

Because the system counts applications and offers, and not applicants, the same individuals may be counted multiple times in

the system. This may happen where an applicant has applied for multiple roles over the course of the year, and where an applicant has been offered several roles and has turned some down.

The equality data for individual applicants is not visible to recruiters at any stage of the recruitment process. Candidates who chose to withdraw before or after interview will display in the same way as those rejected at the same stage.

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.