



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ANNUAL EQUALITY REPORT 2011/2012

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1. INTRODUCTION

- 1.1 ABMU Health Board is pleased to publish its first Annual Equality Report covering from April 2011 to March 2012. This year brought the new public sector equality duty ('the general duty') into force on 5 April 2011. The aim of the general duty is to ensure public bodies consider how they can contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty helps ensure that equality considerations are built into the design of policies and the delivery of services.
- 1.2 The general duty covers nine protected characteristics: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (see Annex 1 for the Glossary of Terms).
- 1.3 As a public body in Wales, AMBU Health Board is also covered by the specific duties, which set out the steps to be taken in order to demonstrate that the general duty is being met. The specific duties require public bodies to produce and publish an Annual Equality Report by 31 March each year.
- 1.4 Equality is a core principle within AMBU Health Board as one of our values is to treat others fairly and with dignity and respect. The Health Board is personally committed to continuing to promote equality of opportunity and challenging discrimination. This opportunity is welcomed to assess progress and consider the challenges ahead.

2. HIGHLIGHTS FOR 2011/2012

- 2.1 There have been many highlights over the year and some of the ways in which we have promoted equality include:
- A mobile dental service has been introduced for homeless people in the Swansea area.
 - The Bridgend Locality has put in place dementia awareness raising training sessions for staff who are in contact with older persons within the community with a view to identifying early signs of dementia.
 - A Swansea based frail elderly project has been developed where patients are followed up on discharge with home visits from a pharmacist who links to relevant services.
 - Joint working between the Health Board's Speech and Language Therapists and the Neath Port Talbot Local Authority has resulted in the development of the TAPPAS model (Team around the Pupil Parent and Schools) enabling schools to support children who are not always able to access the school curriculum.
 - A state-of-the-art Linear Accelerator has been installed at Singleton Hospital, which can accurately target moving cancers. This is the latest stage in an ambitious modernising programme, designed to ensure cancer treatment in South Wales meet the best national and international standards.

- The appointment of a dedicated Welsh Translator to transform the organisation’s website into bilingual format. Excellent progress has been made.

3. PROFILE OF THE LOCAL POPULATION

3.1 The results from the 2011 Census for England and Wales have been published by the Office for National Statistics. The results include population data at a Wales and local authority level.

3.2 The key results for the local area covered by ABMU Health Board are:

- On census night, the population was 518,013 for the Swansea, Neath Port Talbot and Bridgend local authority areas.
- The percentage of the population aged 65 and over is 18% (93,600) for the 3 unitary authorities. There were 4,100 residents aged 90 and over.
- The total population for the 3 unitary authorities saw population growth of 6% between 2001 and 2011. Bridgend was one of the unitary authorities with the largest percentage growth in population (8%).

3.3 A profile of the equality and diversity profile of the local population is summarised below using the results from the 2011 Census:

Table 1: Age profile for ABMU (Source: Census 2011, ONS)

Age	Swansea	Neath Port Talbot	Bridgend	ABMU	WALES
0-4 years (%)	5.5	5.4	5.6	5.5	5.8
5-9 years (%)	5.2	5.2	5.4	5.3	5.3
10-14 years (%)	5.5	5.7	6	5.7	5.8
15-19 years (%)	6.7	6.1	6.1	6.4	6.5
20-29 years (%)	15.1	12	12	13.4	13
30-44 years (%)	18.8	19	20.1	19.2	18.6
45-59 years (%)	19	21	20.5	19.9	19.9
60-64 years (%)	6.3	6.8	6.6	6.5	6.7
65 to 74 years (%)	9.3	9.9	9.9	9.6	9.8
75 to 84 years (%)	6.2	6.2	5.8	6.1	6.1
85-89 years (%)	1.6	1.6	1.5	1.6	1.6
90 years and over (%)	0.8	0.8	0.7	0.8	0.8
All categories	239,023	139,812	139,178	518,013	3,063,456

Table 2: Gender breakdown for ABMU (Source: Census 2011, ONS)

Area	Males (Percentage)	Females (Percentage)	Total (Number)
Swansea	49.4	50.6	239,023
Neath Port Talbot	49.0	51.0	139,812
Bridgend	49.4	50.6	139,178
ABMU	49.3	50.7	518,013
WALES	49.1	50.9	3,063,456

Table 3: Ethnicity breakdown for ABMU (Source: Census 2011, ONS)

Ethnicity	Swansea	Neath Port Talbot	Bridgend	ABMU	WALES
White: English/Welsh/Scottish/Northern Irish/British	91.5	96.9	96.0	94.2	93.2
White: Irish	0.5	0.3	0.3	0.4	0.5
White: Gypsy or Irish Traveller	0.0	0.1	0.0	0.1	0.1
White: Other White	2.0	0.7	1.4	1.5	1.8
Mixed/multiple ethnic group: White and Black Caribbean	0.2	0.3	0.2	0.2	0.4
Mixed/multiple ethnic group: White and Black African	0.1	0.1	0.1	0.1	0.1
Mixed/multiple ethnic group: White and Asian	0.3	0.2	0.2	0.3	0.3
Mixed/multiple ethnic group: Other Mixed	0.2	0.1	0.2	0.2	0.2
Asian/Asian British: Indian	0.6	0.2	0.2	0.4	0.6
Asian/Asian British: Pakistani	0.2	0.1	0.1	0.2	0.4
Asian/Asian British: Bangladeshi	0.8	0.2	0.1	0.5	0.3
Asian/Asian British: Chinese	0.9	0.2	0.3	0.5	0.4
Asian/Asian British: Other Asian	0.7	0.3	0.4	0.5	0.5
Black/African/Caribbean/Black British: African	0.7	0.1	0.1	0.4	0.4
Black/African/Caribbean/Black British: Caribbean	0.1	0.1	0.1	0.1	0.1
Black/African/Caribbean/Black British: Other Black	0.0	0.0	0.0	0.0	0.1
Other ethnic group: Arab	0.7	0.0	0.1	0.4	0.3
Other ethnic group: Any other ethnic group	0.3	0.1	0.1	0.2	0.2
All categories	239,023	139,812	139,178	518,013	3,063,456

Table 4: Long-term health problem or disability profile for ABMU (Source: Census 2011, ONS)

Area	All (Number)	Day-to-day activities limited a lot (%)	Day-to-day activities limited a little (%)	Day-to-day activities not limited (%)
Swansea	239,023	12.6	10.8	76.7
Neath Port Talbot	139,812	16.1	11.9	72.0
Bridgend	139,178	13.5	11.2	75.3
ABMU	518,013	13.8	11.2	75.1
Wales	3,063,456	11.9	10.8	77.3

Table 5: General health profile ABMU (Source: Census 2011, ONS)

Area	All categories (Number)	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
Swansea	239,023	48.7	29.3	14.0	6.1	2.0
Neath Port Talbot	139,812	45.0	28.4	16.2	7.9	2.6
Bridgend	139,178	46.1	29.9	15.1	6.8	2.1
ABMU	518,013	47.0	29.2	14.9	6.7	2.2
Wales	3,063,456	46.6	31.1	14.6	5.8	1.8

Table 6: Provision of unpaid care profile ABMU (Source: Census 2011, ONS)

Area	All categories (Number)	Provides no unpaid care (%)	Provides 1 to 19 hours unpaid care a week (%)	Provides 20 to 49 hours unpaid care a week (%)	Provides 50 or more hours unpaid care a week (%)
Swansea	239,023	87.3	7.3	1.9	3.6
Neath Port Talbot	139,812	85.4	7.4	2.3	4.8
Bridgend	139,178	87.1	6.9	2.0	4.0
ABMU	518,013	86.8	7.2	2.0	4.0
Wales	3,063,456	87.9	6.9	1.8	3.4

Table 7: Religion Profile for ABMU (Source: Census 2011, ONS)

	Swansea	Neath Port Talbot	Bridgend	ABMU	WALES
Christian (%)	55.0	57.7	55.1	55.7	57.6
Buddhist (%)	0.4	0.2	0.3	0.3	0.3
Hindu (%)	0.3	0.1	0.2	0.2	0.3
Jewish (%)	0.1	0.0	0.0	0.0	0.1
Muslim (%)	2.3	0.4	0.4	1.3	1.5
Sikh (%)	0.1	0.1	0.0	0.1	0.1
Other religion (%)	0.4	0.4	0.4	0.4	0.4
No religion (%)	34.0	33.8	36.7	34.7	32.1
Religion not stated (%)	7.5	7.3	7.0	7.3	7.6
All categories	239,023	139,812	139,178	518,013	3,063,456

4. OUR EQUALITY OBJECTIVES

4.1 As part of the requirements of the Specific Duties, ABMU Health Board had to publish equality objectives to help ensure that our services and employment practices are fair and accessible. We were also required to engage in drawing up our objectives.

4.2 Our approach was to build on work already started and to review existing equality information held to identify gaps in our information base. Where we had gaps in our information base, we used feedback from engagement to fill them. This was particularly helpful for sensitive areas. We found an important source of information was engaging with staff, service users and local communities. We engaged jointly with other local public sector organisations to help draft our equality objectives. This was carried out by linking into existing forums and community groups.

4.3 A joint 'Have Your Say' Event was held on 20 October 2011 with Neath Port Talbot County Borough Council, Neath Port Talbot Council for Voluntary Services, Neath Port Talbot College and the Welsh Ambulance Service NHS Trust to get views on equality issues that affect people in Neath Port Talbot. Local people and organisations were able to have their say about how local services can be fair, responsive and respectful of diversity.

4.4 Other examples of engagement included:

- Neath Port Talbot Carers Conference (13 June 2011)
- Stonewall Cymru – LGB Have Your Say South West Wales Regional Event (14 June 2011)
- Neath Port Talbot Disability Network Action Group (23 August 2011)
- Asylum Seekers and Refugee Forum (12 September 2011)
- Bridgend Equality Forum (7 November 2011)
- ABMU Mental Health Directorate Board (21 December 2011)

4.5 The information gathered was analysed and helped us to focus on the most significant equality issues. This work influenced the development of our draft

equality objectives. Our proposed objectives focused on achieving the following outcomes:

- Better health outcomes for all
- ABMU Health Board to be a first choice employer
- Improved patient access and experience

4.6 We undertook a formal 8 week consultation on our proposed equality objectives from 16 January 2012 to 9 March 2012 using the following range of methods to engage with the local community and staff:

Internet: Posted documents on the front page under the Public Engagement tab.

Existing Forums: A member of ABMU's Equality Team attended meetings of existing forums to get comments from groups who have an interest in the way we carry out our public functions. This included the Stakeholder Reference Group, Disability Reference Group, Patient Experience Involvement Groups and Equality Forums. The consultation was also raised at ABMU's Partnership Forum with staff side colleagues.

E-mail: The consultation documents were e-mailed to organisations representing the interests of a particular group to invite their comments. These included locally based organisations and groups (e.g. Swansea Bay Regional Equality Council) to larger regional organisations (e.g. Stonewall Cymru).

On-line Engagement: The social networks Facebook and Twitter were used to encourage the involvement of those who like to participate in these forums.

Intranet: The consultation documents were published as the first item under Hot Topics. A bulletin was posted at the start of the consultation and towards the end to encourage staff to submit their comments.

Information Stalls: Information stands were set up lunchtime in the canteens of the Princess of Wales, Neath Port Talbot, Singleton, Morriston and Cefn Coed Hospitals. A member of the Equality Team and the Welsh Language Officer manned these stands.

Staff Training courses: Every opportunity was taken to seek staff participation as part of equality and diversity training delivered during the period of consultation.

4.7 The evidence gathered from these engagement activities was used to review the proposed equality objectives and to inform the development of ABMU's Strategic Equality Action Plan.

5. ENGAGEMENT

5.1 The Health Board is committed to capturing the voice of the public in the design, planning and delivery of services, including appropriate consultation. The citizen engagement commitments are co-ordinated by the Corporate Service Planning Team with links to the Locality and Directorate planning structures for local implementation.

5.2 During 2011/2012, the Health Board conducted a number of public engagement activities such as the review of the Mental Health Plan and the change in the G.P. services in the Vale of Neath. There was also extensive engagement between

September and December 2011 on Changing for the Better, which involved 39 stakeholder events and 3 public meetings across Bridgend, Neath Port Talbot and Swansea.

5.3 Engagement and consultation activities are co-ordinated in partnership with ABM CHC and involve dialogue with community groups and liaison with key Local Authority partners and other statutory bodies. The public were given the opportunity to voice their views and opinions. A dedicated e-mail address has been created to enable the public to post their views and ask the Health Board questions about issues raised as part of the engagement process. The Health Board also has a Facebook and Twitter account which are used to disseminate information and invite feedback.

5.4 The Health Board has sought to encourage its population to sign up to 'YoutellUs' which provides a means of people communicating what they think about our health services and help us to make choices as regards to how future services will be shaped. Swansea University analyses the responses.

5.5 The role of two ABMU Groups is to highlight issues raised by their particular groups:

Stakeholder Reference Group (SRG)

The SRG is an Advisory Forum to the Health Board and provides a forum to facilitate full engagement and active debate. Its membership includes representatives from specific groups of the community, such as children and young people, sexual orientation, older people, ethnic minorities. Members also include statutory bodies such as the Local Authorities, Police, Fire and Rescue, Environment Agency. This Group has excellent links to the wider general public and each representative's role is to highlight the issues raised by their particular groups.

Disability Reference Group (DRG)

The DRG acts as an advisory and consultative Panel to the HealthVision Swansea Programme Board. Regular meetings with the Group advise Members of the capital proposals so they have an opportunity to highlight any issues at an early stage. This gives the Capital Planning Team time to consider ideas and then to respond, either making changes to the Scheme or by managing expectations as to why some ideas could not be taken forward.

6 PROVIDING SERVICES TO THE PUBLIC

6.1 The Health Board started a process to look at how health services should be provided in future based on the strategic document issued by the Welsh Government – 'Together for Health'. The Health Board 'Changing for the Better' programme started in 2011 and continued through 2012/2013 as we engage the whole community on the best way to provide modern, safe and efficient services to local people.

6.2 The Health Board continued its ambitious programme of improving its estate and modernising hospital and community care facilities in 2011/2012. The main focus of the modernisation plans remains the redevelopment of the Morriston Hospital site by constructing fit for purpose accommodation that will replace the existing pre war buildings at the south of the site.

6.3 The Health Board has also made considerable progress with its reshaping Mental Health Services in Swansea project. 'Ysbryd y Coed' is a new purpose built 60-bedded intermediate care facility costing £3.4 million for older people with dementia on the Cefn Coed Hospital site. It was handed over to the Health Board in March 2012 and patients transferred in to it in May 2012.

6.4 Our aim is to make our buildings as accessible as possible across ABMU Health Board. Access issues are considered before any significant improvements or alterations are made. Engagement takes place with disabled service users through the Disability Reference Group to ensure our buildings are accessible.

6.5 A capital allocation was made available via ABM's Disability Equality Group to fund enhanced bathroom facilities on the Children's Ward at the Welsh Centre for Burns and Plastic Surgery, Morriston Hospital. The accommodation was reconfigured to provide improved, modernised facilities, including an accessible toilet and bathroom for children; a shower and toilet for children who can use the facilities independently and a shower and toilet facilities for parents. Staff are delighted with the improvements as they can assist children with hygiene needs in a child friendly environment and treat children with more dignity.

6.6 Staff proudly received a number of awards during the year and details were published on our website. Here's a snapshot of those awards that promoted equality:

- The Swansea Nurse for the Homeless and Vulnerable Adults achieved the prestigious title of Queen's Nurse in May 2011. The award recognises her commitment to high standards of patient care and continually improving practice.
- Two Swansea Community Learning Disability Nurses were awarded a Welsh Assembly Learning Disabilities Community Nursing Award. This recognised their hard work in encouraging adults with learning disabilities to attend their annual health check.
- Two midwives won the 'Welsh Language in Healthcare TWF Award for their work to ensure that information is available bilingually in the personal child health record book given to new mums.
- ABM won the social care award for its e-learning package to improve the expertise of staff supporting people with learning disabilities and challenging behaviour.
- ABM Lymphoedema Physiotherapy Specialist and ABM's MacMillan Oncology Team were presented with awards which recognised their exceptional contributions to people with cancer in Wales. Their colleague was also honoured with the Macmillan Professional Innovator Award for her work in ensuring that patients and carers' views are listened to and changes to care.

7 SUPPORTING OUR WORKFORCE

7.1 We recognise the commitment of our dedicated staff and their vital role in the delivery of the services required to provide enhanced quality of care and safety. As an employer, we encourage a culture of fairness, dignity and respect.

7.2 Our aim is to ensure that staff are engaged in the development of services and are given the opportunity to contribute to service improvement. In order to do this, we ensure that staff development takes place at all levels of the organisation, valuing everybody and their contribution. We work with our staff to ensure their personal, professional and leadership development is invested in and we place a high priority on personal development reviews.

7.3 A Health and Well Being Programme Board was set up to focus on prevention and health improvement, occupational health, musculoskeletal disorders and emotional well being. As a result, new services include:

- The Condition Management Programme worked with our Occupational Health Services to test a focussed rehabilitation service aimed at helping individuals with musculoskeletal and emotional health conditions remain in or return to work. In total, 210 staff accessed the service during the pilot period and an evaluation found that 100% of staff accessing the service whilst in work remained in work and did not have any periods of sickness absence during participation in the Programme.
- The Well Being Through Work' project was launched in October 2011 for staff and residents in the ABM catchment area targeting individuals who experience health, employment and/or social difficulties which is affecting their ability to do their job.
- A Staff Health and Well Being Intranet site has been developed to signpost staff to services and raise awareness of existing resources across the community.

7.4 ABMU Health Board became the first Health Board in Wales to sign up to the Face Equality at Work Membership Scheme following the Face Equality Campaign's launch in Wales at the Senedd. The campaign, run by the charity Changing Faces, was launched in ABM at an event on 22nd July 2011. It aims to address the discrimination and prejudice people with facial disfigurement may experience both as employees and service users, and to promote fair treatment and equal opportunities.

7.5 ABMU is the home of the Welsh Centre for Burns and Plastic Surgery and the South Wales Cleft Lip and Palate service. We are also a major centre for head and neck and skin cancer treatment and have a large dermatology department. As an employer, our enrolment sends an important message to our patients that we understand the impact that their disfigurement could have and that we are working to ensure that our workplaces offer equal opportunities for people with visible disfigurement.

7.6 We have provided statistical information on our workforce profile and this can be found in Annex 2.

8 Assessing the Equality Impact

8.1 ABMU Health Board uses an Equality Impact Assessment toolkit developed through a Sub Group of the Equality Strategic Group. The Sub Group also produced Management Guidance on how to assess the impact of any planned policy or service. The toolkit and guidance covers all the protected

characteristics. This guidance is an integral part of the Health Board's Policy on the development of Policies.

8.2 An equality impact analysis has been undertaken on any potential health service changes. The assessments ensure that each service change is screened for potential effects on different groups within a community.

8.3 ABMU's Equality Team is available to provide advice and support on request. An equality representative is a member of the Workforce Policy Group and helps ensure that any equality implications are considered as an integral part of the development of Workforce Policies and Procedures.

9 Looking Forward

9.1 We recognise that there are areas of work where we need to make further progress and have ensured that those have been incorporated into our Strategic Equality Plan 2012 – 2016.

Glossary of Protected Characteristics

Age: This refers to a person having a particular age (for example, 32 year olds) or being within an age group (for example, 18-30 year olds). This includes all ages, including children and young people.

Disability: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Gender Reassignment: This is the process of transitioning from one sex to another. People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex have protection under the Equality Act 2010.

Marriage and Civil Partnership: Currently, a union between a man and a woman, though the Government is consulting on changing this Legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples.

Pregnancy and Maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race: It refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins.

Religion or Belief: Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism).

Sex: Someone being a man or a woman.

Sexual Orientation: This is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Source: Equality Act 2010: Technical Guidance on the Public Sector Equality Duty Wales, Equality and Human Rights Commission

Workforce Diversity Profile

This equality information has been volunteered by staff and covers the period from 1 April 2011 to 31 March 2012. It is recognised that further work needs to be undertaken to encourage our staff to self-declare their equality information.

Total Staff in Post by Staff Group (31.03.2012)

Staff Group	Head-count	%
Add Prof Scientific and Technical	591	3
Additional Clinical Services	3250	20
Administrative and Clerical	2922	18
Allied Health Professionals	927	6
Estates and Ancillary	1822	11
Healthcare Scientists	311	2
Medical and Dental	1510	9
Nursing and Midwifery Registered	5184	31
Students	18	
Total	16535	100

Total Number of Employees Categorised by Gender (31.03.2012)

Staff Group	Total Head-count	Female	%	Male	%
Add Prof Scientific and Technical	591	383	65	208	35
Additional Clinical Services	3250	2674	82	576	18
Administrative and Clerical	2922	2409	82	513	18
Allied Health Professionals	927	800	86	127	14
Estates and Ancillary	1822	992	54	830	46
Healthcare Scientists	311	212	68	99	32
Medical and Dental	1510	562	37	948	63
Nursing and Midwifery Registered	5184	4718	91	466	9
Students	18	18		0	
Total	16535	12768	77	3767	23

Comparison 2011 and 2012 – Employees by Gender

Gender	31.03.2011	%	31.03.2012	%
Male	3713	23	3767	23
Female	12515	77	12768	77
Totals	16228	100	16535	100

Total Number of Employees Categorised by Age (31.03.2012)

Age Band	Headcount	%
16 - 25	833	5
26 - 30	1448	9
31 - 35	1759	10
36 - 40	2099	13
41 - 45	2443	15
46 - 50	2862	17
51 - 55	2432	15
56 - 60	1643	10
61 - 65	814	5
66 & above	202	1
Total	16535	100

Total Number of Employees Categorised by Black and Minority Ethnic Groups (31.03.2012)

Ethnic Origin	Total	%
White	7785	47
BME	462	3
Not Stated	8288	50
Total	16535	100

Total Number of Employees Categorised by Disability (31.03.2012)

Disabled	Total	%
No	4316	26
Yes	141	1
Not Declared	12078	73
Total	16535	100

Total Number of Employees Categorised by Religion and Belief (31.03.2012)

Religious Belief	Headcount	%
Atheism	498	3.01
Buddism	14	0.09
Christianity	3259	19.71
Hinduism	31	0.19
Islam	26	0.16
Jainism	1	
Judiasm	2	0.01
Other	615	3.72
Sikhism	9	0.05
I do not wish to disclose my religion/belief	552	3.34
Undefined	11528	69.72
Total	16535	100

Total Number of Employees Categorised by Sexual Orientation (31.03.2012)

Religious Belief	Headcount	%
Bisexual	16	0.10
Gay	29	0.17
Heterosexual	4643	28.08
Lesbian	17	0.10
I do not wish to disclose my sexual orientation	296	1.79
Undefined	11534	69.76
Total	16535	100

Men and Women Employed by Job and Working Pattern (Full time and Part Time) (31.03.2013)

Job (Staff Group)	Full Time				Part Time			
	Female	%	Male	%	Female	%	Male	%
Add Prof Scientific and Technical	236	58	174	42	147	81	34	19
Additional Clinical Services	1106	71	448	29	1568	92	128	8
Administrative and Clerical	1282	74	458	26	1127	95	55	5
Allied Health	423	80	109	20	377	95	18	5

Professionals								
Estates and Ancillary	150	20	619	80	842	80	211	20
Healthcare Scientists	108	54	93	46	104	95	6	5
Medical and Dental	406	36	736	64	156	42	212	58
Nursing and Midwifery Registered	2639	87	407	13	2079	97	59	3
Students	11	100	0	0	7	100	0	0
Total	6361	68	3044	32	6407	90	723	10

Men and Women Employed by Grade Type and Working Pattern (31.03.2012)

Grade Type	Full Time				Part Time			
	Female	%	Male	%	Female	%	Male	%
A4C	5935	72	2287	28	6225	93	502	7
Medical & Dental	399	35	729	65	122	50	126	51
Non A4C	27	49	28	51	60	39	95	61
Total	6361	68	3044	32	6407	90	723	10

Men and Women Employed by Contract Type and Working Pattern (31.03.2012)

Contract Type	Full Time				Part Time			
	Female	%	Male	%	Female	%	Male	%
Bank	0	0	0	0	591	83	123	17
Fixed Term Temp	693	60	460	40	318	83	63	17
Honorary	0	0	0	0	2	67	1	33
Locum	2	33	4	67	42	34	80	66
Non-Exec Director/Chair	0	0	0	0	2	18	9	82
Permanent	5665	69	2576	31	5454	92	454	8
Total	6361	68	3044	32	6407	90	723	10

**Men and Women Employed by Average Basic Pay and Working Pattern
(31.03.2012)**

Staff Group	Average Full Time Basic Salary		Average Part Time Basic Salary	
	Female	Male	Female	Male
Add Prof Scientific and Technical	31,247	35,129	20,059	13,527
Additional Clinical Services	17,410	17,865	9,117	6,131
Administrative and Clerical	25,649	34,130	12,261	10,670
Allied Health Professionals	33,100	32,720	22,222	15,717
Estates and Ancillary	16,470	18,162	9,484	10,016
Healthcare Scientists	29,579	37,853	16,696	13,008
Medical and Dental	49,347	63,949	27,720	16,985
Nursing and Midwifery Registered	30,901	30,921	18,133	12,645
Students	26,203	0.00	0.00	0.00

Employees leaving the Health Board by Protected Characteristic

Protected Characteristic	2011/2012 Number of Leavers	% of Total
Age 16 - 25	156	10.9
26 - 30	231	16.1
31 - 35	230	16.0
36 - 40	176	12.3
41 - 45	98	6.8
46 - 50	79	5.5
51 - 55	120	8.4
56 - 60	154	10.7
61 & above	191	13.3
Male	492	34.3
Female	943	65.7
Black & Minority Ethnic Groups	53	3.7
White	535	37.3
Undefined/not stated	847	59.0
Disabled yes	8	0.6
Disabled no	286	19.9
Undefined/not declared	1141	79.5
Total		100

Employee Relations Cases (1.04.2011 - 31.03.2012)

Protected Characteristic	Grievances	%	Disciplinaries	%
Male	*34	49	66	42
Female	35	51	91	58
Total	69	100	157	100

*10 individual grievances plus 2 collective disputes. One of the collective disputes involved 14 male members of staff and the other involved 10 male members of staff.

Mandatory and Corporate Induction Training (1.04.2011 - 31.03.2012)

Protected Characteristic	Attendance	%
White	14,499	58
Black and Minority Ethnic	875	4
Undefined/Not Stated	9,595	38
TOTAL	24,966	100
Female	20,399	82
Men	4,567	18
Total	24,966	100