



## PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	15 December 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Strategic Equality Plan Annual Report 2021/22 and Disability, Ethnicity & Gender Pay Gap Report 2022
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Kathryn Cobley, Diversity and Inclusion Manager Sally Owen, Head of Recruitment and Workforce Equality, Diversity and Inclusion

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Committee is being presented with two inter-connected reports:

1. The Strategic Equality Plan (SEP) Annual Report April 2021–March 2022 (Appendix 1).
2. The Disability, Ethnicity and Gender Pay Gap Report 2022 (Appendix 2).

The Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31<sup>st</sup> March each year for the preceding year which details the progress made against the health board's SEP and objectives. The requirement to publish an annual workforce equality report has been integrated into the SEP Annual Report and statistical information is presented as an Appendix based on staff employed on 31<sup>st</sup> March 2022, in line with the PSED requirements.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 06 April 2017, and requires employers with more than 250 employees to publish annual data on their gender pay gap. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using a report designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI). Alongside our Gender Pay Gap, we are publishing our first Ethnicity and Disability Pay Gap position.

The People, Organisational Development and Culture Committee is requested to receive the SEP Annual Report 2021-2022 and Pay Gap reports as assurance on the work undertaken to meet the PSED Duties and to meet the health board's SEP objectives.

The Committee are asked to note that the reports will be presented to Board for approval in January 2023 and following this, will be formally published ahead of the 31<sup>st</sup> March 2023 deadline.

## Cefndir / Background

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce. We are working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

The Equality Act 2010 covers discrimination relating to the following nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider needs, by reference to these characteristics, when designing and delivering public services.

As a public sector body, the health board must, in its policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

The public sector in Wales has an obligation to fulfil PSED as prescribed in law. These Duties include the development and implementation of a rolling 4year SEP and objectives, and the publication of an annual report detailing the steps taken to meet the objectives in the SEP.

The following 4 SEP objectives were agreed for the Health Board:

- **Objective 1 – Leadership by All**  
Staff at all levels, including Board Members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation
- **Objective 2 – Working Together**  
Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services
- **Objective 3 – Improving health and well-being for all**  
Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities
- **Objective 4 - Being an employer of choice**  
We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

The Pay Gap report presents an analysis of the difference in average earnings between groups of colleagues within the organisation, regardless of what role they are in. This is a useful way to measuring pay equality due to its simple calculation, however it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

It should be noted that the headcount figures in the Pay Gap report and Strategic Equality Plan annual report are different. The figures in the workforce equality data section of the SEP report includes all staff (including bank and locum) whether they have earned money in the year or

not, whereas the Pay Gap report will only include staff that have earned money in the year and where an hourly rate can be calculated.

This is the first year that we are voluntarily publishing our information on our disability pay gap and ethnicity pay gap. Although not required, reporting pay differences between ethnically diverse colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace. In the Pay Gap report we have used the mean average to demonstrate the pay gap for disability and ethnicity and hope to build on the analysis for future years.

The SEP Annual Report 2021-2022 highlights areas of relevance to the Health Board's duties under the Equality Act where processes, developments and initiatives have contributed to meeting the above objectives. Pay Gap reports are intrinsically linked to the work undertaken to ensure Hywel Dda is an inclusive workplace.

### **Asesiad / Assessment**

The past two years have been exceptionally challenging and as the Health Board recovers from the impact of the COVID-19 pandemic we continue to review and adopt new ways of working to meet the needs of our local population. The Health Board continues to be committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible and that the health inequalities exacerbated by the pandemic are addressed. Examples of how we have done this can be found within the SEP annual report.

During the reporting period (2021/22) progress has been made against each of the 4 SEP Objectives. Some of the notable achievements include:

#### **Leadership By All**

- Growing influence of the Black, Asian and Minority Ethnic Advisory Group and the establishment of a Black, Asian and Minority Ethnic staff support network. 18 nominations were submitted to the national Black, Asian and Minority Ethnic Staff in Healthcare Awards which highlight the initiatives and personal contributions made by teams and individuals to improve the experiences of our Black, Asian and Minority Ethnic service users and staff.
- Development of the Workforce Culture and Experience Team with the recruitment of the Health Board's first Workforce, Diversity and Inclusion Manager and the subsequent establishment of a Bullying and Harassment Task and Finish Group who have developed an action plan to implement solutions to drive forward improvements to improve the experiences of our Black, Asian and Minority Ethnic staff.
- Successful pilot of a reverse mentorship scheme where Board Members connected with their reverse mentor on a deeper level, to listen and understand individual perceptions and experiences and take systemic action in response.

#### **Working Together**

- Working with local authorities, 3<sup>rd</sup> sector and Welsh Government to put plans in place to support large numbers of Ukrainians seeking sanctuary in the Hywel Dda area. This has involved planning healthcare assessment teams and screening clinics for new arrivals, coordinating and signposting to additional support for health and wellbeing, organising wellbeing activities such as the Arts in Health Project, and arranging bespoke interpretation and translation services.
- Adoption of a new Children's Charter working collaboratively with Dyfed-Powys Police and Mid and West Wales Fire and Rescue Service to demonstrate the commitment that we want to make towards young people as we come into contact with them across the area.

- Introduction of a Community Development Outreach Team (CDOT) who have been instrumental in engaging with our Black, Asian and Minority Ethnic to help communicate key health messages, promote vaccination update and support access to healthcare services.

### **Improving Health and Wellbeing for All**

- Improving services for staff and service users with sensory loss, including strengthening relationships with local RNIB Eye Clinic Liaison Officers who have been instrumental in supporting patients throughout the pandemic, and also supporting a dedicated team in the Enabling Quality Improvement in Practice programme to pilot a recognition awards scheme for teams who are sensory loss friendly.
- The launch of a new Health Board website which is digitally accessible for all.
- Preparations to adopt the Dementia Friendly Hospital Charter which includes producing core design principles to create dementia friendly environments across all of our acute sites.

### **Being an Employer of Choice**

- Improved access to our volunteering and work experience placements for Refugees and Asylum Seekers and people with learning difficulties.
- Continuous review of our policies to ensure that they are inclusive, employee-focussed and signpost to further support.
- Development of an inclusive recruitment video and bite size training sessions for managers to raise awareness of best practice in relation to equality, diversity and inclusion.
- Achievement of Carer Confident Level 2 demonstrating the organisations commitment to staff with an unpaid caring role.
- Revival of staff support networks which included a review of formal meetings and participation in local community and social events such as local Pride events. A new menopause café has been established alongside managing menopause at work training sessions for staff and managers.
- Launch of our Armed Force Staff Network and receiving the Defence Employer Recognition Scheme Gold Award for our continued efforts to encourage recruitment of the Armed Forces Community.

### **Workforce equality data and pay gap reports:**

It should be noted that the data within pay gap report is based on staff who have earned money during the reporting period. The number of staff reported may vary from those reported within the workforce equality data chapter of our Strategic Equality Plan as this is based on all staff engaged as workers and employees (including bank and locum staff) as required by the PSED.

The workforce equality data and pay gap reports provide an overview of the characteristics of our workforce, and highlight a number of areas where further action may be required in order to build a more inclusive and equitable workforce.

The workforce equality data in particular highlighted:

- The majority of employees aged 16-35 voluntarily resigned or came to the end of their fixed term contracts or training. The main reasons for voluntary resignation included: progression, lack of support and lack of opportunities.
- 12% of employees leaving the organisation aged 51-65 reported voluntarily resigning due to bullying, conflict and progression.

- Compared to general population data our workforce is more ethnically diverse with 6.75% of the workforce identifying their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group.
- Only 36% of staff recorded Welsh language skills at foundational level or higher which is low compared to the general population estimate of 48%.

The pay gap report data in particular highlighted:

- A pay gap of 9.41% between disabled and non-disabled colleagues.
- An overall negative pay gap between ethnically diverse and white colleagues, with ethnically diverse colleagues receiving on average £10.38 per hour more. However more detailed analysis shows a pay gap within the Medical and Dental staff group, with white colleagues earning £8.84 per hour more than ethnically diverse colleagues.
- A pay gap of 18.95% between male and female employees with males receiving on average £4.11 per hour more than female colleagues. The analysis of the median hourly pay gap which is the difference between the mid-points in the ranges of hourly earnings (and excludes overtime payments) shows a pay gap of 0.86%

### **Measuring Outcomes**

As illustrated above and within the report, the Health Board continues to demonstrate progress against the SEP objectives by using qualitative information. However, it can be difficult to collate quantitative data and effectively measure outcomes in terms of eliminating discrimination, harassment and victimisation.

There is increasing expectation from the Equality and Human Rights Commission (EHRC) that over time, public sector bodies will be able to demonstrate incremental and increasing progress towards meeting the equality duties, backed up by robust evidence. The publication of workforce equality data and pay gap data provides an opportunity to track incremental changes over time but is recognised that the data alone does not provide the whole story.

The Diversity and Inclusion Team, who are now formally part of the Workforce and Organisational Development directorate have been developing additional mechanisms for recording and monitoring data which can be used to identify areas for improvement, future actions required and to measure outcomes. An action plan is being developed to include specific actions which will enhance the Health Board as a culturally competent organisation to support and recognise individual needs of employees, patients and carers. This action plan will be monitored through planning objective PO2B.

### **Reputational Damage**

Incidents of discrimination could lead to reputational damage to the Health Board if it finds itself in breach of legislation. The Health Board recognises that in order to provide safe, accessible and equitable services for all, the needs of protected groups need to be at the forefront of the decision-making process. Robust equality impact assessment procedures ensure that adjustments and mitigating actions are put in place to reduce and eliminate any negative impacts. The Health Board will continue to identify and implement mechanisms to break down barriers and address the challenges traditionally experienced by protected groups. The Diversity and Inclusion Team will continue to work with the Patient Experience Team and Culture and Experience Team to explore options for identifying concerns and resolutions at the earliest opportunity. A series of case studies which highlight staff and patient stories will also be developed to highlight best practice.

### **Capacity to prioritise SEP Objectives**

Monitoring the implementation of the SEP across the Health Board can be challenging. The Diversity and Inclusion Team will continue to promote, encourage and adopt a pro-active

approach across all sites, wards and departments towards developing initiatives to meet our SEP objectives. This includes mechanisms for engaging with staff from wider directorates and teams, acknowledging that progress to implement specific actions and initiatives can be impacted by operational pressures in the aftermath of the pandemic.

### Training Resources

To make real improvements for staff and service users, specialist equality, diversity and inclusion training and initiatives are often required. These can be costly and require time commitment from staff to attend. The Diversity and Inclusion Team will continue to work with the Education and Development Team to source cost effective training solutions and consider opportunities for broadening in-house provision and making use of digital technologies to facilitate staff participation.

### Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is requested to receive the Strategic Equality Plan Annual Report 2021-2022 and Disability, Ethnicity and Gender Pay Gap report 2022 for assurance on the work which has been undertaken to meet the PSED and SEP Objectives.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1.2 Enable employers and staff organisations to put forward issues affecting the workforce.  5.1.10 Consider national developments in NHS Wales Workforce & Organisational Strategy and the implications for the Board including matters of service re-profiling.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	2B Strategic Equality Plan and Objectives establishment

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• <a href="#">Equality Act 2010</a></li> <li>• <a href="#">Public Sector Equality Duties (Wales) 2011</a></li> <li>• <a href="#">Health Board's Strategic Equality Plan and Objectives</a></li> </ul>
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	<p>Enfys LGBTQ+ Staff Network Black Asian Minority Ethnic Staff Network Black Asian Minority Ethnic Advisory Group Workforce Culture and Experience Team Recruitment Team Mental Health Directorate Staff Partnership Forum</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There will be costs associated with providing specialist training to staff in relation to meeting identified training needs on equality issues where external expertise and/or lived experience is required/recommended. While there is a dedicated budget for Strategic Partnerships, Diversity and Inclusion and some courses will be delivered corporately and through these funds, some external training provided to individuals as an identified training need will need to be met from relevant departmental and corporate budgets.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	There is evidence to show that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the population as a whole.
<b>Gweithlu:</b> <b>Workforce:</b>	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in



	the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
<b>Risg: Risk:</b>	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the health board.
<b>Cyfreithiol: Legal:</b>	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
<b>Enw Da: Reputational:</b>	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an annual report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.
<b>Gyfrinachedd: Privacy:</b>	Information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms.
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? <b>No</b></li> <li>• Has a full EqIA been undertaken? <b>No</b></li> </ul> <p>The report describes progress towards meeting the PSED and meeting the Health Board's stated equality objectives. Publishing the Strategic Equality Plan annual report and Pay Gap reports within the prescribed timescale is one of the specific PSED.</p>



# Strategic Equality Plan Annual Report 2021/22



**1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022**

**“... Making a difference...We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.”**

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## Introduction

Hywel Dda University Health Board (the Health Board) is committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes our staff, those who receive care, including their families and carers, as well as partners who work with us whether this is statutory organisations, third sector partners or our communities. This means thinking about people as individuals and taking a person-centered approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

This annual report is an overview of some of the Health Board's key work to promote equality, diversity and inclusion, and should be read alongside other [key documents](#):

- Hywel Dda University Health Board Annual Report
- Annual Quality Statement
- Annual Governance Statement
- Director of Public Health Annual Report
- Our 20-year strategy - A Healthier Mid and West Wales: Our Future Generations Living Well
- Our Well-being of Future Generations Annual Report
- NHS Charities Together Communities Partnerships Interim Report

The Equality Act 2010 is about treating everyone in a fair way. This law protects people from being treated worse than other people because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including no religious belief)
- Sex
- Sexual orientation

We need to collect and use information about our staff and service users, and their experiences, to help us work in ways that ensure that we are treating people fairly. It is also important that our services are meeting the needs of all groups of people who we serve and that we treat people fairly at work.

We use a range of methods to gather and collate information about our communities and our staff. These include:

- Siarad Iechyd/Talking Health, our public engagement scheme and regular locality based public meetings as a process of continuous engagement;
- Engaging and consulting with staff and our communities through joint public sector events and surveys;
- Data gathered on our patient administration systems;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our electronic staff record and grievance reports;
- Welsh Government initiatives and national reports for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others;
- Data collated in the Public Service Board Wellbeing Assessments for each of the three counties.

We are continuously working to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data as well as raising awareness about why the information should be collected and used to improve services and outcomes for patients. The same challenges apply to the collection of equality data for staff, although we acknowledge that some discussions need to take place on a national basis in order to change all-Wales information systems.

## About the Hywel Dda area

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Here are a few facts, but for more information please see our Health Board Annual Reports and Annual Quality Statements [here](#).



Our Health Board covers a quarter of the landmass of Wales.



We employ approximately 12,000 staff and have a growing group of over 200 volunteers.



### Primary Care

There are 48 general practices, 46 dental practices, 1 orthodontic practice, 98 community pharmacies, 51 general ophthalmic practices.



We work in partnership with our three local authorities as well as colleagues from the public, private and third sectors.

**387,000**

We provide health care services for around 387,000 residents, as well as a large number of visitors to our area.



We have four main hospitals, seven community hospitals and eleven health centres. We provide mental health, learning disabilities and related services from numerous other locations across our communities.

We recognise that there are many people within our populations (including many from protected groups) who experience socio-economic deprivation, which is a key factor in poorer health and lack of opportunity to access education and employment, thereby perpetuating the cycle of deprivation. We aim to break this cycle, and in line with the aspirations of the Well-being of Future Generations (Wales) Act 2015, to create a healthier, more equal Wales of resilient communities, working together

towards a better future for all. Information on health and socio-economic factors across the three counties is available from the [Public Health Wales Observatory](#), the [Daffodil Cymru](#) website, The Welsh Index of Multiple Deprivation, Local Wellbeing Assessments and [Stats Wales](#).

Demographics for the Hywel Dda region are available on the ONS [website](#). Historically, our population has been subject to temporary changes, with substantial increases in the summer months boosted by the tourism industry and by transient student populations throughout the year. We recognise that we must continue striving towards ensuring that our diverse communities have opportunities to communicate their needs, to have services provided appropriately and to have equal opportunities for employment and career progression.

There are high concentrations of Welsh speakers in some areas across the three counties. We collect information on Welsh speakers in a number of ways; we ask our staff to register their Welsh language skills on their Electronic Staff Record (ESR) and provide an active offer to patients who may wish to receive their services in Welsh. We have an action plan in place to fulfil the requirements of the Welsh Language Standards through our Bilingual Skills Strategy. Our Welsh Language Annual Reports can be found [here](#).

This report has integrated our annual workforce equality data to illustrate “life in Hywel Dda” across the protected groups. The statistical data presented in the Appendix 1 and discussed in the Workforce Equality information chapter is used to identify aims and positive actions which can be taken to support members of our workforce with protected characteristics. The workforce equality information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to use this system to aid the collection of more complete and accurate information. In addition to a focus on the protected characteristic groups, the workforce equality information also includes an analysis of Welsh language skills, in acknowledgement of our responsibilities under the Welsh Language Standards (No.7) 2018 Regulations.

The Health Board has also developed a Workforce, Organisational Development and Education Strategy for the 10-year period 2020-2030. This strategy confirms our intention to establish the Health Board as an inclusive organisation. Inclusiveness means making sure people’s voices are heard and valued, ensuring equal access to opportunities and resources for people who would otherwise be excluded or marginalised.

## Our Strategic Equality Plan Objectives

Our [Strategic Equality Plan \(SEP\) 2020-2024](#) sets out how we have committed to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as the way in which we provide services to patients, families, carers and our wider population. Our objectives are as follows:

### **Objective 1 – Leadership by All**

Staff at all levels, including Board Members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.

### **Objective 2 – Working Together**

Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services.

### **Objective 3 – Improving health and well-being for all**

Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities.

### **Objective 4 - Being an employer of choice**









We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

Detailed information about how we developed our objectives and what we learned can be found [here](#).

### **Aligning our SEP Objectives**

When implementing our SEP Objectives, the Strategic Partnerships, Diversity and Inclusion Team has been careful to align them with the Health Board's Wellbeing Objectives which link to the Wellbeing Goals of the Wellbeing of Future Generations (Wales) Act 2015.



<b>Workforce planning and development</b> <ul style="list-style-type: none"> <li>Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.</li> <li>Offer a diverse range of employment opportunities which support people to fulfil their potential.</li> </ul>	<b>Environment and climate change</b> <ul style="list-style-type: none"> <li>Plan and deliver services to increase our contribution to low carbon.</li> <li>Promote the natural environment and capacity to adapt to climate change.</li> </ul>
 <p style="text-align: center;"><b>Our well-being objectives – Contributing to future well-being in Hywel Dda, Wales and beyond</b></p>	
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">   <b>A prosperous Wales</b> </div> <div style="text-align: center;">   <b>A resilient Wales</b> </div> <div style="text-align: center;">   <b>A healthier Wales</b> </div> <div style="text-align: center;">   <b>A more equal Wales</b> </div> <div style="text-align: center;">   <b>A globally responsible Wales</b> </div> <div style="text-align: center;">   <b>A Wales of vibrant culture and thriving Welsh language</b> </div> <div style="text-align: center;">   <b>A Wales of cohesive communities</b> </div> </div>	
<b>Early intervention and prevention</b> <ul style="list-style-type: none"> <li>Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.</li> <li>Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh</li> </ul>	<b>Collaboration, involvement and integration</b> <ul style="list-style-type: none"> <li>Transform our communities through collaboration with people, communities and partners.</li> <li>Contribute to global well-being through developing international networks and sharing of expertise.</li> </ul>

The Act is central to our approach to longer term planning within the Health Board and the long-term journey that we are on which was articulated in our strategy “A Healthier Mid and West Wales: Our Future Generations Living Well”. In September 2020 the Health Board established strategic objectives that reflect our vision that “Together we are building kind and healthy places to live and work in Mid and West Wales”. The objectives relate to our people (staff, service users and communities) and our services:

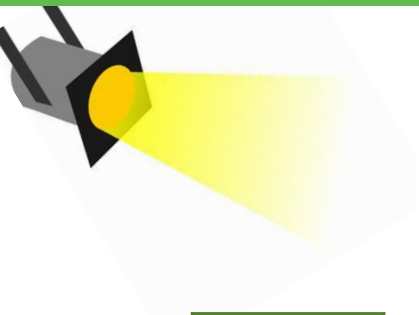


The examples of good practice provided in this report demonstrate how the Health Board is working consciously to embed and promote principles to achieve the best possible health and wellbeing outcomes all.

## **Covid 19**

The past two years have been exceptionally challenging due to COVID-19. We know that effects of the pandemic on our service delivery will be long lasting which has prompted NHS Wales to review the way in which it provides healthcare services. As the Health Board recovers from the impact of the pandemic we continue to review and adopt new ways of working to meet the needs of our local population.

The Health Board continues to be committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible and the health inequalities exacerbated by the pandemic are addressed. Examples of how we have done this can be found throughout this report.



## Spotlight on: Leadership by All

### Our Objective

Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation

### Anticipated Outcome

Staff, including Board members, will be motivated to use their lived experiences and act as role models to create positive experiences for colleagues and service users, to identify where improvements can be made and will be supported to put their ideas in to practice as appropriate.

### What have we done?

#### **Black, Asian and Minority Ethnic Advisory Group**

The Black, Asian and Ethnic Minority Advisory Group continues to grow and increase its influence and visibility across the Health Board. Building on the achievements of 2020-2021, the Forum continues to meet bi-monthly and has facilitated the establishment of a new support staff network for Black, Asian and Ethnic Minority Staff. As an extension of the forum, this new network has provided the opportunity for colleagues to come together to discuss both work and social matters. Health Board policies and procedures to ensure that they are inclusive of Black, Asian and Ethnic Minority staff and service users.

In early 2022, the Forum also encouraged and facilitated nominations for the National BAME in Healthcare Awards. Several nominations have been shortlisted and will attend an awards ceremony in the summer of 2022. This initiative has helped to increase the visibility of the Forum and the Network to staff across the Health Board and beyond and to celebrate the achievements and contributions made by our diverse workforce colleagues.

In addition to the above, The Advisory Group commissioned a BAME Task and Finish group to address perceptions and experiences that staff were subject to bullying and harassment in the organisation. The group was formed and met throughout 2021 and an action plan to address the concerns raised will be presented to the People, Organisational Development and Culture Committee in June 2022.

The group was jointly chaired by the Deputy Director of W&OD and the Workforce, Culture, Diversity and Inclusion Manager. Progress was reported through the main Advisory group and also through the staff partnership forum. Other representation included senior Workforce leads responsible for policy, training, resourcing and OD and also numerous representatives of the Black, Asian and Minority Ethnic staff community from several staff groups. This enabled rich discussion and examination of data, current practice and the lived experiences of staff members. As a consequence of the discussion, an action plan will be developed by the group and will be integrated into the Workforce Plan on a Page for Employee Relations. The Task and Finish group will continue to meet to review progress against actions identified.

### **Diversity within our Case Management Team**

The Workforce Team has extended the number of staff trained to take on the role of case investigator or case manager to enable a more diverse range of individuals to support the process of investigating staff concerns and alleged misconduct. To date we have reached out to our Black, Asian and Minority Ethnic medical and nursing colleagues to seek interest and offer training to support our internal case management processes. A number of colleagues have come forward who wish to take part in this initiative. Further training has been planned for July 2021. To further progress our objective of being an inclusive employer, we are also in the process of advertising for bank case investigators and will be including a number of positive action statements to encourage a diverse range of applicants to apply.

### **The recruitment of the first Workforce Cultural, Diversity and Inclusion Manager**

A review was undertaken across the whole Workforce and Organisation Development directorate early in 2022 which evaluated the teams capacity and future work. It was decided that the Workforce Culture and Experience team required a role that linked directly with the organisations Black, Asian and Minority Ethnic colleagues. The role would gain qualitative experiences allowing us greater understanding of what is it like to be a Black, Asian and Minority Ethnic nurse, doctor, porter or domestic. The role would expand cultural awareness across the organisation with belief that this would reduce any conscious or unconscious bias towards Black, Asian and Minority Ethnic staff.

### **Reverse Mentorship Scheme**

The Reverse Mentoring for Equality Diversity and Inclusion (ReMEDI) Programme was successfully piloted throughout the year and early analysis shows positive outcomes and impacts upon all those who took part in the pilot scheme.

Reverse mentors for the pilot were sought from the following groups:

- Black, Asian and Minority Ethnic
- Under 25yrs
- Frontline Staff

Each reverse mentor was subsequently paired with a Board Member utilising a robust matching process that capitalised on 'difference' to ensure mentoring pairs comprised individuals of different age groups, sexual orientation, gender, race, etc.

The ReMEDI programme is believed to be the first of its kind in NHS Wales and sought to encourage our Board Members as leaders to connect with their reverse mentor on a deeper level, to listen and understand individual perceptions and experiences and take systemic action in response.

Interim evaluations and reflections have portrayed that the programme was incredibly valuable for both the mentees and reverse mentors, some of whom describe it as one of the best things that they have done. Organisational learning has centred around culture, values, engagement, innovation and raising concerns. A formal review of programme is due to take place in April 2022 with the intention of rolling out this programme on a long-term basis to help the organisation to foster inclusive attitudes in its leadership and management.

### **The Bullying and Harassment within the Black, Asian and Minority Ethnic Staff Task and Finish Group**

Following several complaints of bullying and harassment by Black, Asian and Minority Ethnic staff members, a specific Bullying and Harassment within Black, Minority and Ethnic Minority Staff Task and Finish group was established in December 2020 to investigate these matters. The Group had the overarching purpose of developing a better understanding of the existing processes to progress matters concerning dignity at work and bullying and harassment and consider recommendations for change in terms of formal policy and/or approach to deliver improvements.

The Task and Finish Group, jointly chaired by the Deputy Director of Workforce and the Workforce Culture, Diversity & Inclusion Manager, fed back progress to the Black, Asian and Minority Ethnic Board Advisory Group, the Staff Partnership Forum and the Local Negotiating Committee (LNC). Progress has also been reported to the People, Organisational Development and Culture Committee and subsequently to the Board.

The group has evaluated workforce data relating to dignity at work complaints and grievances within the staff members who identified as Black, Asian and Minority Ethnic. Further intelligence on turnover from this staffing group has been reviewed and aligned with qualitative information from staff surveys and exit interviews. Feedback from Minority Ethnic representatives regarding their 'lived experience' highlighting key issues and possible ideas for solutions to drive forward

improvements have all been considered, discussed and have helped to inform the identified way forward.

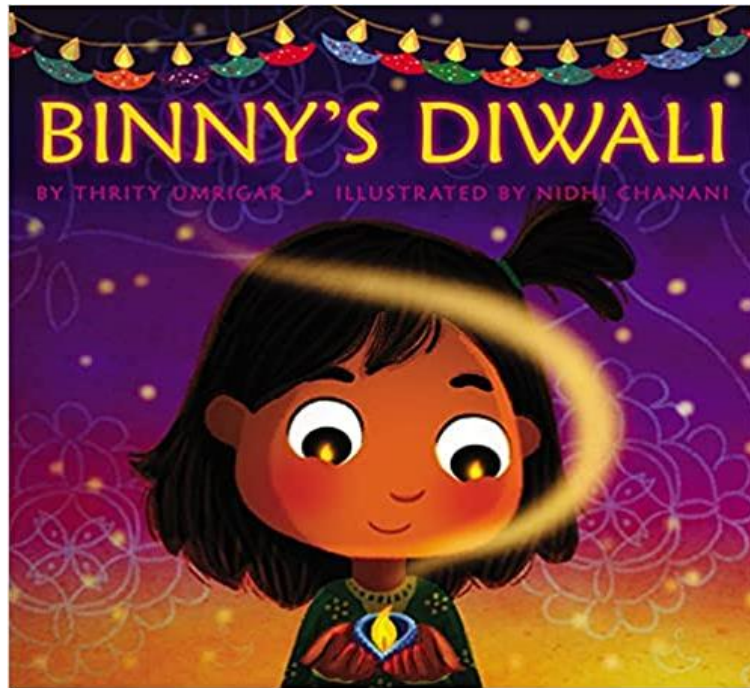
A comprehensive action plan has been developed, indicating progression and how this will be achieved with suitable timelines. The action plan is a live document and is being regularly updated with progression by members. Primary and secondary measures of success have also been developed. It is hoped that the work of the Task and Finish Group has raised awareness and reduced the damage that bullying and harassment has on Black, Asian and Minority Ethnic employees.

## **Celebrating Diversity**

We are blessed in Hywel Dda to have such a diverse range of faiths and a richness of different cultures. We strive to create an inclusive environment where everyone can reach their full potential and have a real opportunity to participate in a variety of activities throughout the year. As a small step towards celebrating and understanding each other more, and to gain inspiration and strength from all our beliefs, the Black, Asian and Minority Ethnic Advisory Group produced a calendar celebrating diversity. This Religious Festivals & Events Calendar 2021 was produced to support timetabling, work scheduling and event planning to help ensure that we provide an inclusive environment which enables participation from all our staff and visitors. The calendar was distributed to all staff and volunteers and highlights key diversity days, the main faith days observed and celebrated and awareness raising dates.



The 2021 Celebrating Diversity Calendar proved to be a popular initiative with many staff and visitors participating in various religious and cultural events during 2021. This included a successful competition where staff shared pictures and stories from their personal Diwali celebrations. The winner of the competition received a copy of a popular children's book "Binny's Diwali" by author, Thirty Umrigar



Following on from the success of the 2021 Celebrating Diversity Calendar, the Diversity and Inclusion Team has continued this initiative into 2022 and has produced a digital calendar. Upcoming events are promoted each month to staff via internal communication channels, which has generated further interest and participation in religious and cultural celebrations. Links have been made with the Health Board's Wellbeing Champions initiative and plans are in place for the 2023 calendar to include annual events which aim to promote health and wellbeing as well as cultural and religious festivals.



### Highlight: Remembrance Day Commemoration Events

As part of the Remembrance Day commemoration events in November 2021, the Health Board worked with the Vaccination Programme Team and [VC Gallery](#) to create wreaths made from recycled COVID19 vaccine vials. This art project was developed to celebrate the crucial role of the Armed Forces in supporting health boards across Wales to address the health emergencies during the global pandemic.

The art wreaths were laid in various town war memorials in the health board area by Armed Forces staff and by Independent Members of the Health Board.



### Highlight: International Women's Day

In March 2022, the Health Board recognised International Women's Day by holding a day of celebratory events. A coffee morning was well attended by staff across the Health Board where the Director of Workforce and Organisational Develop led a series of guest speakers in sharing their experiences. Staff were also invited to join a lunchtime virtual event with Elaine Clarke (daughter of Betty Campbell) and Medi Jones Jackson, author of 'Amazing Welsh Women'. This was followed by a virtual afternoon session organised by Welsh Government 'Breaking the Bias' which brought together a panel of women with strong Welsh connections.

The Health Board recognises that it has a predominantly female workforce and wanted to thank them for their continuous hard work across all directorates. Having received positive feedback from staff about the events, the Health Board looks forward to participating in future celebrations in years to come.



## Spotlight on: Working together

### Our Objective

Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services

### Anticipated Outcome

We will use our mechanism of continuous engagement to ensure equal opportunities across all groups, particularly those who traditionally face barriers, to contribute to and influence the design and delivery of services.

### What have we done?

#### **Supporting the health and wellbeing needs of those seeking sanctuary**

Using our experience in supporting our Refugee and Asylum Seeker communities from Syria and Afghanistan, the Health Board has put plans in place to support the arrival of Ukrainian families into the area. Working with Welsh Government and the Home Office, Ukrainians can now seek sanctuary with host families in the community or at one of the established Welcome Centres. The Health Board has swiftly assembled a dedicated healthcare assessment team to assist and advise new arrivals, ensuring that they have access to essential public health screening services and healthcare services in a timely manner. Partnership working with the Local Authority, the 3rd Sector and staff at the Welcome Centre is also providing a more integrated approach to initial settlement procedures for those seeking sanctuary. A significant number of Ukrainian families are expected to arrive in 2022, and the Health Board is ready to welcome and support them.

#### **The Children's Charter**

In September 2021, Hywel Dda University Health Board, Dyfed-Powys Police, Mid and West Wales Fire and Rescue Service and the Dyfed-Powys Police and Crime Commissioner have jointly adopted a Children's Rights Charter. The charter has been created with the support of the Children's Commissioner for Wales to

demonstrate the commitment that we want to make towards young people as we come into contact with them across the area.

The six-point charter sets out how they will always work on behalf of, and in the best interests of children and young people, treating them with respect and in confidence. It refers to all contact young people have with the Health Board, and from a police perspective includes if they have been a victim of crime or if they are accused of breaking the law.

The charter will ensure children and your people are made aware of their rights to be

- ✓ Treated equally with respect and dignity
- ✓ Made to feel safe
- ✓ Able to get help and support
- ✓ Listened to and their views considered
- ✓ Able to access information in a language of choice

The charter has been designed in collaboration with young people from across the Dyfed-Powys area following a significant engagement exercise with young people of all ages, to understand what was important to them and their expectations. In line with our aim to be an inclusive organisation, the Health Board has translated the charter into several community languages and our Community Development Outreach Team have been promoting the charter when engaging with children within our communities. Children from all communities were encouraged to take part in an arts therapy project run by the Health Board to create a poster for the charter. This also included involvement children from families who are seeking sanctuary within the Hywel Dda area which has provided an opportunity to educate children about the charter whilst also helping children to settle and integrate into the local community.

A range of activities took place to celebrate the children and young people of Hywel Dda during in the spring of 2022. Highlights of the week included:

- Raising awareness of the Children's Charter
- A Children's Charter badge and poster competition (available in English, Welsh, Arabic, Polish, Ukrainian and Russian) which were then displayed at the Welcome Centre Llangrannog
- Awareness raising at the Nursing and Midwifery conference in Llanelli
- Pledges by staff to sign up to the charter

Future engagement will include the launch of Easy Read and BSL versions of the charter.

Maria Battle, Chair of Hywel Dda University Health Board, said: "The Health Board is truly proud to support The Children and Young People's Charter. We are committed to listening to and ensuring the well-being of our younger population. It's incredibly important that every child is aware that they have the right to access any service that

we provide to ensure their good health. Every child has the right to a happy, healthy and safe upbringing.”



“It’s so important that every child knows about and understands their rights, and this charter will help us on the journey to win the Gold award for School that Respects Rights.” - Teagan Croucher, Year 6 in Ysgol Brynsierfel

“It was an honour to be a part of the process to create the charter. We feel as a school that the voice of every child is really important, and this charter will help us spread the message across the school.” - Steffan Jones, Year 6 in Ysgol Brynsierfel



Police and Crime Commissioner Dafydd Llewellyn said: “I’m extremely pleased that we are launching our Children’s Rights Charter, and that we have taken a collaborative approach in devising a joint charter with our partners in Hywel Dda University Health Board, and Mid and West Wales Fire Service.

“The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people a comprehensive set of rights, which is critical to supporting and developing children in communities across the world. In establishing and launching the Charter here in Dyfed-Powys we recognise the importance of working together to achieve the United Nations’ ambitions.

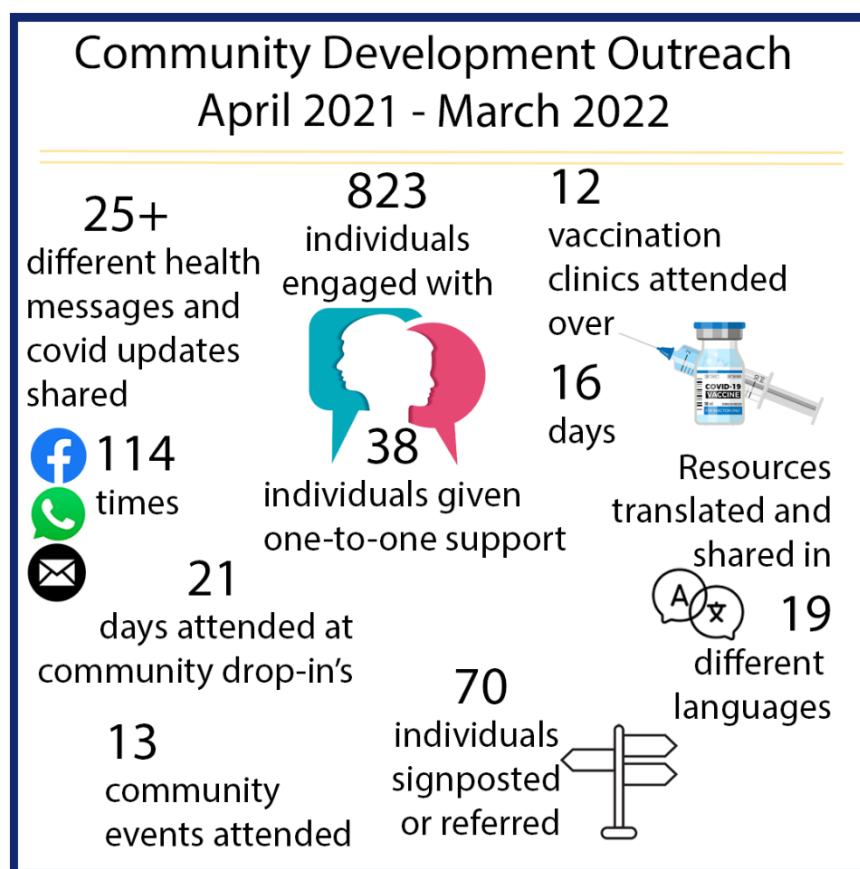
“We believe that every child has a right to live, learn, play and grow up in a safe environment within our communities. Our commitment is to ensure that the responsibilities and powers of Dyfed-Powys Police, my Office and those of our partners, are used in ways that are consistent with the Convention and enable children and young people to contribute to building safe and healthy communities for the future.”

Sally Holland, Children's Commissioner for Wales said: “It's been a pleasure to work on this initiative with Dyfed Powys Police, Hywel Dda Health Board and others delivering services across the region, and to see how they've committed to putting children's rights at the heart of their work with young people.

“I'm particularly pleased that children themselves have played a central role, which is a core element of any children's rights approach. If we want to be serious about protecting children's human rights as a society, we need to make sure children experience those rights in all aspects of their lives, and that the public bodies who serve them are explicit in their commitment to those rights.”

### Hywel Dda Community Development Outreach Team

The Community Development Outreach Team is now fully established and has been instrumental in engaging with our Black, Asian and Minority Ethnic communities throughout the pandemic. In the past year, the Team has engaged with over 823 people and attended over 13 events, not only offering advice and support in accessing COVID-19 vaccinations, but also helping them to access vital healthcare services throughout the pandemic and signposting to other essential support services. A summary of the Team's activity is shown in the infographic below:



The Team has established strong links with the three Local Authorities, housing associations, voluntary sector, local community cohesion teams, Dyfed Powys Police, Mid and West Wales Fire Service, local Faith Leaders, schools and colleges, and local community groups and initiatives. The Team has, and will continue to, act as a point of contact, linking our communities to essential support services. This has helped the Team to build relationships with communities who may be reluctant to

engage with the Health Board. Funding has been secured to allow the Community Development Outreach Team to expand its work to include other key health messages such as smoking cessation, healthy weight and substance misuse. The Team will also promote and signpost to public health screening services.

Further details on the work and progress made by the Community Development Outreach Team can be found in their annual report.

### **Highlight: Blue Light Events**

In April 2021, the Community Development Outreach Team participated in a 'Blue Light' event in Aberystwyth, arranged by the Community Cohesion Team, which included the Police, Fire Service, and the RNLI. The event was aimed at the Syrian Refugee Community to make them aware of what help is available to them and what to do in an emergency. To encourage attendance, Syrian food and refreshments were provided and translators were present to assist with communication. The Team gave an informal presentation on how to access healthcare services including information on the Wales 111 webpage. They also showed attendees how to use lateral flow tests as well as providing them with interpretation request cards. There was a lot of interest from the community in what Hywel Dda University Health Board could offer and questions around accessing smoking cessation and mental health services were raised. Feedback from the Syrian Refugee Community showed that they would like similar engagement events in the future and plans are already in place to replicate this type of event for those seeking refuge or sanctuary in the Hywel Dda area.

### **Highlight: Women's Wellbeing Walk**

Working in partnership with the Llanelli Multicultural Society, The Community Development Outreach Manager arranged a 'women's walk' along the Millennium Coastal Path in Llanelli. The aim of the walk was to create a safe informal environment to encourage conversation about healthcare issues so accurate information could be shared. It was well attended with 13 women from Poland, Syria, Brazil, Bangladesh, and an unpaid carer. The walk was designed specifically for women to align with their cultural and religious traditions. It was also a chance to improve their wellbeing and meet others, alleviating isolation and loneliness. Colleagues from Patient Education also supported the walking event by developing bespoke information for the women who attend. Feedback from the walk was positive and it was highly scored during an evaluation demonstrating the positive impact upon the participants. As a result of conversations held during the walk, a specific social group for Syrian women is being developed and plans are in place to extend this initiative to include more walking events.

## Local Wellbeing Assessments

As an active member of the Public Service Board, the Strategic Partnerships Team has participated in the Local Wellbeing Assessments for the three counties within Hywel Dda in 2021. These extensive and in-depth assessments are informed by data, research and evidence gathering and have included significant engagement activity with the local population, from listening to people and stakeholders, and through consideration of future trends and the things which we can realistically project might happen tomorrow, which we need to start planning for today. Their purpose is to provide a clear picture of what matters to people in terms of individual and community well-being, considered through a broad lens of economic, environmental, social and cultural factors.

The findings of the assessments will be used to inform a 5yr Local Wellbeing Plan for each of the three counties in line with the requirement of the Wellbeing of Future Generations (Wales) Act 2015. The 5yr Local Wellbeing Plans will set out the Health Board can work collaboratively with other public sector and 3rd sector organisations over the next 5 years to improve the well-being of people and communities in the county in order to achieve the 7 wellbeing goals.

The Well-being Assessments will be published in the summer of 2022 and can be accessed via the links below:

[Carmarthenshire Well-being Assessment Link](#)

[Ceredigion Well-being Assessment Link](#)

[Pembrokeshire Well-being Assessment Link](#)





## Spotlight on: Improving health and well-being for all

### Our Objective

Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities

### Anticipated Outcome

Staff have access to training and development opportunities to enable feedback received from our continuous engagement activity to be used to improve patient access and experience with due regard to individual needs within a values based approach.

### What have we done?

#### **Digital Innovation**

Perhaps one of the positive impacts of the COVID-19 pandemic is the acceleration of digital innovation within healthcare. The Health Board continues to develop and implement a variety of digital technology initiatives to support the delivery of healthcare services. Virtual appointments are now embedded into services areas across the Health Board, making consultations more accessible for those who rely upon public transport, those on low incomes, whilst also reducing travel time for both service users and staff and reducing carbon emissions.

Access to online interpretation services has become routine for service areas. It is available with no need for prior booking so support is available for emergency and unscheduled care and there are no additional costs and travel time associated with face-to-face interpreters. By removing the need for travel to and from appointments, interpreters are able to carry out more virtual appointments online, and the Health Board is able to access interpreters located across the world. Online interpretation services can also offer more privacy for patients during appointments whilst undergoing intimate examination procedures.

#### **Improving services for staff and service users with sensory loss**

The Health Board adheres to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and significant improvements have been made throughout 2021-2022. A dedicated team which includes specialist staff

from a number of key service areas were chosen to take part in a project as part of the Health Board's Enabling Quality Improvement in Practice scheme. The Sensory Loss Project Team have been attending regular training days to learn new skills and techniques and the aim of the project is to develop an award scheme for teams and departments across the Health Board to be able to receive recognition for being able to demonstrate high standards of sensory loss awareness and compliance with the Standards. The scheme will be piloted in 2022 in three outpatient areas with the aim to roll- out the scheme to all service areas across the Health Board in future years.

In addition to e-learning modules available to staff, a number of sensory loss awareness training sessions have been offered to staff throughout the year as part of Sensory Loss Awareness Month promotions in November 2021, and Deaf Awareness Week in March 2022. BSL taster sessions, Deafblind awareness and sight loss awareness sessions were well-attended. There are plans for more training and activities to increase awareness of the needs of those with sensory loss throughout 2022-23.

The Health Board has also strengthened its links with the RNIB Eye Clinic Liaison Officers within the Hywel Dda area. These Officers have provided invaluable support throughout the COVID-19 pandemic, to patients who have faced additional challenges and barriers in accessing healthcare services. The Eye Clinic Liaison Officers have attended Sensory Loss Partnership Forum meetings during 2021-2022 and have shared their expertise and provided advice on improving service provision for those with sight loss.

### **Highlight: Guide Dog on Surgical Ward**

In November 2021, a patient needed to attend our Day Surgical Ward for a minor procedure. The patient was registered blind and uses an assistance guide dog. Having identified the need for additional support for the patient in question, the Senior Sister was able to contact other departments (who had previously treated the patient) and the Diversity and Inclusion Team for further advice in advance of the appointment. Staff on the ward were made aware of the health board's policy on the 'Management of Resident Visiting Animals in Healthcare Settings' and were able to put plans in place to best accommodate the patient throughout their stay on the ward. This included making sure that the patient was allocated an early morning appointment on the day and placing them in a bed bay which was most conveniently situated for the assistant guide dog and access to the day surgical theatre facilities. The staff were able to contact the patient and their family prior to their appointment to discuss any specific needs and requirements. The ward staff were consulted to ascertain if anyone had an allergy or a phobia of dogs to ensure that an appropriate rota could be scheduled for that particular day. Staff were provided with information on how to handle the dog when on the ward, for example, when they were allowed to pet and reward the dog, when not to disturb the dog when working. The needs of other patients on the ward were also taken into consideration that day. Health and safety regulations were maintained with hotel services staff and infection control staff being notified of any additional requirements during the day. The patient and staff experience of this day was extremely positive and provides an excellent example of how following procedural guidelines can lead to positive outcomes for all involved.

## Accessible Information

Significant developments have been made in implementing the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. In 2021-2022 the Communications Team have successfully developed the Health Board's new website and intranet site in accessible formats. This includes functions such as built-in read loud technology, text size adjustment, subtitles and built-in translation software. Guidance has been developed for staff to help them produce online content, using simple language and in an accessible-ready format. The use of easy read plain text HTML pages and the discouragement of PDF attachments mean that information can be easily downloaded and readable on smart phones and tablets, thus making health board information more accessible to all.

## Dementia Friendly Hospitals

- All Health Boards and Trusts in NHS Wales have been preparing to sign up to the Dementia Friendly Hospital Charter which will come into force from Spring 2022. The Dementia Friendly Hospitals work supports the importance of monitoring the experiences of patients living with dementia in order to understand them. It aims to embed the "VIPS" framework of person-centred care into our hospitals:
  - ✓ **Values** people: values and promotes the rights of the individual
  - ✓ **Individual's** needs: provides individualised care according to needs
  - ✓ **Perspective** of the service user: understands care from the perspective of the person with dementia
  - ✓ **Supportive** social psychology: social environments enable the person to remain in relationships

We are working to upskill all our workforce through education and training relating to dementia, with assurance that the training is right and at the right level for each individual. The Dementia Friendly Hospitals work is being delivered in collaboration with families and carers.

The multi-disciplinary steering group attended a short dementia education programme and workshop on the principles of dementia friendly design. Three further sub-groups were formed to focus on:

- Mood Boards to support interior design
- The function of spaces
- Signage

The aim of the core design principles is to provide a consistent and enabling approach for people living with a diagnosis of dementia to access and navigate health and social care services.

The development of the core design principles guidance has also since evolved to take incorporate other design factors which would help the Health Board to improve hospital environments for other service users and patients. For example, designing environments which help people with sensory loss, learning disabilities and those who are Welsh speaking. The Steering group will continue to meet to further develop

core design principles and will guide future refurbishments and new building design.

## **Dementia Learning and Development Framework**

The 'West Wales Care Partnership's Dementia Learning & Development Framework' has been developed to provide a pragmatic, flexible, creative, and consistent approach across the West Wales region to support people in their learning regarding the care, support and empowerment of people with dementia, their carers and families. The framework is intended to be used in conjunction with the Social Care Wales 'Dementia Care and Support Learning and Development Implementation Toolkit in support of Good Work: A Dementia Learning and Development Framework for Wales'.

The framework acts as a practical offer of support to:

- Identify what evidenced-based knowledge, skills and expertise are needed at varying levels of support and service delivery at different stages of the progression of the person's dementia and their carers;
- Easily identify gaps and strengths in knowledge, skills, and expertise, linked with the social and clinical workforce Facilitation of the planning for ongoing learning;
- Provide accessible tools to implement learning and development in person-centred dementia care;
- Develop a range of learning and development methods to meet the diverse learning needs of your workforce.

## **Diversity and Innovation Fund**

During 2021-2022, the Diversity and Inclusion Team launched a Diversity and Inclusion Fund. Staff were able to apply for a grant of up to £500 to implement an initiative which aimed to increase diversity and inclusion within their department.

Staff on Ward 3 at Withybush General Hospital received one of the grants:

"We are delighted to have secured £500 from the Diversity and Inclusion Innovation Fund. The money has been used to secure a regular supply of local and national newspapers to be delivered to patients on the ward. Reading or being read to reduces feelings of isolation, keeps our patients' minds active and provides a welcome link with the outside world."



## Gay Dementia Venture

The Diversity and Inclusion Team has worked in partnership with other Health Boards and Trusts to fund a series of theatre events which focus on the experiences of LGBTQ+ dementia patients. These popular training sessions have helped to raise awareness of the unconscious bias towards LGBTQ+ patients, in particular around including partners in decisions taken to determine care and treatment for dementia patients.

In addition to the Gay Dementia Venture sessions provided to staff, the Health Board has plans to explore how it can support the new LGBTQ+ curriculum for Student Nurses and has invited a lecturer from Swansea University to speak to the ENFYS LGBTQ+ Staff Network to learn more about how the Health Board can promote inclusivity for LGBTQ+ patients.



"I would like to thank you for the training today. I am currently a HCSW working in the community looking after patients in their last 6 weeks of life, and a couple of those patients have been gay couples. I'm about to start the Grow Your Own part time nursing degree through work, I had already decided to look into services that are available for LGBTQ+ patients and their families, but this training has cemented how important it is to support the people around the patient as well as the patient themselves as well as making services not so "straight" centric. I found Sam [the actor] easy to listen to and a good advocate for explaining what is missing and what needs to change. I hope to help make that change for other Derek and Sams."

## Learn While You Play

Children in Ceredigion can now benefit from new bilingual communication boards, designed to create a friendly atmosphere in play areas to help children develop their communication skills.

The communications boards, being the first project of its kind in Wales, contain a selection of the most commonly identified words used within play environments, which are paired with associated symbols. Fifteen weatherproof boards have been placed at child friendly height around the parks in the county. Speech and language therapists from Hywel Dda UHB, in partnership with Ceredigion County Council, secured funding from Welsh Government's Child Development Fund to create the boards.

Mererid Davies, Speech and Language Therapist at Hywel Dda UHB, said:

“The communication boards provide children with a visual means of expressing themselves, reducing the feeling of isolation and frustration. The boards will also help children learn language as adults are able to model words using visual reinforcement. As it also bilingual it is a good opportunity to help non-Welsh speaking families develop basic Welsh language skills.”

Maria Battle, Chair said:

“Every child reach has the right to play and to reach their full potential. These communication boards will encourage children to enjoy play even more and nurture their development. It is a great initiative by the team designing and installing the communication boards in several of the county’s playgrounds. This is an inclusive way to help all children express their needs, feel safe, and support them to make and express their own decisions. The project is a demonstration of our commitment to the Well-being of Future Generations Act in Wales, which seeks to ensure public bodies think about the long-term impact of their decisions and work better with communities to address inequalities, making lasting, positive change to current and future generations.”

Councillor Catrin Miles is the council’s member for Schools, Lifelong Learning and Skills, Support and Intervention. She said:

“Children in Ceredigion will benefit from these new bilingual communication boards, designed to create a friendly and inclusive atmosphere in play areas which will help develop their communication skills, which is particularly important as they emerge from such a difficult and challenging period in their young lives.”

A graphic of a spotlight with a yellow beam of light shining down from the top left corner of the page.

## Spotlight on: Being an employer of choice

### Our Objective

We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

### Anticipated Outcome

Staff and volunteers are encouraged to develop and progress in their roles and are supported in their health and well-being. Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.

### What have we done?

#### **Volunteering and Work Experience Opportunities**

Our Workforce Futures Team have improved access to our volunteering and work experience schemes for those seeking refugee and asylum in the Hywel Dda area. This has included providing a one-to-one application process with interpretation support. Volunteering opportunities help individuals to gain confidence and improve their communication and social interaction in their new community, whilst also providing them with experience of working within healthcare. Support is also available from Occupational Health to assist with any necessary pre-requisite health checks for volunteers working within healthcare environments. This can include offering advice on public health screening and support in accessing vaccinations that might not be routine in their home country. In 2021, the Workforce Futures Team supported a Syrian individual to volunteer at one of our Mass Vaccination Centres, who also helped the Syrian community to access factual information about the vaccination procedures and encouraged vaccine uptake. The Workforce Futures Team are currently planning to support two more Syrian volunteers who are both studying health and social care at local colleges. Plans are also being explored to support a work experience placement for a Ukrainian Pharmacist who has recently arrived in the Hywel Dda area.



People with learning disabilities are also being supported in accessing volunteering and work experience opportunities. A system has been put in place which includes an accessible induction session which uses widgets and contrast checker tools. Individuals are assigned to a single contact person within the Workforce Futures Team along with a dedicated Occupational Health contact. Support includes regular phone calls to discuss progress and monitor anxiety levels. Support workers are also able to accompany volunteers with learning disabilities to help individuals with the transition into the hospital environment and back into the community and their homes. Links have been made with Social Care Teams to enable a direct payments systems to help support workers receive timely payments.

### **Supporting our Workforce**

The Health Board has invested in further developing its Workforce Experience and Culture Team and its Recruitment Team during 2021-2022 to help achieve its aim to be a more inclusive employer and increase workforce diversity. New roles with a focus on equality, diversity and inclusion have been created to achieve the actions within our Workforce and Organisational Development Positive Action Plan. The following achievements have been made throughout the year:

- Engagement with the 'Dream Team' to help identify barriers for people with learning disabilities. Discussions are underway to establish a Staff Disabilities Network. This will provide a safe space for staff to share their experiences and suggest improvements to support staff in the workplace with learning disabilities.
- Preparatory meetings held to progress to Disability Confident Leader (Level 3) accreditation
- Engagement activity undertaken with a range of groups to inform future workforce plans including meetings held with Armed Forces Network, Young Farmers Club, and Higher Education Students
- The establishment of an Apprenticeship Academy Team who are looking at way to develop inclusive apprenticeship schemes and new pathways to registered professional status
- Updated Retire and Return policy to retain staff in older age groups and surveys issued to targeted groups such as the over 50s, to learn more about what attracts them to posts
- Reviewing all our local employment policies and templates to ensure they are inclusive, employee-focused and signpost the relevant support available
- A series of bitesize training sessions and guidance documents for managers to raise awareness of best EDI management practices, which included sessions on disability and reasonable adjustments in the workplace.
- Production of an Inclusive Recruitment Video featuring participation from current employees with a protected characteristic

- Development of reasonable adjustments guidance and inclusive recruitment training which will form part of a rolling programme of recruitment training in March 2022 to support appointing managers
- Regional joint working with local authority partners on the development of a joint apprenticeship pathway and joint recruitment initiatives
- Scoping work to undertake targeted recruitment activity to support social value
- Promotion of 3 surveys to staff and local communities on the elements of work which appeal to the under 24s, over 50s, and people with a protected characteristic (Disability, Ethnicity, Religion)

## **Carers**

Unpaid carers (of all ages) play an important role in supporting family members who could not otherwise manage without their help, for example as a result of a disability, long-term condition or due to their age. As a large employer, we are working proactively to support our employees with caring responsibilities in their personal lives. The majority of unpaid carers are often female and our workforce is also predominantly female, however we ensure that our male colleagues are not excluded.

The Health Board is a member of the Carers Wales Employers for Carers Scheme and is actively involved in looking at how we can further support staff with caring responsibilities. We have achieved the Carer Confident level 1 benchmarking scheme which supports us to build a positive and inclusive workplace for staff who are, or will become, unpaid carers. Valuing employees with caring responsibilities, and making the most of their talents within the workplace is vital and can help to reduce stress, improve job performance and satisfaction and decrease staff turnover. During 2021/22 we:

- Achieved our Carer Confident level 2
- Promoted the Health Board's Carers Policy which was developed with engagement from staff with caring responsibilities. Along with a Carers Passport helps staff to have conversation with line managers to support them with flexible working practices in recognition that caring responsibilities change and emergencies arising from caring are often less predictable than just child-care.
- Actively encouraged colleagues in the Workforce & Organisational Development Department to attend the Carers Awareness Training to enable them to offer more inclusive services and a better understanding of the issues faced by our staff who are also Carers.
- Working closer with our workforce colleagues in terms of HR advisor training, policy reviews, recruitment video and awareness raising.
- Facilitate the Carer Peer Support network to support the health and well-being of staff who have caring responsibilities in their home life.
- Continue to support and participate in national carer campaigns to acknowledge the role of unpaid carers, which included our annual staff survey.

All of these actions enable us to demonstrate the health board's commitment to offering equal opportunities for employees and the active support available, to enable unpaid carers to maintain their own health and well-being.

### **Pride in our Staff**

In 2021, a new Chair of our ENFYS LGBTQ+ Staff Network was elected and a review of the network was undertaken in January 2022 where members decided upon a new structure going forward. This includes quarterly formal network meetings, informal social events now that COVID-19 restrictions have eased and the provision of advice and training specific to LGBTQ+ staff. This has led to a schedule of events for 2022 which includes social gatherings in all three county areas, participation in four local Pride events and the national NHS Virtual Pride.



In February 2022, network members came together for the first time in 2 years at a face-to-face event in a restaurant in Pembrokeshire. This was part of the network reboot following COVID-19 and offered members, both new and old, to get to know each other better and to meet the new Chair. Members also had the opportunity to finalise the plans to celebrate LGBTQ+ History Month which included a series of virtual 'Lunch n Learn' awareness sessions, which included a workshop for staff on creating practical change in the workplace.

### **Menopause Café**

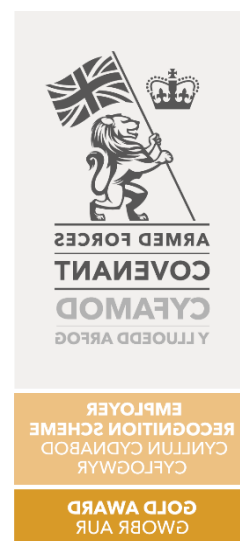
2022 has seen the relaunch of a menopause café for staff. The menopause café provides a place where staff can share their experiences and offer support and advice to one another. Tackling the menopause is a priority for the Health Board as we have a predominantly female workforce and an ageing workforce. By putting measures of support in place for staff who are experiencing symptoms of menopause, the Health Board hopes to improve staff experience and workforce retention. In addition to promoting available information and resources to help staff, the Health Board is currently looking to purchase physical aids which could help to alleviate symptoms, for example cooling pillows.

In addition to the menopause café, the Health Board procured a series of training sessions in 2021-2022 on managing the menopause at work which have been well-attended and received positive feedback. Following requests, a further training session is being planned specifically for male members of staff who wish to learn more about the menopause and how they can support those around them who are experiencing symptoms of the menopause.

## Armed Forces Network

Significant progress has been made against the Health Boards planning objective to drive forward improved outcomes for Veterans and members of the Armed Forces community, in line with the Armed Forces Covenant.

Following the announcement that we were successful in gaining the Defence Employer Recognition Scheme Gold Award (DERS) last summer, members of the Strategic Partnerships, Diversity and Inclusion Team formally received the Award on the 17th November, 2021. We continue with our actions to support the Armed Forces Community and to offer peer support and guidance to other organisations who wish to apply for bronze or silver levels in the scheme.



As part of Armed Forces Week in June 2021, the Health Board launched its Armed Forces Staff Network which has been meeting regularly since and continues to grow. In March 2022, the Health Board launched its first e-Newsletter for the Armed Forces community as a way of encouraging further engagement and raising awareness of our work. Here is link to the health board's Armed Forces Staff Network e-newsletter - <https://sway.office.com/LD7zxfst3FacMptt?ref=Link>.

Our Recruitment Team actively supports members of the Armed Forces Network in the application process for vacancies by identifying them and offering a guaranteed interview if they meet the essential criteria. During 2021-2022 the Health Board received a total 307 applications where applicants have declared that they were a member of the Armed Forces Community. 147 were invited to interview and 51 were offered employment across seven different directorates.

The Health Board continues to review the recruitment processes and guidance to ensure recruiting managers consider the barriers to employment that the Armed Forces community face, such as short-term roles in various locations or lack of interview experience in civilian roles. Members of the health board Armed Forces Staff Network provide insights based on their experience which is used to identify actions that would improve outcomes for Veterans and other members of the Armed Forces community seeking employment in the Health Board. The Network has worked with our Recruitment Teams to establish a system that allows previous military experience to be accounted for when identifying transferrable skills and matching up these with the essential criteria in job specifications. Policies are in place which allow Reservists and Cadet Forces Adult Volunteers to have an extra 10 days additional leave towards their mandatory training days.

The Health Board is registered on the Career Transition Partnership (CTP) and Forces Families Jobs websites and has an active profile with vacancies regularly uploaded. The Health Board participates in events organised by the CTP and Veterans and members of our Armed Forces Staff Network attend to share their

experiences of transitioning from the Armed Forces, and show the range of roles available within the NHS. For more information about the Armed Forces Staff Network, visit <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>.

## Equality, Diversity and Inclusion (EDI) Training

The Diversity and Inclusion Team continues to offer a range of training to staff. This includes general EDI Awareness training, EqIA training, Active Bystander Training, Delivering Culturally Competent Care and many more specialised training and awareness sessions covering all areas of EDI. Many of which have already been reported upon in previous sections of this report.

In 2021-2022, the Diversity and Inclusion Team have developed mechanisms to track and monitor the delivery of EDI training more effectively and have improved methods for obtaining feedback. These new procedures will allow the Health Board to identify any gaps in EDI training and also plan for further provision of training where a need has been identified. In 2021-2022, a total of 64 EDI training and awareness sessions were offered to staff in addition to the mandatory Treat Me Fairly e-learning module.

The Black Asian and Minority Ethnic Advisory Group were keen to replicate training for staff which had been provided in medical schools at local universities. Working with the training providers, the Group were able to select suitable scenarios which could be included in the training for healthcare staff and several training sessions were arranged for staff across the Health Board. This Active Bystander Training provided staff with the knowledge and tools that has enabled them to challenge harmful and unacceptable behaviours, including those which may have become normalised over time. Staff have learned why intervention matters, developed the skills to challenge unacceptable behaviours and gained the confidence to know how to react in different situations.

*"You are our greatest asset, and I believe we all have a responsibility to create and nurture a working environment which is safe, supportive, and free from all forms of bullying and harassment. A place where we want to come and work together. We have learnt a lot during the pandemic especially how important it is to care for each other. We have become even more aware as to when our colleagues need extra support. We have also sadly witnessed how the pandemic has had a disproportionate impact on our BAME colleagues.*

*It is so important to challenge inappropriate behaviours and to encourage an active response whenever we see it. This can be difficult and even uncomfortable and can take great courage. This initiative is to help encourage us to do so and to become or continue to be "active bystanders" This also helps support the introduction of "Healthy Working Relationships" - a new cultural approach across NHS in Wales, which encourages a more restorative and facilitated approach to addressing workplace conflict and managing dignity issues.*

*Active Bystander Training is an important step forward. Thank you for participating"*



Name: Maria Battle  
Title: Chair of Hywel Dda University Health Board

In 2021-2022, 183 members of staff attended the training and have received a useful toolkit which they can refer to as a reminder of the training content.

Positive feedback following the training sessions has spread across the workforce with staff commenting that the training was both useful and insightful. As a result, a further 4 sessions have been commissioned for 2022-2023.

### **Highlight: 20<sup>th</sup> Anniversary for Filipino Nurses**

In August 2021 the Health Board held two events to celebrate the 20th year of our Filipino nursing community. One of these was a Pechukucha style celebration event (Pechukucha being a form of quick-fire presentation style) which saw many of our Filipino colleagues talk about their roles and how they have progressed their careers since joining the Health Board. Staff also discussed moving on to advanced nurse practice programmes and pursuing other education to enhance their careers. Following the success of this event, plans are in place to hold more celebratory events as we look to recruit more overseas nurses.

Another week-long celebratory event involved linking with facilities, catering and other departments to raise Filipino flags in acute clinical settings and the hospital restaurants reproduced Filipino recipes to encourage our staff to taste foods of different countries and spark conversation. This celebration helped to show how valued our overseas colleagues are within our workforce.



## Workforce Equality Information

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

In this section of the annual report we present an overview of our workforce equality information; the detailed data is included as Appendix 1 to this report. It should be noted that disability, ethnicity, religious belief and sexual orientation are self-reported categories on the Electronic Staff Record. As staff can reserve the right to decline the opportunity to complete equality data monitoring, we acknowledge that the data presented may not fully reflect the demographic profile of the workforce.

This section outlines comparisons between workforce equality data published as at 31 March 2022 against data published at 31 March 2021. At the time of preparing this report the most recently available Census information was that published in 2011, and this has also been highlighted. Where possible, comparisons are drawn with March 2022 workforce data although much of the Census information reports for people of all ages, not just those of working age.

The health board has separately published pay gap reports on disability, ethnicity and gender. The data within the pay gap reports reflect individuals who received payment during the year whilst the workforce equality data is based on all staff engaged as workers (including locum and bank staff).

### Age Profile

The 2011 Census identified between 60-63% of the population across the three counties being of working age. The majority of the workforce as at 31 March 2022 were aged between 31–60 years which accounted for approximately 70% of staff.

Compared to 2021, workforce information data on 31 March 2022 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has decreased by 0.46%.
- The percentage of posts offered to candidates above 60 years is lower than the younger age groups. However, in comparison to the number of applications received from these age groups, candidates aged above 60 have a better success rate (22.74%) compared to those aged Under 24 (13.27%), 151 offers of employment were made to candidates over 60 years old.
- Around 35% of leavers are in the age bracket 16-35, 18% are in the age bracket 36-50, 42% are in the age bracket 51-65 and 5% in the age of 66 and above.
- Analysis of the reasons why employees left the organisation shows:

- The majority of employees aged 16-35 voluntarily resigned or came to the end of their fixed term contracts or training. The main reasons for voluntary resignation included: progression, lack of support and lack of opportunities.
- The highest proportion of those aged 36-50 retired due to ill health or took voluntary early retirement. However, 15% of leavers in this category left the organisation because of a lack of opportunity.
- Around 53% of leavers aged 51-65 were of retirement age. Around 8% opted for early retirement but of particular note is that 12% reported voluntarily resigning due to bullying, conflict and progression.

## **Disability**

At 31 March 2022, the Health Board employed 362 staff who identified as Disabled, which accounted for 2.84% of our workforce. 20.03% of staff had not recorded their response to this characteristic on their ESR record. Based on 2011 Census data for Carmarthenshire, out of 100 people 38 (38%) of the population declared a limiting long-term illness or disability. In Ceredigion 28 out of 100 people (28%) and in Pembrokeshire 11 out of 100 people (11%). Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

Compared to 2021, workforce information data on 31 March 2022 showed:

- The percentage of staff identifying as not disabled has increased by 3.18%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.64%.
- The percentage of staff preferring not to provide this information has increased since that reported in 2020/21 by 0.02%
- Of a total 37,143 applications submitted for vacancies, 3.4% (1276) of candidates declared themselves as having a disability. Of those 1276 applicants, 172 (13%) were offered employment, which is 4.0% of all offers made. 1.4% of applicants chose not to disclose whether they had a disability or not at the time of application.
- 2.48% of those leaving the Health Board identified as having a disability. Their reasons for leaving included:
  - Retirement age
  - Voluntary Resignation due to conflict and not feeling valued
  - End of fixed term contract
  - Relocation

## **Ethnicity**

At 31 March 2022, the Health Board employed 861 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 6.75% of our workforce and an increase of 25 staff compared with 2021 data. Based on 2011 Census data for Carmarthenshire,



Ceredigion and Pembrokeshire, 2% of the population identified as being from a non-white background. Overall, 88.63% of our employees have recorded their ethnicity as White. 590 employees (4.62%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

Compared to 2021, workforce information data on 31 March 2022 showed:

- The percentage of staff identifying as White has fallen by 0.07%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.03%.
- The percentage of staff identifying as Asian or Asian British rates increased by 0.01%.
- The percentage of staff identifying as having mixed ethnicity has remained the same as 2020/21 that being recorded as 0.66%.
- The percentage of staff identifying as from Any Other Ethnic Group has risen by 0.04%.
- Those staff whose records are not recorded on ESR has decreased by 0.01%.
- A higher proportion of candidates who are White are offered employment when compared to the % of candidates who apply from other ethnic minority groups.
- A higher proportion of employees whose ethnicity is Black or Black British, Asian or Asian British left the employment of the Health Board when compared to the profile of the workforce.
- The main reasons given by BAME employees leaving the organisation include:
  - Voluntary resignation linked to training and lack of progression
  - End of fixed term contract
  - Relocation
  - Retirement age
  - Completion of training scheme

## **Gender**

At 31 March 2022, the Health Board employed 12,759 staff of which 77.91% identified as female and 22.09% identified as male. Census data for 2011 showed the following male/female percentages: Carmarthenshire and Pembrokeshire – 49% male, 51% female; and Ceredigion - 50% male, 50% female.

The medical and dental staff group is the only staff group where there are more males employed than females.

Of a total 37,143 applications submitted for vacancies during the year 35.1% (13,054) were from male candidates compared to 64.4% (23,930) from females with 0.4% not disclosing their gender. Of the 11,505 applicants shortlisted 23.6% were male applicants and 75.8% were female applicants. Of the total offers of employment (4,301 jobs), 20.5% (883) were male compared to 78.9% (3,393) of females. This

shows that females were more successful in their applications at shortlisting and in offers of employment.

72.24% of those leaving the Health Board were female compared to 27.76% who were male. Reasons for voluntary resignation included:

- Working conditions
- Lack of support
- Training
- Conflict
- Bullying

## **Gender Reassignment**

Statistics on gender reassignment were not collected as part of the 2011 Census information and are not currently collected on the Health Board's Electronic Staff Record system.

## **Marital Status**

No information on marital status was collected during the 2011 Census. However, compared to 2021, workforce information data on 31 March 2022 showed:

- the percentage of staff detailing marital status information has increased by 0.03%.
- A higher number of 'Married' employees left because of 'Work Life Balance' compared to those who are single.
- More 'Single' employees left the organisation compared to the others, as their fixed term contract had come to an end.

## **Maternity & Adoption**

No pregnancy and maternity data was collected in the 2011 Census. However, the number of employees recorded as taking maternity and adoption leave is 468, which is 3.67% of the workforce. This is an increase of 0.17% on the data reported on 31 March 2021.

## **Religious Beliefs**

According to the 2011 Census, around 60% of the population are Christian, 2% would be of other religion, around 30% would have no religion and 9% would prefer not to state their religion.

The percentage of staff identifying a specific religion or belief has risen by 2.08% compared to data reported on 31 March 2021. The workforce profile of Hywel Dda highlights that around 42% are Christian, 12% are of other religion, 14% reported as atheists and around 18% preferred not to say. 13% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

## **Sexual Orientation**

Based on data published by Stonewall Cymru between 6% and 9% of the population would identify as Lesbian, Gay or Bisexual. At 31 March 2022 Health Board data showed that 2.03% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is an increase of 0.75% from 31 March 2021.

Compared to 2021, workforce information data on 31 March 2022 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 3.19%
- The percentage of staff choosing not to disclose this information has decreased by 0.61%.
- Those staff whose records are not recorded on ESR has fallen by 2.81% to 13.23%.
- Of a total 37,143 applications submitted for vacancies 3.04% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 3.4% chose not to disclose their sexual orientation at the time of application. 2.93% of those offered employment identified as LGB were offered employment.

## **Welsh Language**

According to the Annual Population Survey 2022 published by Welsh Government, around 48% of the Hywel Dda population are able to speak Welsh.

At 31 March 2022, Health Board data recorded that:

- 36.1% of the workforce have Welsh language skills at foundational; level of higher.
- 37.2% of the workforce have recorded their ability as having no Welsh language skills which has increase by 6.2% from the previous year.
- Those staff whose Welsh Language Skills are not recorded on ESR is 2.7% (295 employees). This is 9.3% lower than that reported in 2020/21.

## Equality Impact Assessment

The Diversity and Inclusion Team continues to provide regular training on Equality Impact Assessment (EQIA) to staff and promotes EQIA across all service areas. In 2021/2022, the Team have provided:

- guidance and assisted in the completion of 129 EQIAs
- advice and support on 49 open EQIAs
- 5 EDI Training sessions to 56 members of staff
- 60 Individual advice & training sessions

A member of the Diversity and Inclusion Team continues to attend the Clinical Written Control Documentation Group which monitors policies for approval. This also provides assurance that each policy has evidence of sufficient EQIA.

### **Consultation and Engagement during 2021-2022**

As the Health Board recovers from the impact of COVID-19, focus has once again returned to the implementation of our long-term plans for a Healthier Mid and West Wales which include plans to build a new super hospital for acute and unscheduled care in Carmarthenshire. Plans are also underway for a new Integrated Health and Wellbeing Centre in Fishguard, and a new Health and Wellbeing Centre in Cross Hands. The Diversity and Inclusion Team are supporting the Capital Planning Team and the Communications and Engagement Team to ensure that robust Equality and Health Impact Assessments are undertaken during the planning stages for large-scale projects in service redesign. This is to ensure that any impacts, both negative and positive, upon people with a protected characteristic are taken into consideration before final approval is granted to the plans. This also extends to people who are living with socioeconomic disadvantage within our communities. The Diversity and Inclusion Team are helping to identify resolutions and mitigating actions to prevent discrimination. They are also helping to facilitate conversation and engagement with individuals who share a protected characteristic and minority communities within the local area. This is to ensure that they are given the opportunity for to voice their opinions on the proposed plans and are included in the decision-making process.

Representatives from the Diversity and Inclusion Team continue to attend and advise steering groups for large-scale service redesign projects to ensure that all associated service change proposals will be assessed accordingly for EQIA or Equality Health Impact Assessment (EHIA).

## Looking forward to 2022/23

The Health Board is mid-way throughout the implementation of its Strategic Equality Plan. The Diversity and Inclusion Team will develop a further action plan listing specific actions that are required to ensure that the Health Board is on course to meet its SEP Objectives. This will also coincide with the redevelopment of the Health Board's Integrated Medium-Term Plan which will also outline specific equality, diversity and inclusion objectives for the year ahead. In 2022-2023, the Health Board will look to implement the following actions:

- Develop an action plan with specific actions to enhance Hywel Dda as a culturally competent organisation building on the Positive Action Plan already in place;
- Promote the 'Interpretation and Translation Policy' and deliver training to staff groups on how to access interpretation and translation services effectively and in a timely manner. This will ensure efficient and safe communication between clinicians and services users during healthcare appointments, which will enhance patient experience;
- Promote the revised 'Equality, Diversity and Inclusion Policy' and to raise awareness of the support and advice available from the Diversity and Inclusion Team;
- Assist the Programme Business Case Team to engage with communities and individuals who share a protected characteristic. The Diversity and Inclusion Team will also continue to advise on the EHIA and mitigating action plans relating to the new hospital and changes to service delivery within secondary, primary and community care;
- Facilitate and promote existing staff networks and establish a new staff network to support staff with a disability;
- Support more people who are at a disadvantage to gain employment opportunities via our Future Workforce initiatives. For example, via the Volunteering and Workforce Experience Schemes and our Apprenticeships;
- Extend the work of our Community Development Outreach Team so that they are able to reach more communities and individuals with a protected characteristic. The Team will also provide support and advice on other key health promotion messages such as smoking cessation, drug and alcohol abuse, and healthy weight programmes;
- Work with the Local Authority and the 3rd Sector to help resettle Ukrainian families who are seeking sanctuary in the Hywel Dda area via Government local sponsorship schemes. Continue to implement plans to help Ukrainians to navigate the NHS and access appropriate healthcare services as needed;
- Explore mechanisms for monitoring and recording patient experience, which will includes seeking to resolve concerns which involve discrimination towards staff and service users. This will include identifying EDI trends in patient

feedback and concerns and providing training solutions where necessary and developing patient stories to promote learning outcomes;

- Analyse the data from the recent Local Wellbeing Assessments and the 2021 census to better inform our EQIA and decision-making processes.
- Continue to promote and celebrate events throughout the year in our Diversity and Inclusion Calendar.
- Continue with our work to understand the implications of the Pay Gap and workforce equality data and use this to help inform future actions.

As the Health Board continues to recover from the impact of COVID-19 upon healthcare services, it will continue to strive to bridge the widening health inequalities gap which has been brought to the forefront during the pandemic. A COVID-19 Health Equity Steering Group was established during the pandemic to look at the impact of COVID-19 upon some of our most vulnerable groups and how the Health Board could increase uptake of the vaccination and support those affected by COVID-19. A decision has been taken to extend this Health Equity Steering Group to explore improvements that could be made for other areas where we know that health inequalities manifest within some of our communities. For example, the Group has identified a need to focus on improving childhood immunisation rates amongst children who are home-schooled. The group brings together a range of staff including Public Health, Diversity and Inclusion, Nursing, Planning, and Communications and Engagement to work collaboratively to achieve improved health outcomes for those who are most disadvantaged.

With the development of a new Integrated Medium-Term Plan and the progression of our long-term strategy A Healthier Mid and West Wales, the Health Board, in the aftermath of a pandemic, is taking the opportunity to embrace new beginnings and make real improvements to the health and wellbeing of our local population. We know that implementing these plans will be challenging but we are confident that by working in conjunction with our communities, our partners and stakeholders, our staff will rise to meet the challenges ahead and will continue to ensure that we can continue to embed and manifest the Health Board's core values - putting people at the heart of everything we do, working together to be the best we can be and striving to deliver and develop excellent services.

## Appendix 1 –

### HDUHB Workforce equality data 2021-22

#### Age

##### Our Workforce

#### 1.1 Headcount

	Headcount	%
<= 20 years	340	2.66%
21 to 25	916	7.18%
26 to 30	1257	9.85%
31 to 35	1463	11.47%
36 to 40	1451	11.37%
41 to 45	1392	10.91%
46 to 50	1530	11.99%
51 to 55	1664	13.04%
56 to 60	1574	12.34%
61 to 65	873	6.84%
66 to 70	232	1.82%
>= 71 years	67	0.53%
<b>Total</b>	<b>12759</b>	<b>100%</b>

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Add Prof Scientific and Technical	0	17	48	70	68	56	43	44	25	11	6	8	396
Additional Clinical Services	170	396	408	394	323	263	301	331	322	178	39	10	3,135
Administration and Clerical	24	111	150	225	245	277	336	384	339	166	47	15	2,319
Allied Health Professionals	0	59	109	112	124	103	81	74	76	42	6	1	787
Estates and Ancillary	146	124	94	84	118	19	116	179	197	138	47	14	1,366
Healthcare Scientists	0	16	19	23	24	43	17	32	22	10	3	0	209
Medical and Dental	0	15	148	155	136	124	124	102	95	68	35	11	1,013
Nursing and Midwifery Registered	0	178	281	400	413	417	512	518	498	260	49	8	3,534
<b>Total</b>	<b>340</b>	<b>916</b>	<b>1,257</b>	<b>1,463</b>	<b>1,451</b>	<b>1,392</b>	<b>1,530</b>	<b>1,664</b>	<b>1,574</b>	<b>873</b>	<b>232</b>	<b>67</b>	<b>12,759</b>



## 1.2 Analysis of Pay

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Band 1	1	2	1	0	1	1	1	1	1	5	2	0	16
Band 2	287	463	385	342	300	266	278	345	394	253	75	21	3,409
Band 3	24	87	147	180	160	142	157	222	212	113	39	8	1,491
Band 4	10	38	75	96	93	105	156	162	121	63	9	7	935
Band 5	0	242	230	289	223	219	239	255	258	164	41	7	2,167
Band 6	0	54	188	251	283	252	272	237	222	112	18	12	1,901
Band 7	0	7	59	102	170	165	185	202	164	67	9	1	1,131
Band 8a	0	0	18	36	55	81	60	63	48	17	2	0	380
Band 8b	0	0	1	8	19	22	24	32	21	6	1	0	134
Band 8c	0	0	1	0	6	8	16	28	11	2	0	1	73
Band 8d	0	0	0	0	1	2	9	6	11	0	0	0	29
Band 9	0	0	0	0	1	1	3	4	5	0	0	0	14
Consultant	0	0	0	5	25	50	71	61	47	38	18	8	323
Speciality Doctors	0	0	6	33	53	46	31	19	16	11	6	0	221
Other Doctors in Training	0	15	141	109	38	18	6	1	4	2	0	0	334
Hospital Practitioners & Clinical Assistants	0	0	0	0	0	0	2	3	1	2	0	0	8
Other Medical and Dental Staff	0	0	1	7	19	7	9	8	14	6	3	0	74
Other	18	8	4	5	4	7	11	15	24	12	9	2	119
<b>Total</b>	<b>340</b>	<b>916</b>	<b>1,257</b>	<b>1,463</b>	<b>1,451</b>	<b>1,392</b>	<b>1,530</b>	<b>1,664</b>	<b>1,574</b>	<b>873</b>	<b>232</b>	<b>67</b>	<b>12,759</b>

	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
<= 20 years	£0	£16,235	£16,101	£0	£18,664	£0	£0	£0	£16,842
21 to 25	£31,652	£20,007	£21,648	£27,327	£19,387	£28,854	£30,241	£27,114	£23,448
26 to 30	£39,556	£20,474	£23,043	£33,082	£20,351	£32,775	£35,922	£30,941	£27,123
31 to 35	£39,386	£20,872	£25,430	£37,321	£20,684	£35,956	£49,669	£33,178	£30,109
36 to 40	£42,429	£21,131	£30,371	£40,515	£21,800	£38,459	£68,965	£33,428	£33,829
41 to 45	£42,745	£21,271	£33,642	£41,928	£20,903	£40,546	£82,339	£36,652	£37,023
46 to 50	£42,745	£21,713	£32,056	£42,944	£21,007	£43,707	£92,337	£37,972	£37,051
51 to 55	£48,114	£21,920	£32,436	£45,443	£21,174	£42,823	£97,516	£39,292	£36,436
56 to 60	£49,077	£21,509	£29,872	£46,385	£20,969	£46,667	£96,052	£40,085	£35,269
61 to 65	£37,478	£21,275	£26,664	£43,066	£20,686	£41,374	£96,884	£38,068	£33,030
66 to 70	£33,805	£21,755	£25,006	£38,857	£20,157	£47,138	£99,455	£34,411	£36,748
>= 71 years	£50,875	£21,693	£27,624	£39,027	£20,020	£0	£103,234	£34,236	£34,236
<b>Total</b>	<b>£41,933</b>	<b>£20,939</b>	<b>£29,481</b>	<b>£39,238</b>	<b>£20,773</b>	<b>£39,467</b>	<b>£79,518</b>	<b>£36,120</b>	<b>£33,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 1.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
<= 20 years	133	37	0	0	170	340
21 to 25	547	116	9	0	244	916
26 to 30	877	126	98	0	156	1,257
31 to 35	1,117	130	77	0	139	1,463
36 to 40	1,219	130	77	0	139	1,463
41 to 45	1,206	89	42	0	101	1,451
46 to 50	1,364	81	18	1	66	1,530
51 to 55	1,495	84	11	1	73	1,664
56 to 60	1,328	100	14	3	129	1,574
61 to 65	680	86	20	2	85	873
66 to 70	148	18	10	3	53	232
>= 71 years	46	7	2	0	12	67
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
<= 20 years	94	246	340
21 to 25	497	419	916
26 to 30	680	577	1,257
31 to 35	732	731	1,463
36 to 40	745	706	1,451
41 to 45	768	624	1,392
46 to 50	929	601	1,530
51 to 55	960	704	1,664
56 to 60	707	867	1,574
61 to 65	267	606	873
66 to 70	48	184	232
>= 71 years	11	56	67
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

## 1.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
<= 20 years	1,124	3.03%	418	3.63%	206	4.79%
20 to 24	4,496	12.10%	1,385	12.04%	540	12.56%
25 to 29	10,085	27.15%	1,870	16.25%	676	15.72%
30 to 34	7,232	19.47%	1,722	14.97%	682	15.86%
35 to 39	4,607	12.40%	1,489	12.94%	533	12.39%
40 to 44	3,012	8.11%	1,188	10.33%	444	10.32%
45 to 49	2,554	6.88%	1,240	10.78%	422	9.81%
50 to 54	2,049	5.52%	1,082	9.40%	381	8.86%
55 to 59	1,299	3.50%	716	6.22%	264	6.14%
60 to 64	574	1.55%	338	2.94%	127	2.95%
>= 65 years	90	0.24%	47	0.41%	24	0.56%
Undisclosed	21	0.06%	10	0.09%	0	0.00%
<b>Total</b>	<b>37,143</b>	<b>100%</b>	<b>11,505</b>	<b>100%</b>	<b>4,301</b>	<b>100%</b>

## 1.5 Leavers

	Headcount	%
<= 20 years	34	2.72%
21 to 25	108	8.64%
26 to 30	160	12.80%
31 to 35	133	10.64%
36 to 40	81	6.48%
41 to 45	61	4.88%
46 to 50	84	6.72%
51 to 55	109	8.72%
56 to 60	246	19.68%
61 to 65	164	13.12%
66 to 70	53	4.24%
>= 71 years	17	1.36%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

### 1.6 Training Attendance (excludes leadership development)

	Attendance / Courses Completed	%
<= 20 years	2,278	3.33%
21 to 25	6,476	9.48%
26 to 30	7,549	11.05%
31 to 35	7,922	11.60%
36 to 40	7,005	10.25%
41 to 45	7,159	10.48%
46 to 50	8,062	11.80%
51 to 55	8,522	12.47%
56 to 60	8,299	12.15%
61 to 65	4,061	5.94%
66 to 70	840	1.23%
>= 71 years	147	0.22%
Total	68,320	100%

### 1.7 Staff Involved in Grievance Procedures

	Headcount	%
<= 20 years	1	1.40%
21 to 25	3	4.23%
26 to 30	7	9.86%
31 to 35	3	4.23%
36 to 40	8	11.27%
41 to 45	9	12.68%
46 to 50	7	9.86%
51 to 55	12	16.90%
56 to 60	18	25.34%
61 to 65	3	4.23%
Total	71	100%

### 1.8 Staff Involved in Disciplinary Procedures

	Headcount	%
<= 20 years	2	2.33%
21 to 25	4	4.65%
26 to 30	10	11.63%
31 to 35	10	11.63%
36 to 40	6	6.98%
41 to 45	7	8.14%
46 to 50	13	15.11%
51 to 55	17	19.76%
56 to 60	11	12.79%
61 to 65	6	6.98%
66 to 70	0	0.00%
>= 71 years	0	0.00%
Total	86	100%

## Disability

### Our Workforce

#### 2.1 Headcount

	Headcount	%
Disabled	362	2.84%
Not Disabled	9,836	77.09%
Prefer Not to Say	5	0.04%
Not Recorded on ESR	2,556	20.03%
<b>Total</b>	<b>12,759</b>	<b>100%</b>

	Disabled	Not Disabled	Prefer not to Say	Not Recorded on ESR	Total
Add Prof Scientific and Technic	14	309	0	73	396
Additional Clinical Services	69	2,558	1	507	3,135
Admin & Clerical	90	1,762	2	465	2,319
Allied Health Professional	35	594	0	158	787
Estates and Ancillary	31	982	0	353	1,366
Healthcare Scientists	4	126	0	79	209
Medical & Dental	9	743	0	261	1,013
Nursing & Midwifery Registered	110	2,762	2	660	3,534
<b>Total</b>	<b>362</b>	<b>9,836</b>	<b>5</b>	<b>2,556</b>	<b>12,759</b>

## 2.2 Pay by Staff Group

	Disabled	Not Disabled	Prefer Not to Say	Not Recorded on ESR	Total
Band 1	1	6	0	0	16
Band 2	80	2,787	0	542	3,409
Band 3	42	1,118	1	330	1,491
Band 4	26	638	0	271	935
Band 5	85	1,730	2	350	2,167
Band 6	65	1,430	0	406	1,901
Band 7	34	843	1	253	1,131
Band 8a	10	301	0	69	380
Band 8b	5	105	0	24	134
Band 8c	2	53	0	18	73
Band 8d	1	21	0	7	29
Band 9	0	11	0	3	14
Consultant	3	213	0	107	323
Speciality Doctors	2	170	0	49	221
Other Doctors in Training	1	286	0	47	334
Hospital Practitioners & Clinical Assistants	0	0	0	8	8
Other Medical and Dental Staff	3	52	0	47	102
Other	2	72	1	16	91
<b>Total</b>	<b>362</b>	<b>9,836</b>	<b>5</b>	<b>2,556</b>	<b>12,759</b>

	Disabled	Not Disabled	Prefer not to Say	Not Recorded on ESR	Total
Add Prof Scientific and Technic	£42,340	£42,195	£0	£40,586	£41,933
Additional Clinical Services	£20,633	£20,648	£21,777	£22,207	£20,939
Admin & Clerical	£28,054	£29,124	£19,971	£31,235	£29,481
Allied Health Professional	£36,656	£38,308	£0	£43,559	£39,238
Estates and Ancillary	£21,747	£20,477	£0	£21,330	£20,773
Healthcare Scientists	£31,434	£37,630	£0	£43,036	£39,467
Medical & Dental	£85,100	£75,027	£0	£90,311	£79,518
Nursing & Midwifery Registered	£33,759	£35,603	£37,416	£38,973	£36,120
<b>Total</b>	<b>£30,657</b>	<b>£32,410</b>	<b>£26,889</b>	<b>£36,691</b>	<b>£33,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

## 2.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Disabled	304	27	2	0	29	362
Not Disabled	7,562	854	262	7	1,151	9,836
Prefer Not to Say	5	0	0	0	0	5
Not Recorded on ESR	2,289	77	62	3	125	2,556
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
Disabled	197	165	362
Not Disabled	5,032	4,804	9,836
Prefer Not to Say	4	1	5
Not Recorded on ESR	1,205	1,351	2,556
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

## 2.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	1,276	3.44%	563	4.89%	172	4.00%
Disability: No	35,334	95.13%	10,663	92.68%	4,022	93.51%
Disability: Undisclosed	159	0.43%	279	2.43%	107	2.49%
<b>Total</b>	<b>37,143</b>	<b>100.0%</b>	<b>11,505</b>	<b>100.0%</b>	<b>4,301</b>	<b>100.0%</b>

## 2.5 Leavers

	Headcount	%
Disabled	31	2.48%
Not Disabled	866	69.27%
Prefer Not to Say	2	0.17%
Not Recorded on ESR	351	28.08%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

## 2.6 Training Attendance (excludes leadership development)

	Attendance / Courses Completed	%
Disabled	873	1.28%
Not Disabled	26,952	39.45%
Prefer Not to Say	40,458	59.22%
Not Recorded on ESR	37	0.05%
<b>Total</b>	<b>68,320</b>	<b>100%</b>



2.7 Staff Involved in Grievance Procedures

	Headcount	%
Disabled	3	4.23%
Not Disabled	50	70.42%
Not Recorded on ESR	18	25.35%
Total	71	100%

2.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Disabled	3	3.49%
Not Disabled	56	65.11%
Not Recorded on ESR	27	31.40%
Total	86	100%

# Ethnicity

## Our Workforce

### 3.1 Headcount

	Headcount	%
Asian or Asian British	469	3.68%
Black or Black British	129	1.01%
Mixed	84	0.66%
White	11,308	88.63%
Any Other Ethnic Group	179	1.40%
Not Recorded on ESR	590	4.62%
Total	12,759	100%

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Add Prof Scientific and Technic	4	1	1	369	4	17	396
Additional Clinical Services	39	13	27	2,942	20	94	3,135
Admin & Clerical	21	13	12	2,194	9	70	2,319
Allied Health Professional	15	12	4	724	6	26	787
Estates and Ancillary	28	2	4	1,235	14	83	1,366
Healthcare Scientists	7	3	1	188	1	9	209
Medical & Dental	273	66	12	425	9	168	1,013
Nursing & Midwifery Registered	82	19	23	3,231	56	123	3,534
Total	469	129	84	11,308	179	590	12,759

### 3.2 Pay by Staff Group

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Band 1	1	0	0	13	0	2	16
Band 2	58	17	20	3,166	28	120	3,409
Band 3	16	3	12	1,393	9	58	1,491
Band 4	5	1	4	892	4	29	935
Band 5	66	15	14	1,968	38	66	2,167
Band 6	33	21	9	1,741	19	78	1,901
Band 7	14	4	8	1,063	11	31	1,131
Band 8a	3	2	2	362	1	10	380
Band 8b	0	0	0	130	0	4	134
Band 8c	0	0	2	68	0	3	73
Band 8d	0	0	0	25	0	4	29
Band 9	0	0	0	14	0	0	14
Consultant	93	13	4	173	16	24	323
Speciality Doctors	88	15	3	51	23	41	221
Other Doctors in Training	65	35	5	126	25	78	334
Hospital Practitioners & Clinical Assistants	1	0	0	4	0	3	8
Other Medical and Dental Staff	22	3	0	51	5	21	102
Other	4	0	1	68	0	18	91
<b>Total</b>	<b>469</b>	<b>129</b>	<b>84</b>	<b>11,308</b>	<b>179</b>	<b>590</b>	<b>12,759</b>

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Add Prof Scientific and Technic	£43,493	£40,057	£47,126	£42,166	£38,995	£36,575	£41,933
Additional Clinical Services	£20,426	£18,527	£20,520	£20,928	£20,318	£21,988	£20,939
Admin & Clerical	£26,551	£25,899	£30,606	£29,545	£26,758	£29,298	£29,481
Allied Health Professional	£38,171	£34,117	£50,787	£39,196	£30,630	£44,022	£39,238
Estates and Ancillary	£20,036	£19,918	£19,070	£20,829	£19,972	£20,469	£20,773
Healthcare Scientists	£35,523	£37,409	£32,306	£39,558	£39,027	£42,604	£39,467
Medical & Dental	£78,838	£62,297	£72,495	£90,784	£71,600	£68,635	£79,518
Nursing & Midwifery Registered	£32,931	£34,733	£35,184	£36,131	£33,509	£40,724	£36,120
<b>Total</b>	<b>£56,568</b>	<b>£46,948</b>	<b>£36,482</b>	<b>£31,603</b>	<b>£43,180</b>	<b>£38,653</b>	<b>£33,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 3.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Asian or Asian British	330	62	61	0	16	469
Black or Black British	76	34	11	0	8	129
Mixed	61	10	2	0	11	84
White	9,151	776	154	5	1,222	11,308
Any Other Ethnic Group	131	19	23	0	6	179
Not Recorded on ESR	411	57	75	5	42	590
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
Asian or Asian British	319	150	469
Black or Black British	98	31	129
Mixed	47	37	84
White	5,612	5,696	11,308
Any Other Ethnic Group	112	67	179
Not Recorded on ESR	250	340	590
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

### 3.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
ASIAN OR ASIAN BRITISH - Bangladeshi	342	0.92%	44	0.38%	11	0.26%
ASIAN OR ASIAN BRITISH – Indian	3,175	8.55%	357	3.10%	86	2.00%
ASIAN OR ASIAN BRITISH – Pakistani	1,773	4.77%	126	1.10%	35	0.81%
ASIAN OR ASIAN BRITISH – Any other Asian Background	1,085	2.92%	206	1.79%	68	1.58%
BLACK OR BLACK BRITISH – African	5,752	15.49%	335	2.91%	78	1.81%
BLACK OR BLACK BRITISH – Caribbean	77	0.21%	24	0.21%	6	0.14%
BLACK OR BLACK BRITISH – Any other Black Background	237	0.64%	11	0.10%	0	0.00%
MIXED – White & Asian	118	0.32%	29	0.25%	15	0.35%
MIXED – White & Black African	845	2.27%	73	0.63%	11	0.26%
MIXED – White & Black Caribbean	88	0.24%	38	0.33%	11	0.26%
MIXED – Any other Mixed Background	296	0.80%	49	0.43%	15	0.35%
WHITE – British	19,098	51.42%	9,354	81.30%	3,665	85.21%
WHITE – Irish	147	0.40%	62	0.54%	25	0.58%
WHITE – Any other White Background	1,458	3.93%	354	3.08%	128	2.98%

OTHER ETHNIC GROUP – Chinese	108	0.48%	25	0.22%	0	0.00%
OTHER ETHNIC GROUP – Any other Ethnic Group	1,987	5.35%	195	1.69%	49	1.14%
Undisclosed	557	1.50%	223	1.94%	93	2.16%
<b>Total</b>	<b>37,143</b>	<b>100.0%</b>	<b>11,505</b>	<b>100.0%</b>	<b>4,301</b>	<b>100.0%</b>

### 3.5 Leavers

	Headcount	%
Asian or Asian British	78	6.24%
Black or Black British	25	2.00%
Mixed	8	0.64%
White	1,023	81.84%
Any Other Ethnic Group	28	2.24%
Not Recorded on ESR	88	7.04%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

### 3.6 Training Attendance (*excludes leadership development*)

	Attendance / Courses Completed	%
Asian or Asian British	2,425	3.55%
Black or Black British	902	1.32%
Mixed	578	0.85%
White	60,392	88.40%
Any Other Ethnic Group	926	1.36%
Not Recorded on ESR	3,097	4.53%
<b>Total</b>	<b>68,320</b>	<b>100%</b>

### 3.7 Staff Involved in Grievance Procedures

	Headcount	%
Asian or Asian British	0	0.00%
Black or Black British	2	2.82%
Mixed	0	0.00%
White	65	91.55%
Any Other Ethnic Group	0	0.00%
Not Recorded on ESR	4	5.63%
<b>Total</b>	<b>71</b>	<b>100%</b>

3.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Asian or Asian British	6	6.98%
Black or Black British	1	1.16%
Mixed	1	1.16%
White	71	82.56%
Any Other Ethnic Group	2	2.33%
Not Recorded on ESR	5	5.81%
Total	86	100%

# Gender

## Our Workforce

### 4.1 Headcount

	Headcount	%
Female	9,940	77.91%
Male	2,819	22.09%
<b>Total</b>	<b>12,759</b>	<b>100%</b>

	FTE	%
Female	7,456.28	77.16%
Male	2,207.12	22.84%
<b>Total</b>	<b>9,663.40</b>	<b>100%</b>

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Additional Clinical Services	2,654	26.70%	481	17.06%	3,135	24.57%
Administration and Clerical	1,922	19.34%	397	14.08%	2,319	18.18%
Allied Health Professionals	612	6.16%	175	6.21%	787	6.17%
Estates and Ancillary	726	7.30%	640	22.70%	1,366	10.71%
Healthcare Scientists	123	1.24%	86	3.05%	209	1.64%
Medical and Dental	341	3.43%	672	23.84%	1,013	7.94%
Nursing and Midwifery Registered	3,262	32.82%	272	9.65%	3,534	27.70%
Professional Scientific and Technical	300	3.02%	96	3.41%	396	3.10%
<b>Total</b>	<b>9,940</b>	<b>100%</b>	<b>2,819</b>	<b>100%</b>	<b>12,759</b>	<b>100%</b>



## 4.2 Pay by Staff Group

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	9	0.09%	7	0.25%	16	0.13%
Band 2	2,654	26.70%	755	26.78%	3,409	26.72%
Band 3	1,174	11.81%	317	11.25%	1,491	11.69%
Band 4	820	8.25%	115	4.08%	935	7.33%
Band 5	1,882	18.93%	285	10.11%	2,167	16.98%
Band 6	1,589	15.99%	312	11.07%	1,901	14.90%
Band 7	949	9.55%	182	6.46%	1,131	8.86%
Band 8a	296	2.98%	84	2.98%	380	2.98%
Band 8b	104	1.05%	30	1.06%	134	1.05%
Band 8c	49	0.49%	24	0.85%	73	0.57%
Band 8d	21	0.21%	8	0.28%	29	0.23%
Band 9	5	0.05%	9	0.32%	14	0.11%
Consultants	91	0.92%	232	8.23%	323	2.53%
Specialty Doctors	73	0.73%	148	5.25%	221	1.73%
Other Doctors in Training	123	1.24%	211	7.48%	334	2.62%
Hospital Practitioners & Clinical Assistants	1	0.01%	7	0.25%	8	0.06%
Other Medical and Dental	38	0.38%	64	2.27%	102	0.80%
Other	62	0.62%	29	1.03%	91	0.71%
<b>Total</b>	<b>9,940</b>	<b>100%</b>	<b>2,819</b>	<b>100%</b>	<b>12,759</b>	<b>100%</b>

	Female	Male	Total
Additional Clinical Services	£41,534	£43,168	£41,933
Administration and Clerical	£20,875	£21,229	£20,939
Allied Health Professionals	£27,929	£36,310	£29,481
Estates and Ancillary	£39,379	£38,777	£39,238
Healthcare Scientists	£19,918	£21,541	£20,773
Medical and Dental	£39,502	£39,421	£39,467
Nursing and Midwifery Registered	£76,838	£80,710	£79,518
Professional Scientific and Technical	£36,061	£36,749	£36,120
<b>Total</b>	<b>£31,311</b>	<b>£39,694</b>	<b>£33,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 4.3 Contract Type and Working Pattern

Contract Type						
	Female		Male		Total	
Assignment Category	Headcount	%	Headcount	%	Headcount	%
Permanent	8,093	81.42%	2,067	73.32%	10,160	79.63%
Fixed Term Temp	674	6.78%	284	10.07%	958	7.51%
Locum	117	1.18%	209	7.41%	326	2.56%
Non-Exec Director/Chair	4	0.04%	6	0.21%	10	0.08%
Bank	1,052	10.58%	253	8.97%	1,305	10.23%
<b>Total</b>	<b>9,940</b>	<b>100%</b>	<b>2,819</b>	<b>100%</b>	<b>12,759</b>	<b>100%</b>

Working Pattern						
	Female		Male		Total	
Employee Category	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,515	45.42%	1,923	68.22%	6,438	50.46%
Part-Time	5,425	54.58%	896	31.78%	6,321	49.54%
<b>Total</b>	<b>9,940</b>	<b>100%</b>	<b>2,819</b>	<b>100%</b>	<b>12,759</b>	<b>100%</b>

### 4.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	23,930	64.43%	8,716	75.76%	3,393	78.89%
Male	13,054	35.15%	2,715	23.60%	883	20.53%
Undisclosed	159	0.43%	74	0.64%	25	0.58%
<b>Total</b>	<b>37,143</b>	<b>100.0%</b>	<b>11,505</b>	<b>100.0%</b>	<b>4,301</b>	<b>100.0%</b>

### 4.5 Leavers

	Headcount	%
Female	903	72.24%
Male	347	27.76%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

**4.6 Training Attendance (*excludes leadership development*)**

	Attendance / Courses Completed	%
Female	55,834	81.72%
Male	12,486	18.28%
Total	68,320	100%

**4.7 Staff Involved in Grievance Procedures**

	Headcount	%
Female	51	71.83%
Male	20	28.17%
Total	71	100%

**4.8 Staff Involved in Disciplinary Procedures**

	Headcount	%
Female	64	74.42%
Male	22	25.58%
Total	86	100%

# Marital Status (Marriage and Civil Partnership)

## Our Workforce

### 5.1 Headcount

	Headcount	%
Civil Partnership	257	2.01%
Divorced	958	7.51%
Legally Separated	125	0.98%
Married	6,304	49.41%
Single	4,375	34.29%
Widowed	137	1.07%
Not Recorded on ESR	603	4.73%
<b>Total</b>	<b>12,759</b>	<b>100%</b>

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Add Prof Scientific and Technic	7	18	1	199	141	1	29	396
Additional Clinical Services	103	224	39	1,208	1,399	41	121	3,135
Admin & Clerical	45	201	21	1,270	656	21	105	2,319
Allied Health Professional	9	41	9	417	278	6	27	787
Estates and Ancillary	29	98	12	513	593	16	105	1,366
Healthcare Scientists	2	7	2	118	70	0	10	209
Medical & Dental	6	31	6	620	282	2	66	1,013
Nursing & Midwifery Registered	56	338	35	1,959	956	50	140	3,534
<b>Total</b>	<b>257</b>	<b>958</b>	<b>125</b>	<b>6,304</b>	<b>4,375</b>	<b>137</b>	<b>603</b>	<b>12,759</b>

## 5.2 Pay by Staff Group

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Band 1	0	1	0	6	6	0	3	16
Band 2	109	235	32	1,198	1,628	44	163	3,409
Band 3	38	131	20	735	488	20	59	1,491
Band 4	16	91	13	503	265	8	39	935
Band 5	32	181	18	1,018	792	30	96	2,167
Band 6	30	145	22	1,052	545	17	90	1,901
Band 7	15	90	9	731	227	9	50	1,131
Band 8a	8	23	4	253	74	2	16	380
Band 8b	0	10	1	94	20	3	6	134
Band 8c	1	6	0	52	11	0	3	73
Band 8d	0	7	0	19	2	0	1	29
Band 9	0	2	0	9	2	0	1	14
Consultant	3	20	3	242	30	1	24	323
Speciality Doctors	1	4	1	161	43	0	11	221
Other Doctors in Training	1	3	0	125	186	0	19	334
Hospital Practitioners & Clinical Assistants	0	0	0	6	0	0	2	8
Other Medical and Dental Staff	1	3	2	66	19	1	10	102
Other	2	6	0	34	37	2	10	91
<b>Total</b>	<b>257</b>	<b>958</b>	<b>125</b>	<b>6,304</b>	<b>4,375</b>	<b>137</b>	<b>603</b>	<b>12,759</b>

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Add Prof Scientific and Technic	£41,179	£37,734	£39,027	£45,172	£38,370	£63,862	£42,012	£41,933
Additional Clinical Services	£20,072	£21,346	£21,060	£21,503	£20,331	£20,308	£21,338	£20,939
Admin & Clerical	£26,247	£30,030	£28,316	£31,248	£26,013	£27,918	£31,154	£29,841
Allied Health Professional	£42,795	£42,719	£38,595	£42,119	£34,701	£40,748	£42,435	£39,238
Estates and Ancillary	£19,642	£20,723	£19,704	£21,432	£20,132	£19,959	£20,868	£20,773
Healthcare Scientists	£43,077	£37,947	£31,737	£41,509	£36,293	£0	£40,645	£39,467
Medical & Dental	£102,766	£93,538	£104,421	£82,910	£59,998	£108,117	£91,208	£79,518
Nursing & Midwifery Registered	£33,851	£37,709	£35,329	£37,742	£32,991	£35,990	£34,276	£36,120
<b>Total</b>	<b>£27,407</b>	<b>£32,431</b>	<b>£32,054</b>	<b>£36,673</b>	<b>£28,428</b>	<b>£29,764</b>	<b>£34,420</b>	<b>£32,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 5.3. Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Civil Partnership	203	27	3	0	24	257
Divorced	804	68	7	1	78	958
Legally Separated	102	9	1	0	13	125
Married	5,298	448	141	6	411	6,304
Single	3,144	363	148	0	720	4,375
Widowed	106	14	0	0	17	137
Not Recorded on ESR	503	29	26	3	42	603
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
Civil Partnership	119	138	257
Divorced	471	487	958
Legally Separated	75	50	125
Married	3,075	3,229	6,304
Single	2,309	2,066	4,375
Widowed	39	98	137
Not Recorded on ESR	350	253	603
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

### 5.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	993	2.67%	414	3.60%	156	3.63%
Divorced	1,360	3.66%	627	5.45%	222	5.16%
Legally Separated	178	0.48%	99	0.86%	38	0.88%
Married	14,233	38.32%	4,405	38.29%	1,651	38.39%
Other	828	2.23%	407	3.54%	166	3.86%
Single	18,801	50.62%	5,188	45.09%	1,906	44.32%
Widowed	162	0.44%	72	0.63%	33	0.77%
Undisclosed	588	1.58%	293	2.55%	129	3.00%
<b>Total</b>	<b>37,143</b>	<b>100%</b>	<b>11,505</b>	<b>100%</b>	<b>4,301</b>	<b>100%</b>

## 5.5 Leavers

	Headcount	%
Civil Partnership	16	1.28%
Divorced	102	8.16%
Legally Separated	8	0.64%
Married	587	46.96%
Single	446	35.68%
Widowed	26	2.08%
Not Recorded on ESR	65	5.20%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

## 5.6 Staff Involved in Grievance Procedures

	Headcount	%
Civil Partnership	0	0.00%
Divorced	11	15.49%
Legally Separated	1	1.41%
Married	39	54.93%
Single	17	23.94%
Widowed	1	1.41%
Not Recorded on ESR	2	2.82%
<b>Total</b>	<b>71</b>	<b>100%</b>

## 5.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Civil Partnership	0	0.00%
Divorced	6	6.98%
Legally Separated	0	0.00%
Married	40	46.50%
Single	31	36.05%
Widowed	3	3.49%
Not Recorded on ESR	6	6.98%
<b>Total</b>	<b>86</b>	<b>100%</b>

# Maternity and Adoption (Pregnancy and Maternity)

Our Workforce

## 6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	468	3.67%

## 6.2 Leavers

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	0	0.00%



## Religion and Belief (Including No Belief)

### Our Workforce

#### 7.1 Headcount

	Headcount	%
Atheism	1,835	14.38%
Buddhism	53	0.42%
Christianity	5,341	41.86%
Hinduism	87	0.68%
Islam	115	0.90%
Judaism	6	0.05%
Sikhism	4	0.03%
Other	1,279	10.02%
I Do Not Wish to Disclose my Religion/Belief	2,356	18.47%
Not Recorded on ESR	1,683	13.19%
<b>Total</b>	<b>12,759</b>	<b>100%</b>

	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Profession als	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
Atheism	74	572	316	121	208	42	34	468	1,835
Buddhism	2	5	7	0	3	0	23	13	53
Christianity	174	1,312	1,079	332	495	60	118	1,771	5,341
Hinduism	0	3	4	6	2	3	60	9	87
I do not wish to disclose my religion/belief	54	448	354	135	223	37	539	566	2,356
Islam	4	4	6	3	2	1	89	6	115
Jainism	0	0	1	0	0	0	2	1	4
Judaism	0	1	1	1	0	0	0	3	6
Other	34	426	222	70	145	14	17	347	1,275
Sikhism	1	0	1	0	0	0	1	1	4
Not Recorded on ESR	53	364	328	119	288	52	130	349	1,683
<b>Total</b>	<b>396</b>	<b>3,135</b>	<b>2,319</b>	<b>787</b>	<b>1,366</b>	<b>209</b>	<b>1,013</b>	<b>3,534</b>	<b>12,759</b>

## 7.2 Pay by Staff Group

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/ belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Band 1	1	0	4	0	1	0	0	0	0	0	10	16
Band 2	604	8	1,407	4	527	5	0	0	444	0	410	3,409
Band 3	212	3	639	2	209	3	0	0	181	0	242	1,491
Band 4	119	1	391	1	121	3	1	0	85	0	213	935
Band 5	366	8	1,000	11	325	6	1	3	228	1	218	2,167
Band 6	281	6	860	6	334	4	0	0	180	0	230	1,901
Band 7	128	3	570	3	168	4	0	1	103	1	150	1,131
Band 8a	57	2	187	0	61	1	0	1	26	1	44	380
Band 8b	16	0	80	0	17	0	0	0	6	0	15	134
Band 8c	7	0	37	0	15	0	0	1	0	0	13	73
Band 8d	2	0	19	0	4	0	0	0	1	0	3	29
Band 9	3	0	6	0	2	0	0	0	0	0	3	14
Consultant	12	6	49	26	127	18	1	0	10	0	74	323
Speciality Doctors	4	9	24	17	115	36	1	0	2	1	12	221
Other Doctors in Training	8	7	28	13	243	30	0	0	3	0	2	334
Hospital Practitioner & Clinical Assistants	0	0	0	0	2	0	0	0	0	0	6	8
Other Medical and Dental Staff	6	0	7	3	44	4	0	0	2	0	36	102
Other	9	0	33	1	41	1	0	0	4	0	2	91
<b>Total</b>	<b>1,835</b>	<b>53</b>	<b>5,341</b>	<b>87</b>	<b>2,356</b>	<b>115</b>	<b>4</b>	<b>6</b>	<b>1,275</b>	<b>4</b>	<b>1,683</b>	<b>12,759</b>

	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
Atheism	£39,432	£20,676	£28,616	£35,757	£20,609	£35,334	£76,785	£33,901	£29,614
Buddhism	£35,946	£21,817	£27,185	£0	£19,437	£0	£66,619	£37,199	£47,109
Christianity	£44,686	£20,682	£29,927	£39,245	£20,896	£40,503	£77,204	£36,382	£31,923
Hinduism	£0	£20,607	£24,281	£35,282	£19,918	£33,091	£77,605	£30,459	£63,702
I do not wish to disclose my religion/belief	£40,862	£20,891	£29,986	£39,696	£20,389	£39,853	£77,142	£37,268	£37,151
Islam	£40,353	£19,981	£22,741	£34,632	£19,918	£32,306	£65,787	£31,912	£57,475
Jainism	£0	£0	£22,549	£0	£0	£0	£73,447	£31,534	£50,626
Judaism	£0	£25,644	£65,664	£53,219	£0	£0	£0	£32,629	£42,085
Other	£36,980	£20,824	£26,290	£37,038	£20,561	£35,167	£95,439	£34,412	£28,580
Sikhism	£0	£0	£42,121	£0	£0	£0	£71,991	£53,219	£55,777
Not Recorded on ESR	£40,789	£22,177	£30,572	£43,980	£21,006	£43,038	£99,451	£38,302	£35,670
<b>Total</b>	<b>£41,933</b>	<b>£20,939</b>	<b>£29,481</b>	<b>£39,238</b>	<b>£20,773</b>	<b>£39,467</b>	<b>£79,518</b>	<b>£36,120</b>	<b>£33,234</b>

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 7.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Atheism	1,367	167	3	0	298	1,835
Buddhism	39	11	1	0	2	53
Christianity	4,403	390	10	0	538	5,341
Hinduism	66	18	2	0	1	87
I do not wish to disclose my religion/belief	1,595	231	284	9	237	2,356
Islam	72	34	8	0	1	115
Jainism	4	0	0	0	0	4
Judaism	5	1	0	0	0	6
Other	1,013	100	4	0	158	1,275
Sikhism	2	1	0	0	1	4
Not Recorded on ESR	1,594	5	14	1	69	1,683
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
Atheism	983	852	1,835
Buddhism	39	14	53
Christianity	2,833	2,508	5,341
Hinduism	71	16	87
I do not wish to disclose my religion/belief	917	1,439	2,356
Islam	96	19	115
Jainism	3	1	4
Judaism	4	2	6
Other	630	645	1,275
Sikhism	3	1	4
Not Recorded on ESR	859	824	1,683
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

## 7.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	5,285	14.23%	2,428	21.10%	989	22.99%
Buddhism	464	1.25%	116	1.01%	36	0.84%
Christianity	16,949	45.63%	5,244	45.58%	1,938	45.06%
Hinduism	1,778	4.79%	200	1.74%	47	1.09%
Islam	5,276	14.20%	440	3.82%	117	2.72%
Jainism	25	0.07%	0	0.00%	0	0.00%
Judaism	18	0.05%	8	0.07%	0	0.00%
Sikhism	55	0.15%	10	0.09%	0	0.00%
Other	3,657	9.85%	1,545	13.43%	592	13.76%
Undisclosed	3,636	9.79%	1,511	13.13%	572	13.30%
<b>Total</b>	<b>37,143</b>	<b>100%</b>	<b>11,505</b>	<b>100%</b>	<b>4,301</b>	<b>100%</b>

## 7.5 Leavers

	Headcount	%
Atheism	173	13.84%
Buddhism	7	0.56%
Christianity	411	32.88%
Hinduism	12	0.96%
Islam	43	3.44%
Other	89	7.12%
Jainism	1	0.08%
I Do Not Wish to Disclose my Religion/Belief	292	23.36%
Not Recorded on ESR	222	17.76%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

## 7.6 Training Attendance (*excludes leadership development*)

	Attendance / Courses Completed	%
Atheism	11,290	16.53%
Buddhism	252	0.37%
Christianity	30,171	44.16%
Hinduism	733	1.07%
Islam	692	1.01%
Judaism	68	0.10%
Jainism	23	0.03%
Sikhism	22	0.03%
I Do Not Wish to Disclose my Religion/Belief	12,482	18.27%
Other	7,127	10.43%
Not Recorded on ESR	5,460	7.99%
<b>Total</b>	<b>68,320</b>	<b>100%</b>

## 7.7 Staff Involved in Grievance Procedures

	Headcount	%
Atheism	10	14.08%
Buddhism	0	0.00%
Christianity	29	40.85%
Hinduism	0	0.00%
Islam	1	1.41%
Judaism	0	0.00%
Jainism	0	0.00%
Sikhism	0	0.00%
I Do Not Wish to Disclose my Religion/Belief	13	18.31%
Other	5	7.04%
Not Recorded on ESR	13	18.31%
<b>Total</b>	<b>71</b>	<b>100%</b>

## 7.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Atheism	13	15.12%
Buddhism	0	0.00%
Christianity	26	30.22%
Hinduism	2	2.33%
Islam	0	0.00%
Judaism	0	0.00%
Jainism	0	0.00%
Sikhism	0	0.00%
I Do Not Wish to Disclose my Religion/Belief	21	24.42%
Other	9	10.47%
Not Recorded on ESR	15	17.44%
<b>Total</b>	<b>86</b>	<b>100%</b>

## Sexual Orientation

### Our Workforce

#### 8.1 Headcount

	Headcount	%
Bisexual	90	0.71%
Gay or Lesbian	168	1.32%
Heterosexual or Straight	9,358	73.34%
Not Stated – Person Asked but Declined to Provide a Response	1,425	11.17%
Not Recorded on ESR	1,688	13.23%
Other Sexual Orientation Not Listed	16	0.13%
Undecided	14	0.11%
<b>Total</b>	<b>12,759</b>	<b>100%</b>

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Declined to Respond)	Not Recorded on ESR	Other	Undecided	Total
Add Prof Scientific and Technic	5	1	304	31	54	0	1	396
Additional Clinical Services	29	53	2,518	168	359	5	3	3,135
Admin & Clerical	10	34	1,748	184	334	5	4	2,319
Allied Health Professional	5	14	567	80	119	2	0	787
Estates and Ancillary	14	12	932	117	288	0	3	1,366
Healthcare Scientists	3	2	128	23	53	0	0	209
Medical & Dental	3	4	368	507	130	1	0	1,013
Nursing & Midwifery Registered	21	48	2,793	315	351	3	3	3,534
<b>Total</b>	<b>90</b>	<b>168</b>	<b>9,358</b>	<b>1,425</b>	<b>1,688</b>	<b>16</b>	<b>14</b>	<b>12,759</b>

## 8.2 Pay by Band and Staff Group

	Bisexual	Gay or Lesbian	Heterosexual or straight	Not Stated (Declined to Respond)	Not Recorded on ESR	Other	Undecided	Total
Band 1	0	0	4	2	10	0	0	16
Band 2	33	45	2,694	219	409	3	6	3,409
Band 3	7	17	1,129	95	241	2	0	1,491
Band 4	8	14	631	64	216	1	1	935
Band 5	16	38	1,710	176	217	6	4	2,167
Band 6	13	24	1,446	182	233	1	2	1,901
Band 7	5	9	877	88	150	1	1	1,131
Band 8a	3	10	288	33	45	1	0	380
Band 8b	2	1	100	15	16	0	0	134
Band 8c	0	1	51	8	13	0	0	73
Band 8d	0	0	24	2	3	0	0	29
Band 9	0	1	8	2	3	0	0	14
Consultant	1	3	127	118	74	0	0	323
Speciality Doctors	2	0	92	115	12	0	0	221
Other Doctors in Training	0	1	95	235	2	1	0	334
Hospital Practitioner & Clinical Assistants	0	0	1	1	6	0	0	8
Other Medical and Dental Staff	0	0	31	35	36	0	0	102
Other	0	4	50	35	2	0	0	91
<b>Total</b>	<b>90</b>	<b>168</b>	<b>9,358</b>	<b>1,425</b>	<b>1,688</b>	<b>16</b>	<b>14</b>	<b>12,759</b>

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Declined to Respond)	Not Recorded on ESR	Other	Undecided	Total
Add Prof Scientific and Technic	£42,092	£34,172	£42,212	£42,548	£40,271	£0	£32,306	£41,933
Additional Clinical Services	£20,639	£19,993	£20,727	£21,247	£22,162	£23,313	£22,414	£20,939
Admin & Clerical	£24,349	£36,508	£29,054	£30,989	£30,493	£28,570	£23,819	£29,481
Allied Health Professional	£39,276	£41,140	£38,254	£39,478	£32,929	£25,655	£0	£39,238
Estates and Ancillary	£19,403	£19,291	£20,689	£20,979	£21,006	£0	£18,731	£20,773
Healthcare Scientists	£32,951	£49,834	£37,514	£42,577	£43,330	£0	£0	£39,467
Medical & Dental	£84,654	£87,358	£74,555	£76,435	£99,489	£25,563	£0	£79,518
Nursing & Midwifery Registered	£32,219	£33,145	£35,785	£38,033	£38,304	£35,029	£39,327	£36,120
<b>Total</b>	<b>£30,372</b>	<b>£31,487</b>	<b>£31,746</b>	<b>£43,104</b>	<b>£35,703</b>	<b>£28,572</b>	<b>£27,923</b>	<b>£33,234</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2022.

### 8.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Bisexual	63	9	0	0	18	90
Gay or Lesbian	134	20	0	0	14	168
Heterosexual or Straight	7,475	749	40	0	1,094	9,358
Not Stated (Declined to Respond)	858	172	272	9	114	1,425
Not Recorded on ESR	1,608	5	14	1	60	1,688
Other	12	2	0	0	2	16
Undecided	10	1	0	0	3	14
<b>Total</b>	<b>10,160</b>	<b>958</b>	<b>326</b>	<b>10</b>	<b>1,305</b>	<b>12,759</b>

Working Pattern			
	Full Time	Part Time	Total
Bisexual	48	42	90
Gay or Lesbian	108	60	168
Heterosexual or Straight	4,944	4,414	9,358
Not Stated (Declined to Respond)	456	969	1,425
Not Recorded on ESR	866	822	1,688
Other	10	6	16
Undecided	6	8	14
<b>Total</b>	<b>6,438</b>	<b>6,321</b>	<b>12,759</b>

### 8.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	576	1.55%	179	1.56%	14	0.33%
Gay or Lesbian	553	1.49%	254	2.21%	112	2.60%
Heterosexual or Straight	34,663	93.32%	10,588	92.03%	3,945	91.72%
Other	87	0.23%	30	0.26%	55	1.28%
Undisclosed	1,264	3.40%	454	3.95%	175	4.07%
<b>Total</b>	<b>37,143</b>	<b>100%</b>	<b>11,505</b>	<b>100%</b>	<b>4,301</b>	<b>100%</b>



## 8.5 Leavers

	Headcount	%
Bisexual	16	1.28%
Gay or Lesbian	11	0.88%
Heterosexual or Straight	757	60.56%
Not Stated – Person Asked but Declined to Provide a Response	239	19.12%
Not Recorded on ESR	223	17.84%
Other Sexual Orientation Not Listed	2	0.16%
Undecided	2	0.16%
<b>Total</b>	<b>1,250</b>	<b>100%</b>

## 8.6 Training Attendance (*excludes leadership development*)

	Attendance / Courses Completed	%
Bisexual	785	1.15%
Gay or Lesbian	1,110	1.62%
Heterosexual or Straight	53,673	78.56%
Not Stated – Person Asked but Declined to Provide a Response	6,977	10.21%
Not Recorded on ESR	5,509	8.06%
Other Sexual Orientation Not Listed	156	0.23%
Undecided	110	0.16%
<b>Total</b>	<b>68,320</b>	<b>100%</b>

## 8.7 Staff Involved in Grievance Procedures

	Headcount	%
Bisexual	2	2.82%
Gay or Lesbian	0	0.00%
Heterosexual or Straight	48	67.60%
Not Stated – Person Asked but Declined to Provide a Response	8	11.27%
Not Recorded on ESR	13	18.31%
Other Sexual Orientation Not Listed	0	0.00%
Undecided	0	0.00%
<b>Total</b>	<b>71</b>	<b>100%</b>

## 8.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Bisexual	1	1.16%
Gay or Lesbian	2	2.33%
Heterosexual or Straight	54	62.79%
Not Stated – Person Asked but Declined to Provide a Response	13	15.12%
Not Recorded on ESR	16	18.60%
Other Sexual Orientation Not Listed	0	0.00%
Undecided	0	0.00%
<b>Total</b>	<b>86</b>	<b>100%</b>

## Welsh Language

### Our Workforce

## 9.1 Headcount by Staff Group

	0 – No Skills	1 – Entry	2 – Foundation	3 – Intermediate	4 – Higher	5 – Proficiency	Not Recorded on ESR	Total
Add Prof Scientific and Technic	118	88	35	18	40	75	5	379
Additional Clinical Services	892	604	235	239	208	276	13	2,467
Admin & Clerical	750	671	242	210	182	198	25	2,278
Allied Health Professional	273	187	74	46	66	104	8	758
Estates and Ancillary	475	221	75	68	80	138	27	1,084
Healthcare Scientists	66	45	20	15	31	30	1	208
Medical & Dental	344	76	23	11	4	22	173	653
Nursing & Midwifery Registered	1,216	759	310	253	274	426	44	3,282
<b>Total</b>	<b>4,134</b>	<b>2,651</b>	<b>1,014</b>	<b>860</b>	<b>885</b>	<b>1,269</b>	<b>295</b>	<b>11,109</b>
<b>%</b>	<b>37.2%</b>	<b>23.9%</b>	<b>9.1%</b>	<b>7.7%</b>	<b>8.0%</b>	<b>11.4%</b>	<b>2.7%</b>	<b>100%</b>



# Pay Gap Report for Gender, Disability & Ethnicity

Reporting Period 01 April 2021 - 31 March 2022

[www.hywelddahb.wales.nhs.uk](http://www.hywelddahb.wales.nhs.uk)

# Introduction

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

We are working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

This report provides an overview of our data but should be read alongside our Strategic Equality Plan Annual Report which includes information on the actions that we have taken to promote diversity and inclusion in the workplace.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 06 April 2017, and requires employers with more than 250 employees to publish annual data on their gender pay gap. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using a report designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).

Alongside our Gender Pay Gap, we are publishing our first Ethnicity and Disability Pay Gap. Hywel Dda University Health Board is committed to ensuring that our pay practices are transparent, fair and equitable.

It should be noted that the data within this report is based on staff who have earned money during the reporting period. The figures may vary from those reported within the Workforce Equality Data chapter of our Strategic Equality Plan Annual Report which includes all staff engaged as workers and employees and will include bank and locum staff.

## What is the Pay Gap?

The pay gap is the difference in average earnings between group of colleagues within the organisation, regardless of what role they are in.

The pay gap is useful in measuring pay equality due to its simple calculation, however, it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

Within this report we look at the pay differences between men and women, our ethnically diverse and white colleagues, and those identified as having a disability and those who do not.

## Gathering the Information

The following data was produced using the ESRBI report. *The report includes all employees (those with a contract of employment) who have earned money in the reporting period whereby an hourly rate can be calculated.* Agency workers and contractors are excluded from the report on the basis that they will form part of the headcount of the agency/company that provides them, and not the employer to which they are on assignment.

All pay gap data provided in this report was obtained through the national Pay Gap dashboards via the ESR Business Intelligence report as of 31 March 2022. The data includes staff on Agenda for Change, staff on non-Agenda for Change terms and conditions. Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

## Regulatory Requirements for Gender Pay Gap

In accordance with the Regulations, this report presents the following:

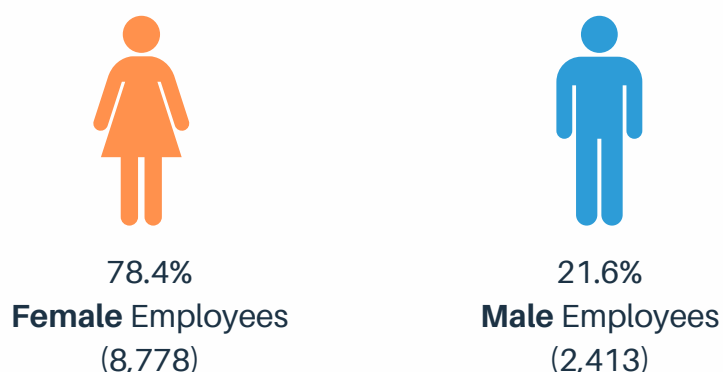
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion (ratio) of males/females receiving a bonus payment

# Gender Pay Gap

## Our Workforce

Agenda for Change and Medical and Dental pay evaluation ensures that jobs are evaluated and not the post holder, it makes no reference to gender of existing or potential job holders. Some of our employees are appointed on a fixed rate salary such as our apprentices, whilst other staff groups are employed on a band which includes salary progression through a national scale.

The calculations used within this report are based on a total of 11,191 employees as at 31 March 2022. Analysis of our internal equality data indicates our gender split is:



## Yearly Comparison of our Mean Gender Pay Gap

Our first Gender Pay Gap report was published in 2019, where there was a difference of 22.90% between the average earnings of male and females. Due to the Covid pandemic in 2020, we were unable to report on our gender pay gap, however in 2021 we saw a decrease of around 5% in the average pay gap compared to 2019. This year we have seen an increase in the pay gap as illustrated by the trend data in the table below.

Year	Average Hourly Rate (Male)	Average Hourly Rate (Female)	Average Pay Gap	% Average Pay Gap
2019	£20.09	£15.48	£4.61	22.90%
2021	£20.63	£17.01	£3.62	17.60%
2022	£21.67	£17.56	£4.11	18.95%

## Rates of Pay

The gender pay gap is defined as the difference between the mean or median hourly rate of pay of females and males.

The mean gender pay gap is the difference between the average hourly earnings of females and males.

Gender	Average Hourly Rate
Male	£21.67
Female	£17.56
Difference	£4.11
% Difference	18.95%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2022. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

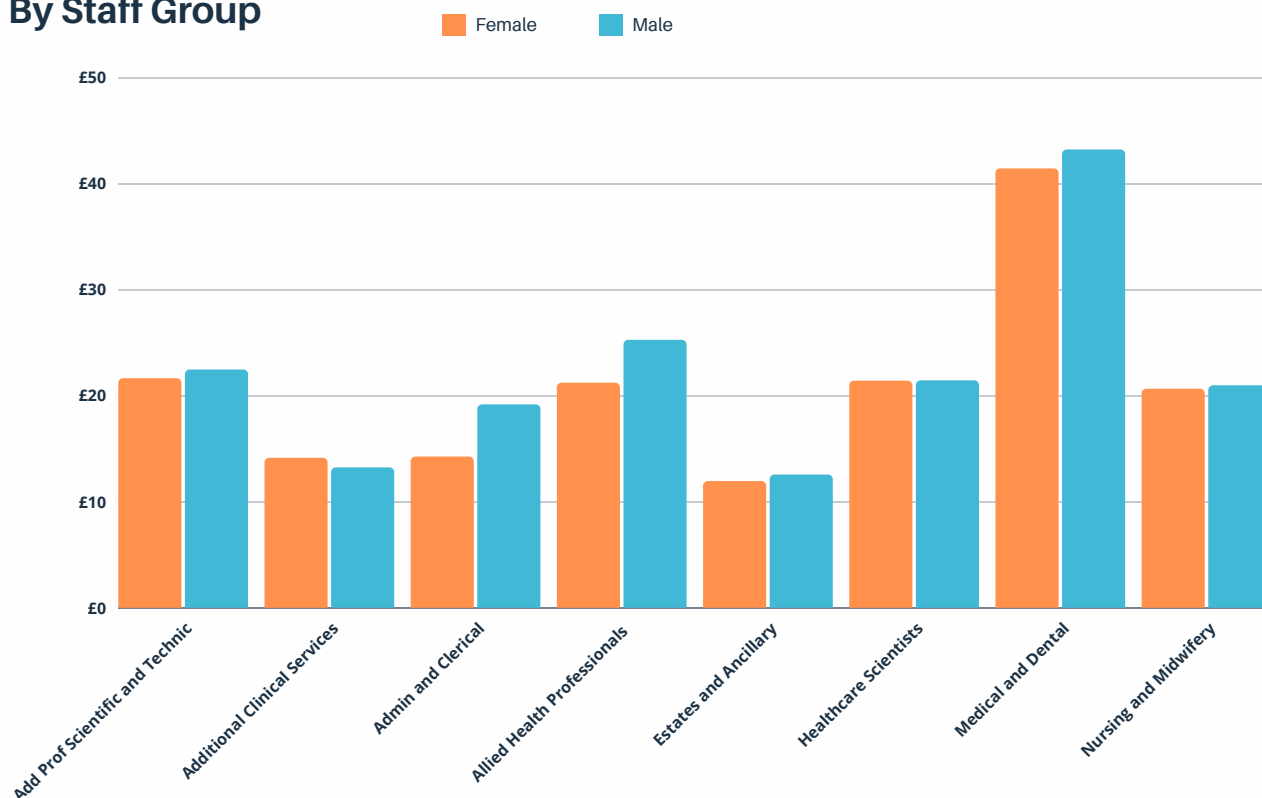
The figures above shows that the mean hourly rate for a male is £21.67 compared to £17.56 for female staff members; males received on average £4.11/hour more than females, a pay gap as a mean average of 18.95% (the 2021 figure was 17.6%).

The median hourly pay gap is the difference between the midpoints in the ranges of hourly earnings between men and women and excludes payments of overtime but includes enhancements for shifts and weekend working.

Gender	Median Hourly Rate
Male	£16.27
Female	£16.13
Difference	£0.14
% Difference	0.86%

As a median average, males received £0.14/hour more than females, a pay gap at a median of 0.86% (the 2021 figure was 0.69%).

## By Staff Group



Males have a higher average hourly rate in the following staff groups:

- Additional Professional Scientific and Technical
- Admin and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery

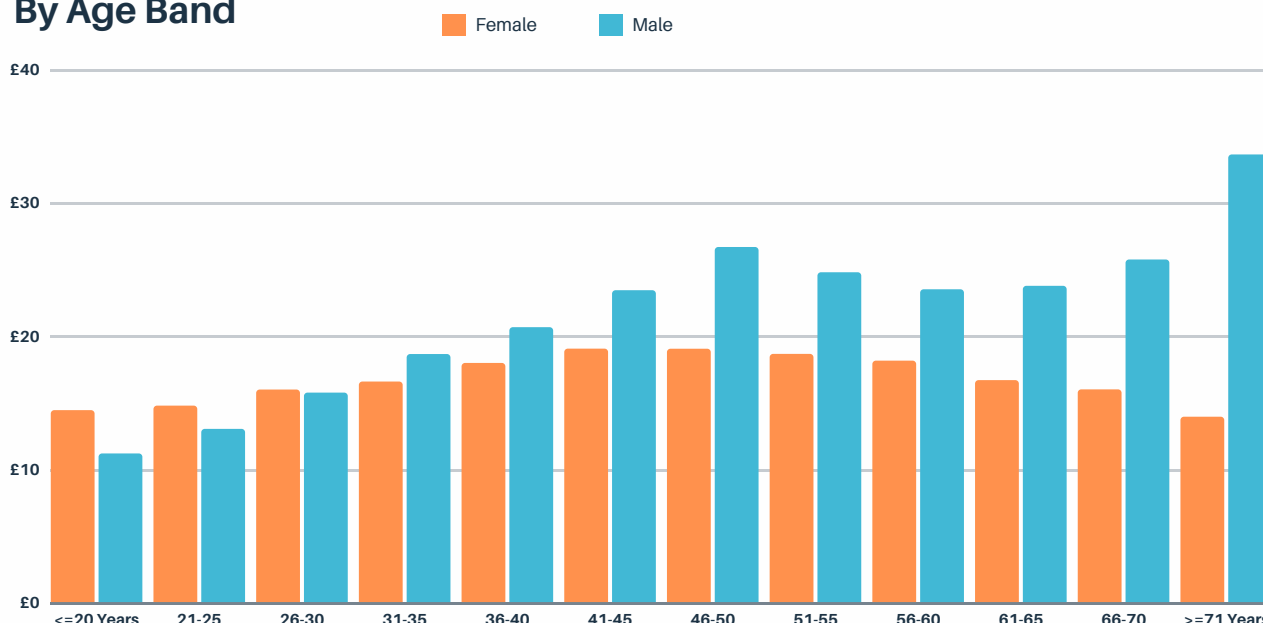
Administration and Clerical have the highest gender pay gap of 25.6% (£4.90 per hour), followed by Allied Healthcare Professions with a pay gap of 16% (£4.03 per hour).

Additional Clinical Services is the only staff group whereby females have a higher average hourly rate than their male colleagues.

The male average hourly rate for Medical and Dental was £1.78 higher than females (the 2021 figure was £2.72). This is an average hourly pay gap of 4.1%, which is lower than the previous year (2021 figure was 6.7%).



## By Age Band



Females aged up to 30 years of age have a higher average hourly rate than males of the same age. Males aged 31 and over have a higher average hourly rate than females of the same age.

There is a pay gap of 58.6% (£19.68 per hour) for those aged 71 years and over, followed by a pay gap of 37.9% (£9.74 per hour) for those aged 66 - 70 years old.

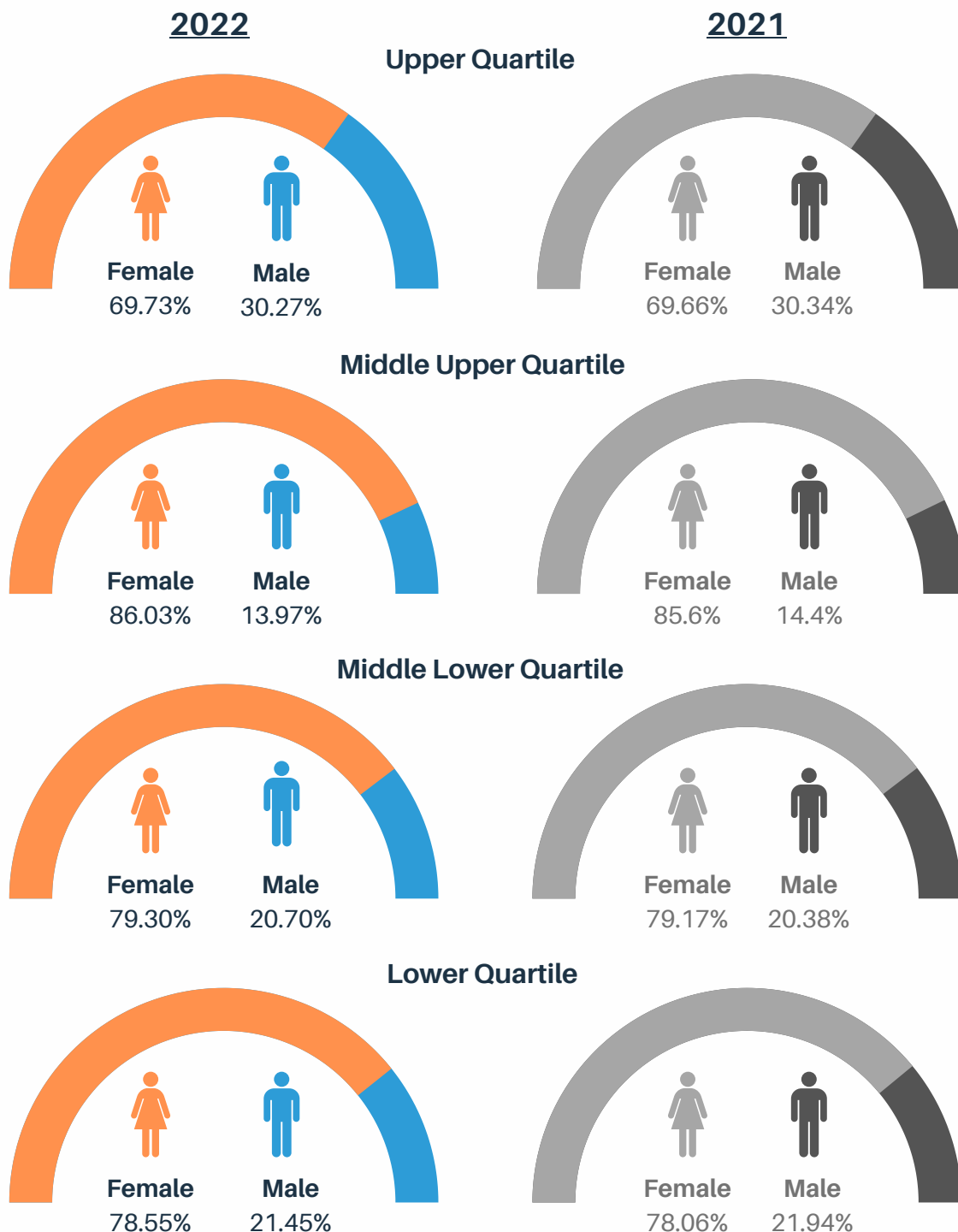
## Pay Quartiles

Quartiles are calculated by ranking pay for all colleagues from lowest to highest, and splitting into four groups, showing the percentage of males and females in each group.

	Hourly Rate Range (From)	Hourly Rate Range (To)
Upper Quartile	£21.14	and over
Middle Upper Quartile	£16.13	£21.14
Middle Lower Quartile	£11.65	£16.13
Lower Quartile	up to	£11.65

## Pay Quartiles Split

The infographics below shows the proportion of males and females divided into four pay band quartiles.



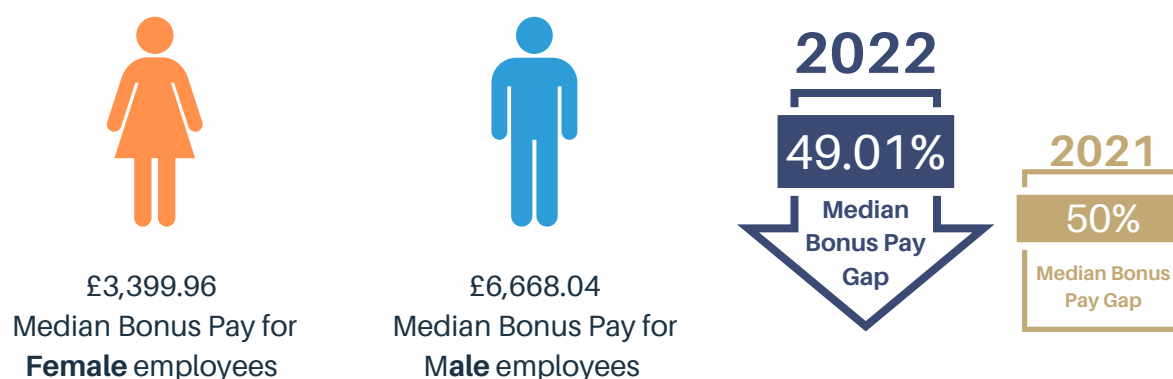
Females were over-represented in the first three quartiles (79%, 79% and 86%), and underrepresented in the upper quartile (70%), compared to the proportion of women in the workforce (78%).

## Bonus Payments

Consultants receive payments called 'Clinical Excellence Awards'. Although contractual, these are classed as a bonus.

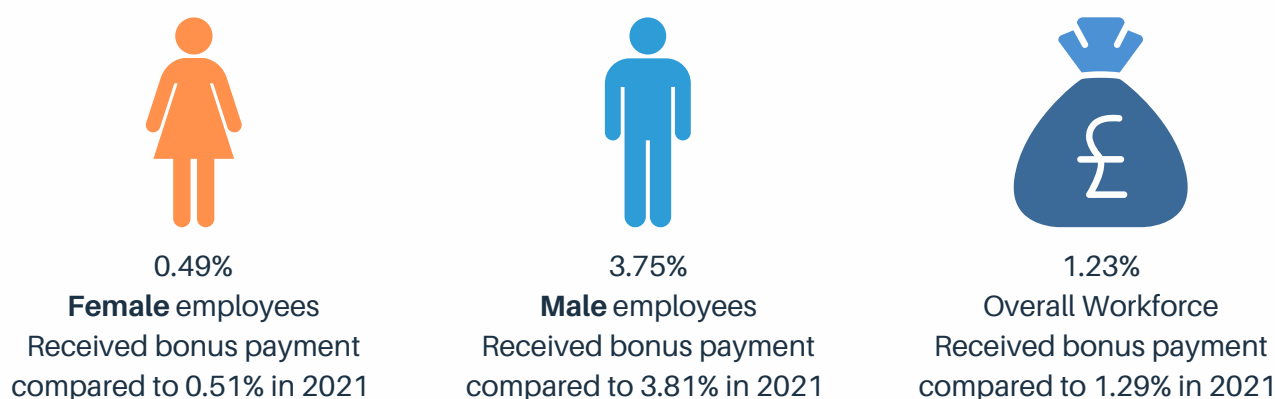


Male bonus pay as an average was £3,207.55 higher than females (the 2021 figure was £3,118.29). This equates to a 36.63% average bonus pay gap, which is lower than the previous year.



Male median bonus pay was £3,268.08 higher than females (the 2021 figure was £3,334.08). This equates to a 49.01% median bonus pay gap, which is lower than the previous year.

## Staff Receiving a Bonus



## Actions to support an Inclusive Workplace

We continue to make efforts to achieve a gender balance within our workforce. Although a gender pay gap is still present in the Health Board, and has increased slightly since last year, the pay gap is smaller than in 2019, whereby the average pay gap was £4.61 per hour (around 23%) compared to £4.11 per hour (18.95%) this year. The median pay gap was £1.27 per hour (8.37%) in 2019 compared to £0.14 per hour (0.86% this year).

Our Strategic Equality Plan and Objectives 2020 - 2024 for the Health Board, states that we *"will work closely to identify and resolve issues and will work collaboratively to create a fair and inclusive working environment. Within the theme of being employer of choice and the associated objective, we will include actions to identify and address Gender Pay Gap issues. Over time, we will also seek to identify and address pay gap issues relating to additional single or multiple protected characteristics where they might exist."*

In addition, we are committed to taking the following actions:

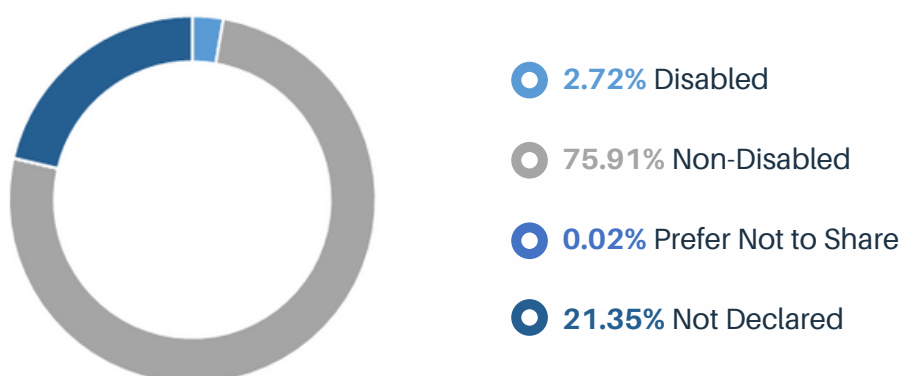
- Implementing inclusive recruitment practices which include ensuring mixed gender panels for selection and remuneration purposes.
- Exploring how we can better support female employees and encourage the next generation of female leaders.
- Exploring opportunities for more flexible or alternative shift working across the organisation and how this could be introduced into a wider range of roles.
- Working with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities.
- Review the recruitment policy and processes to ensure there is no gender bias in the starting salaries of new employees and regularly monitor.

## Disability Pay Gap

This is the first year that we are voluntarily publishing our information on our disability pay gap. This helps us to be more open and transparent about our people.

We hope that it will also encourage more people to share their disability information in order for us to better understand our workforce and remove barriers that may be impacting their day-to-day lives.

According to the Office for National Statistics, around 22% of people in Wales have some form of disability that affects their daily lives. Analysis of our internal equality data indicates our workforce profile as:



Only 2.72% of our workforce have shared with us that they have a disability which is considerably lower than the Wales average. The percentage of people that preferred not to share this information was 0.02%, and 21.35% of people have not declared this information on ESR.

To get a more accurate understanding of our disability pay gap, we need more colleagues to share their diversity data and this continues to be an organisational aim. As a result, our pay gap is likely to fluctuate as more people share this information.

## Rates of Pay

The mean disability pay gap is defined as the difference between the average hourly rate of pay of our disabled and non-disabled colleagues.

The average hourly rate of pay is calculated from a specific pay period, in this case March 2022. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

Gender	Average Hourly Rate
Any Declared Disability	£16.76
Non-Disabled	£18.50
Difference	£1.74
% Difference	9.41%

The figures above shows that the mean hourly rate for colleagues identifying as having a disability is £16.76 compared to £18.50 for non-disabled colleagues; our colleagues identifying as having a disability received on average £1.74/hour less than non-disabled colleagues, a pay gap as a mean average of 9.41%.

## Actions to support an Inclusive Workplace

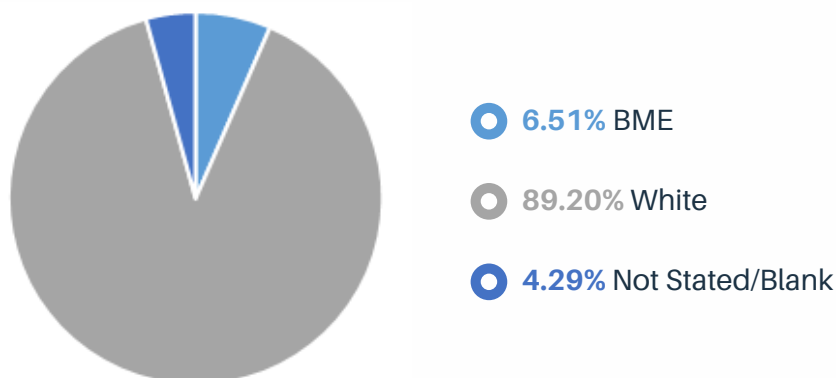
In a bid to become a more inclusive employer, we recognise that we need to ensure that we are providing equal opportunities and show support to employees and individuals within our communities who identify as having a disability. In order to do this, we aim to:

- Progress our evidence towards achieving 'Disability Confident Leader - Level 3' whereby the Health Board will actively promote and show disabled people that we are leading the way in getting businesses to become a more inclusive workplace.
- Increase our understanding of the characteristics of work people with a disability look for when applying for roles to help attract, recruit and retain individuals to the Health Board.
- Continue to reinforce our health board values through senior leaders and managers, to develop a working environment that fosters diversity and does not tolerate bias towards people with a disability, even if its unconscious.
- Source/develop programmes to raise awareness of individual needs including learning disabilities, disability, dyslexia, dyspraxia, dyscalculia, ASD, ADD/ADHD.
- Explore with staff the potential of establishing a staff network to support employees with disabilities.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their disability and request any additional organisation support they may need.

## Ethnicity Pay Gap

Unequal pay between males and females has been illegal in the UK since 1975, however that is not the case for people from ethnic minority backgrounds. Although not required, reporting pay differences between ethnically diverse colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

According to the Office for National Statistics, around 2.79% of the Hywel Dda population identify as being from a Black, Asian and minority ethnic background. Analysis of our internal equality data indicates our workforce profile as:



6.51% of our workforce identify as being from a Black, Asian and minority ethnic background, which is significantly higher than the percentage of the Hywel Dda population. 4.29% of employees have not provided this information on ESR or have left this section blank.

## Rates of Pay

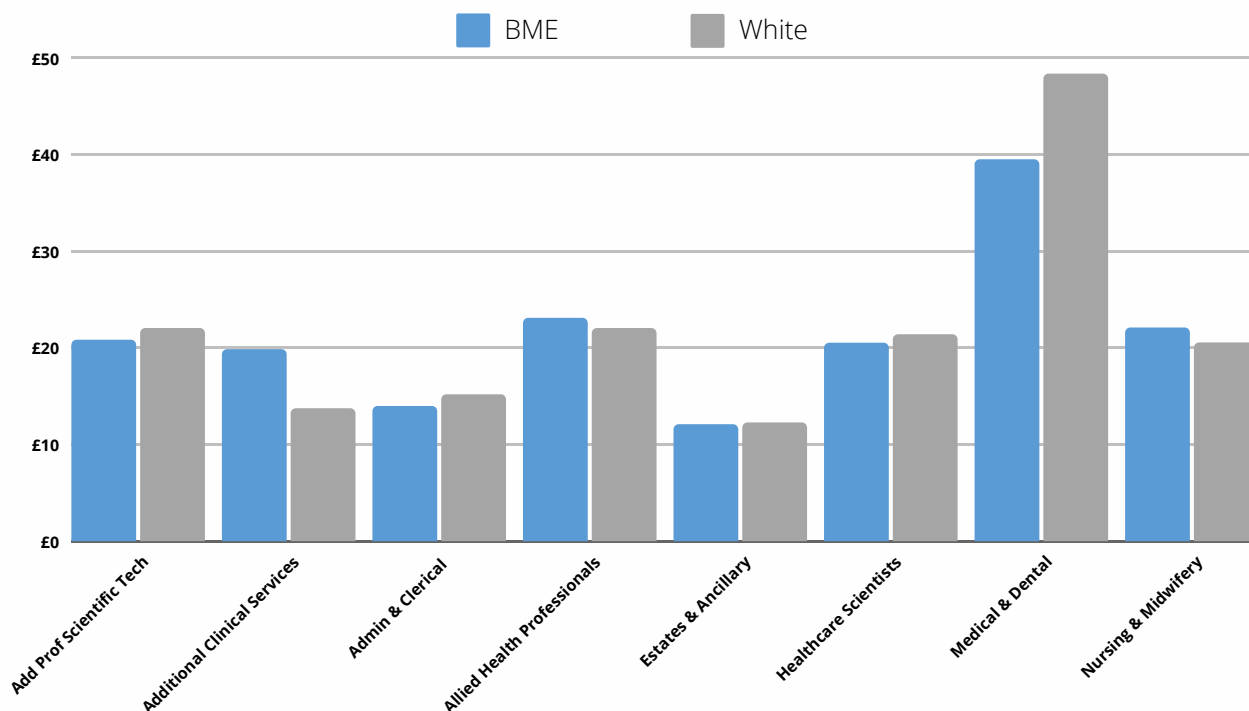
The mean ethnicity pay gap is defined as the difference between the average hourly rate of pay of our ethnically diverse and white colleagues.

Gender	Average Hourly Rate
BME	£28.01
White	£17.63
Difference	£10.38
% Difference	-58.84%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2022. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The figures above shows that the mean hourly rate for our ethnically diverse colleagues is £28.01 compared to £17.63 for white colleagues; our ethnically diverse colleagues received on average £10.38/hour more than white colleagues, a negative pay gap as a mean average of 58.84%.

## By Staff Group

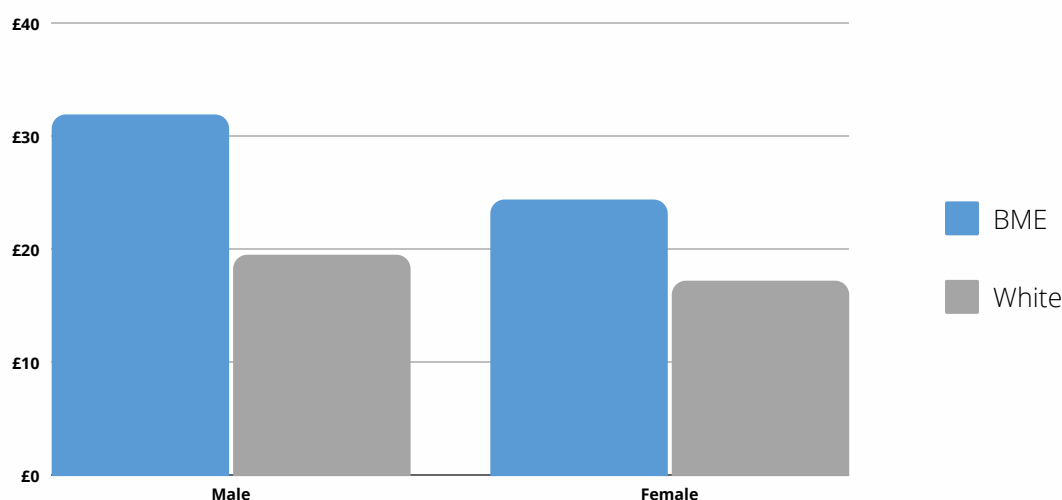


Further analysis of the information by staff group has highlighted that there is a negative pay gap for ethnically diverse colleagues working in Additional Clinical Services, Allied Health Professionals and Nursing & Midwifery. This means that ethnically diverse colleagues within these staff groups earn more than white colleagues.

In all other staff groups, there is a pay gap whereby white colleagues earn more than ethnically diverse colleagues. This is most significant in the Medical and Dental staff group with a pay gap of £8.84 per hour (18.32%).



## By Gender



The figures show that the mean hourly rate for our ethnically diverse male colleagues is £31.84 compared to £19.49 for white male colleagues; our ethnically diverse colleagues received on average £12.35/hour more than white colleagues, a negative pay gap as a mean average of 63.37%.

The mean hourly rate for our ethnically diverse female colleagues is £24.33 compared to £17.19 for white female colleagues; our ethnically diverse colleagues received on average £7.14/hour more than white colleagues, a negative pay gap as a mean average of 41.54%.

## Actions to support an Inclusive Workplace

According to the data, the Health Board has a negative ethnicity pay gap as on average, our ethnically diverse colleagues earn more than our white colleagues, although as illustrated there are variations within staff groups. Moving forward, we will look to:

- Undertaking further analysis to understand the reasons why a higher proportion of ethnically diverse/white colleagues apply for roles within a specific sector of the Health Board.
- Identify how we can encourage people to apply for roles and development opportunities in sectors where there are greater pay gaps.
- Work in conjunction with the BAME Staff Network to enhance our understanding of the experiences of staff and the actions which could be taken to support them to enhance and develop their careers.
- Increase promotion and recognition of the Health Board's BAME staff network internally and externally.
- Review, develop and raise awareness of the Buddy Scheme.
- Continue to explore and understand the reasons why our ethnically diverse employees consider leaving / leave the organisation by using the exit interview process.