

# Equality Annual Report

## 2020-2021



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## Equality Annual Report 2020-21: 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 2010-21 and is therefore the second produced since the transfer of the Bridgend local authority area to Cwm Taf Morgannwg University Health Board.

Since the last annual report, our main focus has been on supporting our Black, Asian and Minority Ethnic staff during the Covid-19 Pandemic, to minimise the equalities uncovered by the pandemic and to maximise the influence of our protected groups. This includes encouraging the completion of risk assessments, most recently on the ESR system and the development of a new Black, Asian and Minority Ethnic staff network. We have over 250 members in our network and communicate almost daily via a 'WhatsApp' group; we have also established regular written communication via e-mail and newsletters. As part of the network's work we have developed a system for reporting racism and other discrimination based on personal characteristics and a buddy system whereby Black, Asian and Minority Ethnic staff can support each other. We have also promoted internal and external resources to increase awareness. Training is due to take place shortly and the system will be launched early in the new financial year. We are also encouraging Black, Asian and Minority Ethnic staff representation in the media and on stakeholder panels.

*"How much of my total person can I bring to work, if I consciously leave part of myself at home? We need to let people be themselves."*

**BAME Board Champion**

We have similarly developed a network for disabled staff and continued to grow our LGBT+ network. We have developed information hubs on the Health Board intranet for all three networks, which we have promoted via communication events during their respective history months in October, December and February.

We also focussed on the needs of patients with sensory loss and who needed language support during the pandemic and adapted communication systems. One example of this is the 3 way interpretation and 'speech to text communication' to help patients understand when staff are wearing masks. We promoted our wide range of resources during Sensory Loss Awareness Month with the help of a Deaf service user. We also shared our Mental Health Sensory Loss Toolkit which we launched in January across Wales and will be featured in a forthcoming report by Action on Hearing Loss as the only health board in Wales that has on-line interpretation widely available, particularly for sign language users.

We launched our new Trans\* patient toolkit on Trans\* Day of Remembrance in November which was shared and well received by health boards throughout Wales. This covers a wide range of issues relating to the care of Trans\* patients, not just as part of their pathway but when they access any of our services. It has already been used to support patient treatment, as has our Trans\* staff policy to support individual staff during their early transition.

We have revisited and streamlined our EIA process and asked Workforce and Planning leads to give this priority as the single most effective way of highlighting and addressing Equality issues. This will be used in the 'Re-start' of services and also in the Vaccination Service.

We also revisited our new Strategic Equality Plan which was agreed in March 2020 at the request of the Equality and Human Rights Commissioner to take account of lessons learned from the Covid pandemic. In order to also

reflect our shift towards 'Diversity and Inclusion' we significantly changed the plan prior to its agreement and publication in March 2021 and will now cover the four year period to March 2025. The new plan further develops our existing aims and also strengthens our objectives for each protected group from a staff and patient perspective.

The following sections of the report highlight our activities in more detail, as well as providing various statistical information about the health board. The 2020-21 financial year has been dominated by the Covid-19 Pandemic, which has understandably had a profound impact on the healthcare sector, and has affected our capacity over the course of the year. Nonetheless, we remain proud of our efforts under extremely difficult circumstances, and have refused to allow the Pandemic to slow progress or to compromise in any way our commitment to Equality, Diversity and Inclusion.

## Achievements during 2020-21

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

### **Our BLACK, ASIAN AND MINORITY ETHNIC achievements:**

- Modelled on the success we achieved with the *Ffrindiau* LGBT+ staff network, which was nominated for a 2019 NHS Wales Award, we have established a thriving new Black, Asian and Minority Ethnic Network with the aim of promoting equality of opportunity for Black, Asian and Minority Ethnic staff. We're extremely proud of the start this network has made, which if anything has exceeded the *Ffrindiau* network with over 250 members signing up within the first year.
- During a meeting with staff from the Equality and Human Rights Commission, our network members said that they could not have been supported or communicated with any more than they had during the pandemic and that they really feel part of the organisation.
- We have established a WhatsApp group for the Network which provides daily support for staff in their day to day queries and also to share

*"I have never worked in such a Black, Asian and Minority-Ethnic friendly organisation."*

**Network Member**

*"It's the first time I've really felt I belong in the health board."*

**Network Member**

information and opportunities with them. Further support will be provided by our new 'Buddy' system whereby volunteers will support Black, Asian and Minority Ethnic staff

with issues that affect their working lives and help to signpost them to advice or the right support and effectively be a 'workplace friend'.

- We have created a new electronic reporting system for staff to report equality incidents such as harassment from colleagues or patients and this will be promoted alongside the buddy system in the new financial year.
- We send newsletters to our Black, Asian and Minority Ethnic staff and encourage their engagement through awareness and communications e.g. in Black History Month.

## **Our Disability Achievements**

- We have established a new but steadily growing Disability network which includes staff who have disabilities, parents of disabled children and allies. We raised awareness during Disability History Month with the help of a disabled actor from the Emmerdale television programme which covered issues including hidden disabilities and shared personal stories. We followed this with Dyslexia awareness session and have developed a disability information hub on our intranet site.

*"...having a forum where it is safe to raise issues of equality and access without feeling that colleagues might be rolling their eyes and thinking, there she goes, banging that old disability drum again."*  
**Disabled Network Member**
- The network has begun work to test our recruitment process and also to develop an empowerment passport whereby staff are encouraged to record their individual needs and share the document with their manager or during any subsequent or temporary move to another area.

*"It's a chance to make positive changes within the Health Board, changes that mean something to the people whose lives are affected."*

**Disabled Network Member**

- Other activities within the network include a social media campaign during Disability History Month in December where members of the network were able to tell their own stories, raising Disability awareness and promoting the network's work.

- We developed and promoted resources for patients with sensory loss during the Covid-19 Pandemic and were noted as an example of good practice in an Action on Hearing Loss report to Welsh Government on the provision of support to deaf patients and as the only health board that offers interpretation services.

## **Our LGBT+ Achievements**

- We developed a Trans\* Patient Policy to dovetail with the devolution of the Gender Pathway to Wales, making clear to staff the processes around working with Trans\* Patients.

- To enable easy access to our Trans\* Patient Policy we developed a Trans\* Toolkit for staff, providing advice, guidance, links, reference information and other useful resources for staff. These resources have been shared with other NHS Wales organisations via the HOWIS system.

*"Enrolment in the Ffrindiau Network has helped me as a Workforce professional to be aware of the needs of LGBTQ+ people and has educated me to use the correct language. I've also made some wonderful friends and colleagues who are there to support and help if needed."*

**Ffrindiau Network Member**



- We took part in Virtual Pride in August in collaboration with other health boards and shared a video which we developed to promote our network with the help of our Board Champion. We also promoted a full week of events all aimed at raising awareness. We released a further video as part of the toolkit launch and have repeatedly promoted our resources including our helpline. Our network has grown as a result of these activities and we have refreshed our terms of reference and action plan with a view to undertaking focussed work to support staff and patients.
- We undertook further promotion of the network
- We have continued to monitor and promote the use of our Online Interpretation systems, which have provided a valuable service during the Covid-19 pandemic when conventional face-to-face interpretation has been impossible.
 

*"I no longer have to worry whether an interpreter has been booked when I come to appointments."*

**CTMUHB Patient**
- By October 2020 usage of the system had returned to Pre-Covid levels, despite (or perhaps because of) a reduction in the usage of face-to-face interpretation. Usage of the system in November 2020 was higher than at any point previously. The system both saves the Health Board money relative to face-to-face and ensures that interpretation is available on-demand in a broader range of settings – such as a pandemic.

*"Having access to the system meant we could gain consent and avoid a patient's operation being cancelled."*

**CTMUHB Staff Member**

Attend Anywhere.

- Altogether, interpretation has been sourced in over 50 different languages through either Online, Face to Face or Telephone interpretation.
- Interpretation has been used to support remote appointments via

## **Equality Impact Assessment**

- We have streamlined our Equality Impact Assessment process to ensure timely and appropriate completion. We have produced new guidance and templates and located them in a new dedicated intranet area for easy access by staff. As part of the new process an Equality specialist views each EIA and this has improved quality and detail. Training has been developed to support this and is being offered to the Re-start of services programme.
- We have also updated the process to take into account the new Socio-economic equality duty.
- Services/strategies assessed under the new process have included the Pharmaceutical Needs Assessment process, the Records Management Policy, the Covid-19 Vaccination Program and many others.

## **Other Equality-related Work**

- In response to the UK's departure from the European Union, we have carried out a communication and information campaign aimed at those members of staff who are citizens of European Union member states, providing advice and signposting free legal guidance on how to apply for the right to remain in the UK.

- We have developed an Equality calendar to ensure that key messages and awareness is promoted throughout the year linked to key dates and that goodwill and well-being messages are sent regularly to staff.
- We are also contributing to initiatives in the wider Organisational Development team, including Employee Experience, and the development of a suite of EDI and Welsh Language training resources.
- Progress against the Welsh Language Standards has been reported in the Welsh Language Annual report.

## Our Strategic Equality Plans

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; however following the upheaval caused by the Covid-19 Pandemic it was agreed to revisit our SEP to ensure that it reflected the health board's new context. The new SEP therefore covers the Period 2021-25, and like previous plans contains the three main strategic aims as follows:

**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**

## Information and Monitoring

Workforce data and statistics are cornerstones of our work and are used to inform our strategies and future planning, for example Pay Equality (see the next section). These are some of the ways in which data has informed our work over the past year:

- 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.
- Black, Asian and Minority Ethnic staff data was used to identify and target departments to carry out Black, Asian and Minority Ethnic Risk Assessments during the Covid-19 Pandemic. Individual staff were not identified using this data.
- Gender Pay data has been used to record the organisation's Gender Pay Gap as well as identifying particular areas of concern.
- Ethnicity and Pay Grade data as well as Recruitment statistics were used to identify areas where staff from Black, Asian and Minority Ethnic groups may experience a relative lack of career progress. This will inform our Race Equality work in future.
- Workforce data around staff nationality was used to identify the managers of staff from European Union countries as part of our Brexit information strategy.

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

The completeness of the Health Board's Equality Data was equal or better in 2020-21 in all categories compared to

the previous year, continuing a long-term improvement that was briefly arrested in 2019-20:

	<b>2015/ 16*</b>	<b>2016/ 17*</b>	<b>2017/ 18*</b>	<b>2018/ 19*</b>	<b>2019/ 20</b>	<b>2020/ 21</b>
<b>Age</b>	100%	100%	100%	100%	100%	100%
<b>Gender</b>	100%	100%	100%	100%	100%	100%
<b>Disability</b>	42%	50%	56%	61%	64%	68%
<b>Sexual Orientatio n</b>	60%	62%	65%	68%	58%	69%
<b>Religion</b>	60%	62%	65%	68%	58%	69%
<b>Ethnic Origin</b>	99%	94%	95%	99%	90%	90%

\*Figures prior to 2019/20 are Cwm Taf figures predating the Bridgend boundary change.

The return to the long-term trend is likely the result of the mitigation of the two factors which probably caused the anomalous results in 2019-20 (the Bridgend boundary change and the intake of temporary staff to initially manage the Covid-19 Pandemic).

## **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 are able to select 'Mx' as a title within the system, but it is not possible to report on titles used, and doing so would only capture a small subsection of the Trans\* community.

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.

### **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.

The ability to record Trans\* status has been requested for some years has yet to be implemented.

## Pay Equality

Cwm Taf Morgannwg has a statutory duty to report its Gender Pay Gap. In addition, for the first time the Health Board will be providing information on Ethnicity Pay.

### Gender Pay

In 2020-21 the Gender Pay Gap at Cwm Taf Morgannwg – the difference in mean hourly pay between men and women – was 27%; this compares to 29% in 2019-20 and 28% in 2018-19.

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£22.7906	£17.21
Female	£16.6305	£14.83
Difference	£6.1601	£2.39
Pay Gap %	27.03	13.87

This gender pay gap is significantly higher than in the country more generally, although it is similar to pay gaps reported by other NHS Wales organisations.

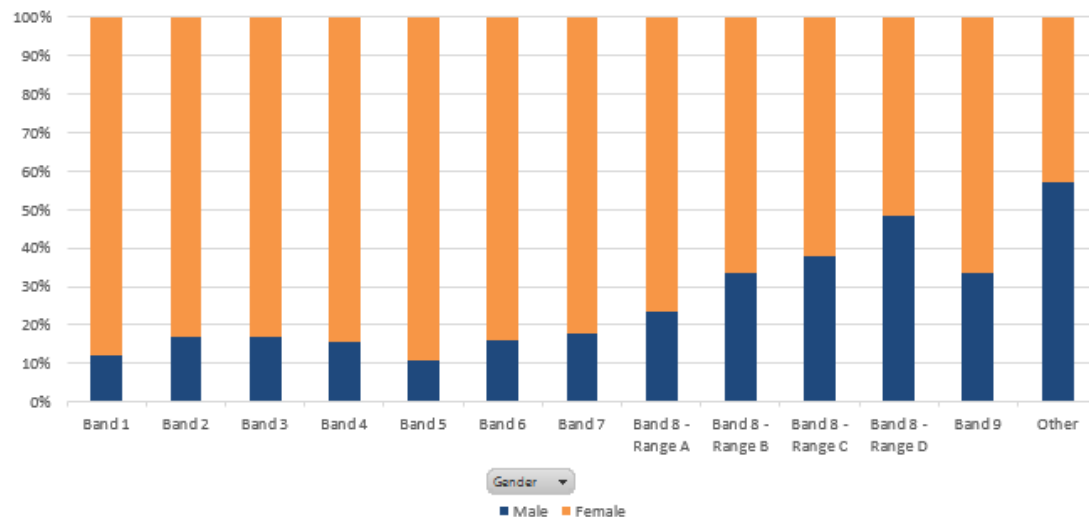
A detailed analysis of Gender Pay was completed in 2019 and its findings, including a number of recommendations, inform the Strategic Equality Plan.

The pay rates for all roles in the health board are determined centrally within a strict structure and fixed pay bands; it is therefore unlikely that there is any direct discrimination taking place in terms of equal pay. Women are well-represented at every level of the organisation and make up at least 50% of all Agenda for Change pay grades. There is however scope for broader gender diversity at Executive level and in our medical pay grades.



The disparity in pay may reflect the overall permeation of women within the organisation, who make up the majority of staff at almost all pay levels, with the overwhelming majority in Bands 1-7 with less representation proportionately at higher bands:

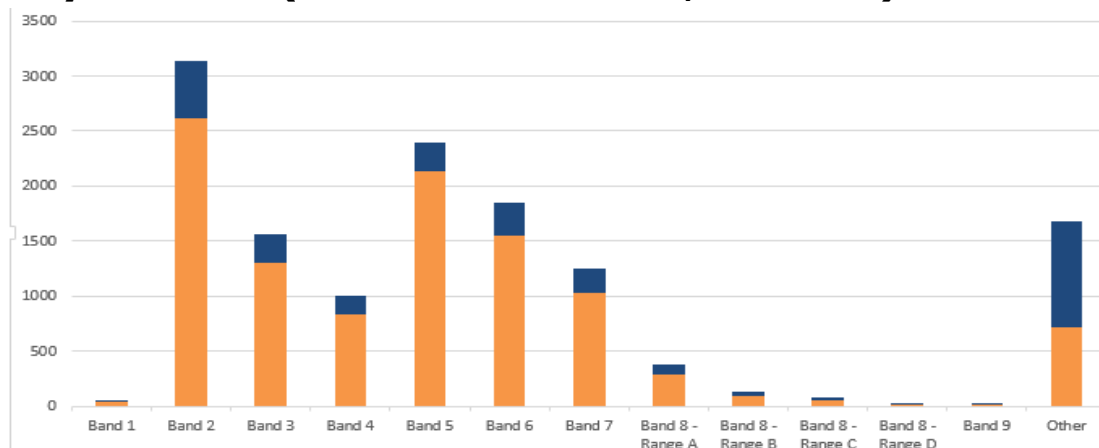
### Pay Bands (Gender %; All Staff)



This situation remains largely unchanged since 2019-20.

It is noteworthy that many roles in Bands 1-7 are in careers such as nursing (including non-registered healthcare support work), other healthcare professions, catering, cleaning, administration and other careers which are traditionally seen as 'female' professions. These bands also represent the vast majority of the workforce as a whole:

### Pay Bands – (Absolute Numbers; All Staff)

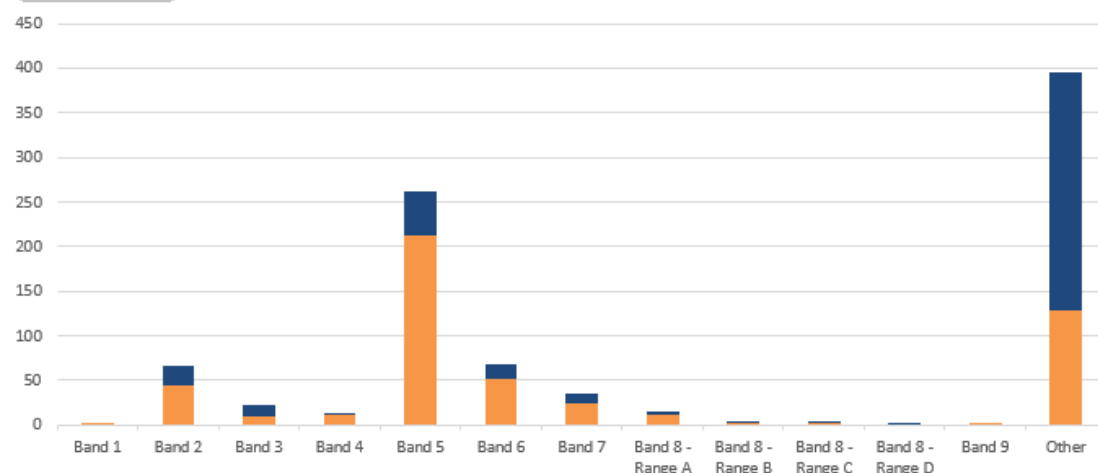


Whilst there are some male-dominated professions represented within these bands (e.g. porters and roles in ICT) these form only a very small proportion of the total workforce. In terms of pay grades, men are only comparatively well represented in senior management and amongst the health board's doctors (the field "other" in the above graph includes all medical pay grades, including all qualified doctors); this has a big impact on the Pay Gap % however as qualified doctors are paid well above the average for the health board.

## Ethnicity and Pay

The profile of Black, Asian and Minority Ethnic staff within Cwm Taf Morgannwg University Health Board differs substantially from the staff body as a whole. Black, Asian and Minority Ethnic staff are disproportionately concentrated in the Medical and Dental and Nursing & Midwifery Registered Staff groups; this is likely due to overseas recruitment campaigns specifically targeting qualified doctors and nurses.

### Pay Bands – (Absolute Numbers; Black, Asian and Minority Ethnic Staff)

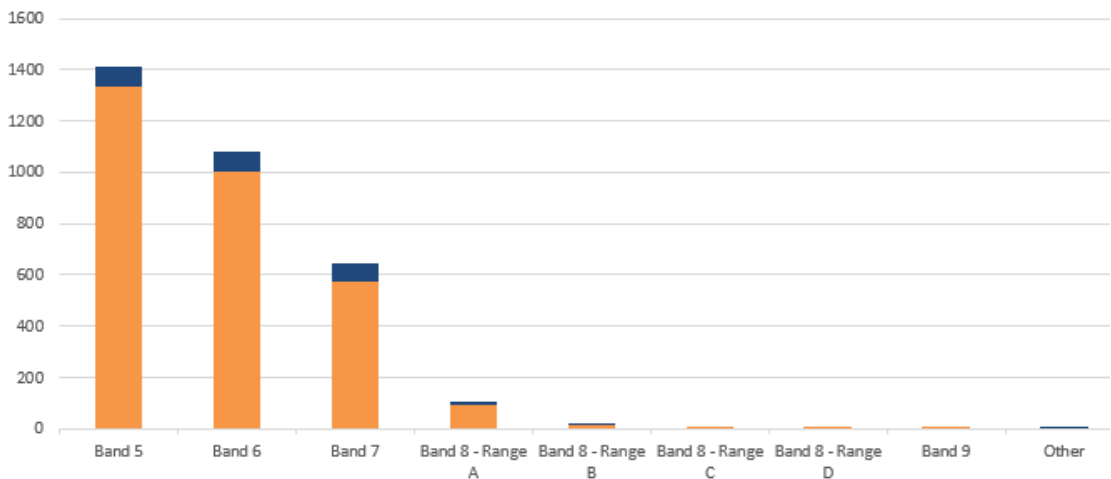


*Blue and orange indicate male and female staff respectively within the pay band. 'Other' includes all medical staff. Very broadly speaking, these are salaries comparable to Band 7 or higher.*

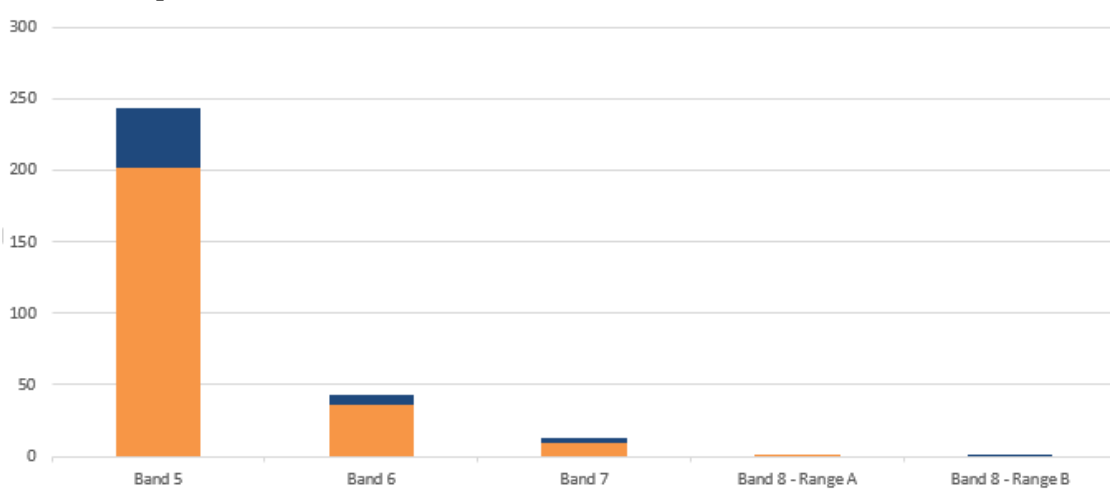
This difference means that Black, Asian and Minority staff are paid, on average, more than their white counterparts, as they are much more likely to be qualified medical practitioners or graduate nurses.

Nonetheless, analysis comparing the numbers of qualified nursing staff on different pay grades suggests that nurses from Black, Asian and Minority Ethnic backgrounds are typically in less senior roles and therefore paid less when compared with their white counterparts. Nurses from these backgrounds are much more likely than their White counterparts to be in Band 5, the starting pay grade for qualified nurses, and much less likely to be in higher grades:

**Nursing and Midwifery Staff – White Nursing Staff**



**Nursing and Midwifery Staff – Black and Asian Minority Ethnic**



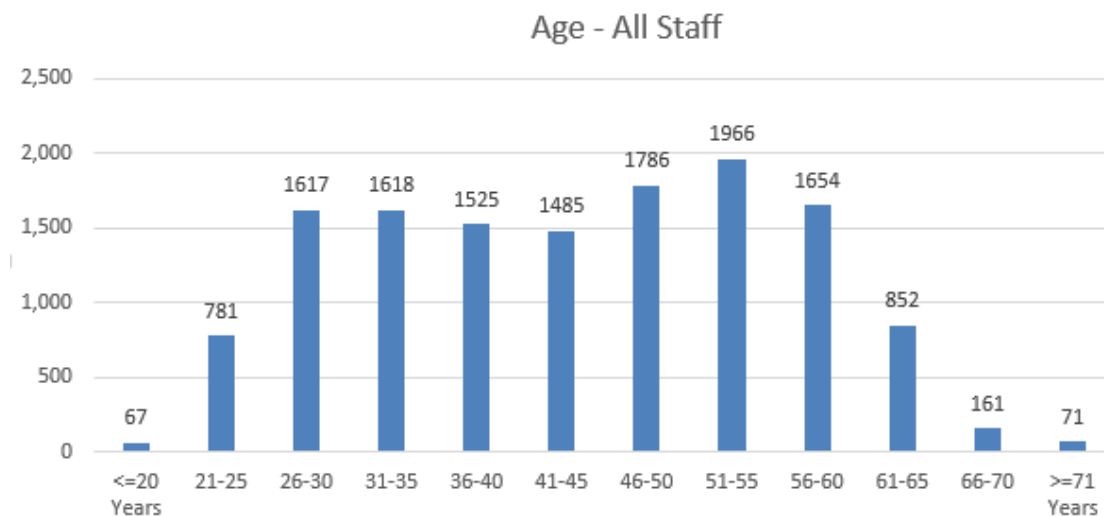
Addressing this finding, among others, will form the basis of the work carried out by the Health Board in collaboration with the Black, Asian and Minority Ethnic Network in the future.

## Employment Equality information

### Workforce Information – Staff in post

The number of staff in the dataset used in this report is **13,583**. This is a significant decrease compared to the 14,738 reported in the previous year, reflecting the significant number of temporary staff recruited around April 2019-20 in the initial response to the Covid-19 Pandemic. Note that these figures include part-time and casual staff (though not agency workers); the FTE figure for 2020-21 is 11,129.

### Age



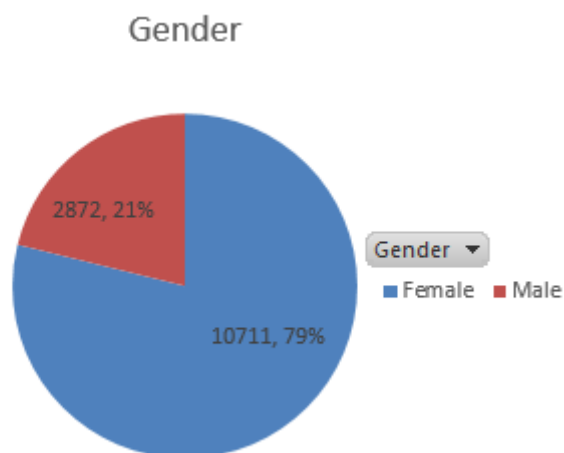
The age profile of the staff body has remained relatively stable since 2019-20, with an expected degree of churn showing slight variations between individual categories. All categories have shown decreases (in line with the decreased total on the payroll), however the largest relative decreases were in the two youngest groups, perhaps representing the large number of temporary Covid-19 staff in those groups.

The youngest age group remains under-represented in the health board as a whole. 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.

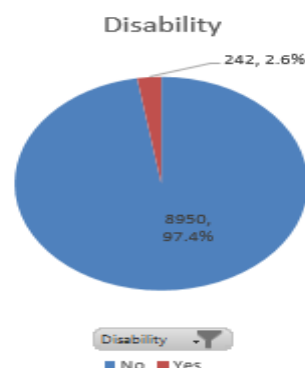
34.6% of staff are aged over 50, representing a slowing or halt in the downward trend seen over previous years.

## Sex / Gender



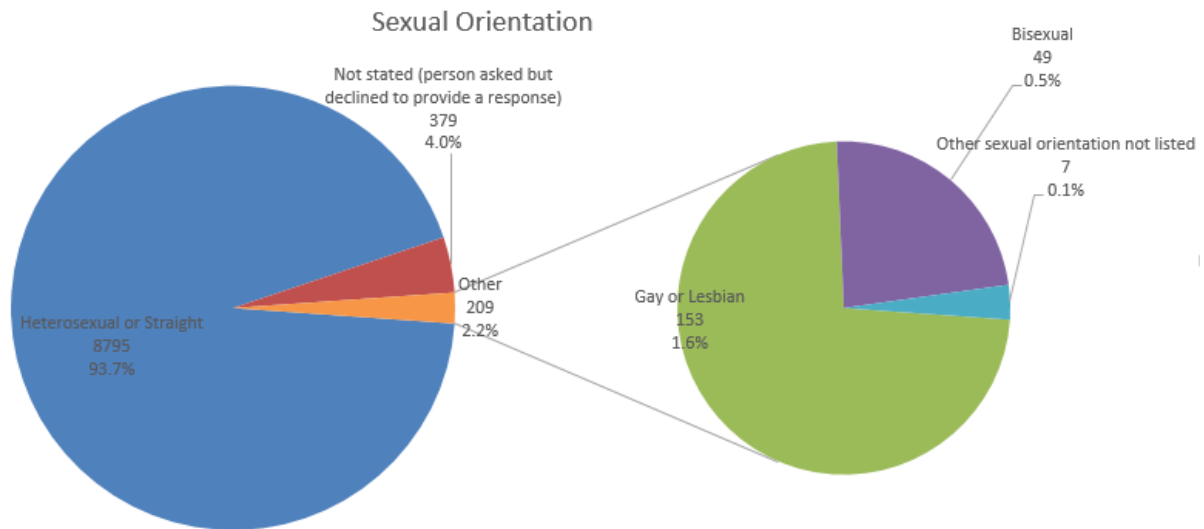
79% of staff are female, no change on the previous year and consistent with previous years (80% in 2018-19). More information about men and women at Cwm Taf Morgannwg UHB is available in the Gender Pay section above.

## Disability



There are low numbers of staff who declare a disability compared to the local population, however the proportion who have done so declared (2.6%) shows a small rise from the previous year (2.2%).

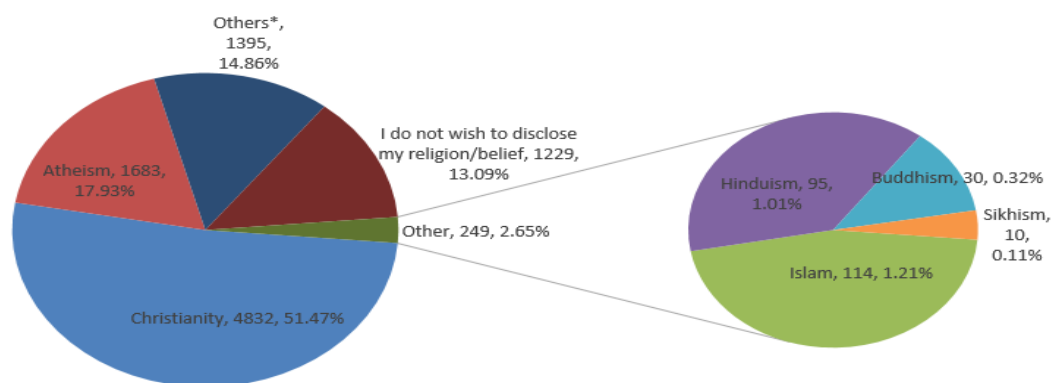
## Sexual Orientation



The numbers identifying with all Sexual Orientations have increased, in line with the increase in the completeness of the data from 58% to 69% identified in the Information section above. The proportion of the workforce identifying as a sexual orientation other than 'Heterosexual' has increased from 2% in 2019-20 to 2.2%.

This reflects a long-term trend in a gradual increase in the proportion of staff over time identifying as LGB. This is likely explained by the younger cohort being more likely to identify as LGB (removing all staff over 35 years old increases the LGB proportion to 3.6%); on this basis we would expect the proportion of the staff body identifying as LGB to continue to slowly grow in the future.

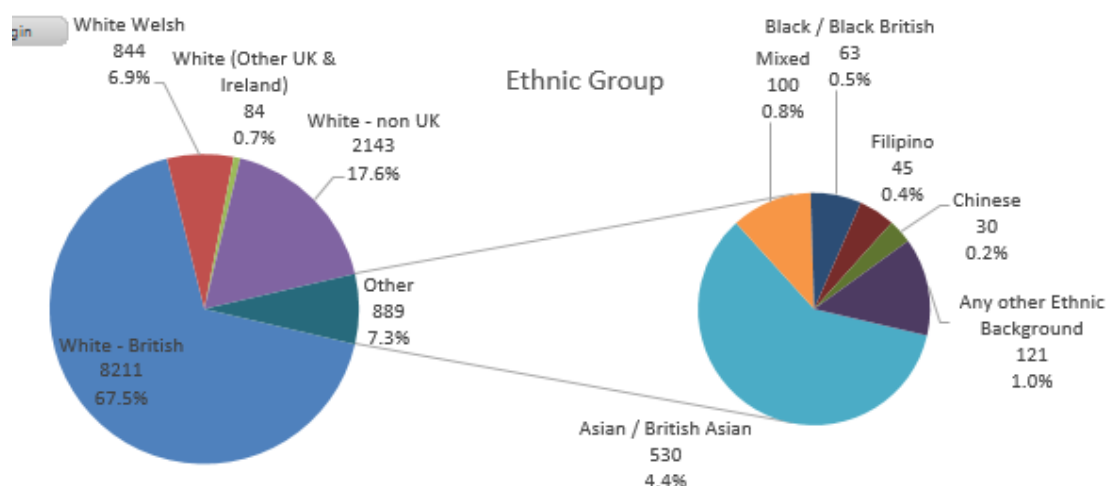
## Religion and Belief



(\*“Others” includes small numbers identifying as Jain or Jewish but consists mainly of individuals describing their religion as “Other.”)

The low numbers from minority religions reflect the local community. Overall the religious profile is very similar to that recorded in previous years.

## Race, Ethnicity and Nationality



The ethnic profile of health board staff has seen a small but significant change since 2019-20. The proportion of staff in the White – non-UK group has fallen from 22.5% to 17.6% (-4.9%; a drop which represents 559 individuals); this has seen a corresponding rise mainly in the White British (+4.6%) but also a small rise in the proportion of staff from Black, Asian and Minority Ethnic backgrounds (including Mixed Race).



This chance could be related to the UK's departure from the European Union as the majority of the *White – non-UK* group consists of individuals from the European Union. The health board has made efforts to retain its staff and subject to a completion of the relevant documentation, all health board employees would have been legally able to stay within the UK.

## Recruitment Equality Profile:

The below table shows application data for Cwm Taf advertised between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021. The first row shows the overall total and these figures provide baseline statistics. In all subsequent rows, cells have been highlighted in red or blue wherever figures are unusually high or low (respectively) – meaning at least 20% higher or 20% lower – than these baseline figures.

Very small groups (<5) have been hidden but are included in the totals. There are many reasons why a particular group may experience more or less success than the average and it is important to note the impact of intersectional effects, particularly age (LGBT+ and ethnic minority candidates are younger on average). These figures will form the basis for work in this area in the future.

	Group	Applications	Interviews	Appointments	% Interviewed	% Successful Interviews	% Successful Applications
<b>Totals</b>	All Staff	39976	7463	1300	18.67	17.42	3.25
<b>Gender</b>	Male	11549	1695	247	14.68	14.57	2.14
	Female	28327	5739	1051	20.26	18.31	3.71
	I do not wish to disclose	100	29	2	29.00	6.90	2.00
<b>Age</b>	Under 20	1021	135	24	13.22	17.78	2.35
	20 - 24	6068	863	165	14.22	19.12	2.72
	25 - 29	9291	1354	243	14.57	17.95	2.62

	30 - 34	7014	1161	233	16.55	20.07	3.32
	35 - 39	4767	974	169	20.43	17.35	3.55
	40 - 44	3399	835	139	24.57	16.65	4.09
	45 - 49	3182	811	112	25.49	13.81	3.52
	50 - 54	2721	699	106	25.69	15.16	3.90
	55 - 59	1765	457	70	25.89	15.32	3.97
	60 - 64	636	155	27	24.37	17.42	4.25
	65+	96	19	8	19.79	42.11	8.33
	Not stated	16	0	4	0.00		25.00
<b>Ethnic Origin</b>	WHITE - British	29466	6355	1148	21.57	18.06	3.90
	WHITE - Irish	122	37	9	30.33	24.32	7.38
	WHITE - Any other white background	1250	198	34	15.84	17.17	2.72
	All White	30838	6590	1191	21.37	18.07	3.86
	ASIAN or ASIAN BRITISH - Indian	1819	211	17	11.60	8.06	0.93
	ASIAN or ASIAN BRITISH - Pakistani	1462	75	16	5.13	21.33	1.09
	All Asian	4315	399	50	9.25	12.53	1.16
	All Black	2334	175	14	7.50	8.00	0.60
	All Mixed	892	113	17	12.67	15.04	1.91
	Others	1180	98	18	8.31	18.37	1.53
	I do not wish to disclose my ethnic origin	417	88	10	21.10	11.36	2.40
<b>Disability</b>	No	38310	7093	1246	18.51	17.57	3.25
	Yes	1229	278	43	22.62	15.47	3.50
	I do not wish to disclose whether or not I have a disability	437	92	11	21.05	11.96	2.52
<b>Sexual Orientation</b>	Heterosexual or Straight	37488	6926	1218	18.48	17.59	3.25
	Gay or Lesbian	976	215	35	22.03	16.28	3.59

	Bisexual	538	106	12	19.70	11.32	2.23
	Others	148	21	6	14.19	28.57	4.05
	I do not wish to disclose my sexual orientation	826	195	29	23.61	14.87	3.51
<b>Religion</b>	Atheism	8240	1606	306	19.49	19.05	3.71
	Buddhism	278	31	6	11.15	19.35	2.16
	Christianity	15459	3137	545	20.29	17.37	3.53
	Hinduism	1083	104	9	9.60	8.65	0.83
	Islam	3607	225	34	6.24	15.11	0.94
	Others	6535	1334	246	20.41	18.44	3.76
	I do not wish to disclose my religion/belief	4774	1026	154	21.49	15.01	3.23

## Training Equality Profile:

The following tables show the training completion rates for different groups within the health board. "Completed" indicates the training was carried out, "Confirmed" indicates that the participant was offered a place but did not attend the training; "Not Completed" indicates the participant attended only part of the training.

Training completion rates are broadly similar except where groups are extremely small, in which case it is difficult to make inferences as individual circumstances will have significant effects on the data.

### Gender

Gender	Completed	Confirmed	Not Completed	Completion %
Female	44,358	30,202	29	59.47%
Male	6,822	7,572	4	47.38%

### Ethnic Group

Ethnic Group	Completed	Confirmed	Not Completed	Completion %
A White - British	32,620	15,425	14	67.87%
B White - Irish	222	110		66.87%
C White - Any other White background	4,595	2,971	3	60.71%
C2 White Northern Irish	8	4		66.67%
C3 White Unspecified	1,480	1,778	1	45.41%
CA White English	95	17		84.82%
CB White Scottish	47	20		70.15%
CC White Welsh	3,074	1,195		72.01%
CF White Greek	1	1		50.00%
CH White Turkish	2	1		66.67%
CK White Italian	14	12		53.85%
CP White Polish	36	21		63.16%
CV White Serbian	2			100.00%
CX White Mixed	4	4		50.00%
CY White Other European	59	27		68.60%
D Mixed - White & Black Caribbean	84	50		62.69%
E Mixed - White & Black African	47	28		62.67%
F Mixed - White & Asian	112	45	1	70.89%
G Mixed - Any other mixed background	106	51		67.52%
GC Mixed - Black & White	18	8		69.23%
GD Mixed - Chinese & White		3		0.00%

GE Mixed - Asian & Chinese		21		0.00%
GF Mixed - Other/Unspecified	11	14		44.00%
H Asian or Asian British - Indian	1,183	773	2	60.42%
J Asian or Asian British - Pakistani	89	178		33.33%
K Asian or Asian British - Bangladeshi	61	36		62.89%
L Asian or Asian British - Any other Asian background	526	253	4	67.18%
LA Asian Mixed	20	8		71.43%
LB Asian Punjabi	2	13		13.33%
LC Asian Kashmiri		3		0.00%
LE Asian Sri Lankan	11	6		64.71%
LF Asian Tamil	37	8		82.22%
LG Asian Sinhalese	4	2		66.67%
LH Asian British	25	20		55.56%
LK Asian Unspecified	13	39		25.00%
M Black or Black British - Caribbean	62	34		64.58%
N Black or Black British - African	123	109		53.02%
P Black or Black British - Any other Black background	33	38	1	45.83%
PC Black Nigerian	5	2		71.43%
PD Black British	3			100.00%
PE Black Unspecified	3	1		75.00%
R Chinese	45	47		48.91%
S Any Other Ethnic Group	361	225	1	61.50%
SA Vietnamese	6	1		85.71%
SB Japanese		1		0.00%
SC Filipino	196	75		72.32%
SD Malaysian		3		0.00%
SE Other Specified	25	19		56.82%
Z Not Stated	2,554	5,494	3	31.72%
Unspecified	3,156	8,580	3	26.88%

### Disability

Disability	Completed	Confirmed	Not Completed	Completion %
No	20,242	7,694	20	72.41%
Not Declared	364	217		62.65%
Prefer Not To Answer	2	3		40.00%
Unspecified	30,092	29,711	13	50.31%
Yes	480	149		76.31%

### Age Band

Age Band	Completed	Confirmed	Not Completed	Completion %
<=20 Years	508	1,137		30.88%
21-25	4,954	4,311	4	53.45%
26-30	6,406	6,444	7	49.82%
31-35	6,880	5,631	4	54.97%

36-40	5,608	4,083	6	57.83%
41-45	5,403	3,376	4	61.52%
46-50	6,545	3,502	3	65.12%
51-55	7,117	3,699	2	65.79%
56-60	5,329	3,343	2	61.44%
61-65	2,146	1,745	1	55.14%
66-70	247	369		40.10%
>=71 Years	37	133		21.76%
Unspecified		1		0.00%

### Sexual Orientation

Sexual Orientation	Completed	Confirmed	Not Completed	Completion %
Bisexual	271	134		66.91%
Gay or Lesbian	967	296	1	76.50%
Heterosexual or Straight	36,341	16,531	16	68.71%
Not stated (person asked but declined to provide a response)	1,206	661		64.60%
Other sexual orientation not listed	34	3		91.89%
Undecided	18	26		40.91%
Unspecified	12,343	20,123	16	38.00%

### Religious Belief

Religious Belief	Completed	Confirmed	Not Completed	Completion %
Atheism	7,628	3,227	2	70.26%
Buddhism	87	71		55.06%
Christianity	19,447	8,702	9	69.06%
Hinduism	213	247		46.30%
I do not wish to disclose my religion/belief	4,698	2,225	3	67.83%
Islam	269	306		46.78%
Jainism	5	2		71.43%
Judaism	8	2		80.00%
Other	6,326	2,808	3	69.23%
Sikhism	29	33		46.77%
Unspecified	12,470	20,151	16	38.21%

## Conclusion

2020-21 has been an extremely difficult year for the Health Board and one where the priority has understandably been to tackle the Covid-19 pandemic. Our key role during the pandemic was to promote risk assessments for our Black, Asian and Minority Ethnic staff and to support them going forward through the work of the network. However we also continued in our work to promote Equality, Diversity and Inclusion, and we are proud of our achievements in these areas over the past twelve months.

The repercussions of the Pandemic will no doubt profoundly influence the future direction of the health board and the Welsh NHS more widely, and we expect that our work in Equality, Diversity & Inclusion will be no exception. Nonetheless we aim to continue building on our past successes and work towards creating a more equitable organisation for our staff, our patients and all our stakeholders.

Cwm Taf Morgannwg has an ambition to become a leader in diversity and inclusion and our aim is now to tackle equality, diversity and inclusion at a systemic level, to address the inequalities which exist in our organisation, and to create a culture where no one is left behind.