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Public Health  
Wales

# Public Health Wales

## Annual Equality and Workforce Report

### 2023–2024

**Please note that this document provides content for the annual equality report which, once approved, will go through a design process. The 2022-23 reports published on our website provide an example of how the final published version will read and look.**

[phw.nhs.wales/publications/publications1/phw-annual-equality-report-2022-23-english/](https://phw.nhs.wales/publications/publications1/phw-annual-equality-report-2022-23-english/)  
[phw.nhs.wales/publications/publications1/phw-annual-equality-report-2022-23-cymraeg/](https://phw.nhs.wales/publications/publications1/phw-annual-equality-report-2022-23-cymraeg/)

## Contents

*To be added when document has been through design.*

## **Executive Summary**

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2023 to 31 March 2024.

The first part of this report looks at the work we have done during this period to advance equality and work with diverse communities where inequalities between different groups have been highlighted.

The second part of the report is our Workforce Equality report. This shows how we, as an employer, are meeting our general and specific duties as defined by the Public Sector Equality Duty (2011).

The Workforce Equality report summarises the diversity, employment and training data and information we hold about staff. It also details the diversity profile of the organisation and outcomes at each stage of the recruitment process during the reporting period.

## **1. Introduction**

We are Public Health Wales (PHW) – the national public health organisation for Wales. We are an all-Wales NHS trust. During the period covered by this report (April 2023 to March 2024) we employed around 2200 people.

Our purpose is working together for a healthier Wales, where people live longer, healthier lives and where everyone has fair and equal access to the things that lead to good health and well-being. We are committed to improving people's health and well-being and to reducing inequalities in health. We listen and learn from the people and communities we serve.

Our Long Term Strategy (2023-35) sets out our vision for achieving a healthier future for people in Wales by 2035. It includes six strategic priorities. This Annual Equality Report explains the work we have done under each of our strategic priorities.

## **2. Our Legal Duties**

The Public Sector Equality General Duty provides protection for people with protected characteristics. The protected characteristics are:

- **Disability**
- **Race**
- **Pregnancy and maternity**
- **Sexuality**
- **Gender reassignment**
- **Age**
- **Sex**
- **Religion and belief**
- **Marriage and civil partnership**

Under the Public Sector Equality Duty, public authorities like PHW 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.

As well as the general duty, PHW 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 an Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current; and
- making sure people can access the information we provide.

### **3. Monitoring Our Progress**

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

Our six Staff Diversity Networks play a vital role in reviewing and shaping our work. Our Networks are:

- Enfys (LGBTQ+ Staff)
- Porffor (Disabled Staff)
- We Care (Carers)
- REACH Network (Black, Asian, Minority Ethnic Staff)
- Women's Network
- Ymlaen – Welsh Speakers Network

### **4. Our Commitment**

To encourage good practice relating to equality and human rights, our organisation will:

- 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.

Our Strategic Equality Plan 2020–2024, sets out our commitment to promoting equality alongside a clear plan with clearly defined objectives.

## **Equality Objectives 2020–2024**

### **Objective 1: Understand and advocate for diversity and inclusion**

We will ensure a safe, inclusive environment where staff understand diversity and inclusion enabling them to develop, thrive and reach their full potential, and where all staff will be able to advocate for diversity and inclusion in the course of their work.

### **Objective 2: Attract, recruit, retain and develop our staff**

We will improve the recruitment, retention, progression and development of the staff employed by Public Health Wales so that the diversity mix of our workforce and Board reflects the diversity of Wales and the unique skills and experience they bring.

### **Objective 3: Fair pay**

We will be a fair employer and will identify our pay gaps for each protected characteristic. We will endeavour to halve the pay gaps for gender, ethnicity and disability within the next four years.

### **Objective 4: Access to services and our environment**

We will ensure that our services, and the buildings we use, are accessible and capable of responding to the different and changing needs of the people who use our services / citizens.

### **Objective 5: Listening, learning and responding**

We will be an organisation who listens to people who use our services and citizens (including under-represented groups), and actively use their insights to inform and direct our work.

During the reporting period (April 2023 - March 2024), our Strategic Equality Plan 2024-2028 was developed and approved by our Board.

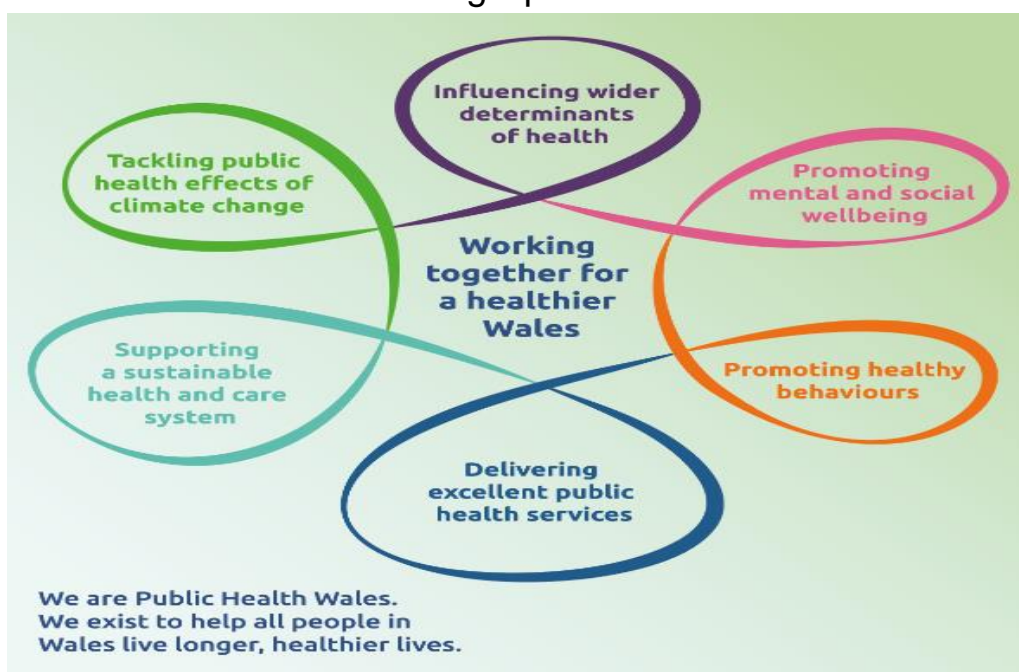
The work outlined in this report has a direct link back to the objectives above. It sets out the progress we have made, and how we have listened, learned, engaged and acted to address health inequalities,

develop inclusive and accessible services, and respond to the different and changing needs of the people who use our services.

## 5. Working to Address Health Inequalities

During 2023–2024 we worked with communities across Wales to improve their experiences of the services we provide. The following sections highlight some of this work under the organisational strategic priority it relates to.

Our strategic priorities are:



### 5.1 Strategic Priority 1: Influencing the Wider Determinants of Health

#### 5.1.1 Gender Equity

In March 2022, the PHW Policy and International Health Directorate was re-designated as a World Health Organisation Collaborating Centre. To celebrate International Women’s Day the Policy and International Health Directorate hosted an inclusive webinar on gender equity. This webinar explored the links between gender and the wider determinants of health. The webinar also highlighted best practice and showcased how gender-inclusive policies can create a more equitable Wales.

#### 5.1.2 Building a Healthier Wales Group

The Building a Healthier Wales group supported work to reduce and mitigate the impact of poverty on children and young people. This was done by collecting and evaluating existing literature on the lived experiences of children and young people in poverty, with actions developed based on what would have most impact.

### **5.1.3 Person Reported Outcome Measures**

PHW's National Safeguarding Network were involved in the development of Person Reported Outcome Measures (PROMs) to capture the voices of Looked After Children. PROMs are a way for users to tell us about their experience of health services. The aim of the PROM is to provide opportunities for Looked after Children to be empowered, to shape the services they need to support their health and well-being, and to ensure health services and health assessments meet their needs in a person centred, trauma informed way.

It will also ensure the health needs of Looked after Children are accurately represented within multi-agency partnership arrangements to provide better quality, holistic services. This will include the views of foster carers, residential care staff and parents.

## **5.2 Strategic Priority 2: Promoting Mental and Social Wellbeing**

### **5.2.1 Wales without Violence Framework**

We published [Wales Without Violence: A Shared Framework for Preventing Violence among Children and Young People](#) which provides an evidence-informed guide for professionals working to prevent violence among children and young people. The report was co-produced by the Peer Action Collective Cymru (PAC), a ground-breaking network of young people, and funded by the Youth Endowment Fund and Wales Violence Prevention Unit.

The guide was informed by partners, professionals and over 1,000 children and young people from across Wales. It outlines the key elements needed to successfully develop primary prevention and early intervention strategies to end violence among children and young people through a public health, whole-system approach.

The guide is intended to:

- support local areas in Wales to fulfil their responsibilities under the new Serious Violence Duty
- support professionals working with children and young people who want to explore what works to prevent violence and seek guidance on how to put this into practice

It includes nine violence prevention strategies underpinned by nine violence prevention principles.

Our partners will use the guide to assess the causes of violence before choosing the appropriate prevention strategies to embed a public health approach to violence prevention. Examples of existing programmes in Wales are included to illustrate what strategies can look like locally in practice.

### **5.2.2 Social Relationships of older people in Wales**

We published a paper on [Building the social relationships of older people in Wales: challenges and opportunities](#). This paper reviewed older people's social relationships and networks and how they have been impacted by the COVID-19 pandemic and cost-of-living crisis. The report identified policy and practice examples that can promote, sustain, and strengthen older people's social relationships and networks.

### **5.2.3 Children and the Cost-of-Living Crisis**

In November 2023 we published a report on the impact of the cost-of-living crisis on children. This year we published a follow-up report, 'Children and the cost-of-living crisis in Wales: How children's health and well-being are impacted and areas for action'. This summarised findings from a literature review on the impact of the cost-of-living crisis on children's health and well-being and made policy recommendations. The report will feed into Welsh Government's updated Child Poverty Strategy.

## **5.3 Strategic Priority 3: Promoting Healthy Behaviours**

### **5.3.1 Active School Travel**

Our Active School Travel (AST) social marketing campaign was developed following engagement with parents across Wales. We tested our social media content to ensure the images used and messaging were appropriate for, and represented, a range of children and young people across Wales (including by age, sex, ethnicity and disability).

### **5.3.2 National Exercise Referral Scheme**

The NERS Improvement Plan 2023 – 2026 was developed to improve the quality, effectiveness and reach of the NERS scheme and aims to ensure that people most likely to benefit are prioritised. The National Exercise Referral Scheme (NERS) is a 16-week programme of physical activity which aims to improve the health and wellbeing of adults who need to be more active.

The NERS scheme was also part of a Public Health Intervention Response Studies Team (PHIRST) research project which aimed to strengthen existing evidence focused on how socio-economic factors affect uptake of the NERS scheme. The research findings encourage NERS providers to consider specific groups of patients who require additional interventions to support uptake and reduce health inequalities.

### **5.3.3 Healthy Working Wales**

Work progressed to develop a new Healthy Working Wales (HWW) digital service. HWW is a national programme dedicated to improving workplace health and preventing ill-health which is committed to creating resources in different formats to meet the diverse needs of our audiences.

Between December 2023 and January 2024 significant engagement was undertaken with 124 employers from across Wales. This ensured a better understanding of diverse needs. The final phase of the website is planned to be commissioned by the end of summer.

## **5.4 Strategic Priority 4: Delivering Excellent Public Health Services**

### **5.4.1 Children and Young Peoples Mental Health and Wellbeing Programme**

As part of a research programme into children and young people's mental health (CYPMH), interviews took place with those whose voices are less likely to be heard, including young people who identify as LGBTQ+, to highlight the specific challenges faced.

The findings from this research will be reported in the second half of 2024 and presented to a Wales CYPMH and Wellbeing Steering group, to inform future research in this area.

#### **5.4.2 Digital Exclusion in Older Adults**

Our Evidence Service carried out a rapid review of the effectiveness of interventions developed to address digital exclusion in older adults. Older adults have been identified as the group least likely to use the internet and therefore less likely to be able to access online health services. We found possible benefits to training older adults to improve their confidence and acceptance of using the internet.

The work was presented at an evidence briefing for Welsh Government stakeholders.

#### **5.4.3 Help Me Quit**

Help Me Quit (HMQ) is the NHS Wales stop smoking service. HMQ continues to provide administrative assistance and guidance Health Boards to support pregnancy and maternity specific smoking cessation referral pathways and services.

For people who are sight impaired the Passport to Smoke Free smoking cessation tool is available in audio format. To ensure that smoking cessation support is available to people whose first language is not Welsh or English, the service continues to use telephone interpreter services such as Language Line.

#### **5.4.4 Health Protection Inequalities Programme**

A Health Protection programme has been established to drive action to reduce health protection inequalities. The programme recognises that whilst health protection risks and emergencies – whether an infectious disease *or* environmental hazard – can affect everyone, not everyone has the same experience or outcome.

Some people and groups are more affected because risks can interact with other wider health determinants, such as deprivation, and existing inequalities.

#### **5.4.5 Bowel Screening Wales**

Bowel Screening Wales (BSW) have updated the 'Good Practice Guide for Learning Disabilities and Difficulties', which provides guidance to screening staff on what reasonable adjustments can and should be offered to people who require additional support. To ensure the guide remains fit for purpose it will be reviewed annually.

BSW have also developed 3 working forums on Equity, Integrated Governance and Quality. These forums monitor progress against operational plans to ensure progress against objectives is met and work related to reducing inequalities is monitored.

BSW are working with the Screening Engagement Team (SET) to ensure the information they provide is equitable and accessible and enables people to make informed decisions. For example, the team are developing a British Sign Language (BSL) version of the bowel screening instructions sheet and invitation booklet and plan to translate other key resources into BSL. All newly developed resources will be added to the BSW suite of resources already available in Easy Read, audio and video.

BSW has also improved screening processes within prisons across Wales. The programme currently offers bowel screening in HMP Berwyn, Usk and Prescoed. They have focussed on refining the process for inviting prisoners and having open discussions to identify barriers people in prison may experience to encourage uptake.

#### **5.4.6 Work to reduce inequalities in Cervical Screening**

Cervical Screening Wales (CSW) has established a cervical screening uptake and equities group to identify and progress projects to improve equity and uptake of the service. A focus will be to work with ethnically diverse communities.

Research was also commissioned to identify barriers to cervical screening. As part of the research, 4 focus groups were conducted including one with trans and non-binary participants, and this feedback will be used to address barriers.

#### **5.4.7 Other work to address inequalities in Screening Programmes**

Breast Test Wales, Cervical Screening Wales and the Screening Engagement Team (SET) supported a community event focused on immunisations, screening and women's health which provided an opportunity to:

- explore barriers to screening in relation to cultural differences/beliefs.
- understand community networks and how best to share resources within the wider communities.
- build partnerships
- provide attendees with information on cervical and breast screening, and the HPV vaccine.

The SET sat on an expert panel to answer questions from the community in relation to screening.

In addition, the SET have reviewed community resources, including digital resources to establish their effectiveness in supporting informed decision making.

During this reporting period the SET ran training sessions for community health workers and champions, to improve their knowledge of screening and associated inequalities and barriers. There were almost 200 attendees from a wide range of disciplines including inclusion health, underrepresented communities, and community and voluntary organisations.

A project to identify barriers and ways to improve access to screening for ethnically diverse communities was undertaken in collaboration with community and support organisations. The report was shared with internal and external partners to enable wider learning and recommendations have been included within the Screening Division Inequities Strategy.

A project was undertaken with unpaid carers, to gain a better understanding of knowledge, awareness, and attitudes to screening. Over 100 people took part in the project.

Recommendations from this work have also been included within the Screening Division Inequities Strategy.

## **5.5 Strategic Priority 5: Supporting a Sustainable Health and Care System**

### **5.5.1 Primary Care Obesity Prevention Plan**

Our Time to Talk Public Health Panel is a nationally representative panel of 2500 residents from across Wales, who share experiences and views every month. Members of the panel were consulted about their views on what support is needed to get to and/or maintain a healthier weight in the first five years after giving birth.

The evidence base was also developed through a collaboration with Fuse (the Centre for Translational Research in Public Health), resulting in a peer-reviewed publication on the [Effectiveness and implementation of lower-intensity weight management interventions delivered by the non-specialist workforce in postnatal women](#). The work provided insight to support the development of interventions to support more equitable and weight management support after giving birth.

### **5.5.2 Gwên am Byth (A Lasting Smile)**

Gwên am Byth is a national programme which aims to improve the oral health and hygiene of older people living in care homes. PHW's dental public health team presented to Care Inspectorate Wales nursing/care home inspectors about the importance of mouthcare provision to care home residents. We encouraged participation of all nursing/care homes in this programme which recommends that daily mouthcare provision should be an indicator of the quality of care provided at these settings.

### **5.5.3 Designed to Smile**

Our Dental Public Health team continues to provide national leadership of the Designed to Smile programme, a national oral

health improvement programme for children in Wales which is targeted towards areas in Wales considered the most disadvantaged by the Welsh Index of Multiple Deprivation (WIMD), and additional learning needs settings.

#### **5.5.4 Water Scarcity**

Our Environmental Public Health team completed a Health Impact Assessment (HIA) on drought and water scarcity in Wales. Building on this work, they are now completing a review to look at whether use of Private Water Supplies in Wales impacts health or creates inequity.

Recommendations will be put forward for PHW and partners to work towards, ensuring that everyone in Wales has access to clean and safe water, regardless of socioeconomic differences or urban/rural settings.

#### **5.5.5 Health Experiences of Asylum Seekers and Refugees 2 Study**

In 2019 we collaborated on a research study into the Health Experiences of Asylum Seekers and Refugees in Wales, which showed concerns about the provision of interpretation services in healthcare for this vulnerable group.

During this reporting period we led the follow up study and a comprehensive set of recommendations was submitted to Welsh Government in Spring 2023.

These recommendations are being progressed as part of a working group led by Welsh Government.

#### **5.5.6 Young Ambassadors Programme**

Our Young Ambassadors' programme brings together people aged 11-21, creating a way for Public Health Wales to hear from young people across Wales about the issues that matter to them and for them to influence our work.

The Young Ambassadors have been active in giving their views on topics ranging from vaping to the impact of poverty in Wales. We have carried out a review of the programme and we are working to redesign it and increase its impact in 2024-2025.

## **5.6 Strategic Priority 6: Tackling Public Health Effects of Climate Change**

### **5.6.1 Greener Primary Care**

Our Primary Care Division continue to host and support the Greener Primary Care Wales Framework and Award Scheme.

This programme supports primary care teams to take action to cut their carbon emissions and support their patients to improve their health. It also encourages general practices to adapt to environmental changes that will affect access and service provision at times of extreme weather events.

The Division is instrumental in influencing primary care system changes and embedding sustainability into planning and delivery of primary care services advocates for primary care climate action to improve health outcomes for the most vulnerable in our society and.

### **5.6.2 Decarbonisation of inhaler medication**

Our Primary Care Division led and co-ordinated a task and finish group to take forward decarbonisation of inhaler medication and scope options for inhaler recycling and disposal.

The carbon saving has already been huge as a result of this work and issues relating to improvements in respiratory care have been identified. This will improve the health outcomes of the most vulnerable in our society.

At the current pace and scale the government targets will not be achieved. More needs to be done to support primary care prescribers in identifying patients, improving their inhaler medication and addressing high global warming potential inhaler use. The Task and Finish Group will work closer with the National Strategic Clinical Network for Respiratory Conditions to address primary care prescribing.

## **6.0 NHS Executive**

The NHS Executive was set up in April 2023 and is hosted by Public Health Wales. The NHS Executive brings together under a single

leadership and set of priorities much of the existing national capacity that is currently led or directed by a range of bodies, groups or boards.

The purpose of the NHS Executive will be to support the NHS to **improve the quality and safety of care** for people in Wales in achieving:

- Better outcomes for people
- Better patient experience
- Reduced variation and more equal access to care
- Improvements in people's health

During this reporting period, the NHS Executive undertook the following work to advance equality:

A Strategic Programme for Mental Health was newly established in April 2023, which oversees the National Strategic Clinical Network for Mental Health which provides leadership for a collaborative approach.

The following outcomes were achieved:

- Improved performance against Part 1a and Part 1b of the Mental Health Measure for Children and Adults - i.e. quicker access to assessment and treatment across Wales
- Care and Treatment Plans in place for relevant patients
- Standards being met for Perinatal Mental Health services
- Expansion of Eating Disorder Services in all Health Boards

The NHS Executive also Developed and agreed with Welsh Government (WG) a three-year delivery plan for phase II of the MatNeo (Maternity/Neonatal) Safety Support Programme, and supported development of a new WG quality statement for Maternity and Neonatal Care.

They also contributed to the annual review of the Learning Disability Action and Delivery and Implementation plan in April 2023, as well as Development, launch and embedding of the Paul Ridd Learning Disability Awareness training for all NHS staff to complete. As part of this

work, they co-produced a range of public resources to raise awareness and reduce health inequalities experienced by people with a learning disability, which included vaccination resources to help support informed choices about vaccination.

## Part Two – Workforce Equality Report

### Executive Summary

Welcome to our Workforce Equality Report. This report shows how we, as an employer, are meeting our general and specific duties as defined by the Public Sector Equality Duty (2011).

The report summarises the diversity, employment and training data and information we hold about staff and covers the period 1 April 2023 to 31 March 2024.

The workforce data for the year shows that the diversity mix of the workforce has changed in the following ways since the previous report:

Ethnic minority staff	Increased from 8.2% to 8.8%
Lesbian, Gay and Bisexual (LGB) staff	Increased from 5.3% to 5.4%
Disabled staff	Increased from 6% to 7.2%

Whilst the representation of ethnic minority and disabled staff has increased it has plateaued for LGB staff.

We will ensure we continue our efforts to create an inclusive environment where everyone can be themselves and thrive. This includes:

- Work to ensure our values, behaviours and ideal culture are everybody's lived experience, all of the time.
- Embedding our approaches to flexible working
- Ensuring the way we recruit is accessible, flexible and inclusive and attract diverse talent.
- Listening to and acting upon what our staff tell us

## 1. Introduction

We have taken the information contained within our Workforce Report from several sources. These include the Electronic Staff Record system (ESR), Trac recruitment system, 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.

We rely on staff voluntarily reporting diversity data in ESR. We continue to raise awareness of the importance of doing this, and declaration rates are steadily increasing each year. This gives an indication that people are feeling more confident in sharing their information.

ESR has been updated to make it easier for employees to report diversity data, although further changes are still required to ensure the system can accurately reflect our workforce. We continue to raise this in national meetings and lobby for change and to provide training and support for our staff.

## **2. Being an Inclusive Employer**

We are pleased to have undertaken an assessment on our race inclusion work and achieve gold level in the Cultural Competence Certification Scheme run by Diverse Cymru. We plan to undertake a further assessment in 2024 to ensure we are continuing to progress.

We are a Disability Confident Leader and as part of our journey we act as a champion for Disability Confident and encourage and support other organisations to become Disability Confident.

In June 2023 we launched our behavioural framework 'Being Our Best' which describes how our organisational values should show up in our everyday experiences, setting out how we are expected, and how we can expect others, to go about doing what we do.

Being our Best was developed with the support of our Staff Diversity Networks and launched in June 2023.

We are now focussed on embedding Being Our Best in everything we do, so that colleagues experience our commitments and behaviours across the entire employee lifecycle.

In 2023-24 we evaluated our pilot approach to flexible working, Work How it Works Best, and moved it onto a policy footing to enable our employees to shape work around life. Work How it Works Best was shortlisted for a CIPD Wales award for Best Hybrid working initiative.

We are proud of these achievements, which highlight the progress we continue to make. As an employer, we aim to be inclusive in everything we do. However, the information we have about our employees tells us that although we are making good progress, we still have some way to go to achieve the representation we want to in our workforce.

## **2.1 Employee Health and Wellbeing**

Public Health Wales is committed to putting the wellbeing of staff at the heart of everything we do. To achieve this, we equip employees and managers with the tools they need to support themselves and one another.

In line with our goal of enabling everyone to thrive, we organise Wellbeing Workshops which are available to staff across all of our sites, as well as health promotion events throughout the year around wellbeing. These events cover various topics and are run in collaboration with our staff networks. Our aim is to create an environment where everyone can thrive, be themselves and perform at their best.

Our Employee Assistance Programme is also available to all staff and provides a range of support tools and resources to help our staff to access the help they may require.

## **2.2 Staff Diversity Networks**

Our 6 staff diversity networks help us to drive the inclusive culture we want, and support our organisational values of 'Working together, with trust and respect, to make a difference'. They are involved in all major organisational development work.

The networks continue to develop and grow, and we have seen new members join all our networks throughout the year.

Information on our staff diversity networks is available on our recruitment pages and included in the induction process and Networking Day for New Colleagues introduced in the reporting period. The profile of the networks is also raised through recognising and celebrating national events.

Our networks play a pivotal role in the implementing actions to support our strategic equality objectives. Each network produces a work plan and has an identified budget each year, and is supported by the Employee Experience Team to deliver against their plans.

Network members have provided the following feedback:

- *‘Opportunity to share information and have collaborative working’.*
- *‘The network is a space to share knowledge and experiences, and to learn from other networks’.*
- *‘Provide an opportunity to discuss ways the organisation can support our colleagues’.*

## **2.3 Learning and Development**

Over the last 12 months, we have continued to monitor completion of mandatory equality, diversity and inclusion training and drive-up compliance.

We continue our subscription to Skillboosters, the suite of online learning relating to equality, diversity, and inclusion, which all staff can easily access through the My Skillboosters platform.

The My Skillboosters platform provides a range of short courses and additional learning resources that explore inclusivity from a variety of perspectives and characteristics, address the barriers and challenges faced by minority and marginalised groups in the workplace and beyond, promote the importance and benefits of being an inclusive organisation and how to create an inclusive working culture where everyone can thrive.

We continue to improve how we monitor and evaluate representative uptake in learning and development initiatives. Throughout 2023-24 we piloted a new formal leadership and management development programme. An analysis of how representative the cohorts were was undertaken and generated recommendations which will be taken forward in the future.

In February 2024, we launched Leading with Impact Workshops for all our people managers. Participants had the opportunity to develop skills and mindsets and gain practical approaches to apply in their

daily interactions related to supporting our ideal culture, values and behaviours.

Inclusive and compassionate leadership is embedded in all our leadership and management development.

### **2.3.1 My contribution**

In 2023-24 we reviewed our My Contribution Policy and Toolkit. My Contribution is our approach to appraisals / performance management. It is our process for helping everyone see how their role fits into the organisation and how what everyone does has a real impact on the success of Public Health Wales.

Within this process we ask everyone to think about what they do and how they do it and we signpost staff to a wealth of information which can aid thinking about equality, diversity and inclusion in our work.

### **2.3.2 Central funding for studies or for working towards Public Health Practitioner registration.**

We funded 12 people to undertake additional studies. Of these, 17% were male and 83% were female. In addition, a further 31 people were funded through HEIW post registration / postgraduate education funding made available to PHW. Of these, 32% were male and 68 were female.

## **2.4 Recruitment**

We launched several new initiatives aimed at ensuring recruitment practices are transparent, and inclusive and enable us to achieve a diverse workforce.

### **2.4.1 Inclusive Recruitment Training for Managers**

In January 2024, we introduced bite-size recruitment training sessions designed to equip managers with inclusive recruitment skills. These concise sessions cover various topics such as writing inclusive and effective job adverts, reasonable adjustments during the recruitment process, and interview and assessment methods.

Additionally, we deliver 6-weekly recruitment, assessment, and selection training sessions that emphasise self-awareness of unconscious biases and Public Health Wales's commitment to equality, diversity, and inclusion, aligning with our People Strategy.

#### **2.4.2 New Job Description Template**

In January 2024, we launched a new Job Description (JD) Template with a key focus on accessibility and inclusiveness. The template is designed to ensure job descriptions and person specifications are clear, unbiased, and accessible.

#### **2.4.3 Disability Confident Guaranteed Interview Scheme**

As a Disability Confident Leader, we continue to offer guaranteed interviews to candidates with disabilities who meet the minimum essential criteria for a role.

#### **2.4.4 Welsh Language recruitment**

The number of jobs advertised as 'Welsh Essential' has gone down to 3.9% this year. However, there has been an increase in jobs seeking Welsh as 'Desirable' from 83% in 2022-23 to 89.9% in 2023-24. Jobs listed as 'Welsh skills not necessary' have dropped significantly from 11.5% to 6.2%, demonstrating the growing recognition of the need for Welsh skills.

Many of the jobs needing Welsh skills were in screening or administrative roles, as outlined in our compliance notice regarding reception areas and Clinical Consultation Plan. The decrease in jobs needing Welsh skills is noted and will be a key part of our workforce planning for the next year.

### **2.5 Pride**

We were pleased to attend Swansea Pride, Pride Cymru in Cardiff and Merthyr Pride during Pride month to support the LGBTQ+ community in South Wales. We handed out branded merchandise that promoted us as an inclusive organisation and employer. We engaged with the LGBTQ+ community promoting the work we do and provided inclusive health information.

### **2.6 Welsh language**

Our Welsh language team have continued to work closely with services and Directorates during the reporting period to identify where there were gaps in awareness, knowledge, and skills, and find effective ways to address them.

### **2.6.1 Support on the Welsh Language Standards**

The Welsh language team work closely with Directorates via the Welsh Language Group, which plays a central role in ensuring Welsh language advice is shared and that challenges and issues are addressed. Over the last year, the Welsh language team have established virtual drop-in sessions via Teams, to facilitate staff's understanding of the requirements under the Welsh Language Standards.

### **2.6.2 Support for our Welsh learners**

A new cohort was introduced to our mentoring scheme, which matches confident speakers with more advanced learners for weekly/fortnightly one-on-one conversations to raise confidence in speaking. Building on learnings from our evaluation of the scheme, we have set-up a 'buddy' scheme too, pairing members of staff with similar Welsh skills with one another.

We again promoted the courses available through the National Centre for Learning Welsh (NCLW) 'Work Welsh' scheme. During the year, 72 people signed up for the online short courses, and 6 staff members attended a week-long advanced course at Nant Gwrtheyrn.

As of the end of March 2024, our data shows that 95% of our workforce have recorded their Welsh language skills on our ESR, an increase of 2% from the previous year and figure higher than Welsh Government's target of 90%. 42% of PHW staff have Welsh language skills ranging from levels 1 to 5. We expect this figure to increase as 'Courtesy level Welsh' is promoted further across the organisation.

## **2.7 Raising awareness in our Workforce**

We held a series of online talks and awareness raising activities throughout the year as well as sharing news articles and blogs to raise awareness. They included:

- Windrush
- Non-binary Awareness Week
- Bi Visibility Day
- ADHA Awareness Month
- Menopause Café's
- Menstruation, Menstrual Health and Menopause in the Workplace
- International Day of Persons with Disabilities
- International day for the elimination of violence against women
- World Aids Day
- Accessibility needs and inclusivity for disabled people
- Ramadan
- International Day Against Homophobia, Transphobia and Biphobia
- Black History Month
- Welsh Language
- Trans Day of Remembrance
- International Women's Day
- Mental Health Awareness
- LGBTQ+ History Month

### 3 Our workforce

This section provides a diversity breakdown of workforce profile at the end of the reporting period (31 March 2024). In most instances diversity data is provided voluntarily and we continue to take action to increase the number of staff who share it with us. We have seen an increase year on year for the past 7 years.

The percentages of staff disclosing their data are as follows:

Year	Ethnicity	Sexual Orientation	Disability
2017-18	72	68	59
2018-19	77	71	65
2019-20	77	74	70
2020-21	83	77	74

2021-22	84	77	80
2022-23	89	83	84
2023-24	89	84	89

### 3.1 Gender

As of 31 March 2024, women make up the majority of our workforce, with 73% female and 27% male employees, the same as in the previous reporting period.

Our Gender Pay Gap Report gives more detail on this, and actions taken to address the gender pay gap.

#### 3.1.1 Staff group

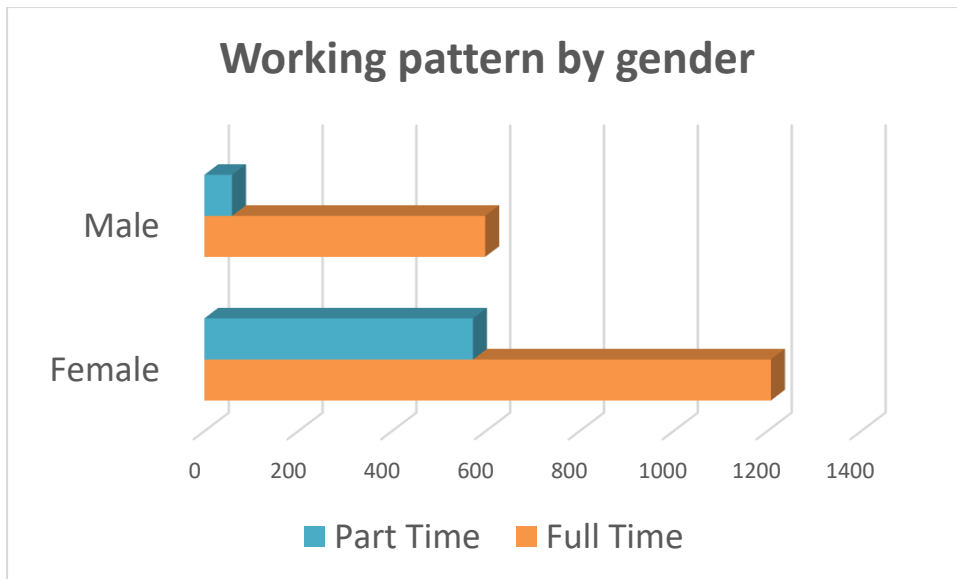
**Table 1: Staff group by gender**

Staff Group	Female	Male
Add Prof Scientific and Technic	13	*
Additional Clinical Services	262	94
Administrative and Clerical	995	365
Allied Health Professionals	83	*
Estates and Ancillary	*	*
Healthcare Scientists	286	130
Medical and Dental	49	49
Nursing and Midwifery Registered	93	11
<b>Total</b>	<b>1781</b>	<b>658</b>

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

#### 3.1.2 Contract type and working patterns

**Figure 1: Working pattern by gender**



### 3.2 Ethnicity

Table 2 shows the percentage of our staff from different ethnic groups. The groups have been consolidated as due to small numbers we are unable to display data for each ethnic group represented in the workforce. We have compared our data with the Welsh population in the Census 2021.

The percentage of ethnic minority employees in our workforce has increased from 8.2% last year to 8.8% this year.

261 colleagues did not share ethnicity data, an increase from 234 the previous year. We continue to work in partnership with our REACH network to explain the importance of providing this information and encourage staff to do this through the induction process, all staff communications, ESR training and staff meetings.

**Table 2: Ethnicity – comparison with Welsh population and Cardiff population (Census 2021)**

Ethnicity	% of Wales population	% of Cardiff population	PHW % of headcount
Asian	2.9	9.7	3.9
Black	0.9	3.8	2.2

White	93.8	79.2	80.4
Mixed	1.6	4.0	1.8
other	0.9	3.3	11.6

\* 'other' includes unspecified and not stated

### 3.3 Disability

We collect information about disability through ESR, risk assessments, and data relating to the reasonable adjustments made to support our staff. In most instances providing information is voluntary.

**Table 3: Disability – comparison with the Welsh population and Cardiff population (Census 2021)**

Disability	% Wales population, age standardised	PHW % of headcount
No	78.8	79.3
Not Declared		3.0
Prefer Not To Answer		*
Unspecified		10.0
Yes	21.2	7.2

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

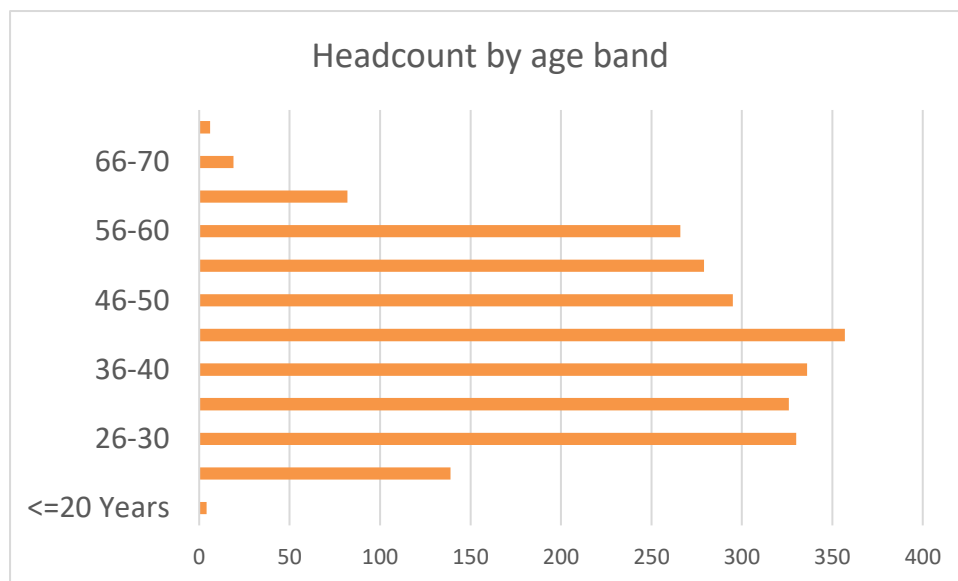
The percentage of those disclosing their disability has increased from 6% to 7.2% this year. However, the true number of staff with a disability is not known, as a large proportion of staff (330 people) who provided disability information fell into the 'Not declared', 'Prefer Not to Say' and 'Unspecified' categories.

We continue to review and improve our recruitment processes to ensure they are inclusive and remove barriers for people with a disability and embed working practices which support this.

### 3.4 Age

The largest proportion of staff were aged between 41 and 45.

**Figure 2: Percentage of staff by age band**



The lowest proportion of staff were under 20 years old and over 66 years old.

### 3.5 Religion and belief

76.5% of our workforce voluntarily told us their religion or belief, an increase on the previous reporting period when this was 76%.

**Table 4: Religion – comparison with the Welsh population (Census 2021)**

Religious Belief	Headcount in workforce	% of workforce	% of Welsh population
Atheism	641	26.3%	46.5%
Buddhism	*	<1%	0.3%
Christianity	864	35.4%	43.6%
Hinduism	26	1.1%	0.4%

I do not wish to disclose my religion/belief	342	14%	6.4%
Islam	59	2.4%	2.2%
Judaism	*	<1%	0.1%
Other	262	10.7%	0.4%
Sikhism	*	<1%	0.1%
Unspecified	230	9.4%	

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

### 3.6 Sexual orientation

Whilst sexual orientation disclosure rates have improved each year, 385 members of staff chose not to share or specify their information.

**Table 5: Sexual Orientation – comparison with the Welsh population and Cardiff population (Census 2021)**

Sexual Orientation	% Wales population	% Cardiff population	% of PHW headcount
Bisexual	1.2	2.4	2.1
Gay or Lesbian	1.5	2.4	3.2
Heterosexual or Straight	89.4	87.0	78.8
Not stated (person asked but declined to provide a response)			6.3
Other sexual orientation not listed	0.3	0.5	*
Undecided			*
Unspecified			9.3

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

The percentage of LGB staff has increased from 5.3% to 5.4%.

### 3.7 Gender reassignment

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 do not ask any questions on ESR regarding gender identity. The only options are female or male.

### **3.8 Marriage and civil partnership**

On 31 March 2024, 1.6% of our workforce were in civil partnerships and 49.8% were married.

### **3.9 Pregnancy and maternity**

Between 1st April 2022 and 31st March 2023, 50 staff (2.1% of the workforce) staff went on Maternity or Adoption Leave, compared to 37 last year.

### **3.10 Disciplinary and Grievance**

During the reporting period, there were five formal disciplinary hearings and ten formal grievance hearings.

We have also undertaken four facilitated conversations, under the Respect and Resolution Policy. Due to the low numbers, information regarding protected characteristics cannot be disclosed for confidentiality reasons.

We know that these processes can have a significant impact on the individuals involved and during the reporting period our People and OD Advisory team were trained on reducing employee harm and looking after people through them. A People & OD Advisor supports each case from beginning to end.

### **3.11 Leaving us**

Between 1 April 2023 and 31 March 2024, 266 staff left the organisation. This is a decrease on last year's figure of 495.

Of the 266 leavers, 188 were voluntary resignations, 39 retirements, and 39 left for other reasons, including the end of a fixed term contract, dismissal and employee transfer.

When individuals leave the organisation, they are asked to complete a short questionnaire and interview to help us understand the reasons why. Advisers in the People and Organisational Development Directorate assess the information gathered during this process, and

issues arising are further investigated so we can continuously improve the experience of our employees.

### **3.12 Mandatory Training**

As of 31 March 2024, 93% of our employees had completed compulsory equality, diversity and human rights training (which is the same compliance percentage as at the end of March 2023 and remains above our 85% organisational target).

Statutory and mandatory training is made available in Welsh by NHS Wales Shared Services.

### **3.13 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. All contracts must adhere to the Code for Ethical Procurement. During 2022–23 we have continued to work closely with our colleagues in the NHS Wales Shared Services Partnership to identify opportunities to improve equity through the procurement process. This has included enhanced training for our staff on where it is appropriate to score against equality and language considerations; a full standardised set of diversity monitoring questions aligned to the 2021 Census, to be passed to companies contracted by us to deliver engagement activities; and detailed guidance on how to ensure contracted companies comply with the relevant Welsh Language Standards on our behalf.

## **4 Conclusion**

This is the final year of our revised Strategic Equality Plan 2020-2024, and we continue to work towards meeting our objectives. We have worked with a wide range of stakeholders in order to progress the work that we have committed to in our action plan.

Our teams across PHW will continue to engage with communities 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 involving them as we develop new ways of working.

As an organisation, we will continue to:

- Target increasing the diversity of our workforce so we can draw on different expertise and experiences.
- Analyse our diversity data, to assist with workforce planning and enable us to see where we need to target recruitment to become more inclusive.
- Support our leaders and managers to take ownership for creating a more diverse workforce which reflects the communities we serve.
- Ensure our staff continue to develop broad understanding of equality, diversity and human rights which may affect them personally and improve their competency on a professional level and embed this in all our learning and development programmes.

## Appendix A

The information in the below tables is our recruitment analysis taken from completed records on Trac, which is recruitment and management system.

All records completed by 31 March 2024 and data with fewer than 30 applicants has been removed.

**Table 1: Total number of applicants, by gender**

		% of original applicants at each stage		
	total number of applicants	shortlisting: success	interview: success	outcome: recruited
<b>Total</b>	<b>11891</b>	<b>24.0</b>	<b>5.8</b>	<b>5.0</b>
Male	4805	18.5	3.7	3.4
Female	6978	27.6	7.2	6.1
I do not wish to disclose	108	33.3	3.7	2.8

**Table 2: Applicants by gender, grade and application stage**

Gender	Grade	shortlist - % of total applicants rejected	interview - % of those shortlisted rejected	offer - % of those interviewed who are recruited	offer - % recruited of the total	total number of applicants
<b>all</b>	<b>all</b>	83.1	66.9	33.1	5.6	<b>13929</b>
<b>female</b>	<b>band 2-4</b>	78.7	64.6	35.4	7.5	<b>2689</b>
	<b>band 5-7</b>	83.5	62.8	37.2	6.1	<b>4362</b>
	<b>band 8-9</b>	69.9	66.5	33.5	10.1	<b>905</b>
	<b>med / dent</b>	60.0	60.0	40.0	16.0	<b>25</b>
<b>male</b>	<b>band 2-4</b>	86.2	68.4	31.6	4.4	<b>1537</b>
	<b>band 5-7</b>	88.5	75.6	24.4	2.8	<b>3457</b>
	<b>band 8-9</b>	84.9	68.0	32.0	4.8	<b>809</b>
	<b>med / dent</b>	15.8	50.0	50.0	42.1	<b>19</b>
<b>don't say</b>	<b>band 2-4</b>	70.3	100.0	0.0	0.0	<b>37</b>
	<b>band 5-7</b>	71.4	83.3	16.7	4.8	<b>63</b>
	<b>band 8-9</b>	84.6	75.0	25.0	3.8	<b>26</b>

**Table 3: Total number of applicants by ethnicity, % of all applicants**

	total number of applicants	% of original applicants at each stage		
		shortlisting: success	interview: success	outcome: recruited
<b>Total</b>	<b>11891</b>	<b>24.0</b>	<b>5.8</b>	<b>5.0</b>
WHITE - British	4440	42.5	12.3	10.8
WHITE - Irish	63	42.9	9.5	7.9
WHITE - Any other white background	380	29.7	7.6	5.8
ASIAN or ASIAN BRITISH - Indian	2156	8.9	<1	<1
ASIAN or ASIAN BRITISH - Pakistani	431	12.8	1.9	1.6
ASIAN or ASIAN BRITISH - Bangladeshi	150	16.0	2.7	1.3
ASIAN or ASIAN BRITISH - Any other Asian background	478	15.7	3.8	3.3
BLACK or BLACK BRITISH - Caribbean	54	29.6	3.7	3.7
BLACK or BLACK BRITISH - African	2864	9.8	<1	<1
BLACK or BLACK BRITISH - Any other black background	61	9.8	<1	<1
MIXED - White & Black African	114	10.5	2.6	1.8
MIXED - White & Asian	60	28.3	8.3	8.3
MIXED - any other mixed background	82	25.6	4.9	3.7
OTHER ETHNIC GROUP - Chinese	57	28.1	3.5	1.8
OTHER ETHNIC GROUP - Any other ethnic group	237	10.1	2.5	1.3
I do not wish to disclose my ethnic origin	226	27.9	4.4	4.0

**Table 4: Total number of applicants by ethnicity, % success in each round**

number of applicants > 30	total number of applicants	success as % of applicants in previous stage			success, % of total applicants
		shortlisting: success	interview: success	outcome: recruited	
<b>total</b>	<b>11891</b>	25.0	24.1	86.5	<b>5.0</b>
WHITE - British	4440	44.7	28.9	88.3	<b>10.8</b>
WHITE - Irish	63	45.0	22.2	83.3	<b>7.9</b>
WHITE - Any other white background	380	30.9	25.7	75.9	<b>5.8</b>
ASIAN or ASIAN BRITISH - Indian	2156	9.2	9.9	78.9	<b>0.7</b>
ASIAN or ASIAN BRITISH - Pakistani	431	13.2	14.5	87.5	<b>1.6</b>
ASIAN or ASIAN BRITISH - Bangladeshi	150	16.4	16.7	50.0	<b>1.3</b>
ASIAN or ASIAN BRITISH - Any other Asian background	478	16.4	24.0	88.9	<b>3.3</b>
BLACK or BLACK BRITISH - Caribbean	54	31.4	12.5	100.0	<b>3.7</b>
BLACK or BLACK BRITISH - African	2864	10.2	5.0	78.6	<b>0.4</b>
BLACK or BLACK BRITISH - Any other black background	61	10.2	0.0	0.0	<b>0.0</b>
MIXED - White & Black African	114	10.7	25.0	66.7	<b>1.8</b>
MIXED - White & Asian	60	29.3	29.4	100.0	<b>8.3</b>
MIXED - any other mixed background	82	26.9	19.0	75.0	<b>3.7</b>
OTHER ETHNIC GROUP - Chinese	57	29.1	12.5	50.0	<b>1.8</b>
OTHER ETHNIC GROUP - Any other ethnic group	237	10.3	25.0	50.0	<b>1.3</b>
I do not wish to disclose my ethnic origin	226	29.2	15.9	90.0	<b>4.0</b>

**Table 5: Applicants by ethnicity and grade**

ethnic group	grade	shortlist - % rejected of total	interview % rejected of those through shortlist	offer - % recruited of the total	total number of applicants
all	all	83.2	66.8	5.6	14102
ASIAN or ASIAN BRITISH - Any other Asian background	band 2-4	84.7	60.0	6.1	196
ASIAN or ASIAN BRITISH - Any other Asian background	band 5-7	89.7	77.1	2.4	340
ASIAN or ASIAN BRITISH - Bangladeshi	band 2-4	81.9	53.8	8.3	72
ASIAN or ASIAN BRITISH - Bangladeshi	band 5-7	98.1	100.0	0.0	54
ASIAN or ASIAN BRITISH - Bangladeshi	band 8-9	94.9	100.0	0.0	39
ASIAN or ASIAN BRITISH - Indian	band 2-4	93.3	75.0	1.7	900
ASIAN or ASIAN BRITISH - Indian	band 5-7	95.8	88.6	0.5	1659
ASIAN or ASIAN BRITISH - Indian	band 8-9	96.1	66.7	1.3	233
ASIAN or ASIAN BRITISH - Pakistani	band 2-4	87.7	100.0	0.0	146
ASIAN or ASIAN BRITISH - Pakistani	band 5-7	91.9	71.4	2.3	260
ASIAN or ASIAN BRITISH - Pakistani	band 8-9	98.1	0.0	1.9	54
BLACK or BLACK BRITISH - African	band 2-4	90.8	92.6	0.7	1174
BLACK or BLACK BRITISH - African	band 5-7	94.2	96.3	0.2	2317
BLACK or BLACK BRITISH - African	band 8-9	96.0	75.0	1.0	200
BLACK or BLACK BRITISH - Any other black background	band 5-7	98.0	100.0	0.0	51
BLACK or BLACK BRITISH - Caribbean	band 5-7	91.7	75.0	2.1	48
I do not wish to disclose my ethnic origin	band 2-4	67.9	88.0	3.8	78
I do not wish to disclose my ethnic origin	band 5-7	85.8	70.0	4.3	141
I do not wish to disclose my ethnic origin	band 8-9	70.0	91.7	2.5	40
MIXED - any other mixed background	band 5-7	79.6	70.0	6.1	49
MIXED - White & Asian	band 5-7	72.1	91.7	2.3	43
MIXED - White & Black African	band 2-4	94.2	66.7	1.9	52
MIXED - White & Black African	band 5-7	94.9	100.0	0.0	79
OTHER ETHNIC GROUP - Any other ethnic group	band 2-4	88.7	57.1	4.8	62
OTHER ETHNIC GROUP - Any other ethnic group	band 5-7	93.4	92.3	0.5	198
OTHER ETHNIC GROUP - Chinese	band 5-7	80.7	90.9	1.8	57
WHITE - Any other white background	band 2-4	67.3	78.1	7.1	98
WHITE - Any other white background	band 5-7	82.9	67.4	5.6	252
WHITE - Any other white background	band 8-9	72.8	81.8	4.9	81
WHITE - British	band 2-4	64.5	57.1	15.2	1339
WHITE - British	band 5-7	67.7	58.2	13.5	2276
WHITE - British	band 8-9	66.9	65.0	11.6	968
WHITE - Irish	band 5-7	74.3	77.8	5.7	35

**Table 5: Total number of applicants by sexual orientation, % success in each round**

number of applicants > 30	total number of applicants	success as % of applicants in previous stage			success, % of total applicants
		shortlisting: success	interview: success	outcome: recruited	
<b>total</b>	<b>11891</b>	<b>25.0</b>	<b>24.1</b>	<b>86.5</b>	<b>5.0</b>
<b>Heterosexual or Straight</b>	<b>10554</b>	<b>24.0</b>	<b>24.1</b>	<b>86.9</b>	<b>4.8</b>
<b>Gay or Lesbian</b>	<b>296</b>	<b>38.5</b>	<b>32.1</b>	<b>85.7</b>	<b>10.1</b>
<b>Bisexual</b>	<b>349</b>	<b>32.8</b>	<b>18.2</b>	<b>65.0</b>	<b>3.7</b>
<b>Other sexual orientation not listed</b>	<b>52</b>	<b>30.8</b>	<b>6.3</b>	<b>100.0</b>	<b>1.9</b>
<b>Undecided</b>	<b>46</b>	<b>24.4</b>	<b>36.4</b>	<b>75.0</b>	<b>6.5</b>
<b>I do not wish to disclose my sexual orientation</b>	<b>585</b>	<b>29.3</b>	<b>19.5</b>	<b>90.6</b>	<b>5.0</b>

**Table 7: Total number of applicants by disability, % success in each round**

number of applicants > 30		total number of applicants	success as % of applicants in previous stage shortlisting: success	interview: success	outcome: recruited	success, % of total applicants
	<b>Total</b>	<b>11891</b>	<b>25.0</b>	<b>24.1</b>	<b>86.5</b>	<b>5.0</b>
disability	No	10853	24.0	24.5	86.3	4.9
	Yes	795	35.4	19.2	88.2	5.7
	I do not wish to disclose whether or not I have a disability	234	31.7	18.8	76.9	4.3
GIS	No	11374	24.7	24.2	86.1	4.9
	Yes	505	28.8	16.1	90.9	4.0
disability descr	Physical impairment	50	24.4	27.3	100.0	6.0
	Sensory impairment	51	53.1	15.4	100.0	7.8
	Mental health condition	106	39.2	22.5	77.8	6.6
	Learning disability/difficulty	146	42.0	20.0	83.3	6.8
	Long-standing illness	307	29.4	19.3	93.8	4.9
	Other	135	35.2	15.6	85.7	4.4
	Not stated	11096	24.2	24.6	86.3	4.9

**Table 8: Applicants by internal and external candidates and grade**

internal / external	grade	shortlist - % rejected of total	interview % rejected of those through shortlist	offer - % recruited of the total	total number of applicants
<b>all</b>	<b>all</b>	<b>83.2</b>	<b>66.8</b>	<b>5.6</b>	<b>14102</b>
Internal	band 2-4	54.4	58.2	19.0	399
External	band 2-4	84.0	68.6	5.0	3817
Internal	band 5-7	50.0	58.9	20.5	1022
External	band 5-7	90.9	74.8	2.3	6860
Internal	band 8-9	50.8	45.5	26.8	250
External	band 8-9	81.6	77.0	4.2	1489
Internal	medical / dental				
External	medical / dental	40.9	53.8	27.3	44

**Table 9: Applicants by staff group and gender**

staff group	gender	shortlist - % rejected of total	interview % rejected of those through shortlist	offer - % recruited of the total	total number of applicants
<b>all</b>	<b>all</b>	<b>83.2</b>	<b>66.8</b>	<b>5.6</b>	<b>14102</b>
Additional Clinical Services	Female	80.1	69.3	6.1	950
Additional Clinical Services	Male	86.2	71.2	4.0	477
Additional Professional Scientific and Technical	Female	85.0	43.8	8.4	107
Additional Professional Scientific and Technical	Male	82.8	72.7	4.7	64
Administrative and Clerical	did not disclose	73.7	88.5	3.0	99
Administrative and Clerical	Female	77.9	62.8	8.2	5026
Administrative and Clerical	Male	87.6	73.5	3.3	4224
Allied Health Professionals	Female	89.5	73.4	2.8	612
Allied Health Professionals	Male	86.4	66.7	4.5	154
Healthcare Scientists	Female	89.4	68.9	3.3	1000
Healthcare Scientists	Male	87.1	69.4	3.9	862
Medical and Dental	Female	89.3	63.6	3.9	103
Medical and Dental	Male	87.4	36.4	8.0	87
Nursing and Midwifery Registered	Female	68.5	57.5	13.4	276
Nursing and Midwifery Registered	Male	66.7	63.6	12.1	33

