

Freedom of Information Act 2000 – Request Reference FoI/23/681
Inequalities in the Medical Workplace

In order to gather this data effectively, under the Freedom of Information Act, I am writing to ask for you to **complete the attached spreadsheet** in response to the questions below.

- Please can I ask for the responses to these questions to be a simple “Yes.” or “No.” (please delete where appropriate, on the spreadsheet). The only exception to this is question 12, where further detail is required.
- Please use the column ‘Additional information’ to expand on your response and provide examples of best practice and explanation as to why you have responded “No.”
- Also provide the contact details for the people leading on best practice if you would be happy for follow-up communication.

Caring responsibilities

- 1) **Does your trust have a suitable area for staff where breastfeeding / milk expression can take place which meets the criteria of the Health and Safety Executive (criteria below)?**

Criteria: ‘You must provide a suitable area where pregnant workers and breastfeeding mothers can rest. It should include somewhere to lie down if necessary, be hygienic and private so they can express milk if they choose to – toilets are not a suitable place for this, include somewhere to store their mil, for example a fridge?’

Yes.

- 2) **Do you hold facilities which are equipped to store expressed milk which staff can access (including during night and weekend duties)?**

Yes.

- 3) **Do your staff have access to a workplace nursery?**

Yes.

- 4) **Do you offer any other forms of employer supported childcare benefits?**

Yes.

Reporting and acting on discrimination

- 5) **Have you performed any analysis on your pay data by ethnicity? including pay gaps, awards e.g. clinical excellence awards.**

No.

In Wales, Commitment Awards are in practice paid automatically, almost like an extension of the incremental pay scale so there is less potential for there to have been ethnic bias, unless it is as a result of where they were originally placed on the pay scale upon commencement as Consultant (i.e. discretionary increments on appointment).

National Clinical Excellence Awards are being phased out having been replaced by National Clinical Impact Awards. Part of the remit of this change was to make the awards more inclusive and to address variations in pay to ethnic minorities. Consequently, there is no longer the requirement for local employers to score or rank applications.

The UHB also does work around the Workforce Race Equality Standards.

a. If yes. Have you separated the analysis to look at the ethnicity pay gap of your medical workforce?

Not applicable.

6) Does your organisation provide an independent route (not HR or management) where staff can raise concerns of discrimination?

Yes.

7) Do all staff inductions (including medical students on work placements and doctors on short term contracts) include information about how to raise concerns?

Yes.

8) Does your trust use the NHS England Just Culture Guide or a similar process when investigating incidents of patient safety?

Yes.

Faith, health and wellbeing

9) Does your trust have a menopause policy?

Yes.

10) Has your trust implemented the recommendations from Section 7. Appendix B of the NHS England Uniforms and Workwear Guidance (regarding accommodating faith groups) into your local policies?

Cardiff and Vale University Health Board (the UHB) is part of NHS Wales and not NHS England. This question is therefore not applicable to an NHS Wales organisation. The UHB follows instead the Public Health Wales Uniform/Dress Code Policy.

International medical graduates

11) Does your trust provide an induction for newly recruited international medical graduates?

Yes.

- a. **If yes. Does your induction meet the minimum requirements set out in the document [Welcoming and Valuing International Medical Graduates: A guide to induction for IMGs recruited to the NHS?](#)**

As above, this question is not applicable to an NHS Wales organisation. Nevertheless, all international medical graduates (IMGs) receive the same generic e-induction and relevant medical education information. They would also be included in departmental induction if commencing in line with rotational change dates. Medical Education also delivers separate sessions for any of the F1s who are IMGs as part of their four-day induction – but this is more informal and delivered by other trainees. We also have an IMG Champion/Rep who is part of the UHB Junior Doctor Forum.

Specialty and specialist doctors (SAS)

12) What number of SAS doctors that you employ are in leadership or extended roles? Respond as far as possible where you do collect the information. Please state in the comments column if you do not collect this information.

Q12	Number of doctors	Additional comments
Total doctors employed	1,240	This figure reflects a headcount of those doctors with contracted hours or sessions who are directly employed by the UHB. It therefore does not include junior doctors in training posts who are employed via the Single Lead Employer arrangement. (Information as at 01/12/23.)
Total SAS doctors employed	117	Information as at 01/12/23.
SAS clinical leads	2	This information is not specifically collected – numbers are based on any activity explicitly identified as such in available job plans.
SAS directors	0	
SAS appraisers	3	
SAS appraisal leads	0	
SAS clinical governance leads	2	
SAS medical directors	0	
SAS educational supervisors	4 (including 1 SAS Tutor)	
SAS undergraduate education lead	1	
SAS audit lead	0	