



## **Public Health Wales**

### **Annual Equality Report 2018–2019**

#### **Notes to Board:**

- The People and Organisational Development Committee approved both the annual equality report and the Workforce Equality Monitoring Report at their meeting on 27 February 2020. Both reports are provided to the Board for information.
- The Workforce Equality Monitoring Report is attached to this document for ease – they will be published as two separate but linked documents.
- The Annual Equality Report document is in the process of being designed prior to publication.

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## **Executive Summary**

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2018 to 31 March 2019. This report focuses on the work that the organisation has done during this period to further advance equality, and work with diverse communities. We have made progress over the last year, and are now investing more time and resources in looking at how we can further improve our work on equality.

This report highlights some of the work we were involved in during 2018-19 that promotes equality and human rights more widely. It shows how our teams and services have worked with people from protected characteristics groups (those characteristics protected by law) to better understand their needs and improve the services we provide for them.

## 1. Introduction

This Equality Report covers the period 1 April 2018 to 31 March 2019. During this period, we spent a lot of time and effort considering how we can strengthen our commitment to equality. Developing a clear way forward is essential for success and we need to include our staff and the public we serve in this.

We are fully committed to achieving what is in our Strategic Equality Plan and are looking forward to continuing to work with people from across Wales as we fulfil the commitments and objectives set out in the plan.

## 2. Our Legal Duties

Under the public sector equality general duty, public authorities must:

- eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Equality Act 2010;
- treat people who share a protected characteristic and those who do not equally; and
- encourage good relations between people who share a protected characteristic and those who do not.

The act provides protection for people with protected characteristics. These are:

**Disability**

**Age**

**Race**

**Sex**

**Pregnancy and maternity**

**Religion and belief**

**Sexuality**

**Marriage and civil partnership**

**Gender reassignment**

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties), and the (Wales)

Regulations 2011. These duties came into force in Wales on 6 April 2011 and include:

- developing Strategic Equality Plans which include our equality objectives;
- involving the public and our partners from protected groups when developing plans and policies and shaping services;
- completing appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current;
- making sure people can access the information we provide.

### 3. Our Commitment

To encourage good practice relating to equality and human rights, we need to:

- make sure our leadership is effective and that people at all levels of the organisation take responsibility for equality;
- involve and listen to people with protected characteristics to better understand and meet their needs when providing our services;
- work together as equal partners with people who have protected characteristics to improve the services we provide;
- build on existing good practice and share learning across our organisation;
- invest in resources to promote equality effectively; and
- go above and beyond our legal duties by taking positive action on equality issues.

We are fully committed to promoting equality and have been making progress against the actions and objectives in our revised Strategic Equality Plan 2016–2020, which was approved by our Board in March 2016. It sets out a clear plan for the future with clearly defined objectives, as follows.

#### Equality objectives 2016–2020

##### Objective 1

Involve and work with communities and people of all ages, including those who represent groups with protected characteristics, and use their insights to support and direct our work.

##### Objective 2

Communicate our messages in ways that everyone can access, including people with protected characteristics.

**Objective 3**

Make sure all our policies and decisions treat all groups of people fairly and include everyone.

**Objective 4**

Build a closer working relationship with other public-sector partners to improve how we gather and analyse information.

**Objective 5**

Be recognised as a fair, inclusive and innovative employer.

We are fully committed to delivering against the actions in the plan. More information about our Strategic Equality Plan can be found [here](#).

## 4. Our Organisation

We are an all-Wales NHS trust. During the period covered by this report (April 2018 to March 2019), we employed just over 1800 people. Our staff work internationally, nationally and locally to provide a full range of public-health services.

Our vision is working to achieve a healthier future for Wales. We are committed to improving people's health and wellbeing and to reducing inequalities in health. We will continue to listen and learn from the people we serve, including people who have protected characteristics.

We have been working to fulfil the commitments of our Strategic Plan, which sets out how we will work for the people of Wales over the next three years. The plan focuses on continuing to improve our services so that they are high quality, safe, efficient and effective. We are committed to delivering the seven priorities shown below.





## Our Strategic Plan

<https://phw.nhs.wales/about-us/our-priorities/long-term-strategy-documents/public-health-wales-strategic-plan-2018-21/>

## Annual Report

<https://phw.nhs.wales/files/annual-reports/working-to-achieve-a-healthier-future-for-wales-annual-report-2018-19/>

## Annual Quality Statement

<https://phw.nhs.wales/about-us/annual-report/annual-quality-statement-2018-2019/>

## 5. Monitoring Our Progress

The Chief Executive Officer, together with our board, is responsible for making sure we meet our legal duties.

Our network of Equality Champions, which was set up during 2017, continues to help embed equality and report on progress within the departments. Individuals who have taken on this role on behalf of their department have a keen interest in taking equality forward; they provide and disseminate information and promote equality on a local basis.

In addition, Equality, Diversity and Inclusion is a standard item on the agenda for our People and Organisational Development Committee. This Board Committee is chaired by one of our Non-Executive Directors who is also appointed as the Board Equality Champion, ensuring that there is focus and support at a senior level.

### 5.1 Workforce Report

Public bodies must keep to their legal duties under section 149 of the Equality Act 2010. There are specific duties that they must meet, including reporting information about employment, training and pay.

This can include information about protected characteristics of our staff and the people who use our services, or evidence used to develop policies and guide our decision-making.

Collecting, using and publishing this information helps us to:

- understand the effect our policies, practices and decisions have on the public and staff with different protected characteristics;
- make sure we are not discriminating against people with protected characteristics;
- take steps to promote equality and encourage good relations within our organisation and more widely;
- identify our main equality issues;
- check that our workforce reflects the diversity of the Welsh population;

- make sure our staff understand the communities they serve;
- create a more open organisation to help to explain how and why we make our decisions; and
- share with the public our successes in supporting equality.

A full workforce report for the annual reporting period has been published alongside this report, as a stand-alone document.

## 6. Working Together

During 2018–2019 we worked with different communities across Wales to improve their experiences of the services we provide. The following sections highlight some of the work we have been involved with. The work undertaken has been reported by protected characteristic to show what has been done for each group.

### 6.1 Working with different abilities

#### 6.1.1 Sensory Loss

To highlight Sensory Loss Awareness month in November, the Quality Nursing and Allied Health Professionals (QNAHP) Directorate arranged a film screening of Oscar award winning film *The Silent Child* followed by a question and answer session with two members of the deaf community on their experiences of health and wellbeing.

QNAHP Directorate organised three successful British Sign Language (BSL) taster sessions in Port Talbot, Mold and Cardiff, the result of which was the launch of a pilot BSL course to give 20 staff the opportunity to learn BSL to use inside and outside of work. People with sensory loss were highlighted as a group who experience acute health inequalities in the Equality and Human Rights Commission's [‘Is Wales Fairer? 2018’](#) report.

All community and hospital based Help Me Quit staff were given the opportunity to attend a BSL taster session. This has led to two members of the community-based service signing up to BSL Level 1 online training.

Research into the links between deafness and wellbeing was commissioned by QNAHP to academics in Bangor University. Focus groups began in March 2019 with a publication date expected in autumn 2019.

#### 6.1.2 Social Model of Disability

A ‘Dygsu@Lunch’ session on the social model of disability with guest speakers from Disability Wales, UCan Productions (theatrical company) and Learning Disability Wales, discussing how changes in health

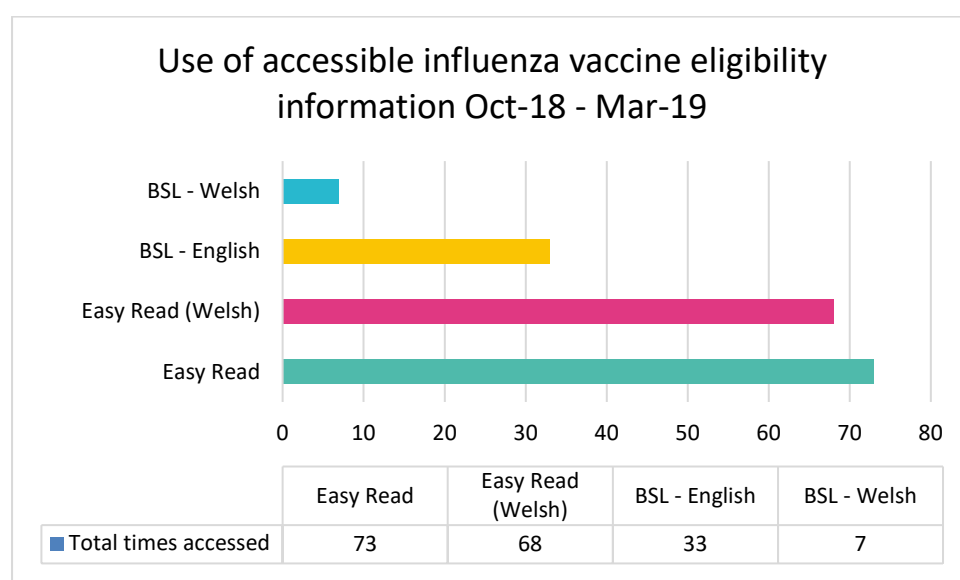
practitioners' attitudes can make a difference for disabled people, was held in January 2019.

In addition to the informal learning opportunity for staff, content for an NHS e-learning module on the social model of disability began development in collaboration with Disability Wales.

### 6.1.3 Influenza Campaign

As part of the 2018-2019 influenza campaign, the Vaccine Preventable Disease Programme (VPDP) created a flyer outlining eligibility for flu vaccination in a range of formats and languages. This was in an effort to make information accessible for all regardless of reading ability, or physical or sensory impairment.

The flyer was available in Welsh, English, large print (Welsh and English), easy read (Welsh and English), BSL (captioned in Welsh and English), braille and audio. The Public Health Wales (PHW) communications team was able to produce statistics on how many times these resources were accessed through the Curwch Flliw/Beat Flu website between October 2018 and March 2019. Unfortunately, data was not available for the English/Welsh standard flyer, the English/Welsh large print flyer, or the audio file. There were no requests for braille.



VPDP also made equality and accessibility a focal point in one of the sessions at the Annual Influenza Programme Meeting 2019, which took place on 19 March. Jane Dyson (Specialist Nurse, Immunisations) gave

a presentation on the importance of protecting people with a learning disability. Evaluation of the meeting showed that this presentation was positively received, and was praised for raising awareness of an under-discussed group. Sarah Morgan (Diversity and Inclusion Manager for PHW) also presented at the meeting on the importance of integrating the equality and diversity agenda into public health campaigns. Attendees welcomed the topic, and indicated they would have liked a longer session.

#### **6.1.4 Accessible Information**

In June 2018, VPDP took over leading on development of immunisation resources (such as posters and leaflets) as a responsibility from Welsh Government. One of the priorities identified within this work stream is to ensure that all new resources produced are accessible for all. As a result, the team is ensuring to take into account issues such as use of colour, contrast, font size and so on, and all resources are now reviewed against Plain English standards, to help achieve inclusivity. One new resource – an MMR poster – was printed on matt paper, as evidence shows this is better for individuals with a visual impairment.

During this reporting period, the Screening Division Core Public Information Group has undertaken a review of its public information strategy to ensure it reflects best practice guidance in relation to producing information, including accessible information. The revised strategy is expected to be approved during May 2019. A supporting toolkit for staff will also be developed to complement the new strategy. This is likely to be available shortly after.

Screening Division commissioned Learning Disability Wales and Sight Loss Cymru to undertake a review of screening invitation letters. Screening programmes have been reviewing their invitation letters to make them more accessible to service users. This work is ongoing, as programmes are at different stages of development, but all programmes are working to the recommendations of the report to inform the revised letters.

#### **6.1.5 New Resources**

A range of accessible information has been developed by Screening Division. Accessible information includes:

- HPV Easy Read – Having a smear test and testing for a virus called HPV
- CSW About your cervical screening (smear test) leaflet  
<http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/cervical%20screening%20booklet%20low.pdf>  
 Accessible versions  
<http://www.cervicalscreeningwales.wales.nhs.uk/accessible-information>
- BSW invitation leaflet and accessible versions
- Accessible GP monitor slides (for use in GP practices)

### **6.1.6 Learning Disability Project**

The PHW Screening Engagement Team has undertaken a piece of work to obtain insights from:

- people with a learning disability;
- health professionals who support people with a learning disability; and
- Screening Division staff.

The purpose of this work was to identify any barriers to screening throughout the participant pathway. Final reports with recommendations are being considered by Screening Division. This work will be ongoing.

### **6.1.7 Annual Health Checks for People with a Learning Disability**

To support the uptake and quality of annual health checks (AHCs) for people with learning disabilities, the learning disability improvement team commissioned Learning Disability Wales to develop easy read AHC invitation letters and an easy read information resource pack for use by primary health care colleagues to support the delivery of AHCs.

In partnership with health boards a training pack has been developed to improve the knowledge and understanding of primary care colleagues about the health inequalities and health issues affecting people with learning disabilities. The training modules include:

- Addressing health inequalities
- The legal and ethical framework
- Communication
- Understanding the unique needs of people with a learning disability

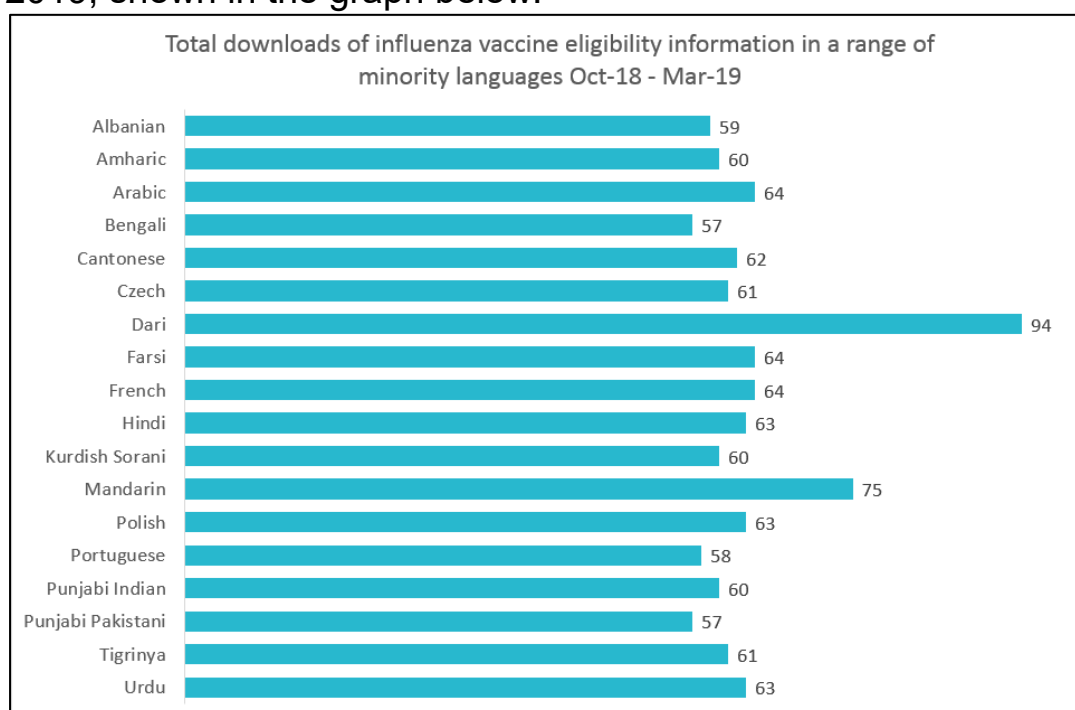
#### **6.1.8 Breast Test Wales Leaflet for Carers and Family Members**

Breast Test Wales has developed a leaflet for family members and carers of people who do not have the capacity to consent. The leaflet provides practical information on how to establish consent in these cases. It also provides information on what is required in order to undertake an examination.



## 6.2 Connecting with Minority Ethnic Communities

As part of the 2018-2019 influenza campaign, the VPDP created a flyer outlining eligibility for flu vaccination in a range of formats and languages. As well as in English and Welsh, the flyers were available on [www.curwchffliw.org](http://www.curwchffliw.org) and [www.beatflu.org](http://www.beatflu.org) in the following languages: Albanian, Amharic, Arabic, Bengali, Cantonese, Czech, Dari, Farsi, French, Hindi, Kurdish Sorani, Mandarin, Polish, Portuguese, Punjabi Indian, Punjabi Pakistani, Tigrinya and Urdu. The PHW communications team was able to produce statistics on how many times these resources were accessed through the website between October 2018 and March 2019, shown in the graph below:



6.2.1

### 6.2.1 Barriers to Employment

A member of staff from Women Connect First was seconded to the QNAHP Directorate to develop webpages for the PHW website. This included work on the specific barriers to employment Black, Asian and Minority Ethnic (BAME) women in Wales face and suggested initiatives to create opportunities for BAME women to gain experience in the workplace.

### 6.2.2 Women Connect First: Community Education

The PHW Screening Engagement Team continues to work with Women Connect First in south-east Wales to increase knowledge and education

of screening within its BAME community. A number of community education sessions have been run with women from the local community, with further work planned.

### **6.2.3 ESOL: E-Learning Package**

In September 2018, Cardiff and Vale College, working in partnership with Velindre Cancer Centre and the PHW Screening Engagement Team, launched the UK's first Health and Cancer Awareness Resource for BAME communities. The launch was positively endorsed by the Minister for Health and Social Services, Vaughan Gething. The ESOL+ Health and Cancer Awareness Resource is a series of educational tools for BAME communities, which are incorporated into ESOL classes.

The resource aims to address health inequalities among BAME communities in Wales by raising awareness of health matters including healthy eating, cancer prevention and the range of health services available.

### **6.2.4 Cancer Prevention Research Study: Roma, Gypsy, Traveller Community**

The Public Health Wales Screening Engagement Team is working in collaboration with Swansea University to undertake a research project which focuses on cancer prevention within the Roma, Gypsy and Traveller community. This qualitative research study is under way and is expected to be completed during 2019. It is anticipated that the findings of this work can be used within the division to establish better engagement with the Roma, Gypsy and Traveller community and to look at evidence-based interventions which could be adopted to improve uptake of screening.

### **6.2.5 Transcultural Medical Students Project**

Following on from the success of a 2018 project, where transcultural medical students produced a video aimed at raising awareness of screening within BAME communities, the PHW Screening Engagement Team has once again been working with the students in south-east Wales. This year the students have undertaken an evidence-based initiative to improve uptake in non-attenders for screening. The students have been working with GP practices within local BAME communities.

### **6.2.6 Peer Education Programme**

As part of the peer education programme, Screening Champion Training has been held with the Chinese community in south-west Wales. The purpose of this training is to increase knowledge among prospective service users, and to educate and inform them about available screening.

### **6.2.7 Barriers to Screening in the Polish Community**

Insights work is also currently being planned with the Polish community in north Wales. Project plans have been developed with focus groups expected to be delivered in May 2019 with members of the Polish community. It is anticipated that insights from this work will help in shaping a suitable communication and engagement plan to support screening within this community.

### **6.2.8 MegaFOCUS (Minority Ethnic Groups Association for Ophthalmic Care Uptake and Service Improvement)**

Diabetic Eye Screening Wales (DESW) continues to participate in the MegaFOCUS Advisory Group, which aims to improve access to eye health services by **members** of Wales' minority ethnic communities. DESW will be supporting the Ethnic Minority Health Fair in 2019, engaging with attendees to discuss the screening process and support increased uptake.

### **6.3 Improving Health during Pregnancy and Maternity**

During 2018–2019, working in partnership, Betsi Cadwaladr University Health Board (BCUHB) and the Local Public Health Team developed a North Wales Infant Feeding Strategic Plan. This is a high-level strategic plan designed to set out the vision to create a supportive culture in north Wales that enables all parents to make the choice about infant feeding in an informed way that optimises nutrition and helps develop close, loving relationships with their baby.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid down in early childhood. There is substantial and robust evidence demonstrating short- and long-term health benefits of breastfeeding to mothers and infants and of the benefits of complementary feeding from 6 months old.

The United Kingdom has the lowest breastfeeding rate at 12 months in the world, and only 1% of babies are breastfed exclusively at 6 months. Wales has the lowest initiation and continuation rates in the United Kingdom, and this is reflected within BCUHB.

The Infant Feeding Strategic Plan is intended as a driver for action for all staff groups within the Health Board whose work impacts on the first year of a child's life. The strategic plan has been developed in accordance with various key policy drivers, evidence base and best practice at world, national and local level, in particular for preconception, antenatal care, at birth and postnatal. The plan also embraces the Welsh Government's recommendation for future service provision whilst taking on a prudent approach to support the increase in breastfeeding rates in Wales, thus promoting initiation and continuation of breastfeeding, and removing barriers to breastfeeding.

The benefits of breastfeeding for the short- and longer-term health and wellbeing of babies and mothers are well known and linked to prevention of major inequalities. In order for the group to assess the impact of the strategic plan on service users, carers, staff and the local communities and to assess how things will get better for all mothers and babies in

north Wales – considering access to information and services, and how the information and support is received – the strategy was informed by an Equality Impact Assessment (EqIA) and a separate Health Impact Assessment. As part of the strategy’s development, the group also considered the views of mothers from the Infant Feeding Survey 2010 and the North Wales Maternity Services consultation.

In March 2019, over 120 people attended the launch of the Health Board’s Infant Feeding Strategic Plan, the first of its kind in Wales. A wide variety of public sector and third sector staff as well as parents attended the event. It was a great opportunity to share learning to ensure families in north Wales are given the best advice and support on nurturing and feeding their babies. Feedback about the event has been very positive from both the delegates and those who presented on the day. Resources can be found here:

<http://www.wales.nhs.uk/sitesplus/861/page/85325> (English)

<http://www.wales.nhs.uk/sitesplus/861/tudalen/85740> (Cymraeg)

### **6.3.1 Maternity Services and the Influenza Campaign**

The VPDP developed flyers and stickers that the maternity services use at antenatal booking clinics and antenatal clinics to promote awareness of the benefits to pregnant women of flu and pertussis vaccines. These flyers were available bilingually in Welsh and English. The VPDP also ran a point of delivery survey over a five-day period in January 2019, in order to monitor how many pregnant women recalled being offered influenza and pertussis vaccinations during pregnancy, and also how many pregnant women took up that offer.

### **6.3.2 Down’s Syndrome, Edwards’ Syndrome and Patau’s Syndrome Public Information Review**

Plans are under way with Antenatal Screening Wales, who are planning to undertake a review of their public information on Down’s syndrome, Edwards’ syndrome and Patau’s syndrome. This information is available to pregnant women in Wales and aims to assist them in making decisions about which antenatal screening tests to have. Participants are being recruited to attend focus groups and be interviewed as part of the review. Once this work is complete feedback and any recommendations will be considered by Antenatal Screening Wales.

## **6.4 Removing Barriers for LGBT+ People**

The VPDP provides guidance on the human papillomavirus (HPV) vaccination programme for men who have sex with men (MSM). MSM are a group at high risk of HPV infection and associated disease, who receive very little indirect health benefit from the current HPV vaccination programme for adolescent girls. From 1 April 2017, a targeted HPV immunisation programme was offered in sexual health clinics to MSM up to and including 45 years of age, and also to those at similar risk of HPV infection based on clinical judgement.

### **6.4.1 Stonewall**

PHW once again participated in the Stonewall Workplace Equality Index. We were placed 173rd out of 445 organisations taking part nationally, a jump of 165 places, which clearly indicates the progress that has been made.

Taking part in this benchmarking exercise has helped to identify where we can improve, and we continue to work through the action plan that has been developed to enable this. We look forward to seeing improvements in the following years.

The organisation also attended Pride events in Swansea and Cardiff, giving out information on Screening Services, Help Me Quit and vaccination programmes. This provided an important opportunity to engage with the LGBT+ Community.

### **6.4.2 LGBT+ Youth Homelessness**

During 2018–2019 PHW was represented by a member of the policy team on End Youth Homelessness Cymru's LGBTQ+ Youth Homelessness Task Group, which oversaw and steered research into LGBTQ+ Youth Homelessness. The draft report has just been finalised with publication due in the coming months.

## **6.5 Making sure vital information reaches Transgender people**

The Screening Engagement Team is continuing to distribute transgender information resources. These resources are available from the Screening for Life website or on request from the Screening Engagement Team.

Transgender Resources

<http://www.screeningforlife.wales.nhs.uk/sitesplus/documents/1129/Trans%20screening%20v2%20English%20250516.pdf>

### **6.5.1 Transgender Public Information Review**

Plans are currently under way to review the transgender information resources. It is expected that this work will be completed during 2019.

The QNAHP Directorate continued to develop an NHS Wales e-learning module on trans health, in collaboration with several advocacy groups.

## 6.6 Supporting health in all age groups of our populace

As part of the 2018–2019 Influenza campaign, the VPDP focused for 2 weeks on communications with those aged 65 and over. In a different fortnight, the Influenza campaign focused on communicating with the parents of children aged 2–10 years. Utilising different language, terminology and messaging aimed at different groups helps to increase messaging resonance with target groups. These communication methods included social media, traditional advertising and engagement with third sector organisations. Surveillance team epidemiologists and information analysts monitored influenza vaccination uptake for these different age groups and reported the figures on a weekly basis. In addition to monitoring influenza vaccine in specific age groups, the surveillance team also monitored vaccine uptake for the shingles vaccine in eligible patients over age 70, and eligible pneumococcal (PPV) patients over age 65. The team also monitored childhood immunisation throughout the year, and published the uptake data in quarterly and annual COVER reports.

In 2018–2019, the VPDP targeted a hard to reach age group to encourage uptake of MenACWY vaccine in 16–24-year-olds. A dedicated webpage is in place for this age group at <https://www.menacwy.co.uk/>, and the team produced two new posters specifically aimed at this group. They also developed a physical ‘frame’ that mimics an Instagram post, to promote engagement amongst 16–24-year-olds. The surveillance team monitored uptake of the vaccine.

### 6.6.1 Working with Schools

The Gwynedd Healthy Schools Scheme commissioned Welsh Language Children’s Laureates Anni Llŷn and Casia Wiliam to write about sensitive health and wellbeing issues that matter to young people.

The resulting volume of poetry, *Dim Ffiltar (No Filter)*, is a compilation of Welsh language poems dealing with a range of topics including female genital mutilation (FGM), pornography, islamophobia and sexual exploitation. Diversity is a key topic in this progressive work; the *Dim Ffiltar* resource is accompanied by lesson activity suggestions for Key Stage 3 pupils and was launched in Gwynedd in September 2018 to support schools to facilitate learning on various sensitive issues.



### **6.6.2 Over 70s: Breast Screening**

Routine breast screening is offered to women between the ages of 50 and 70 every 3 years. Women beyond the age of 70 may continue to attend breast screening in Wales by requesting their own appointment(s). At the request of Welsh Government, Breast Test Wales has undertaken a piece of work to evaluate the current breast screening service available to women aged over 70 years. Breast Test Wales will await the outcome of the AgeX trial in England, which is looking at the risks and benefits of breast screening over the age of 70.

### **6.6.3 Age Extension: Bowel Screening**

Following the phased implementation of the Faecal Immunochemical Test (FIT) in Wales, Welsh Government asked PHW to model the options to our optimise bowel screening programme, as recommended by the UK National Screening Committee. The modelling included both elements of optimisation as well as the possible implications of lowering the age for bowel screening from 60 to 50 years old, and lowering the sensitivity threshold of FIT. Work to implement the age extension for bowel screening will commence once the Welsh Government gives the formal approval for the recommended option. This option sets out plans to start age extension in April 2020 and to fully implement it by March 2022.

### **6.6.4 Screening for Life Campaign**

Screening Division held its annual Screening for Life social media campaign during July. This particular campaign targeted people accessing screening for the first time. Evidence suggests that individuals who are invited and attend for screening are more likely to keep attending when re-invited. Facebook optimisation was used to target specific age groups in geographical areas which have low uptake of screening. The campaign had an overall reach of over one million users. Programmes received over a hundred comments during the course of the campaign month.

### **6.6.5 Believe in Every Child**

The Positive Approaches to Behaviors that Challenge conference was held in March 2018 in partnership with Learning Disability Wales and All Wales Challenging Behaviour Community of Practice. The main theme of this conference was to help key stakeholders mainly involved in

education in Wales to identify and reduce restrictive practices by understanding alternative positive approaches to promote children's and young people's wellbeing, learning and development. Feedback from this event has been used to inform all-Wales policy development.

#### **6.6.6 Cervical Screening Wales: HPV Implementation and Love Your Cervix Campaign**

In September 2018, Wales became the first UK nation to fully adopt high-risk HPV testing as the first test carried out on every cervical screening sample. If high-risk HPV is found, the sample will be checked for cell changes. This is a more sensitive and effective screening test.

Young women have been targeted in a social media awareness campaign called #loveyourcervix. The campaign has aimed to encourage women in the 25–29 year age group to attend their cervical screening appointments. The social media content has focused on addressing embarrassment, fear and lack of awareness, which are often the reasons why women do not attend their appointments. Initial analysis has shown a high level of engagement, with over 350,000 Facebook impressions.

Bangor University was commissioned for a series of reports making the economic argument for investing in prevention at different stages of the life course. [Living well for longer: The economic argument for investing in the health and wellbeing of older people in Wales](#) was published in August 2018.

## **6.7 Providing appropriate health interventions**

The VPDP has been closely involved in the planning for the rollout of a 'universal' gender-neutral HPV vaccine campaign. The vaccine has previously only been available for girls but going forward will be available for all pupils in school years 8 and 9. Next year, the team anticipates being able to report on uptake of this vaccine.

### **6.7.1 Cervical Screening Younger Women's Project**

The PHW Screening Engagement Team undertook insights work on behalf of Cervical Screening Wales to better understand the barriers to screening for younger women. A blended engagement approach was undertaken, with over 300 women taking part in the review. Participants came from a range of disciplines and backgrounds including working women, women from BAME communities, women from socially deprived areas and women with communication needs. Findings from this work are being considered by Cervical Screening Wales.

## **6.8 Improving our understanding of the needs of different Faith groups**

In March 2019, the QNAHP Directorate arranged a tour for staff at PHW to visit four places of worship around Cardiff. The visits to a Hindu temple, a mosque, a Buddhist centre and a Sikh gurdwara, and conversations with followers of the faith, helped the group to understand potential ways to overcome the barriers to accessing health services that some faith groups face.

### **6.8.1 Vaccines**

The VPDP integrates information on vaccines and porcine gelatine into all immunisation leaflets produced. This is pertinent to some religions and beliefs, and support has included ensuring that up-to-date balanced information is available for clinicians and those delivering the service, and is integrated into public-facing resources such as leaflets.

## 7. Other Work to Further Equality

In addition to addressing the protected characteristics, further work was undertaken to further equality. This is captured below.

During 2018–2019, the Local Public Health Team supported Betsi Cadwaladr University Health Board (BCUHB) to develop a Strategic Immunisations Plan, the first of its kind for the health board and, as far as we are aware, the first in Wales.

Vaccination represents one of the most cost-effective public health interventions available, and the Strategic Immunisations Plan for BCUHB outlines how the health board and primary care providers will protect and improve the health of the population through maximising the uptake of vaccines for eligible groups across the life course.

The population of north Wales has varied and diverse needs, with some of our communities and population groups requiring additional consideration and support to address their needs. Recognising that inequalities in health can result by not considering the specific needs of these groups, we undertook a Health and Equality Impact Screening session on the draft strategic plan. Participants included members of the health board, the Local Public Health Team and third-sector organisations working with equality groups. The group used PHW's integrated Health and Equality Impact Assessment to undertake the screening session, and the following recommendations were put forward:

- Develop a comprehensive engagement and communication plan to promote and raise awareness of immunisation programmes across north Wales.
- Strengthen current collaborative work with key partners across the health board and extend joint collaborative working to promote vaccination to third-sector organisations, education and social care, and private sector.
- Engage with different community groups and groups with different needs identified as priority groups in the impact assessment to identify barriers towards immunisation uptake and opportunities to improve uptake.
- Ensure public-facing information is available in accessible format to meet the individual needs of service users with sensory loss, learning disability and low literacy level.

- Ensure the inclusion and involvement of service users as appropriate, e.g. in area immunisation groups or as part of the strategic immunisations group.
- Scope possible expansion of funding to schools and nurseries to improve uptake through promotion, training, awareness and availability of vaccination by school nurses.

The plan now is to undertake targeted engagement work with priority groups in response to the above findings of the Health and Equality Impact Assessment.

## **7.1 Prisons**

The Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) and Diabetic Eye Screening Wales (DESW) have both delivered screening clinics on site in HM Prisons Parc, Usk, Prescoed and Berwyn during 2018–2019.

Bowel Screening Wales (BSW) has also undertaken bowel screening within Parc, Usk and Prescoed prisons during 2018–2019.

Research/data analysis was undertaken, to investigate the prevalence of latent TB in men in prison. Findings informed a report to Welsh Government and the recommendations made by the All Wales TB Group. A journal article based on this work was also published in the *Journal of Public Health*.

## **7.2 Safeguarding**

The National Safeguarding Team developed principles for good working practices to be used by chaperones during intimate examinations or procedures within NHS Wales.

The work was developed using the five ways of working embedded in the principles of the Well-being of Future Generations (Wales) Act 2015. An Equality Impact Assessment (EIA) ran in parallel with the work to ensure that the views of our protected communities were taken into consideration, and evidence was collected in support of this. A dip sample approach to engaging with the wider population was used to gain their views with regards to chaperone for intimate procedures, to ensure that the voice of the patient was always heard.

### 7.3 Bowel Screening Wales (BSW) Faecal Immunochemical Testing (FIT) Implementation

BSW was asked by Welsh Government to implement a new bowel test kit in Wales. Prior to the new kit being introduced a series of engagement exercises was undertaken with equality-based organisations and diverse communities to shape and inform implementation plans. Insights from this work assisted in informing the supporting Equality Impact Assessment and public information developments. The new test is being phased in with full implementation expected in summer 2019.

### 7.4 Supporting National and Organisational Work Streams

The Screening Division attends and contributes to a number of national and organisational work streams including:

- **Senior Implementing Officers Working Group** – this focuses on sensory loss, in particular the implementation of the sensory loss standards. This year the group has been working to implement a system to capture the communication needs of people with sensory loss with a focus being on primary care.
- **National Steering Group for Better Outcomes for People with a Learning Disability** – this group focuses on working to improve health and services available within primary, secondary and tertiary care.
- **PHW Consent Working Group** – this group has been involved with the development of the new trust consent policy. Programmes have been implementing the new policy within the Division. Some staff have had training on the Mental Capacity Act, but further training is to be offered so that all frontline staff have received training relating to mental capacity.

### 7.5 Adverse Childhood Experiences (ACEs)

Research was undertaken that aimed to explore the relationship between adversity in childhood and later risk of homelessness, as well as to explore perceptions of the opportunities for early intervention. The report on this work, [\*Voices of those with lived experiences of homelessness and adversity in Wales: Informing prevention and\*](#)

[response](#) (published in 2019), also considers additional factors such as sexual orientation and ethnicity in the relationship between services and children.

## **7.6 People Seeking Sanctuary**

We worked with Swansea University to complete the [Health Experiences of Asylum Seekers and Refugees in Wales](#) (HEAR) study, which includes ten recommendations to improve the health equity of people seeking sanctuary. The Executive Summary was translated into Arabic to make the findings more accessible to more sanctuary-seeking communities.

## **7.7 Publications**

The following reports were also published:

- [Public health outcomes framework \(2018\)](#)
- [Health and its determinants in Wales \(2018\)](#)
- [Cancer incidence in Wales, 2001-2016](#) (published January 2019)
- [Living well for longer: The economic argument for investing in the health and wellbeing of older people in Wales](#) (published August 2018)
- [Cancer mortality in Wales, 2001-2017](#) (published November 2018)
- [CARIS Review 2018](#) (published November 2018)



## 8. Conclusion and forward look

Our revised Strategic Equality Plan has now been in place for three years, and we continue to work towards meeting our objectives for the fourth and final year for this Strategic Equality Plan. We will also be going out to consultation to develop and agree our next strategic equality plan, a set of new objectives and an action plan to underpin them which will cover April 2020 to March 2024.

Our teams will continue to work in the community with the people who use the services we provide, and we will continue to develop an inclusive culture within the organisation, through the development of our staff diversity networks, and reviewing our practices to ensure we are creating a great place to work.

The revised Strategic Equality Plan (2020 – 2024) will contain details of how we plan to achieve our revised objectives over the four year period, and will continue to further embed equality within our plans so that we properly consider and monitor the effects and outcomes of our work on people with protected characteristics. We will support innovation, encourage good practice and challenge poor practice. All of this will be done in partnership with people from protected groups.

Any future legislative requirements will also be incorporated into the new plan as they are enacted.

In doing all of these things we will strengthen how we work, and truly demonstrate our commitment to the people we serve.



**Public Health Wales**  
**Workforce Equality Monitoring Report**  
**Reporting period 1 April 2018 to 31 March 2019**

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## Executive Summary

The purpose of this report is to show how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). The report summarises the equality, employment and training data (information) we hold about staff, and covers the period 1 April 2018 to 31 March 2019.

It is clear from looking at the data in this report, we need to look at:

- creating job opportunities for people who may have one or more of the protected characteristics;
- ensuring the way we recruit staff is fully accessible, flexible and inclusive and that we advertise posts in a way that attracts a range of talent;
- considering giving more people access to our organisation through offering, for example, apprenticeships, work experience, placements and volunteering opportunities to people with protected characteristics;
- continuing to encourage staff to attend and complete appropriate equality training;
- working with staff to explain the importance of recording equality information and how we use this in our work;
- strengthening our approach to and understanding of impact assessments, and making service providers and policymakers aware of the benefits of these assessments;
- making sure equality is an essential part of our procurement process (how we buy services);
- better understanding any pay differences between men and women and taking action to reduce these differences; and
- working towards being an inclusive workplace.

## **1. Introduction**

The purpose of this report is to show that we meet the public sector equality duty (2011) relating to our general and specific employment duties. It summarises the monitoring information we hold relating to equality and employment for the period 1 April 2018 to 31 March 2019.

The Equality Act 2010 public-sector equality duty (section 149) states that public authorities must acknowledge the need to:

- eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act;
- treat people who share a protected characteristic and those who do not equally; and
- encourage good relations between people who share a protected characteristic and those who do not.

This report shows how we are working towards meeting the specific requirements set out in the public sector equality duty

## **2. Challenges in collecting information**

We have taken the information contained within this report from a number of sources. These include the Electronic Staff Record (ESR), NHS Jobs recruitment systems, and our training and human resources information. It is fair to say that there are challenges in how this information is collected, not just for us but also across the health sector.

The information we have on equality relies on staff voluntarily reporting it themselves through ESR. We are currently training managers in the importance of collecting this information and ESR developments that are currently being introduced will make it easier for employees to record their own information.

## **3. Being an Inclusive Employer**

As an organisation, we are working hard to make sure that we are inclusive in the services and programmes we provide and, as an employer, in relation to how we recruit, retain and develop our staff. However, the information we have about our employees tells us we still have some way to go to be fully inclusive.

Public Health Wales participated in the Stonewall Workplace Equality Index (WEI) benchmarking exercise again this year. The WEI is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bisexual and transgender inclusion in the workplace.

We were delighted to learn that we were placed 173rd out of 445 organisations that took part – a jump of 165 places from last year, and a clear indication of how the organisation is improving and becoming more inclusive.

During 2018-2019, a lot more work has been undertaken within the People and Organisational Development Directorate towards becoming more inclusive. More information on this follows.

### **3.1 Employee Health and Wellbeing**

Our aim for our people is that they are healthy, well engaged and treated fairly, which will support our strategic aim of a healthier, happier and fairer Wales and translate this to our workplaces. With this approach in mind, all of the actions we have taken, and are planning for in the future, are designed to ensure that we support equality for all employees.

The work we have been undertaking towards enhancing employee wellbeing allowed us to achieve success at our assessment for the silver level of the Corporate Health Award in June 2018. We have used the report from the assessors to map out the actions required to work through the remaining award levels, many of which were already in place.

Following the successful feedback and evaluation of our first full programme of mindfulness training in Conwy, we ran another cohort in

Cardiff, and will be running another in Swansea, and intend to make this a regular part of our wellbeing programme.

We continued with our programme of mental health training sessions aimed at all staff, and those specifically commissioned to support managers, which were facilitated by Mind Cymru, with dates set across Wales.

The courses offered were:

- Managing mental health at work
- Mental health awareness
- Emotional intelligence and resilience
- Mindfulness.

The vast majority (98%) of attendees of the Mind courses were either very satisfied or satisfied with the training and there was also positive feedback from those who attended the mindfulness course.

We will evaluate the impact of our the training and recommend next steps, as part of our process of securing more training for mental health training for 2019–2020, and will continue to offer courses which provide targeted support across the organisation.

We continue to provide an enabling range of policies and procedures to support our people, including our revised flexible working policy, supporting flexible working toolkit, childcare voucher scheme and childcare holiday subsidy scheme.

### **3.2 Staff Diversity Networks**

Work continues to strengthen and develop our staff diversity networks. In 2018 networks for women, single parents and carers were set up. These are in addition to the existing network for LGBT+ staff. Networks for disabled staff, and Black, Asian and minority ethnic staff are due to relaunch in 2019, following some staff changes.

Information on our Staff Diversity networks is available on our recruitment pages and is given out to new starters in the Welcome, Engage, Develop, Network (WEND) induction events.

### **3.3 People and Organisational Learning**

The Organisational Development and Learning Team supports learning and development across the organisation and wider public-health system. They are responsible for creating learning and development opportunities for our staff and work with staff to promote equality and diversity training. They continue to monitor staff to make sure they have completed the mandated core skills 'Treat me Fairly' e-learning module.

### **3.4 Recruitment**

We are continuing to make sure our recruitment and selection processes are inclusive, and have reviewed and updated the information available to candidates. We have also gained Level 2: Disability Confident Employer status on the Disability Confident Scheme. Being Disability Confident training was arranged for our HR professionals in order to help them further understand the requirements of disabled candidates in the recruitment system. We will be reviewing how we continue to meet the requirements of the scheme, with the aim to advance to Level 3: Disability Confident Leader in 2019.

### **3.5 Electronic Staff Record**

The Electronic Staff Record (ESR) is the NHS human resources and payroll system used throughout Wales and England. The team responsible for this has continued to provide ESR training to our staff, including reinforcing the importance of recording information about equality ('equality data').

### **3.6 Our Values**

Since launching our organisational values in 2017, the People and Organisational Development team has embedded them into the My Contribution appraisal process and into recruitment guidance. Being My Best, a workshop designed to encourage the practice and use of three



key habits, was developed in partnership with occupational psychologists and linked to the aspiration element of values-based working. This has been delivered to over 150 staff in the first year. Values continued to be central to our Diolch! staff awards programme, with working together and making a difference stand-alone categories, and broader 'living our values' at the heart of the Chair and Chief Executive Award. The team is finalising the development of a draft values-driven behavioural competency framework, which translates the wider scope of organisational values into defined behavioural competences for all PHW colleagues; it has been designed to grow with and support the growth of the individual as their role and responsibilities progress.

### **3.7 Pride**

We attended our first Pride events in Swansea and Cardiff during 2018. This provided an excellent opportunity for us to engage with the LGBT+ community and provide information on our Help Me Quit smoking cessation service, as well as information on screening and vaccinations.



### **3.8 Welsh Language**

Public Health Wales has been implementing its statutory Welsh Language Scheme since 2010, and for the past six years we have been implementing the Welsh Government's strategic framework for Welsh language services in health, social services and social care: More Than Just Words. Much good work has been done during 2018–2019, building on similar work across previous years, to improve the availability, accessibility, quality and equality of our Welsh medium services.

Public Health Wales encourages staff to take up training available under the National Centre for Learning Welsh (NCLW) Work Welsh scheme. Staff have been offered opportunities to complete three 10-hour online courses (entry level) and to attend 5-day residential courses (intermediate level and above) in work time or in their own time, and on any digital device. To date, 181 members of staff have registered to follow the 'Croeso' course for complete beginners, which was the first course introduced by the NCLW. Staff also have the opportunity to complete a new online 'beginners' course aimed health sector workers.

Three members of staff attended residential courses offered as part of the Work Welsh scheme, and staff in our screening programmes have attended Welsh language taster courses.

As of 31 March 2019, data on our ESR system shows that, of our 1812 employees, 897 (49.5%) have recorded their Welsh language skills. This is a good improvement on figures presented in October 2018 (767 / 43%) and April 2018 (669 / 39%). We believe that the increase is largely due to the inclusion of the Welsh language skills matrix on the new My Contribution form. We need to improve the capture of information about the current Welsh language skills of our staff by promoting the importance of self-assessing and recording their skills via ESR.

Our monitoring activities have led us to the conclusion that there is still much to do to ensure that service users can access a full range of Welsh medium services without delay wherever they live in Wales. Welsh Language Standards Regulations for NHS Wales Boards and Trusts will replace our Welsh Language Scheme within the next 12 months. It is estimated that PHW will be required to be compliant with some of the standards by mid-2019, so over the next two years there will be sustained focus and momentum with regard to improving our Welsh medium services. For example, we will:

- develop a robust process for considering and including appropriate Welsh language requirements in contract specifications;
- support managers in relation to identifying the requirement for Welsh language skills in new and vacant posts with a view to increasing the number of 'Welsh essential' posts we advertise in the future;
- improve the capture of information about the current Welsh language skills of our staff by promoting the importance of self-assessing and recording their skills via ESR; and
- review our arrangements for implementing, monitoring and reporting on Welsh language commitments and requirements in order to drive service improvement.

### 3.9 Diversity and Inclusion Week

In January, we held our first Diversity and Inclusion Week. This involved a range of speakers, a panel discussion and awareness raising articles on our Intranet. As part of the week we held a Rainbow Day, where staff were invited to wear bright colours as a way of celebrating and raising awareness of LGBT+ issues. Each member of staff was given a rainbow lanyard or pair of rainbow laces and we held a cake sale to raise money for LGBT Cymru Helpline; a small charity based in Swansea.



## 4. Our workforce

At 31 March 2019, we employed 1819 staff.

- 1409 were women and 410 men.
- 100 were aged 30 or under.
- 1004 were aged between 31 and 50.
- 566 were aged over 50.
- 73 people were from BAME backgrounds and 1388 from other white backgrounds. 358 did not state their ethnic background.
- 61 people considered themselves to be disabled and 1113 said they were not disabled. 168 did not declare their disability status and 477 did not respond.
- 34 people identified as lesbian, gay or bisexual, while 1249 identified as heterosexual. 201 did not declare their sexuality and 323 did not respond.
- 708 people identified as Christian, 298 identified as atheist and 150 people identified as 'Other'. Other faiths represented in the workforce were Buddhism, Hinduism, Islam and Sikhism. A total of 301 people did not tell us their religious belief and 328 did not respond.

## 5. Gender

Women make up most of our workforce, with 78% female and 22% male employees, as at 31 March 2019. The information in the following table covers the reporting period 2018–2019.

### a) Pay

**Table 1: Staff pay band by sex**

Pay Scale	Female	Male
Band 1	*	*
Band 2	62	29
Band 3	222	17
Band 4	220	42
Band 5	185	57
Band 6	227	63
Band 7	215	52
Band 8A	101	39
Band 8B	38	24
Band 8C	38	22

Band 8D	22	*
Band 9	30	*
Medical & Dental	51	46
Other	*	*

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

## b) Staff group

**Table 2: Staff group by sex**

Staff Group	Female	Male
Additional Prof Scientific and Technic	*	*
Additional Clinical Services	235	58
Administrative and Clerical	795	260
Allied Health Professionals	69	10
Estates & Facilities	*	*
Healthcare Scientists	184	52
Medical and Dental	84	15
Nursing and Midwifery Registered	49	18

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

## c) Contract type and working patterns

**Table 3: Staff contract type by sex**

Contract Type	Female	Male
Fixed Term	123	42
Permanent	1286	378

**Table 4: Working pattern by sex (as % of total workforce)**

Working Pattern	Female	Male
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<b>Part Time (PHW)</b>	40%	11%
<b>Full Time (PHW)</b>	60%	89%
<b>Part Time (population of Wales)</b>	43%	14%
<b>Full Time (population of Wales)</b>	57%	86%

## 6. Ethnicity

Staff ethnicity is recorded on the ESR, which relies on staff providing the information themselves. As it is not compulsory for staff to supply these details, we only have a partial picture of our ethnic profile. A large number (358) of our workforce chose not to state their ethnicity. We are doing further work with staff, through ESR training and staff meetings, to explain the importance of providing this information and to encourage staff to do so.

**Table 5: The ethnic origin of our workforce**

<b>Ethnic Group</b>	<b>Headcount</b>	<b>% of workforce</b>
A White – British	1,088	59.81
B White – Irish	15	0.82
C White – Any other White background	35	1.92
C2 White Northern Irish	*	
C3 White Unspecified	31	1.70
CA White English	13	0.71
CB White Scottish	*	
CC White Welsh	191	10.50
CD White Cornish	*	
CF White Greek	*	
CP White Polish	*	
CQ White ex-USSR	*	
CX White Mixed	*	
CY White Other European	*	
D Mixed – White & Black Caribbean	*	
E Mixed – White & Black African	*	
F Mixed – White & Asian	*	

G Mixed – Any other mixed background	*	
H Asian or Asian British – Indian	14	0.77
J Asian or Asian British – Pakistani	*	
K Asian or Asian British – Bangladeshi	*	
L Asian or Asian British – Any other Asian background	*	
LH Asian British	*	
M Black or Black British – Caribbean	*	
N Black or Black British – African	*	
PB Black Mixed	*	
PD Black British	*	
R Chinese	*	
S Any other ethnic group	*	
SB Japanese	*	
Unspecified	80	
Z Not stated	278	
<b>Grand Total</b>	<b>1819</b>	

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

## Comparison with Welsh Population

Ethnic Group	Headcount	% of workforce	% of Welsh Population
White	1,373	75.5	95.4
Mixed / Multiple ethnic groups	17	0.9	0.6
Asian	24	1.3	2.3
Black / African / Caribbean / Black British	*	*	0.6

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\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

As 1088 of our employees gave their ethnicity as being white, consideration should be given as to how, when recruiting, we can make our workforce more diverse, representative of our local communities, and attract the wealth of skills and expertise this brings.

## 7. Disability

We collect information about people with disabilities using a number of methods, including staff providing the information themselves through ESR, risk assessments, and any reasonable adjustments we make to meet staff requirements. In most cases, providing information is voluntary.

**Table 6: Proportion of the workforce who have given us disability information**

Disability	Headcount	% of workforce	% of Welsh Population
No	1113	61.2	78.3
Not declared	168	9.2	0.8
Unspecified	477	26.2	
Yes	61	3.4	20.9

The true number of staff with a disability is not known, as a large proportion of staff (645 people) who gave us disability information fell into the 'Not declared' and 'Unspecified' categories. However, as only 61 people say they have a disability, it does suggest that we should look at whether there could be any barriers to our employment practices which, if overcome, could provide employment opportunities for people with a disability. We have started working in partnership with specific employment agencies to offer opportunities to people with disabilities.

## 8. Age

The age profile of our workforce at 31 March 2018 showed that the largest proportion of staff were aged between 36 and 55.



**Table 7: Percentage of workforce by age band**

Age Band	Headcount	%
<=20 Years	*	*
21–25	77	4.23
26–30	169	9.29
31–35	221	12.15
36–40	272	14.95
41–45	248	13.63
46–50	263	14.46
51–55	279	15.34
56–60	204	11.21
61–65	74	4.07
66–70	*	*
>=71 Years	*	*

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

The lowest proportion of staff were in the under 25 and over 61 age groups. To create employment opportunities for younger and older people we plan to offer apprenticeships and work placements in the summer of 2019.

## 9. Religion and Belief

82% of our workforce voluntarily told us their religion or belief through the ESR system.

Religious Belief	Headcount	%	% of Welsh Population
Atheism	298	16.38	42.7
Buddhism	*	*	
Christianity	708	38.92	52.8
Hinduism	*	*	
Islam	17	0.93	1.6
Judaism	*	*	
Not disclosed	301	16.55	0.3
Other	150	8.25	
Sikhism	*	*	
Unspecified	328	18.03	0.3

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

Individual data for the Welsh Population was not available on the Stats Wales Website for all religions listed on our Electronic Staff records.

## 10. Sexual Orientation

Providing information about sexual orientation is voluntary. During 2018–2019, 524 members of staff chose not to share or specify this information. Disclosure rates have improved in the past year, which gives an indication that staff are feeling more confident about being themselves at work.

**Table 8: Workforce by Sexual Orientation**

Sexual Orientation	Headcount	%	% of Welsh Population
Bisexual	11	0.6	0.6
Gay or Lesbian	34	1.9	1.2
Heterosexual or Straight	1249	68.7	94.9
Not disclosed	201	11.1	2.7
Undecided	*	*	
Unspecified	323	17.7	

\* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

The majority of staff (1249 people) reported as being heterosexual. Raising awareness of LGBT issues is critical to helping us to provide high-quality services for a diverse population.

## 11. Gender Reassignment

We understand that monitoring the number of transgender employees is highly sensitive – if this information is reported and broken down further, it could put at risk an individual's privacy.

We are committed to making sure our frontline staff (staff who have direct contact with the public) are transgender-aware, and some frontline services have taken positive action to deliver transgender-awareness training to staff.

## **12. Marriage and Civil Partnership**

At 31 March 2019, 1% of our workforce were in civil partnerships and 54% were married.

## **13. Pregnancy and Maternity**

Between 1st April 2018 and 31st March 2019 39 staff went on Maternity Leave, which equates to 2.1% of the workforce.

## **14. Recruitment and selection**

We are committed to making sure we have a reliable recruitment and selection process, which deals with applications fairly and consistently in line with statutory and good-practice guidance. We encourage staff to attend recruitment and selection training, running four sessions a year to help them to recruit fairly.

We also make sure staff are aware of and keep to our recruitment and selection policy. We regularly review our recruitment processes to make sure they are accessible to everybody. We recognise that we could do more to be fully inclusive and although we achieved Level 2 of the Disability Confident scheme, we are committed to working towards achieving Level 3 during 2019.

A table showing the breakdown of candidates by protected characteristic is shown at Appendix A.

## **15. Disciplinary and grievance**

We keep to comprehensive disciplinary and grievance policies. These policies outline the procedures for dealing with disciplinary or grievance matters so that staff are treated in a fair, consistent and timely way.

We offer training to our managers as part of a leadership programme so that they are able to deal with these matters effectively, and our Human Resources department give staff and managers help and advice.

As part of our preparations for complying with the Welsh Language Standards Regulations, we identified and published actions for ensuring that staff are able to use the Welsh language in disciplinary and grievance matters, including reviewing and amending policies and procedures relating to disciplinary and grievance.

During the reporting period, we carried out seven formal disciplinary investigations that resulted in three disciplinary cases and heard seven formal grievances relating to our staff. Due to the low numbers, information regarding protected characteristics cannot be disclosed for confidentiality reasons.

## **16. Leaving us**

Between 1 April 2017 and 31 March 2018, 203 staff left the organisation. Of these, 13 left to relocate, 38 chose to retire, and 152 left for other reasons, including:

- death in service
- dismissal
- employee transfer
- end of fixed-term contract
- Voluntary Early Release Scheme
- compulsory redundancy
- health reasons
- lack of opportunities

- voluntary resignation
- promotion
- further education or training
- work–life balance.

## **17. Training**

The Organisational Development and Learning team supports registration for a number of learning programmes:

- statutory and mandatory training
- Management and Leadership Development
- High Cost Learning
- apprenticeship schemes
- Public Health Practitioner Registration Scheme
- work placements
- colleague development programme
- Planning for a Positive Retirement
- Mental Health Awareness and Mental Health for Managers

Some training and development is arranged locally and not reported centrally; however, most registration for training and development is now done via the Oracle Learning Management system – OLM (part of ESR). We do not collect anonymous equality data outside of what is voluntarily entered in ESR.

As at 31 March 2019, 93% of our employees had completed compulsory equality, diversity and human rights training, 1681 staff – an increase of 9% on the previous year.

## **18. Procurement**

Procurement (buying goods and services) is a specific duty for Wales. We have contracts with organisations in the public, private and voluntary sectors to provide us with work, goods and services. Some of these contracts will have more relevance to equality than others.

During the coming year, we will be working more closely with our main suppliers to make sure they have considered all aspects of equality.

## **19. Conclusion**

While we have been able to report on the specific requirements set by public sector equality duties, we still have much to do to improve our employment information and business practices in terms of equality, diversity and inclusion.

As an organisation, we must look at increasing the diversity of our workforce so that we can draw on different expertise and experiences. We must make sure our staff continue to develop and, in doing so, have a broad understanding of equality, diversity and human rights which may affect them personally and improve their competency on a professional level. We will also work towards strengthening our staff diversity networks, including setting up a network for BAME staff.

Finally, we must continue to further embed equality as part of our everyday business, so that we consider it in everything we do.

## Appendix A:

### Table to show the percentage of candidates with one or more protected characteristics

Please note that figures less than 10 are shown with an asterisk to avoid individuals being identified. Figures have also been rounded/supressed to one decimal point.

#### Candidates for Non-Medical Posts

	Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Gender	Not stated	*	*	*	*	*	*	*	*
	Male	1702	355	217	51	31.6	20.9	61.1	23.5
	Female	3660	893	600	203	68.0	24.4	67.2	33.8
	I do not wish to disclose	22	10	*	*	*	45.5	80	12.5
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Age	Under 20	50	*	*	*	*	14.0	57.1	25.0
	20–24	811	124	86	26	15.1	15.3	69.4	30.2
	25–29	1125	179	104	42	20.9	15.9	58.1	40.4
	30–34	934	186	123	42	17.4	19.9	66.1	34.2
	35–39	674	186	121	48	12.5	27.6	65.1	39.7
	40–44	531	154	104	24	*	29.0	67.5	23.1

	<b>45–49</b>	503	167	113	33	*	33.2	67.7	29.2
	<b>50–54</b>	443	153	107	25	*	34.5	69.9	23.4
	<b>55–59</b>	236	84	52	*	*	35.6	*	17.3
	<b>60–64</b>	70	18	11	*	*	25.7	61.1	45.5
	<b>65+</b>	*	*	*	*	*	*	*	*
	<b>Not stated</b>	*	*	*	*	*	*	*	*
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9
<b>Ethnic Origin</b>	<b>Not stated</b>	*	*	*	*	*	100	100	*
	<b>WHITE – British</b>	3750	1050	691	216	69.7	28.0	65.8	31.3
	<b>WHITE – Irish</b>	30	10	*	*	*	33.3	70.0	57.1
	<b>WHITE – Any other white background</b>	259	47	39	13	*	18.2	83.0	33.3
	<b>MIXED – White &amp; Black Caribbean</b>	21	*	*	*	*	28.6	50.0	33.3
	<b>MIXED – White &amp; Black African</b>	38	*	*	*	*	*	50.0	*



	MIXED – White & Asian	27	10	*	*	*	37.0	70.0	28.6
	MIXED – any other mixed background	29	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Indian	262	26	13	*	*	*	50.0	38.5
	ASIAN or ASIAN BRITISH – Pakistani	103	*	*	*	*	*	55.6	40.0
	ASIAN or ASIAN BRITISH – Bangladeshi	33	*	*	*	*	18.2	50.0	*

	<b>ASIAN or ASIAN BRITISH – Any other Asian background</b>	107	12	*	*	*	11.2	75.0	44.4
	<b>BLACK or BLACK BRITISH – Caribbean</b>	25	*	*	*	*	16.0	100.0	50.0
	<b>BLACK or BLACK BRITISH – African</b>	434	30	13	*	*	*	43.3	23.1
	<b>BLACK or BLACK BRITISH – Any other black background</b>	75	15	11	*	*	20.0	73.3	9.1
	<b>OTHER ETHNIC GROUP – Chinese</b>	17	*	*	*	*	*	100.0	*

	<b>OTHER ETHNIC GROUP – Any other ethnic group</b>	91	*	*	*	*	*	88.9	25.0
	<b>I do not wish to disclose my ethnic origin</b>	82	18	*	*	*	22.0	50.0	*
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9
<b>Disability</b>	<b>Not stated</b>	*	*	*	*	*	100.0	100.0	*
	<b>I do not wish to disclose whether or not I have a disability</b>	104	25	15	*	*	24.0	60.0	13.3
	<b>No</b>	4928	1131	744	244	91.5	23.0	65.8	32.8
	<b>Yes</b>	351	101	65	*	*	28.8	64.4	13.9
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9
<b>Guaranteed interview scheme</b>	<b>Not stated</b>	4769	1105	723	234	88.6	23.2	65.4	32.4

	<b>No</b>	374	90	62	18	*	24.1	68.9	29.0
	<b>Yes</b>	241	63	40	*	*	26.1	63.4	*
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9
<b>Disability Description</b>	<b>Not stated</b>	271	56	40	12	*	20.7	71.4	30.0
	<b>None / Not Applicable</b>	4747	1100	719	234	88.2	23.2	65.4	32.6
	<b>Physical impairment</b>	37	14	*	*	*	37.8	64.3	*
	<b>Sensory impairment</b>	29	10	*	*	*	34.5	60.0	16.7
	<b>Mental health condition</b>	59	22	15	*	*	37.3	68.2	20.0
	<b>Learning disability/difficulty</b>	81	20	13	*	*	24.7	65.0	23.1
	<b>Long-standing illness</b>	96	21	14	*	*	21.9	66.7	*
	<b>Other</b>	64	15	*	*	*	23.4	60.0	11.1
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9

Sexual Orientation	Not stated	*	*	*	*	*	100.0	100.0	*
	Heterosexual or Straight	4806	1115	729	225	89.3	23.2	65.4	30.9
	Gay	26	*	*	*	*	19.2	60.0	66.7
	Lesbian	28	13	10	*	*	46.4	76.9	50.0
	Bisexual	97	18	11	*	*	18.6	61.1	*
	I do not wish to describe my sexual orientation.	290	76	51	14	*	26.2	67.1	27.5
	Gay or Lesbian	100	26	16	*	*	26.0	61.5	43.8
	Other sexual orientation not listed	27	*	*	*	*	14.8	100.0	25.0
	Undecided	*	*	*	*	*	*	*	*
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Transgender	Not stated	4028	883	553	158	74.8	21.9	62.6	28.6
	No	1317	358	259	91	24.5	27.2	72.4	35.1
	Yes	*	*	*	*	*	16.7	*	*


	<b>Buddhism</b>	40	*	*	*	*	20.0	62.5	20.0
	<b>Christianity</b>	2529	566	367	104	47.0	22.4	64.8	28.3
	<b>Hinduism</b>	141	14	*	*	*	*	50.0	42.9
	<b>Islam</b>	236	27	18	*	*	11.4	66.7	16.7
	<b>Jainism</b>	*	*	*	*	*	*	*	*
	<b>Judaism</b>	13	*	*	*	*	15.4	50.0	100.0
	<b>Sikhism</b>	20	*	*	*	*	35.0	57.1	50.0
	<b>Other</b>	666	154	95	36	12.4	23.1	61.7	37.9
	<b>I do not wish to disclose my religion/belief</b>	646	183	123	36	12.0	28.3	67.2	29.3
<b>Total</b>		5384	1258	825	255	100.0	23.4	65.6	30.9

## Candidates for Medical and Dental Posts

	Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Gender	Not stated	*	*	*	*	*	*	*	*
	Male	18	*	*	*	46.2	38.9	28.6	100.0
	Female	21	12	12	*	53.9	57.1	100.0	25.0
	I do not wish to disclose	*	*	*	*	*	*	*	*
Total		39	19	14	*	100	48.7	73.7	35.7
Age	Under 20	*	*	*	*	*	*	*	*
	20–24	*	*	*	*	*	*	*	*
	25–29	*	*	*	*	12.8	*	*	*
	30–34	*	*	*	*	*	*	*	*
	35–39	*	*	*	*	10.3	75.0	100.0	66.7
	40–44	*	*	*	*	*	66.7	100.0	*
	45–49	*	*	*	*	18.0	57.1	75.0	100.0
	50–54	10	*	*	*	25.6	50.0	40.0	*
	55–59	*	*	*	*	12.8	80.0	100.0	*
	60–64	*	*	*	*	*	100.0	*	*
	65+	*	*	*	*	*	*	*	*



	<b>Not stated</b>	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
<b>Ethnic Origin</b>	<b>Not stated</b>	*	*	*	*	*	*	*	*
	<b>WHITE – British</b>	21	15	11	*	53.9	71.4	73.3	27.3
	<b>WHITE – Irish</b>	*	*	*	*	*	*	*	*
	<b>WHITE – Any other white background</b>	*	*	*	*	8.0	33.3	100.0	100.0
	<b>MIXED – White &amp; Black Caribbean</b>	*	*	*	*	*	*	*	*
	<b>MIXED – White &amp; Black African</b>	*	*	*	*	*	*	*	*
	<b>MIXED – White &amp; Asian</b>	*	*	*	*	*	*	*	*

	MIXED – any other mixed background	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Indian	*	*	*	*	10.3	25.0	100.0	100.0
	ASIAN or ASIAN BRITISH – Pakistani	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Bangladeshi	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Any other Asian background	*	*	*	*	*	*	*	*

	<b>BLACK or BLACK BRITISH – Caribbean</b>	*	*	*	*	*	100.0	100.0	*
	<b>BLACK or BLACK BRITISH – African</b>	*	*	*	*	10.3	25.0	*	*
	<b>BLACK or BLACK BRITISH – Any other black background</b>	*	*	*	*	*	*	*	*
	<b>OTHER ETHNIC GROUP – Chinese</b>	*	*	*	*	*	*	*	*
	<b>OTHER ETHNIC GROUP – Any other ethnic group</b>	*	*	*	*	*	*	*	*

	I do not wish to disclose my ethnic origin	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Disability	Not stated	*	*	*	*	*	*	*	*
	I do not wish to disclose whether or not I have a disability	*	*	*	*	*	*	*	*
	No	37	19	14	*	94.9	51.4	73.7	35.7
	Yes	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Guaranteed interview scheme	Not stated	35	18	13	5	89.7	51.4	72.2	38.5
	No	*	*	*	*	*	33.3	100.0	*
	Yes	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Disability Description	Not stated	*	*	*	*	*	50.0	100.0	*

	None / Not Applicable	36	18	13	*	92.3	50.0	72.2	38.5
	Physical impairment	*	*	*	*	*	*	*	*
	Sensory impairment	*	*	*	*	*	*	*	*
	Mental health condition	*	*	*	*	*	*	*	*
	Learning disability/difficulty	*	*	*	*	*	*	*	*
	Long-standing illness	*	*	*	*	*	*	*	*
	Other	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Sexual Orientation	Not stated	*	*	*	*	*	*	*	*
	Heterosexual or Straight	33	17	13	*	84.6	51.5	76.5	30.8

	<b>Gay</b>	*	*	*	*	*	*	*	*
	<b>Lesbian</b>	*	*	*	*	*	*	*	*
	<b>Bisexual</b>	*	*	*	*	*	*	*	*
	<b>I do not wish to describe my sexual orientation.</b>	*	*	*	*	*	33.3	100.0	100.0
	<b>Gay or Lesbian</b>	*	*	*	*	*	100.0	*	*
	<b>Other sexual orientation not listed</b>	*	*	*	*	*	*	*	*
	<b>Undecided</b>	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
<b>Transgender</b>	<b>Not stated</b>	35	17	12	*	89.7	48.6	70.6	33.3
	<b>No</b>	*	*	*	*	*	66.7	100.0	50.0
	<b>Yes</b>	*	*	*	*	*	*	*	*

	I do not wish to answer this question	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Marital Status	Not stated	*	*	*	*	*	*	*	*
	Single	13	*	*	*	33.3	30.8	75.0	*
	Married	22	13	*	*	56.4	59	69.2	44.4
	Civil partnership	*	*	*	*	*	*	*	*
	Legally separated	*	*	*	*	*	*	*	*
	Divorced	*	*	*	*	*	33.3	100.0	*
	Widowed	*	*	*	*	*	*	*	*
	Other	*	*	*	*	*	100.0	100.0	100.0
	I do not wish to disclose this	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Religion	Not stated	*	*	*	*	*	*	*	*

	<b>Atheism</b>	*	*	*	*	12.8	60	33.3	*
	<b>Buddhism</b>	*	*	*	*	*	*	*	*
	<b>Christianity</b>	20	11	*	*	51.3	55	81.8	22.2
	<b>Hinduism</b>	*	*	*	*	*	50	100	100
	<b>Islam</b>	*	*	*	*	12.8	40	50	100
	<b>Jainism</b>	*	*	*	*	*	*	*	*
	<b>Judaism</b>	*	*	*	*	*	*	*	*
	<b>Sikhism</b>	*	*	*	*	*	*	*	*
	<b>Other</b>	*	*	*	*	*	33.3	100	100
	<b>I do not wish to disclose my religion/belief</b>	*	*	*	*	10.3	25	100	*
<b>Total</b>		39	19	14	*	100	48.7	73.7	35.7



20.