



# **Caring for People Keeping People Well**

## **Annual Equality Report 2012/13**

**March 2014**

# **Annual Strategic Equality Statement and Report 2012-13**

## **Introduction**

The Equality Act 2010 (Statutory Duties) (Wales) came into force on the 6 April 2011. It obliges the UHB, as a public sector organisation, to have its first legally required Strategic Equality Plan (SEP) and set of equality Objectives to demonstrate and ensure that it does not discriminate against any 'protected characteristic' group or person when taking decisions that affect them.

The UHB is required to report annually on progress in meeting its obligations set out in the Strategic Equality Plan and Objectives (SEP). This is the second Equality Annual Report and relates to the period 2012-13. It reflects the first year of the four year Strategic Equality Plan and as such should be considered as 'early days' in the overall timescale.

The UHB is aware that meeting its obligations may involve focusing on some people more than on others at particular times within the lifespan of the SEP and will do so, as long as this does not contravene other provisions within the Act.

Initially all the equality objectives related to all protected characteristics. However, the UHB now recognises that some of the objectives have had a greater impact on some groups than others. That is not to say that other protected characteristic groups are being deliberately ignored or neglected, rather, it is a recognition and acceptance that some areas of work require a specific focus at this particular time as indicated by the evidence. For instance, as in other parts of Wales, Cardiff and the Vale of Glamorgan has an ageing population, which results in a high demand for our services. The 'Wyn Campaign' has provided an opportunity to look at our service provision for frail older people.

This report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines, and focuses on:

1. Steps taken to identify and collect relevant information
2. How the UHB has used this data in meeting the three aims of the general duty
3. Any reasons for not collecting the relevant information

4. The effectiveness of the UHB's arrangements in identifying and collecting relevant information
5. Progress toward fulfilling each of the authority's equality objectives
6. Effectiveness of the steps taken to meet these objectives

As a listed body in Wales, the UHB is required to provide evidence of compliance with these. A comprehensive list of achievements, initiatives and events during 2012-13 is available in **Appendix 1**, the highlights of which are listed below.

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

The Electronic Staff Records (ESR) team has undertaken a major exercise in improving data quality. As part of the 'self service' roll out, they have sought to improve capture of data relating to the protected characteristics. This work will continue throughout 2013-14 in order to continually improve data for use in the establishment of equality priorities.

The development of the UHB's workplace Equality profile information was shared with the then Equality Strategy Steering Group as part of the reporting mechanism to the group.

2011 Census information as well as public health information is now available and this has begun to be used to provide a local community perspective to our workforce information.

## **2. How the UHB has used this data in meeting the three aims of the general duty**

The three aims are to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not

There is still a need to improve data collection in order to better inform the three aims and this will be reflected in the updated Strategic Equality Plan and as outlined below at section 4. This will also lend itself to staff engagement that could help in fostering good relations. Better information could also help in the elimination of discrimination, harassment and victimisation.

### **3. Any reasons for not collecting the relevant information**

The following issues have previously been identified and remain relevant:

- individuals are often resistant to supplying 'personal' information as the benefits of doing so are generally poorly or insufficiently articulated and there is an element of mistrust
- staff are reluctant to request such information as it is perceived as a purely administrative exercise, rather than an opportunity to identify how services and outcomes can be improved for individuals, according to their particular needs
- there is no co-ordinated approach to collecting such information across public services
- Data Protection issues and the administrative burden associated with the appropriate collection and use of this data.

Nevertheless, despite these limitations, the UHB will continue its work in attempting to improve data collection through the roll out programme of the Employee/Manager Self Service functions of the Electronic Staff Record (ESR).

### **4. The effectiveness of the UHB's arrangements in identifying and collecting relevant information**

As mentioned above, it is recognised that several areas of data collection have significantly improved, in that a large majority of the 'protected characteristics' information has been gathered.

However further work will be required in order to raise the profile of Equality generally and to this end the launch of an Equality Monitoring awareness raising campaign is being explored. Through this approach it may be possible to increase understanding of how the data could be used in order to

encourage employees' to disclose information as they feel appropriate.

As indicated in the previous report, it may be appropriate to focus on particular areas depending on priorities identified and this will be addressed over the coming years.

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

Six main equality objectives were identified and are detailed below:

### **Better health outcomes for all**

To achieve better health outcomes for each individual taking account of their protected characteristic(s) and tailoring our approaches based on need.

Outcome:

The UHB will achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Progress:

A key piece of work for improving outcomes for patients was the introduction in of peer support worker roles in mental health services. To counter the feelings of loneliness, rejection, discrimination and frustration frequently experienced by this client group, The Schizophrenia Commission<sup>1</sup> recommends the employment of people with 'lived experience' of mental health conditions in mental health services. Peer delivered services are services that are delivered by individuals who themselves have mental health conditions and are receiving or have received secondary mental health care. The primary purpose of the role is to help others with mental health conditions to 'recover' using their own experiences; demonstrating empathy, mutuality, companionship and assistance.

An Annual Report of the Director of Public Health for Cardiff and the Vale was published with the aim of exploring health and well-

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<sup>1</sup> The Schizophrenia Commission (2012) The abandoned illness: a report from the Schizophrenia Commission. London: Rethink Mental Illness.

being needs of the local population. The Report outlines major demographics and health trends in Cardiff and the Vale, diabetes and dementia, areas where progress has been limited and how we can stay one step ahead of emerging preventable ill health and disease. It suggests we plan now for further large changes in our population make up, for clinicians to take a greater leadership and oversight role over entire care pathways, using diabetes and dementia models of care and applying them to other chronic diseases, an integrated commissioning and planning approach and strong leadership across the Health Board and its partners.

The Butterfly scheme was launched in March 2012 at both UHW and University Hospital Llandough. Its purpose is to improve patient safety and well-being in hospitals. The scheme enables staff to respond positively and appropriately not only to people with dementia, but also to those with memory impairment or temporary confusion, and allows people to request that response via a discreet Butterfly symbol. The scheme helps hospital staffs identify which patients are permanently affected by Dementia, or have a temporary cognitive impairment. The scheme provides a simple, practical strategy for meeting their needs. The patients receive more effective and appropriate care, reducing their stress levels and increasing their safety & well being.

### **Improved patient access and experience**

The UHB will improve accessibility and information, and deliver the right services that are targeted, useful, and used in order to improve patient experience.

#### **Outcome:**

Patients can access UHB services, activities and information in English and Welsh, and also in other spoken languages and different formats (Braille, BSL, large print etc) as required.

#### **Progress:**

The Equality Strategy Steering Group (now called the Equality, Diversity & Human Rights Sub Committee) produced an Ensuring Equality through Effective Communication as the first step to look at accessibility issues for all patients, but particularly those with a sensory loss.

Discussions are currently taking place about targeting effort on the All Wales Standards for Accessible Communication and Information for People with Sensory Loss which have recently been developed by the Welsh Government. The standards focus on the particular needs of service users who have sight, hearing or dual loss. Their timescale of action would fit with the remainder of the Strategic Equality Plan and this group of service users will cover some of the other protected characteristics. It is particularly recognised that people with sensory loss find it difficult to access Primary Care and Mental Health services and it has been suggested that the UHB should adopt the standards as an equality theme for 2014-15. It will build on the work that has already begun and which was noted under the highlights section of this report.

### **Empowered, engaged and included staff**

The UHB will take all possible steps to increase the diversity of its workforce and the quality of the working lives of all staff and volunteers, empowering and supporting them to better respond to patients' and communities' needs.

#### **Outcome:**

Individuals from all parts of the community feel that the UHB is a fair and inclusive employer and that staff are responsive to the needs and concerns of all communities and groups.

#### **Progress:**

Progress continued to be made against this objective in terms of induction, mandatory training and bespoke training. Attempts were made to link to groups beyond the organisation. For example, the UHBs' LGBT Forum established links with Cardiff City Council's local LGBT network. However attempts to establish other equality related forums or networks proved less successful but will form part of the continued work in this area.

The Spiritual Care Group, the Equality Champions Group and the Welsh Language Steering Group all continued to meet throughout this period to progress the equality issues within the organisation but also with external community groups.

In order to achieve best practice and go beyond basic compliance with the law, the UHB considers both employees and volunteers, through its equality workplace data, when determining how to

achieve a workforce that can deliver non-discriminatory services.

### **Inclusive leadership at all levels**

Ensuring everyone in the UHB is included in playing their part in advancing equality, including fostering good relations between people who share protected characteristics and those who do not.

#### **Outcome:**

The Board will ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.

To ensure the spread of initial learning and action, by identifying and utilising all current and proposed leadership, development and communication mechanisms, in order that the principles of the SEP are embedded and taken forward throughout the organisation

#### **Progress:**

During this period the Chair of the Health Board was also the Chair of the Spiritual Care Group and the Board's Welsh Language Champion. The Equality Steering Group was chaired by an Independent Member of the Board. Independent Members also have champion roles in regard to equalities, carers and children and young people. Further Independent Members have also attended events such as the Stonewall Workplace Equality Index Awards and the Minority Ethnic Communities Health Fair.

Training was delivered to managers and clinical leaders by the Equality Manager. As a result it led to an increase in requests for delivery of bespoke training sessions for staff across the UHB. The next step will be to action its inclusion in future leadership programmes with the aim of it becoming an integral part. Equality Impact Assessment training has also been delivered as part of the Equality Manager's role.

### **Addressing the Gender & other Protected Characteristic Pay Gap**

To reduce any gender or other protected characteristic pay gap over 4 years by addressing the causes through making changes to pay policies and practices that are found to be a contributory factor to any inequality in pay.



Outcome:

To have in place fair, open and transparent pay, grading, remuneration and recruitment strategies and plans so that the reduction in any pay gap is achieved.

Progress:

The job evaluation system continued to ensure that job banding is allocated on the principle of equal pay for work of equal value.

### **Corporate Compliance - Demonstrating Good Practice**

To ensure that the UHB complies with its legal duties as well as organisational policies and actions.

Outcome:

The UHB demonstrates compliance with its duties, and receives positive feedback from the relevant monitoring bodies on its annual reports, progress against the objectives and actions and whose good reputation is enhanced.

Progress:

As part of the Public Sector Equality Duty here in Wales, we have obligations to undertake monitoring activity. Knowing and understanding our community is a key part of our approach to service improvement. Collection and analysis of information about the equality profile of the people who use our services and those we employ has enabled us to shape our interventions to best meet the needs of local people and effectively target resources.

The Third Sector Strategic Framework was developed in partnership with third sector partners in 2012-2013 and engagement, including with disadvantaged communities, is one of its four objectives. The Health Board, along with MEWN Cymru, Sight Cymru (previously Sight Support), Ethnic Minority Communities First (Cardiff), C3SC, BAWSO Women's Aid, CMEE and Cardiff Council sponsored the Minority Ethnic Communities Health Fair.

## **6. Effectiveness of the steps taken to meet these objectives**

This report represents initial progress in a four year plan and relates to 2012-13. There is clear evidence of subsequent improvement but it is recognised that there may be benefits to a

review of the objectives and a narrower focus on some of the protected characteristics. Therefore, two years into the Strategic Equality Plan i.e. 2014-15 the UHB intends to revise its objectives based on the following principles:

- Meeting the Public Sector Equality Duty
- UHB aspiration in and commitment to improving its organisation-wide equality and diversity performance
- UHB priorities in tackling health inequalities in our communities
- Effective engagement of the communities that the UHB serves

## **7. Specified employment information**

Some of the information produced in the attached workforce profile has been slightly amended due to issues of individual staff protection of identity, confidentiality, and privacy. The UHB has kept these amendments to an absolute minimum so that they do not have a significant impact on the data presented.

As defined in the Equality Act 2010, there are nine protected characteristics that it is unlawful to use to discriminate against someone. Everyone will have one of the characteristics, meaning the Act protects everyone from fair treatment. These characteristics could be used to decide if someone is directly or indirectly discriminating against someone, harassing or victimising someone, or failing to make reasonable adjustments in relation to disability.

There are some particular issues worth highlighting. It is noted that there is a high percentage of staff (63.28%) who have not stated their sexual orientation. However we do know that 33.37% of our staff are heterosexual; 0.18% of our staff are bisexual; 0.31 of our staff are Gay; 0.24% are lesbian and 2.23 did not wish to disclose. It is hoped that the afore-mentioned monitoring raising awareness campaign will assist in improving these figures.

When looking at the UHB's age profile it was anticipated that the number of staff aged 60+ would start to increase owing to the abolition of the Default Retirement Age in October 2011. Though it

is too early to try and quantify, it is an issue that will need further exploration.

Further it will be noted that whilst the number of protected characteristics are covered in the workforce profile some are not. The diversity of the workforce in relation to the protected characteristics can be found attached as **Appendix 2**. Whilst we make progress on the information we hold on staff we are aware of the limitations of the national (UK) electronic pay and personnel systems (ESR). For the 2013/14 Equality Annual Report we will seek to provide workforce information on marriage and civil partnership, gender-reassignment and maternity and pregnancy protected characteristics.

## **Conclusion**

There is a clear need to continue to improve the quality and completeness of data held on staff in order to ensure that the UHB knows where to focus its attention in terms of improving equality for protected groups. This will assist the UHB in meeting the general duty.

Furthermore, as mentioned throughout this report, whilst the long term goals remain appropriate, it may be beneficial to change the emphasis of some of the objectives to reflect the Welsh Government agenda and by narrowing the scope so that significant achievements can be made in some areas. If successful, then established good practice can be replicated in other areas.

**Keithley Wilkinson**  
**Equality Manager**  
**Cardiff and Vale UHB**

## **Appendix 1 - Achievements, initiatives and events during 2012-13**

### **Equality Objective 1 - Better health outcomes for all**

- The Health Board coordinated the organisation and running of the Minority Ethnic Health Fair with local authority and third sector partners in Cardiff in Date 2013. This was an opportunity to promote greater health awareness in minority ethnic communities including life saving techniques and blood pressure testing. The Health Fair was attended by people from a range of communities.
- The Health Board's Patient Experience Team organised an event to help boost the health and well-being of carers in Cardiff and the Vale of Glamorgan during Carers Week in June 2012. It brought together over twenty organisations to offer benefits and financial support, healthy living and life coaching guidance to carers.
- The Equality Manager developed partnership working with the Improving Palliative Care Services for the Minority Ethnic Community in Cardiff based within Marie Curie Cancer Care.
- UHB staff became established members of the Black and other Minority Ethnic Health Forum and the Age Cymru Older Minority Ethnic Network (OMEN) which consists of older people and representatives of public and voluntary sector from across Wales.
- Mental Health Services introduced Peer Support Worker roles - a cohort of 16 people with lived experience of mental health conditions were recruited to a Level 4 training course, accredited by Sheffield Hallam University, to prepare them for employment as Peer Support Workers (PSWs) in Cardiff and Vale UHB and stakeholder organisations.
- The Equality Manager and Equality Champions oversaw the promotion and celebration through various means of Lesbian Gay, Bisexual & Transgender Month, International Women's Day, Older Person's Day and Black History Month.
- The Women's Unit at the University Hospital of Wales was awarded the UNICEF UK Baby Friendly Initiative for adopting internationally recognised standards of good practice in the

care of mothers and their babies.

- The Health Board produced a Patient Experience Report and the UHB's first Citizens Report in January 2013 on "what it feels like to be a patient in the UHB."
- Cardiff South and East Locality began work on Developing a Patient Navigation Service for Black and other Minority Ethnic groups. This is a process in which patients are provided with a navigator to help them overcome barriers, in order to improve access to healthcare.
- Members of the Equality Team and LGBT Rainbow Forum participated in the 2012 Mardi Gras, where they undertook a patient questionnaire survey of 100 people.
- The Wyn Campaign which aims to help people who are frail and elderly maintain independence has enabled the development of more effective and more efficient services where the individual is increasingly at the core of service planning, design and delivery.
- Supporting and working with the Vale 50+ Strategy Forum to make links in care settings in Communities First areas and isolated areas in order to enable previously isolated groups to engage in consultation processes.

## **Equality Objective 2 - Improved patient access and experience**

- Cardiff Health Access Practice, which is a specialized GP surgery for Asylum Seekers & Refugees, revised its clinical rota to ensure access to a clinician on site at all times and access to an on-call GP at all times during core hours.
- Since August 2011 an average of 98 new Asylum Seekers have arrived in Cardiff each month and have been offered a basic health screening whilst in Initial Assessments. As this is not compulsory for the applicant, the average uptake is 87.5%.
- Contact established with the Cardiff branch of the British Deaf Association in order to help improve their access to services.
- The Welsh Language Steering Group promoted Welsh Language issues throughout the UHB
- Compliments received about the UHB recognising and promoting numerous religious festivals.
- Equality Manager and the Independent Member for Equality

- attended the launch of the Race Equality in Wales Research Report commissioned by Race Council Cymru (RCC) and undertaken by Professor Heaven Crawley (Director of the Centre for Migration Policy Research at Swansea University)
- Cardiff and Vale GPs received training on transgender issues from the Equality Manager and stemmed from partnership working with Transgender Wales.

### **Equality Objective 3 - Empowered, engaged and well-supported staff**

- Mental Health Measure – supported by the then Equality Strategy Steering Group (now reformed as the Equality, Diversity & Human Rights Sub Committee) and Equality Champions to ensure equality issues were taken into account.
- Reviewed induction and training materials to ensure that they reflect any legislative changes
- The UHB continued to be Stonewall Diversity Champions and began its progress up their Workplace Equality Index.
- Equality training was undertaken by request for particular departments.
- Equality training was delivered to participants undertaking the Clinical Leadership Programme with a view to mainstreaming equality into internal leadership courses.
- The Equality Manager established closer working relationship with staff representatives.
- Senior UHB management participated in and contributed to the development of a bespoke e-learning program that will specifically reflect NHS Wales and seek to address the learning and development needs of all staff in respect of equality and human rights which went 'live' in the spring of 2013.
- UHB Equality Manager and Welsh Language Officer taught on the health and social care diploma.
- The Health Board was awarded the disability symbol employer status having embraced the ethos of the symbol whilst meeting the criteria of the five commitments.
- Reviewed induction and training materials to ensure that they reflect any legislative changes.
- The Equality, Diversity & Human Rights and Welsh Language categories were included in the Staff Recognition Awards

## **Equality Objective 4 - Inclusive leadership at all levels**

- Partnership with the third sector continued to develop through the Third Sector Strategic Alliance (which the Independent Member (Third Sector) attends), which met regularly, and the implementation of the Third Sector Strategic Framework. The Independent Member (Third Sector) was also an active member of the local third sector health and social care networks and the Carers Information Support Network Group (CSING) in the Vale of Glamorgan.
- Independent Members were active members of the ESSG throughout the year with the chair attending the LGBT Forum regularly
- The Chair of the Health Board is a member of the Spiritual Care Group
- Independent Member Champions included the Chair for Welsh Language issues, Carers, Older people and Children and Young People.
- The Independent Member Older People's Champion chaired the Dignity in Care for Older People Task and Finish Group
- Third sector representation, including equality organisations took place at the Stakeholder Reference Group.
- Patient stories at each Board and Committee meetings often reflected equality considerations
- South Wales Programme - contribution to an equality workshop in relation to the proposed changes and consultation exercise. This led to agreement on a fresh way of developing and producing stage one of the equality impact assessments. It also laid the foundation for the equality aspects of the consultation exercise that was subsequently undertaken.
- UHB staff participated in and contributed to the Equality Human Rights Commission Religion or Belief, Equality and Human Rights in England and Wales Research.

## **Equality Objective 5 - Addressing the Gender & other Protected Characteristic Pay Gap**

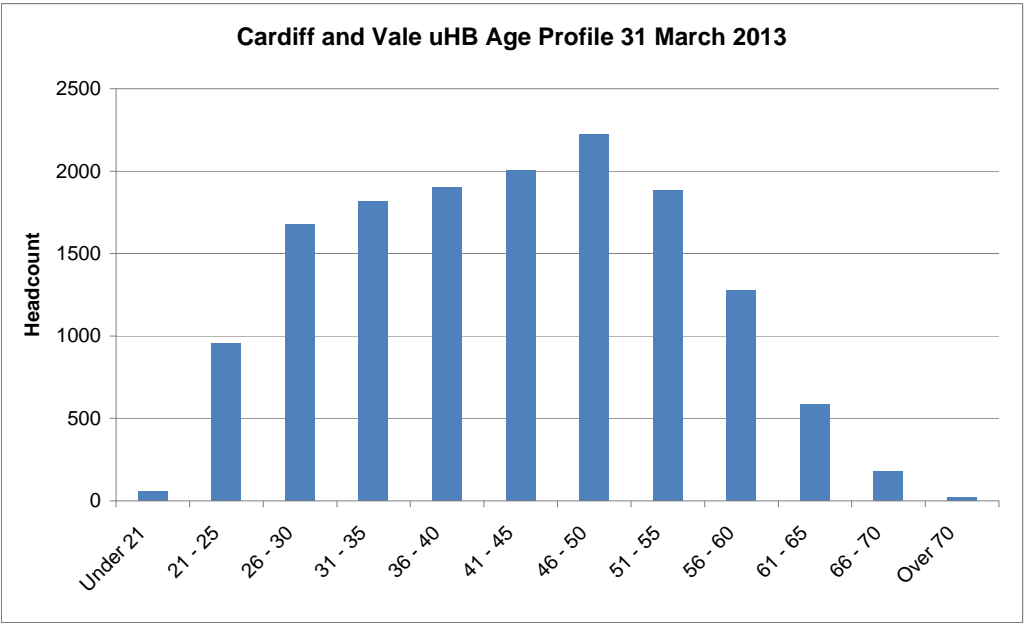
- Gender Pay Review – It was agreed that an audit into gender pay will take place in 2013/14

## **Equality Objective 6 – Corporate Compliance -Demonstrating Good Practice**

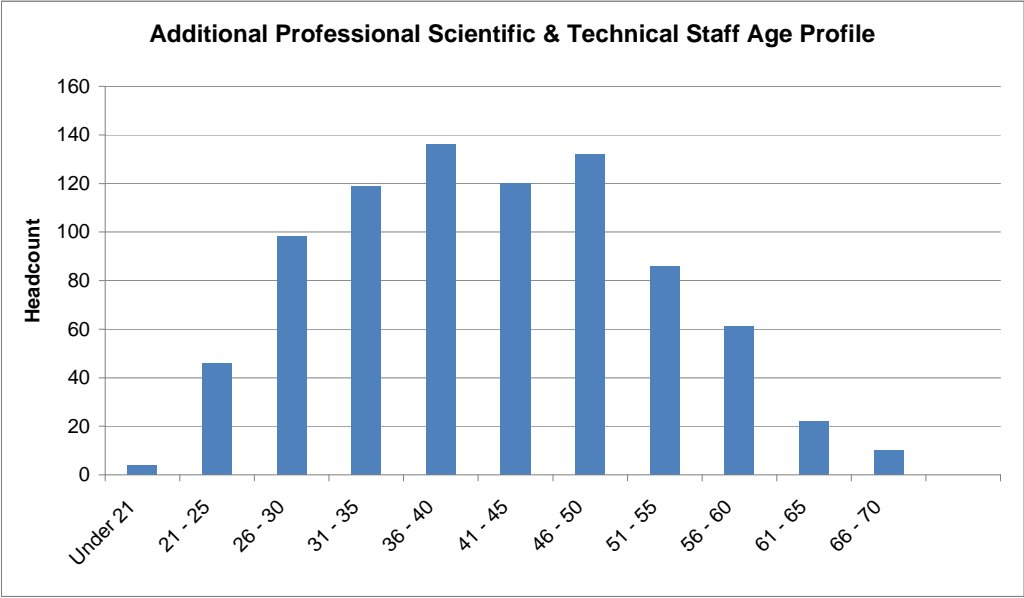
- The Strategic Equality Plan was aligned with the Healthcare Standards with the aim of raising the profile of Equality, Diversity & Human Rights.
- Over 20 Equality Impact Assessments which included Welsh language issues were undertaken and published on policies such as the Annual Leave Guidelines, Time Off and Facilities for Accredited Representatives Policy, Professional Abuse Policy and the Care Programme Approach
- Worked in partnership with Cardiff City and the Vale of Glamorgan Councils and the Third sector in developing the 'Wyn Campaign' formerly referred to as the Frail Older People's Service Delivery Programme.
- The development of the Equality section of the UHB internet site took place.
- Equality Manager became an established member of the UHB's Stakeholder Reference Group.
- Guidance was produced on Ensuring Equality through Effective Communication prior to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss which were then being developed by the Welsh Government.
- The Equality Manager worked with procurement staff to ensure equality questions were included in their work.



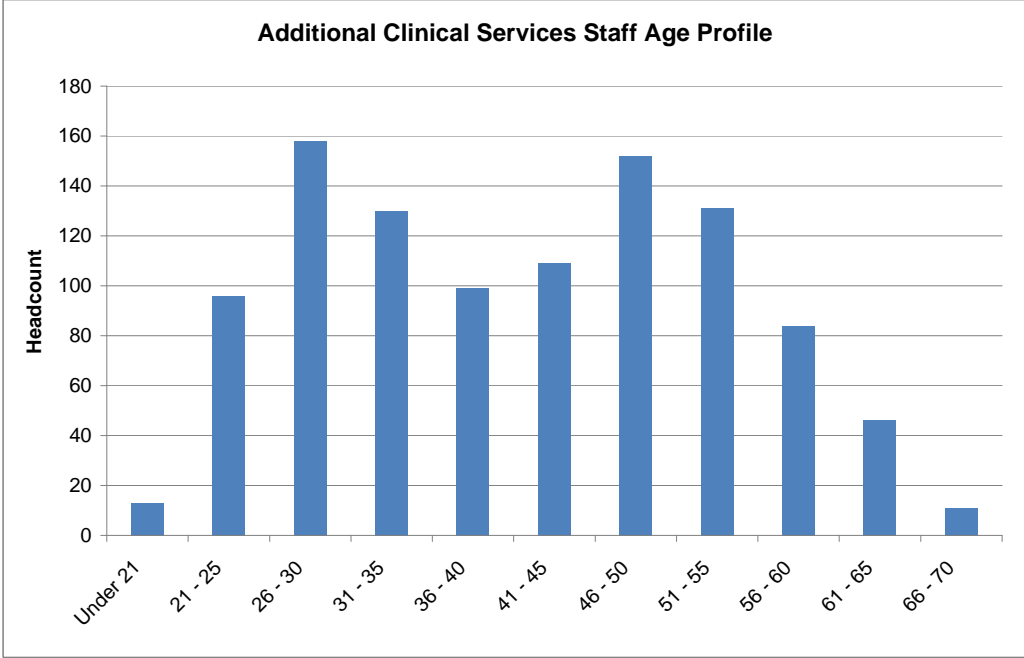
Age Range	Headcount	%
Under 21	61	0.42%
21 - 25	954	6.54%
26 - 30	1677	11.50%
31 - 35	1818	12.46%
36 - 40	1900	13.03%
41 - 45	2005	13.75%
46 - 50	2222	15.23%
51 - 55	1886	12.93%
56 - 60	1280	8.78%
61 - 65	586	4.02%
66 - 70	177	1.21%
Over 70	19	0.13%
Grand Total	14585	



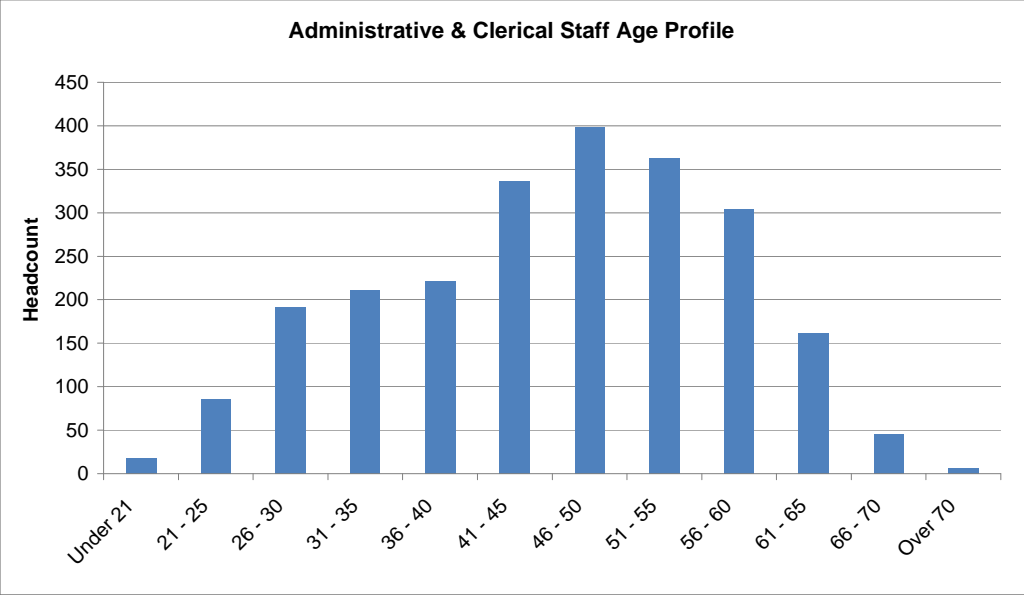
Staff Group	Age Range	Headcount	%
Add Prof Scientific and Technical	Under 21	4	0.48%
	21 - 25	46	5.52%
	26 - 30	98	11.75%
	31 - 35	119	14.27%
	36 - 40	136	16.31%
	41 - 45	120	14.39%
	46 - 50	132	15.83%
	51 - 55	86	10.31%
	56 - 60	61	7.31%
	61 - 65	22	2.64%
	66 - 70	10	1.20%
Add Prof Scientific and Technic Total		834	



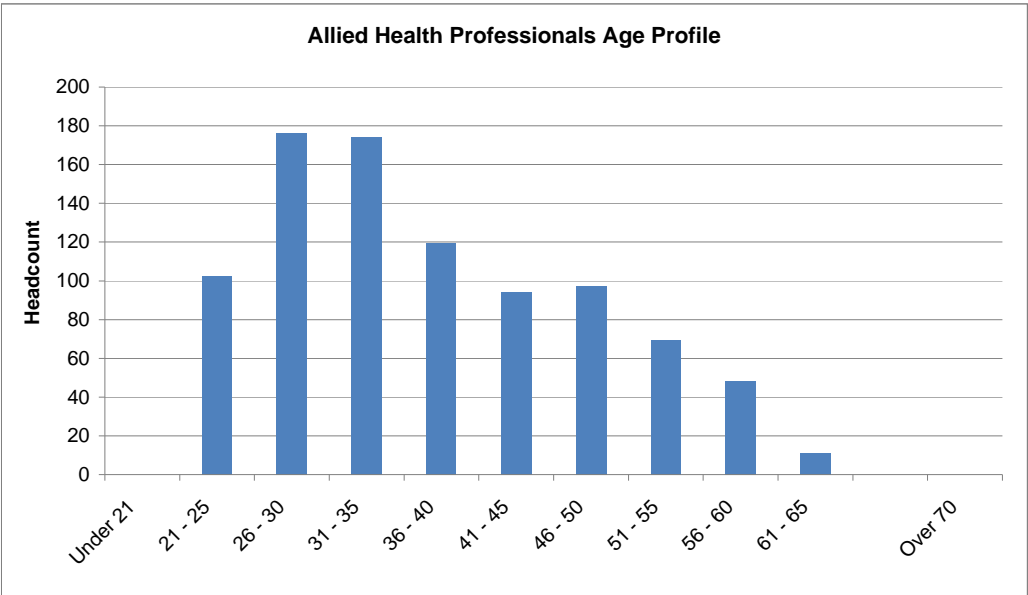
Staff Group	Age Range	Headcount	%
Additional Clinical Services	Under 21	13	1.26%
	21 - 25	96	9.33%
	26 - 30	158	15.35%
	31 - 35	130	12.63%
	36 - 40	99	9.62%
	41 - 45	109	10.59%
	46 - 50	152	14.77%
	51 - 55	131	12.73%
	56 - 60	84	8.16%
	61 - 65	46	4.47%
	66 - 70	11	1.07%
Additional Clinical Services Total		1029	



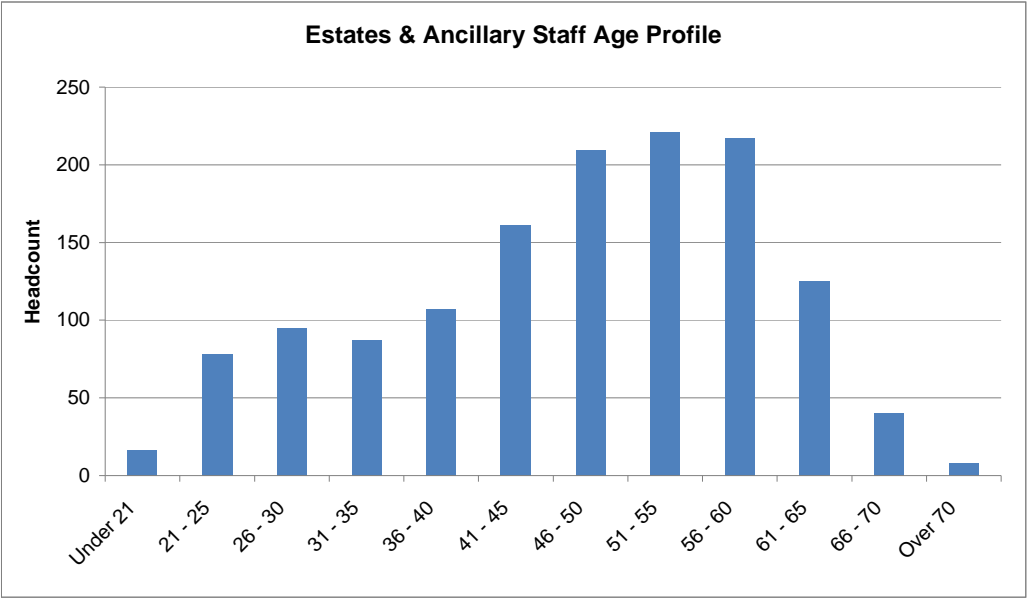
Staff Group	Age Range	Headcount	%
Administrative and Clerical	Under 21	18	0.77%
	21 - 25	85	3.64%
	26 - 30	191	8.17%
	31 - 35	211	9.02%
	36 - 40	221	9.45%
	41 - 45	336	14.37%
	46 - 50	398	17.02%
	51 - 55	362	15.48%
	56 - 60	304	13.00%
	61 - 65	161	6.89%
	66 - 70	45	1.92%
	Over 70	6	0.26%
Administrative and Clerical Total		2338	



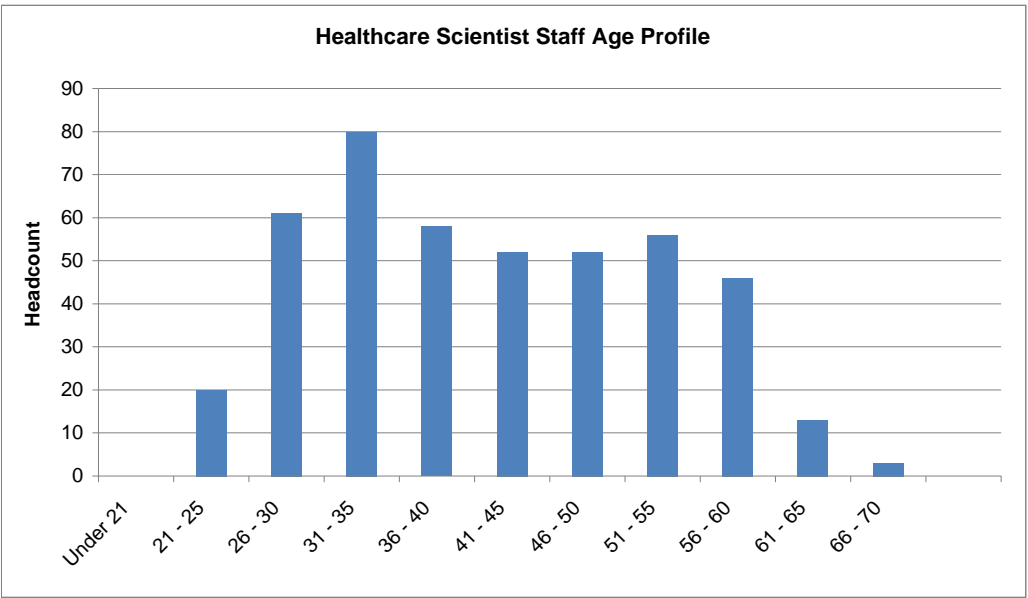
Staff Group	Age Range	Headcount	%
Allied Health Professionals	Under 21		0.00%
	21 - 25	102	11.46%
	26 - 30	176	19.78%
	31 - 35	174	19.55%
	36 - 40	119	13.37%
	41 - 45	94	10.56%
	46 - 50	97	10.90%
	51 - 55	69	7.75%
	56 - 60	48	5.39%
	61 - 65	11	1.24%
	Over 70		0.00%
Allied Health Professionals Total		890	



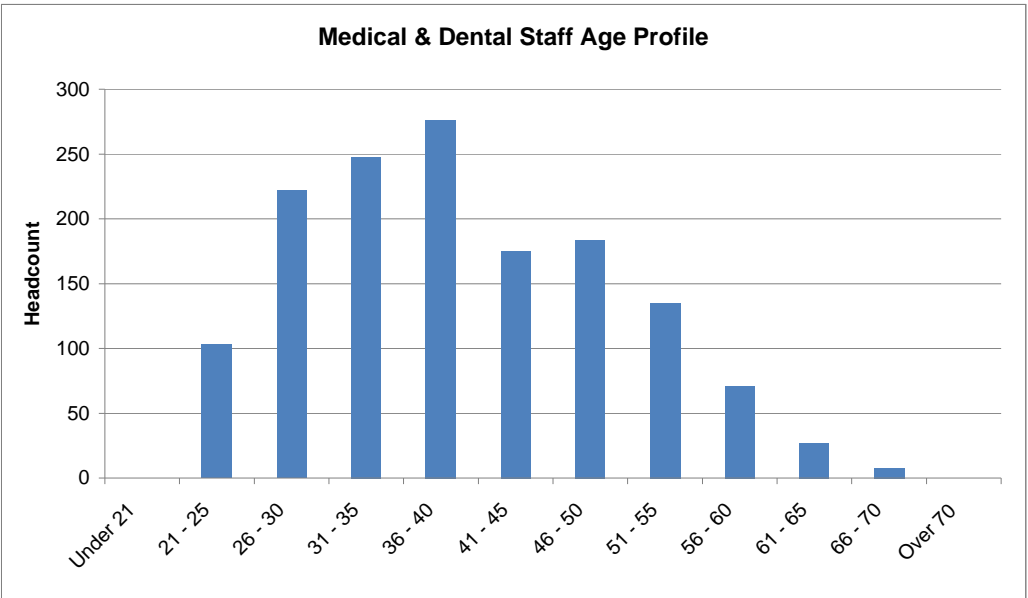
Staff Group	Age Range	Headcount	%
Estates and Ancillary	Under 21	16	1.17%
	21 - 25	78	5.72%
	26 - 30	95	6.96%
	31 - 35	87	6.38%
	36 - 40	107	7.84%
	41 - 45	161	11.80%
	46 - 50	209	15.32%
	51 - 55	221	16.20%
	56 - 60	217	15.91%
	61 - 65	125	9.16%
	66 - 70	40	2.93%
	Over 70	8	0.59%
Estates and Ancillary Total		1364	



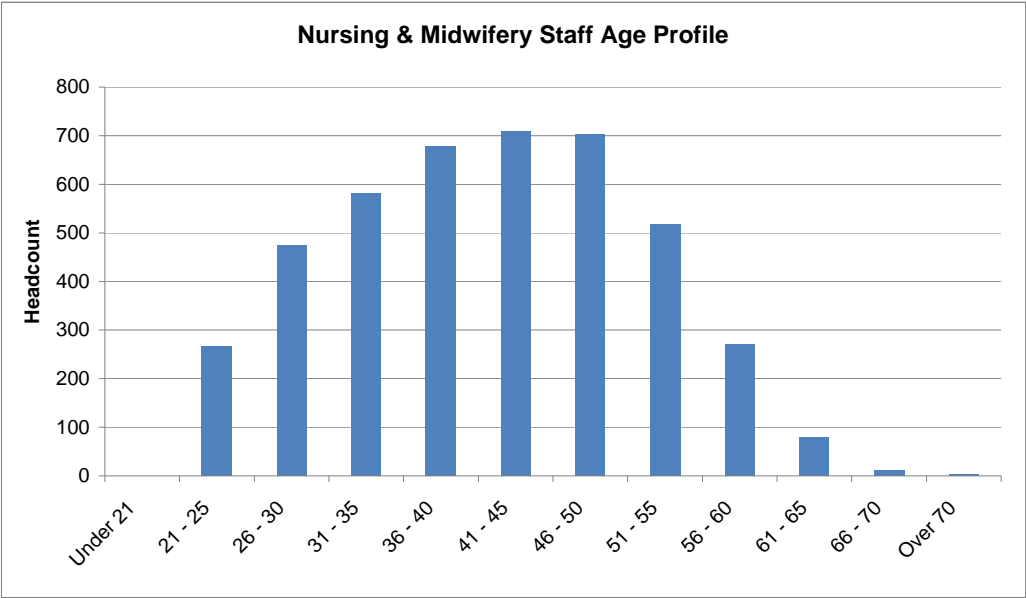
Staff Group	Age Range	Headcount	%
Healthcare Scientists	Under 21		0.00%
	21 - 25	20	4.54%
	26 - 30	61	13.83%
	31 - 35	80	18.14%
	36 - 40	58	13.15%
	41 - 45	52	11.79%
	46 - 50	52	11.79%
	51 - 55	56	12.70%
	56 - 60	46	10.43%
	61 - 65	13	2.95%
	66 - 70	3	0.68%
Healthcare Scientists Total		441	



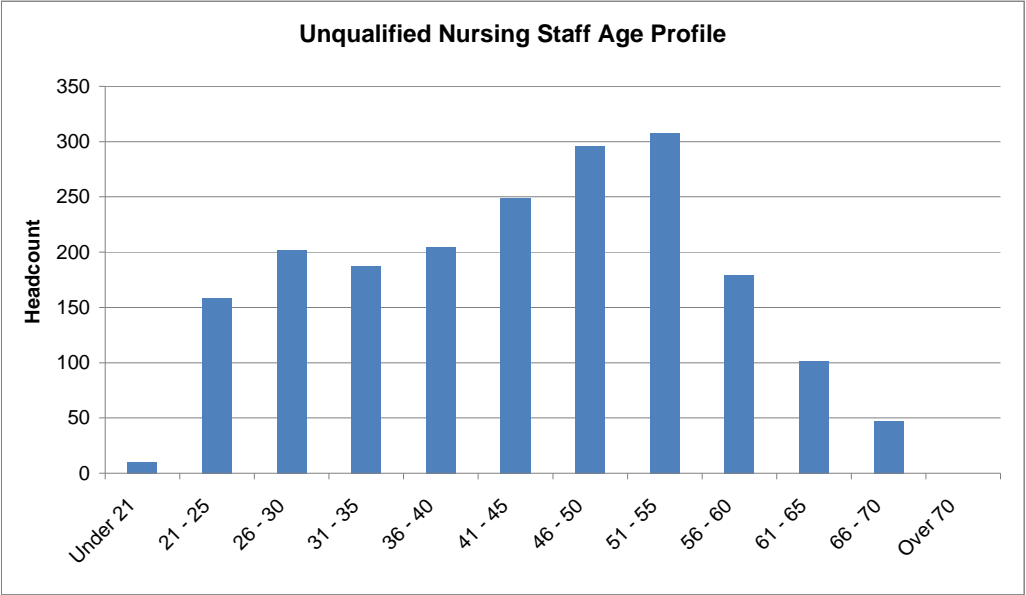
Staff Group	Age Range	Headcount	%
Medical and Dental	Under 21		0.00%
	21 - 25	103	7.11%
	26 - 30	222	15.32%
	31 - 35	248	17.12%
	36 - 40	276	19.05%
	41 - 45	175	12.08%
	46 - 50	184	12.70%
	51 - 55	135	9.32%
	56 - 60	71	4.90%
	61 - 65	27	1.86%
	66 - 70	8	0.55%
	Over 70		0.00%
Medical and Dental Total		1449	



Staff Group	Age Range	Headcount	%
Nursing and Midwifery Registered	Under 21		0.00%
	21 - 25	266	6.19%
	26 - 30	474	11.04%
	31 - 35	582	13.55%
	36 - 40	679	15.81%
	41 - 45	709	16.51%
	46 - 50	702	16.35%
	51 - 55	518	12.06%
	56 - 60	270	6.29%
	61 - 65	79	1.84%
	66 - 70	12	0.28%
	Over 70	3	0.07%
Nursing and Midwifery Registered Total		4294	

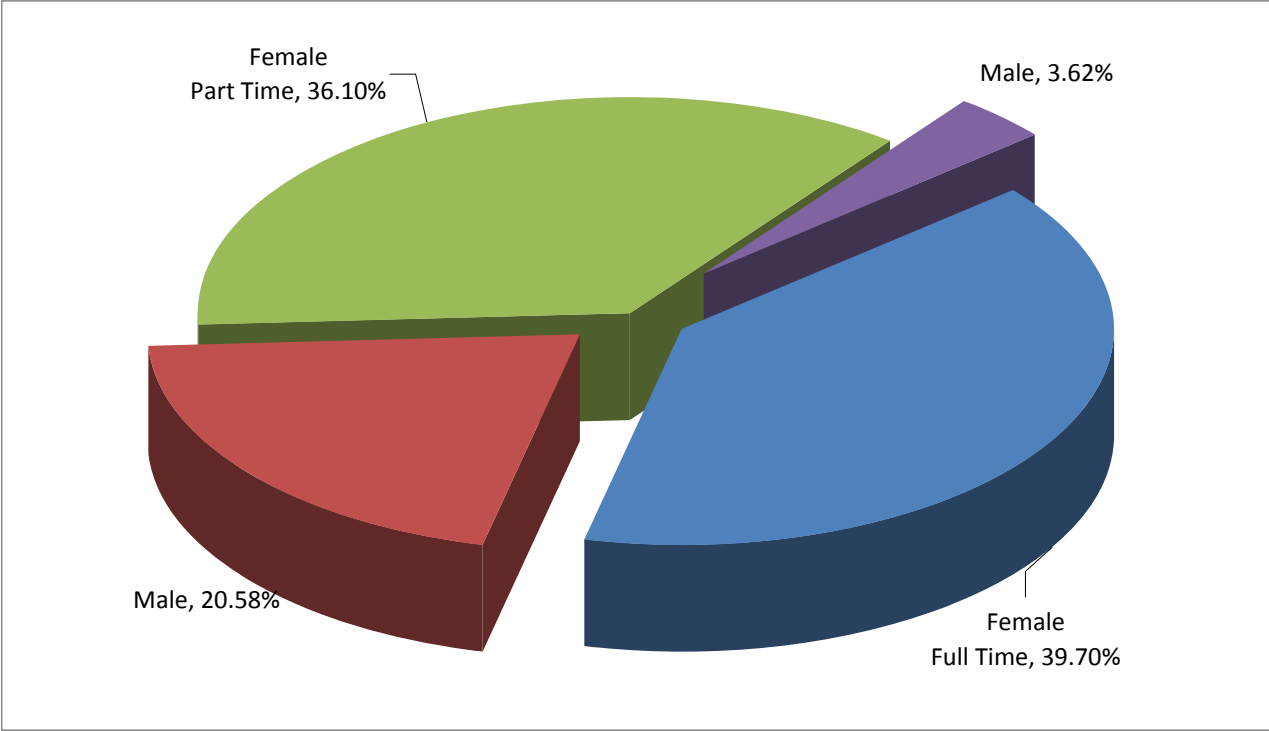


Staff Group	Age Range	Headcount	%
Unqualified Nursing	Under 21	10	0.51%
	21 - 25	158	8.13%
	26 - 30	202	10.40%
	31 - 35	187	9.62%
	36 - 40	205	10.55%
	41 - 45	249	12.82%
	46 - 50	296	15.23%
	51 - 55	308	15.85%
	56 - 60	179	9.21%
	61 - 65	102	5.25%
	66 - 70	47	2.42%
	Over 70		0.00%
Unqualified Nursing Total		1943	



Gender	Employee Category	Headcount	% Headcount	WTE	% WTE
Female	Full Time	5790	39.70%	5790.00	46.27%
	Part Time	5265	36.10%	3387.45	27.07%
Female Total		11055	75.80%	9177.45	73.35%
Male	Full Time	3002	20.58%	3001.80	23.99%
	Part Time	528	3.62%	333.23	2.66%
Male Total		3530	24.20%	3335.03	26.65%
Grand Total		14585		12512.48	

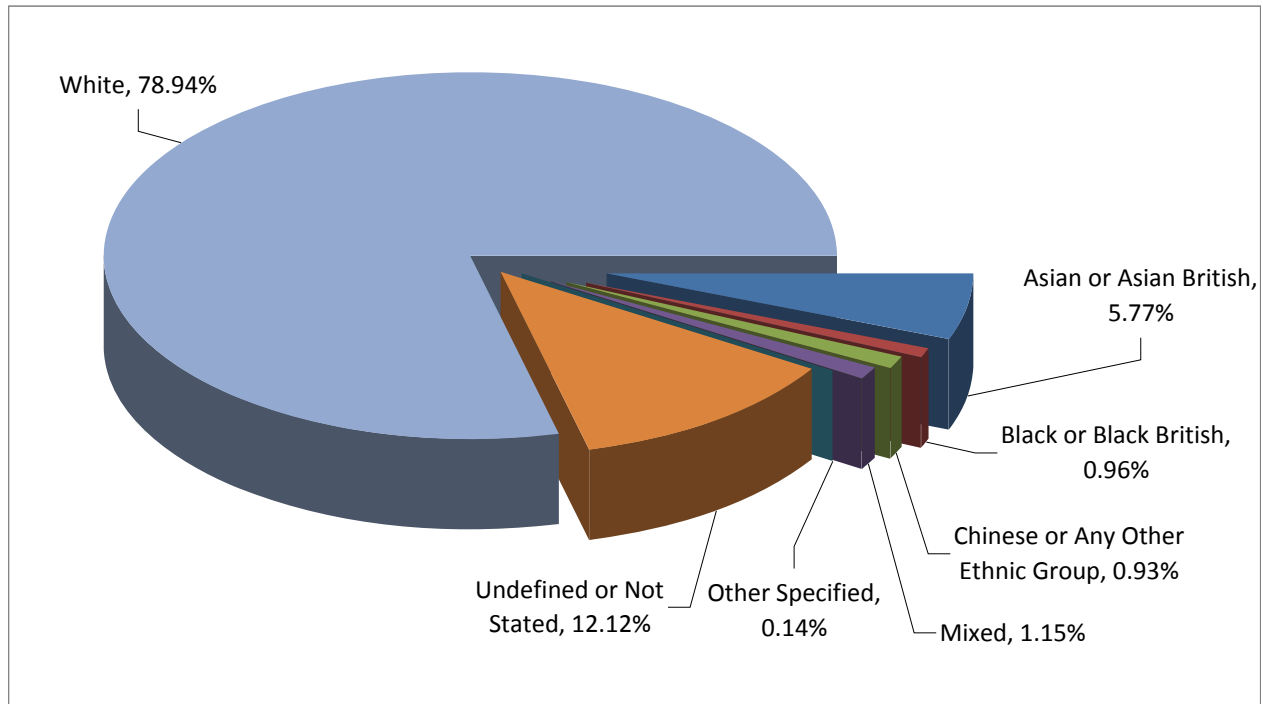
Employee Category	Gender	Headcount	% Headcount	WTE	% WTE
Full Time	Female	5790	39.70%	5790.00	46.27%
	Male	3002	20.58%	3001.80	23.99%
Full Time Total		8792	60.28%	8791.80	70.26%
Part Time	Female	5265	36.10%	3387.45	27.07%
	Male	528	3.62%	333.23	2.66%
Part Time Total		5793	39.72%	3720.68	29.74%
Grand Total		14585		12512.48	



Ethnic Group	Headcount	% Total
Asian or Asian British	841	5.77%
Black or Black British	140	0.96%
Chinese or Any Other Ethnic Group	135	0.93%
Mixed	168	1.15%
Other Specified	20	0.14%
Undefined or Not Stated	1767	12.12%
White	11514	78.94%
<b>Grand Total</b>	<b>14585</b>	

Ethnic Group	Ethnic Origin	Total	% Total
Asian or Asian British	H Asian or Asian British - Indian	474	3.25%
	J Asian or Asian British - Pakistani	53	0.36%
	K Asian or Asian British - Bangladeshi	15	0.10%
	L Asian or Asian British - Any other Asian	273	1.87%
	LD Asian East African	1	0.01%
	LE Asian Sri Lankan	4	0.03%
	LF Asian Tamil	3	0.02%
	LH Asian British	7	0.05%
	LJ Asian Caribbean	1	0.01%
	LK Asian Unspecified	10	0.07%
<b>Asian or Asian British Total</b>		<b>841</b>	<b>5.77%</b>
Black or Black British	M Black or Black British - Caribbean	27	0.19%
	N Black or Black British - African	90	0.62%
	P Black or Black British - Any other Black	12	0.08%
	PA Black Somali	2	0.01%
	PB Black Mixed	1	0.01%
	PC Black Nigerian	5	0.03%
	PD Black British	2	0.01%
	PE Black Unspecified	1	0.01%
<b>Black or Black British Total</b>		<b>140</b>	<b>0.96%</b>
Chinese or Any Other Ethnic Group	R Chinese	35	0.24%
	S Any Other Ethnic Group	77	0.53%
	SC Filipino	12	0.08%
	SD Malaysian	11	0.08%
<b>Chinese or Any Other Ethnic Group Total</b>		<b>135</b>	<b>0.93%</b>
Mixed	D Mixed - White & Black Caribbean	42	0.29%
	E Mixed - White & Black African	21	0.14%
	F Mixed - White & Asian	39	0.27%
	G Mixed - Any other mixed background	48	0.33%
	GA Mixed - Black & Asian	1	0.01%
	GD Mixed - Chinese & White	1	0.01%
	GE Mixed - Asian & Chinese	3	0.02%
	GF Mixed - Other/Unspecified	13	0.09%
<b>Mixed Total</b>		<b>168</b>	<b>1.15%</b>
Other Specified	SE Other Specified	20	0.14%
<b>Other Specified Total</b>		<b>20</b>	<b>0.14%</b>
Undefined or Not Stated	Undefined	10	0.07%
	Z Not Stated	1757	12.05%
<b>Undefined or Not Stated Total</b>		<b>1767</b>	<b>12.12%</b>
White	A White - British	3674	25.19%
	B White - Irish	55	0.38%
	C White - Any other White background	123	0.84%
	C2 White Northern Irish	3	0.02%
	C3 White Unspecified	6840	46.90%
	CA White English	68	0.47%
	CB White Scottish	17	0.12%
	CC White Welsh	658	4.51%
	CD White Cornish	1	0.01%

CF White Greek	7	0.05%
CH White Turkish	1	0.01%
CK White Italian	4	0.03%
CP White Polish	9	0.06%
CQ White ex-USSR	2	0.01%
CX White Mixed	8	0.05%
CY White Other European	44	0.30%
<b>White Total</b>	<b>11514</b>	<b>78.94%</b>
<b>Grand Total</b>	<b>14585</b>	



EU Member	Headcount	% Total
No	304	2.08%
Not Known	12734	87.31%
Yes	1547	10.61%
<b>Grand Total</b>	<b>14585</b>	

EU Member	Country Of Birth	Headcount
No	Afghanistan	1
	Albania	1
	Australia	1
	Bangladesh	1
	British Indian Ocean Territory	1
	Burundi	1
	Canada	1
	Congo, The Democratic Republic of the	1
	Dominican Republic	1
	Egypt	11
	Ghana	3
	Gibraltar	1
	Hong Kong	2

	India	156
	Iran, Islamic Republic of	2
	Iraq	11
	Jordan	4
	Korea, Republic of	1
	Lebanon	3
	Libyan Arab Jamahiriya	3
	Malaysia	18
	Maldives	1
	Mexico	1
	Myanmar	1
	Nepal	2
	Nigeria	8
	Pakistan	16
	Palestinian Territory, Occupied	1
	Philippines	15
	Russian Federation	2
	Sierra Leone	1
	Singapore	2
	South Africa	5
	Sri Lanka	5
	Sudan	6
	Syrian Arab Republic	3
	Tanzania, United Republic of	1
	Thailand	1
	Tunisia	2
	Turkey	1
	United Arab Emirates	1
	United States	2
	Yemen	1
	Zambia	1
	Zimbabwe	1
<b>No Total</b>		<b>304</b>
Not Known	(blank)	12734
<b>Not Known Total</b>		<b>12734</b>
Yes	Austria	1
	Belgium	2
	Czech Republic	2
	Estonia	4
	Germany	14
	Greece	8
	Hungary	5
	Ireland	12
	Italy	5
	Latvia	1
	Lithuania	3
	Malta	3
	Netherlands	5
	Poland	11
	Portugal	3
	Romania	6
	Slovakia	2
	Spain	5
	United Kingdom	1455
<b>Yes Total</b>		<b>1547</b>
<b>Grand Total</b>		<b>14585</b>

Nationality	Headcount	% Total
Albanian	1	0.01%
Algerian	2	0.01%
American	1	0.01%
Australian	3	0.02%
Austrian	1	0.01%
Bangladeshi	2	0.01%
Belgian	1	0.01%
Brazilian	2	0.01%
British	4402	30.18%
Bulgarian	2	0.01%
Burmese	2	0.01%
Canadian	5	0.03%
Channel Islander	1	0.01%
Chinese	4	0.03%
Congolese	1	0.01%
Czech	5	0.03%
Dutch	7	0.05%
Egyptian	9	0.06%
Estonian	3	0.02%
Finnish	3	0.02%
French	4	0.03%
Gambian	1	0.01%
German	12	0.08%
Ghanaian	1	0.01%
Greek	11	0.08%
Guyanese	2	0.01%
Hungarian	8	0.05%
Indian	186	1.28%
Indonesian	2	0.01%
Iranian	4	0.03%
Iraqi	5	0.03%
Irish	46	0.32%
Italian	7	0.05%
Jamaican	1	0.01%
Japanese	1	0.01%
Jordanian	3	0.02%
Korean	3	0.02%
Latvian	1	0.01%
Libyan	3	0.02%
Lithuanian	3	0.02%
Malawian	1	0.01%
Malaysian	20	0.14%
Maltese	4	0.03%
Mauritian	1	0.01%
Mexican	1	0.01%
Moldovan	1	0.01%
Nepalese	2	0.01%
New Zealand	1	0.01%
Nigerian	15	0.10%
Norwegian	1	0.01%
NULL	9601	65.83%
Pakistani	17	0.12%
Philippine	51	0.35%
Polish	29	0.20%
Portuguese	12	0.08%
Romanian	10	0.07%
Russian	2	0.01%
Singapore	3	0.02%



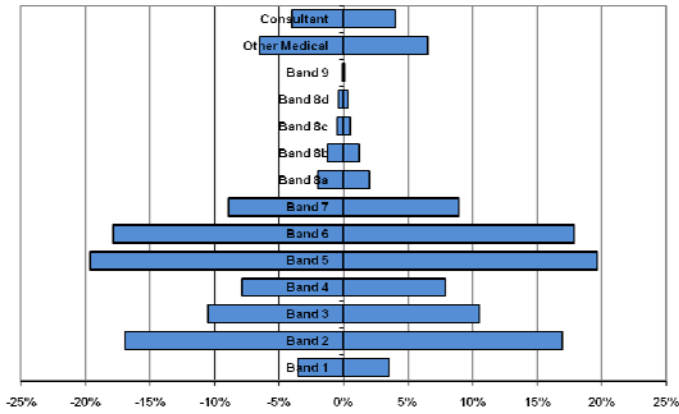
Slovak	5	0.03%
South African	4	0.03%
Spanish	10	0.07%
Sri Lankan	3	0.02%
Sudanese	9	0.06%
Syrian	3	0.02%
Thai	3	0.02%
Tobagonian	1	0.01%
Tunisian	2	0.01%
Turkish	3	0.02%
Ukrainian	1	0.01%
Yemeni	1	0.01%
Zambian	1	0.01%
Zimbabwean	6	0.04%
<b>Grand Total</b>	<b>14585</b>	

<b>Sexual Orientation</b>	<b>Headcount</b>	<b>% Total</b>
Bisexual	26	0.18%
Gay	45	0.31%
Heterosexual	4925	33.77%
I do not wish to disclose my sexual orientation	325	2.23%
Lesbian	35	0.24%
Undefined	9229	63.28%
<b>Grand Total</b>	<b>14585</b>	

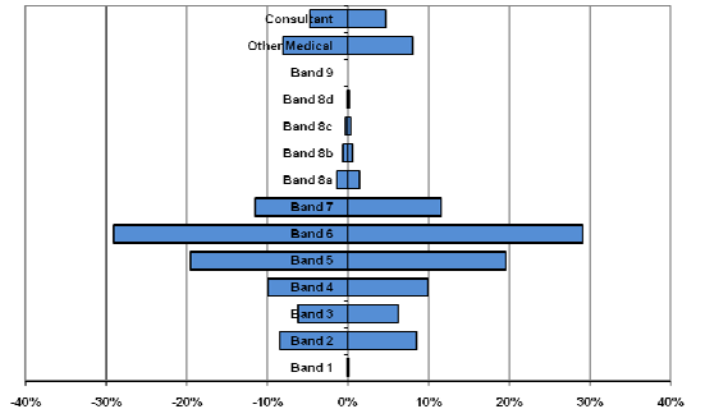
<b>Religious Belief</b>	<b>Headcount</b>	<b>% Total</b>
Atheism	634	4.35%
Buddhism	17	0.12%
Christianity	3345	22.93%
Hinduism	49	0.34%
I do not wish to disclose my religion/belief	591	4.05%
Islam	83	0.57%
Jainism	2	0.01%
Judaism	3	0.02%
Other	628	4.31%
Sikhism	1	0.01%
Undefined	9232	63.30%
<b>Grand Total</b>	<b>14585</b>	

<b>Disabled</b>	<b>Headcount</b>	<b>% Total</b>
No	3300	22.63%
Not Declared	17	0.12%
Undefined	11165	76.55%
Yes	103	0.71%
<b>Grand Total</b>	<b>14585</b>	

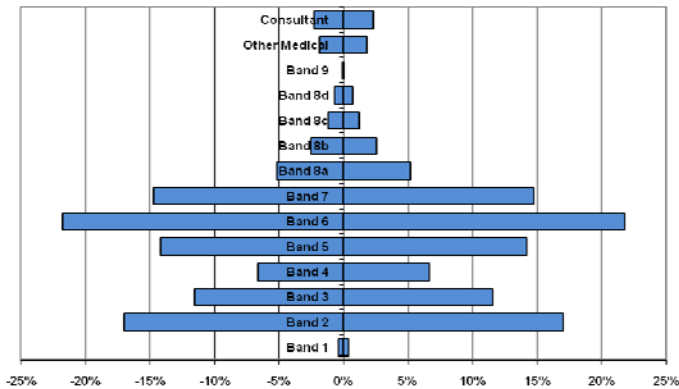
Christmas Tree by AfC Payband - uHB



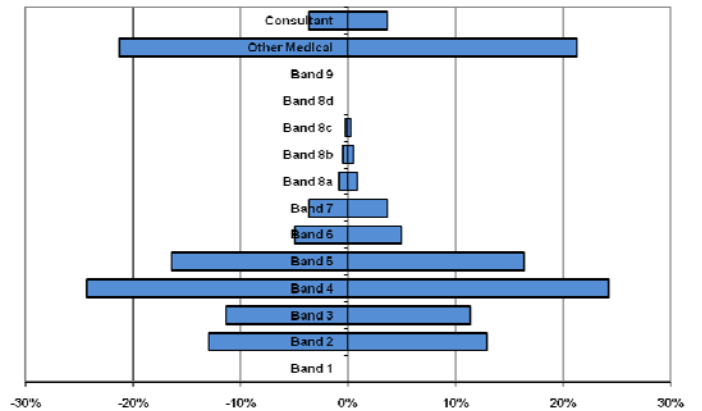
Christmas Tree by AfC Payband - Children & Women's



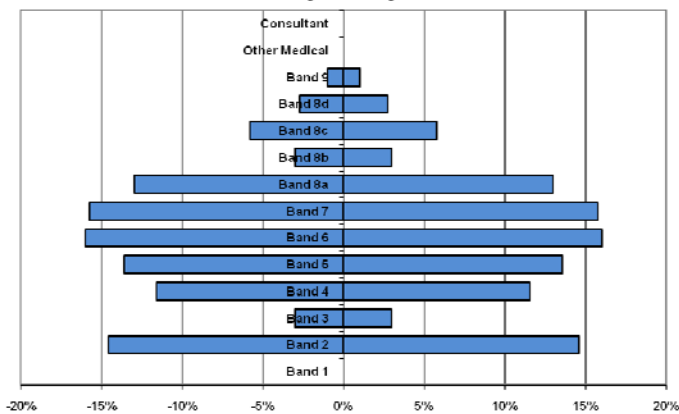
Christmas Tree by AfC Payband - Clinical Diagnostics & Therapeutics



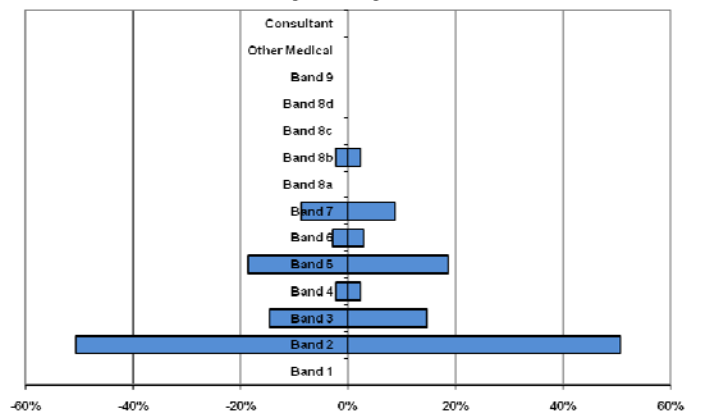
Christmas Tree by AfC Payband - Dental



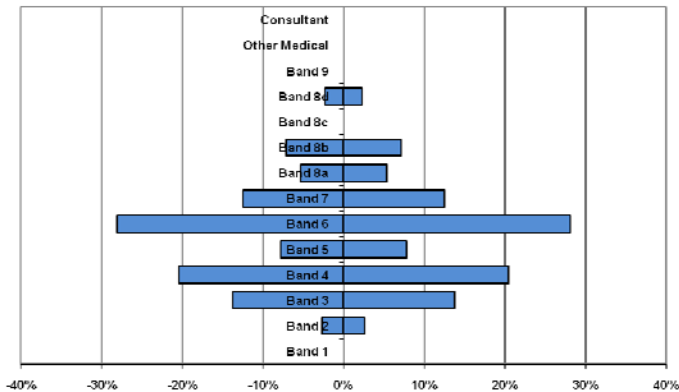
Christmas Tree by AfC Payband - Finance



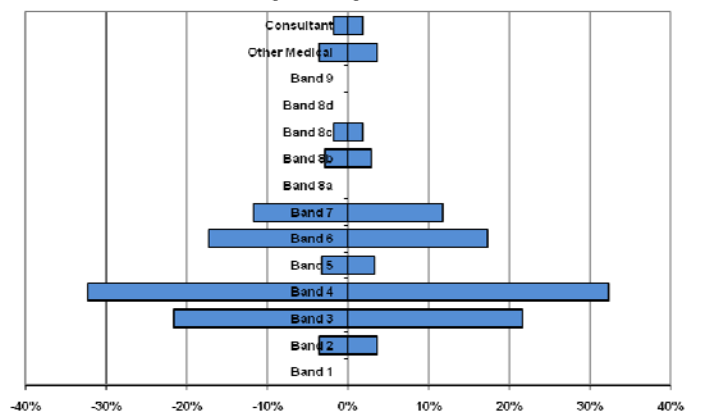
Christmas Tree by AfC Payband - Governance



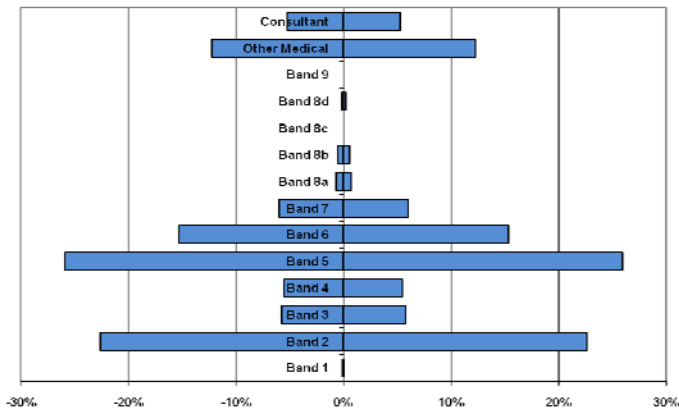
Christmas Tree by AfC Payband - Improvement & Innovation



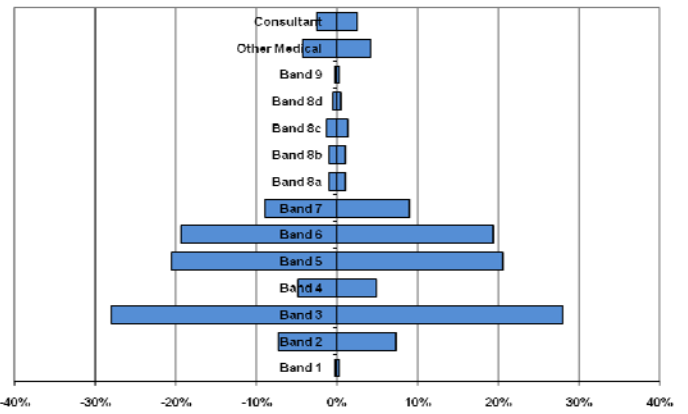
Christmas Tree by AfC Payband - Medical Director



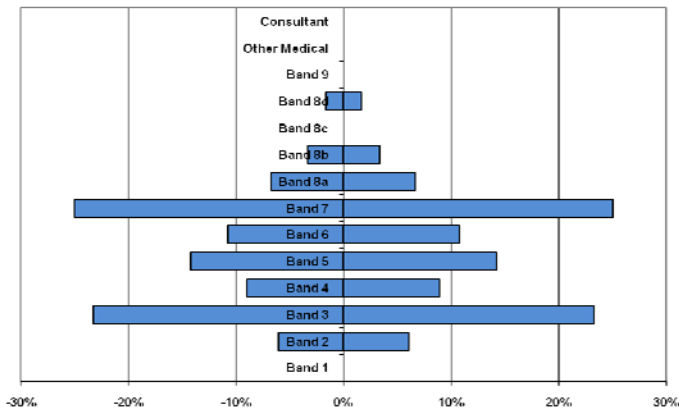
Christmas Tree by AfC Payband - Medicine



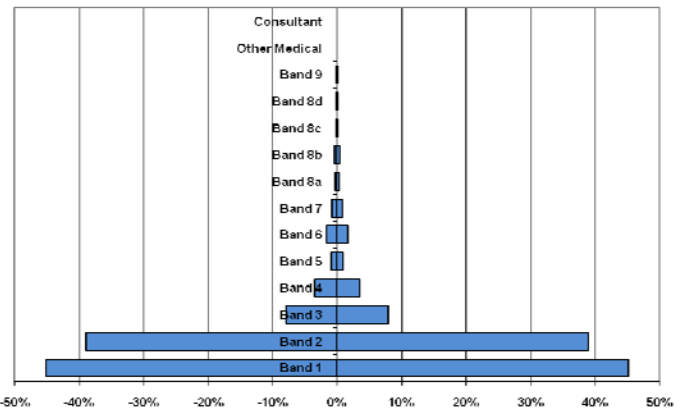
Christmas Tree by AfC Payband - Mental Health



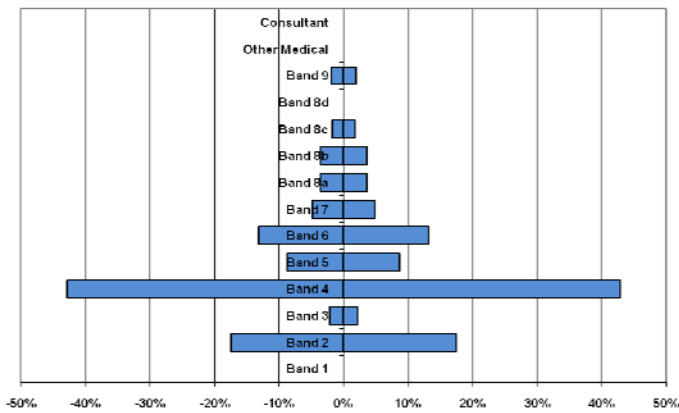
Christmas Tree by AfC Payband - Corporate Nursing



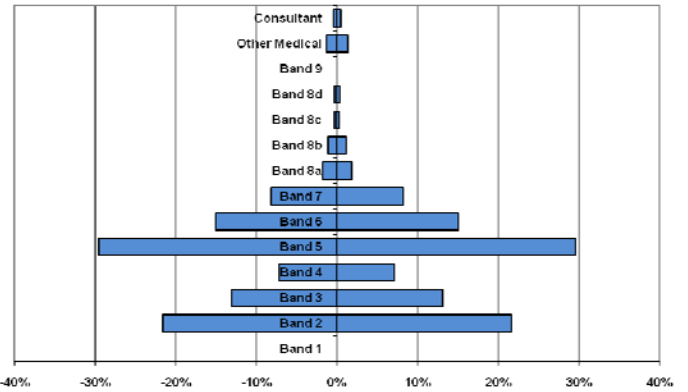
Christmas Tree by AfC Payband - Patient Experience



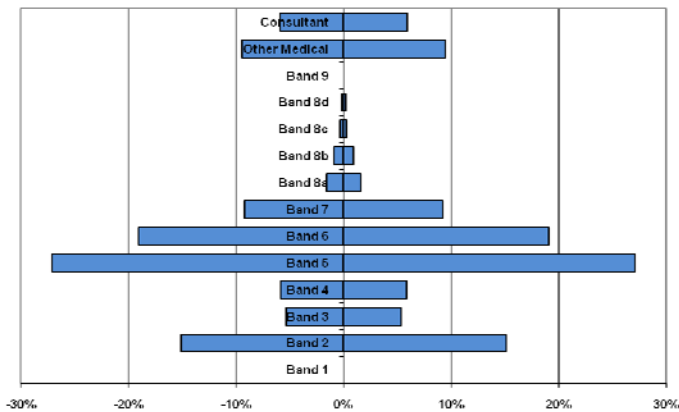
Christmas Tree by AfC Payband - Planning



Christmas Tree by AfC Payband - Primary, Community & Intermediate Care



Christmas Tree by AfC Payband - Specialist Services



Christmas Tree by AfC Payband - Surgical Services

