



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Equality, Diversity and Inclusion (EDI) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive Anna Lewis, Independent Member
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Assistant Director of Business, Partnerships and Inclusion

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides a general update on equality, diversity and inclusion matters, in order to keep the People, Organisational Development and Culture Committee (PODCC) cited on key issues. This update is presented in five key sections:

- Health Board statutory reports
- Equality, Diversity and Inclusion (EDI) Taskforce
- Welsh Government assurance
- NHS Staff Survey analysis
- National consultation and legislative changes

Cefndir / Background

The Health Board's Strategic Equality Plan 2024-2028 sets out four key strategic equality objectives and is supported by an implementation plan. Each year a Strategic Equality Plan (SEP) Annual Report is published, alongside reports on workforce equality data and pay gap data. Feedback from Staff Partnership Forum and members of our staff networks have helped to shape the reports which are scrutinised by PODCC, who then recommend their publication to Board; the Annual Report for 2024/25 will be presented to PODCC as a separate agenda item.

Following Board scrutiny of the 2023/24 SEP Annual Report and subsequent Board Seminar held in December 2024 an 'Equality, Diversity and Inclusion Taskforce' was established in April 2025 led by Anna Lewis, Independent Member. Progress on this work, which aims to build on existing initiatives and broaden the voice and representation of our staff in actions to address discrimination and create lasting cultural change, will be regularly reported to the People, Organisational Development and Culture Committee.

In addition to a statutory annual report, each year the Health Board is asked to provide a bi-annual assurance report to Welsh Government on the progress being made to implement equality related actions including:

- our Health Board strategic equality objectives
- the Anti-Racist Wales Action Plan

- the LGBTQ+ Action Plan
- the all-Wales Accessible Communication and Information standards.

The Health Board subsequently receives an assurance feedback report on the above from Welsh Government. In addition, the Health Board also receives a report on the Workforce Race Equality Standards (WRES) data which is drawn from data sources including the Electronic Staff record (ESR) and the annual NHS Staff Survey data.

Asesiad / Assessment

This update report is presented in five key sections:

- Health Board statutory reports
- EDI Taskforce
- Welsh Government assurance
- NHS Staff Survey analysis
- National consultation and legislative changes

Health Board statutory reports

The Strategic Equality Plan Annual Report 2024/25 and accompanying reports on workforce equality data, pay gap reporting and intersectional analysis have been completed and will be considered at PODCC in August 2025, prior to presentation at Board in September 2025. The statutory requirement is to publish an annual report by 31 March in the year following the reporting period. However, the Business, Partnerships and Inclusion team who co-ordinate the completion of these reports, continue to be proactive in ensuring that reporting is undertaken as close as possible to financial year end to make the information meaningful and to support timely governance and scrutiny processes. A draft version of the annual report has been discussed at Staff Partnership Forum and contributions and feedback have also been sought from members of our eight staff networks. An Executive Summary document has also been produced this year to provide a high-level overview of key activities and to draw out evidence of impact. It is hoped that this will serve as an accessible summary to share with our wider workforce and the public, alongside a the more detailed and comprehensive annual report.

Equality, Diversity and Inclusion (EDI) Taskforce

The EDI Taskforce, chaired by Independent Member Anna Lewis, has met on two occasions during the year, and the work undertaken to date has been supported by the Quality Improvement Team using a Theory of Change approach. The Taskforce aims to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation and links closely to the Health Board values of ensuring that every voice is heard and respected, and all staff have a sense of belonging.

The second workshop took place in June and whilst the 'Theory of Change' approach has helped to facilitate discussions about existing data, intelligence and current initiatives, it is recognised that there is a continued need to secure wider engagement in this agenda from all staff groups, at every grade, if embedding positive cultural change is to be successful. As a result of stakeholder mapping and reviewing existing activity some spread and scale actions have been identified, however the immediate priority and focus over the autumn will be building on existing networks and champions to broaden the staff voice and representation in this agenda. The Taskforce are exploring how to establish a "Big Conversation" approach, with support from the Communications Team, and have an ambition to hold an engagement event in the autumn which will seek to focus on:

- Encouraging participants to identify how they can play their part in cultural change, and
- Co-producing a Health Board pledge, to include an anti-racism pledge

Welsh Government Assurance

In line with national reporting requirements a comprehensive bi-annual assurance report was submitted to Welsh Government in April 2025 on the progress being made to implement equality related actions including:

- the Health Board's strategic equality objectives,
- the Anti-Racist Wales Action Plan
- the LGBTQ+ Action Plan
- the all-Wales Accessible Communication and Information standards.

A feedback report has been received from Welsh Government which provided an overall assessment of the Health Board's progress as a RAG status of "Green". In the supportive narrative Welsh Government acknowledged that an extensive summary of activity being undertaken across the organisation had been provided in several supporting documents but would like future reports to have a greater focus on demonstrating and measuring the impact of actions. Expectations about the content of the assurance report have been the subject of recent discussions with the Welsh Government Equality Team, and the Health Board EDI leads were invited to propose changes to the format and requirements of the documentation to better meet Welsh Government expectations. It is anticipated that a new reporting template will be issued in preparation for the next submission which is due in October 2025.

The Health Board has recently received the 2025 Workforce Race Equality Standard (WRES) report from Welsh Government, attached as Appendix 1). This report draws information from the NHS Staff Survey results, ESR and TRAC. Welsh Government noted that it has been encouraging to see some examples of good anti-racism practice emerging across NHS Wales and as a Health Board we have had an opportunity to present different aspects of our work to Welsh Government through the Integrated Quality Performance Delivery (IQPD), Joint Executive Team and organisational SEP review meetings.

While meaningful change takes time to be fully reflected in the data, Welsh Government reported that this year's WRES findings do show signs of progress. The notable data findings within our Health Board report were:

- There has been a rise in the NHS staff survey response rate, with 20% of the workforce completing the survey. This is positive, as WRES analysis is in part drawn from NHS staff survey data.
- Ethnicity declaration rates were very high, with only 4.7% of staff having no declaration, against an NHS Wales average of 9.9%. However, it was noted that there remain high rates of non-declaration of ethnicity by Board members and the data reports a growth in the deficit of Board representation.
- There remains no evidence of ethnicity related inequality in the application of either disciplinary or capability processes.
- There has been an improvement in the number of ethnic minority staff above band 5, from 4.0% to 4.5%.
- The perception of equal progression opportunity (percentage difference between Black, Asian and Minority Ethnic and White staff) has an improvement and is -5.4% against the Wales average of -5.6%.
- The disparity ratios, which reflect the likelihood of minoritised staff in higher positions in HDdUHB, have not improved.
- There has been a deterioration in the likelihood of ethnic minority staff being appointed from shortlist in clinical roles, and Black staff are least likely to be appointed.
- There has been a reduction in the experience of bullying and harassment of staff from both public and peers, except for Black and Mixed/Other staff. In addition, the WRES

data reports that discrimination from managers or team leaders towards minoritised staff remains a critical issue.

Whilst the WRES data set is limited as it draws on NHS Staff survey and ESR data, it does resonate with some of the priority areas that the Health Board had previously identified i.e. bullying and harassment and the career progression of Black, Asian and Minority Ethnic staff. Work to address these concerns will continue to be monitored through the implementation of the Anti-Racist Wales Local Action Plan.

NHS Staff Survey analysis

In addition to the national WRES analysis described above, the Workforce Culture and Experience team have also been proactive in undertaking analysis of the 2024 NHS staff survey data using the lens of protected characteristics. A comprehensive report has been produced to explore how different demographic groups experience workplace culture across the ten key themes of the NHS staff survey. This analysis was based on thirteen different categories:

- Age group
- Ethnicity
- Disability
- Works in Mental Health
- Gender
- Religion
- Grade
- Homework frequency
- Sexual Orientation
- Neurodiversity
- Recruited from outside of the UK
- Caregiver status

This is the first year that this type of analysis has been undertaken and it provides a new source of data although it should be noted that the sample sizes remain small as they're based on self-disclosure of characteristics. Some of the key findings include:

- Disclosure: Staff who selected the “prefer not to say” option across EDI categories consistently reported lower positivity scores, suggesting a potential link between non-disclosure and disengagement or lack of psychological safety.
- Inclusion: Notable disparities were observed among ethnic, religious, and gender identity groups. For example, Buddhist respondents consistently reported the highest positivity, while Doctors in Training and some ethnic minorities reported lower scores.
- Highest and lowest scoring groups: The most positive experiences were reported by staff identifying as Buddhist, aged 66+, or with less than one year of tenure. However, “Doctors in Training” and those who preferred not to disclose demographic information were among the lowest scoring across multiple themes.
- Positive Experiences: Employees with less than one year of tenure and those who frequently work from home reported the highest positivity across most themes.

The report provides a foundation for future data-driven analysis to inform the identification of action to enhance equity, inclusion and staff experience. Whilst acknowledging the limitation of small sample sizes, the report authors outlined a number of recommendations based on their analysis:

1. Encourage disclosure and engagement by fostering a culture of psychological safety.
2. Target support and inclusion efforts towards underrepresented or lower-scoring groups.
3. Leverage onboarding and flexible working practices that are shown to contribute to higher positivity.

National consultations and legislative changes

On 16 April 2025 the UK Supreme Court ruled that the definition of sex in the Equality Act 2010 should be interpreted as “biological” sex only. This means that for the purposes of the Equality Act a person’s legal sex is the one that was recorded at birth. This is a change to the previous interpretation adopted by courts which was that the definition of sex also included people who have obtained a Gender Recognition Certificate.

The Equalities and Human Rights Commission (EHRC) published interim guidance which made it clear that, for workplaces and services open to the public *“trans women (biological men) should not be permitted to use the women’s facilities and trans men (biological women) should not be permitted to use the men’s facilities, as this will mean that they are no longer single-sex facilities and must be open to all users of the opposite sex”*.

Welsh Government published a holding position on 29 April 2025 saying that: *“The Welsh Government respects the decision of the Supreme Court. We will take the time to consider the judgement carefully and take the steps that are required to meet our obligations under the Equality Act 2010 as clarified by the ruling”*.

The recent ruling and the interim guidance have created significant uncertainty for individuals (staff and patients) who are either affected personally or have friends or family who are impacted by the ruling. Whilst Welsh Government and a few health boards did publish statements, in Hywel Dda we specifically focused communication with members of our LGBTQ+ network to offer reassurance and highlight sources of support which could be accessed if required.

The Equality and Human Right’s Commission consultation on the Code of practice for services, public functions and associations was opened on 14 May and closed on 30 June 2025. A Health Board response to the consultation was submitted and highlighted concerns about the robustness, lack of clarity and poor quality of examples provided by EHRC within the guidance which could place the Health Board at risk of discrimination, if the guidance and how it defines application of the Equality Act (following the Supreme Court ruling) is misinterpreted. Legal guidance may be required to make sure that the Health Board is protected from claims of discrimination and non-compliance with the Equality Act, while we await the full guidance from the EHRC.

It is important to note that:

1. The EHRC guidance is only from the perspective of service provision. There has been no updated guidance available for employers. The Diversity and Inclusion team have received feedback from some trans staff who are extremely worried and upset regarding what the ruling means for them both in and outside of the workplace.
2. If the Health Board is required to make changes to the way we provide single sex facilities, this would have an impact on our operational services and our estates.
3. There is a potential that the number of Freedom of Information (FOI) requests may increase as a way of ‘challenging’ the Health Board’s reaction to the Supreme Court ruling.

The publication of the final EHRC guidance is now awaited, but implementation is likely to be complex and will require the active involvement of Directors, senior leaders and staff from across the organisation to identify specific actions which are needed and to prioritise consideration of changes to estate configuration as well as relevant operational and corporate policies and procedures.

On 15 May, Welsh Government published its consultation on the draft Disabled People's Rights Plan 2025-2035. The plan is based on the work of the Disability Rights Taskforce and sets out a cross-government 10-year ambition and the long-term outcomes to ensure disabled people can flourish as equal members of Welsh society. It is expected that all organisations across Wales and people themselves, will need to work together to realise this ambition. This consultation is open until 7 August, and a Health Board response is being developed.

Argymhelliad / Recommendation

The Committee are asked to:

- **NOTE** the updates provided in this report on key areas of equality, diversity and inclusion work and recent public consultations.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base:

- Equality Act 2010
- Public Sector Equality Duties (Wales) 2011

	<ul style="list-style-type: none"> Is Wales Fairer (2023) – Equality and Human Rights Commission
Rhestr Termiau: Glossary of Terms:	Included within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A Financial Impact Assessment has not been undertaken as this an update report.
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>There is evidence to show that protected groups do experience disadvantage at all stages relating to the planning, development and delivery of public sector services.</p> <p>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 whole population.</p>
Gweithlu: Workforce:	There is evidence to show that protected groups do experience disadvantage when seeking employment and during their careers. Embedding equality considerations aligned to the Health Board's values and proactively taking action will result in recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups.
Risg: Risk:	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the Health Board.
Cyfreithiol: Legal:	Breaches of 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.
Enw Da: Reputational:	Non-compliance with Equality Act 20210 duties as well as experience of discrimination could result in both legal and reputational damage to the organisation.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	An Equality Impact Assessment has not been undertaken as this an update report.



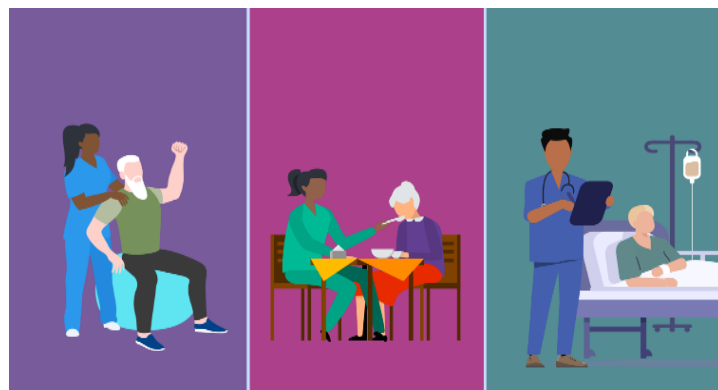
Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

HYWEL DDA UNIVERSITY HEALTH BOARD

2025



HYWEL DDA UNIVERSITY HEALTH BOARD

Foreword

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Hywel Dda University Health Board (HDUHB), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in HDUHB.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2025

HYWEL DDA UNIVERSITY HEALTH BOARD

	HDUHB	NHS Wales
Undeclared ethnicity rate overall (%)	4.7%	9.9%
Undeclared ethnicity number Band 8 +	18	526
Full appointment data available (Ind 5)	no	incomplete
Staff survey completion rate	19.7%	21.9%
% staff survey response from BME staff	7.8%	9.2%
% BME staff	9.3%	10.6%
Ind 1: Board representation (difference between workforce and Board)	-5.3%	-6.7%
Ind 2: ESP representation (difference between workforce and ESP)	-4.5%	-7.8%
Ind 2: Disparity ratio lower to middle	1.65	1.65
Ind 2: Disparity ratio middle to upper	1.71	1.71
Ind 2: Disparity ratio upper to senior	0.34	1.13
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-5.4%	-5.6%
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.48	0.49
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.41	0.38
Ind 5: Equitable likelihood ratio of appointment Clinical	0.47	0.47
Ind 5: Equitable likelihood ratio of appointment Medical	no data	0.63
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.97	0.96
Ind 8: Equitable likelihood of entering formal disciplinary process	0.74	0.88
Ind 9: Equitable likelihood of entering local capability process	no cases reported	2.22
Ind 10: Experience harassment from patients/public (% difference BME vs White)	3.9%	2.7%
Ind 11: Experience harassment from colleagues (% difference BME vs White)	4.6%	3.1%
Ind 12: Experience discrimination from managers (% difference BME vs White)	12.4%	4.6%

Colour rating explanation:

Green = at least 10% improvement from 2024

Red = at least 10% worsening from 2024

Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Hywel Dda University Health Board (HDUHB), this report highlights the following data:

- 1. inequitable progression of ethnic minority staff to senior grades**
- 2. likelihood of ethnic minority staff being appointed after shortlisting**
- 3. under-representation of ethnic minorities on the Board compared to workforce**
- 4. improved staff survey completion rates**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in HDUHB to deliver an inclusive workplace that provides best quality care for patients and public.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture and with the previous year.

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn’t adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31st March 2025**, and revisions were permitted up to 31st May 2025.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

'ESP' refers to Executive and Senior Posts.

RACE COMPOSITION OF HDUHB (AND NHS WALES)

Ethnicity	Headcount	%
Asian	656	5.4%
Black	164	1.4%
Mixed & Other	309	2.5%
White	10,419	86.0%
Unknown	573	4.7%
Total	12,121	100.0%

HDUHB

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
Total	113,971	100.0%

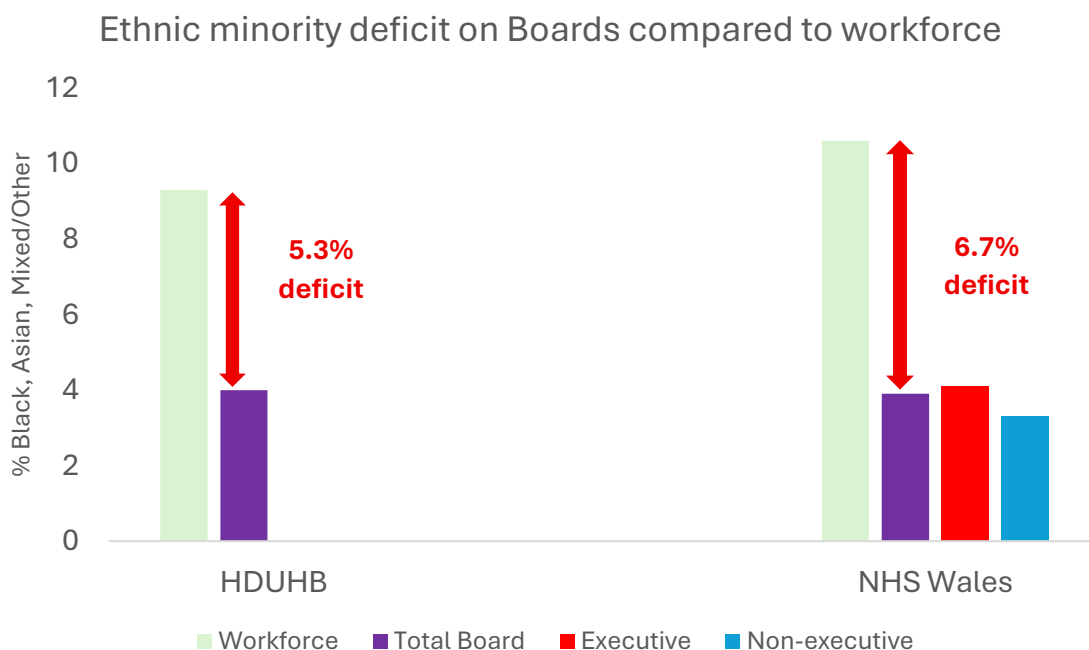
NHS Wales

DATA TREND AND SUMMARY

There has been an increase of ethnic minority workforce from 7.9% to 9.3% (a 17.7% increment)

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

DATA DISPLAY 1

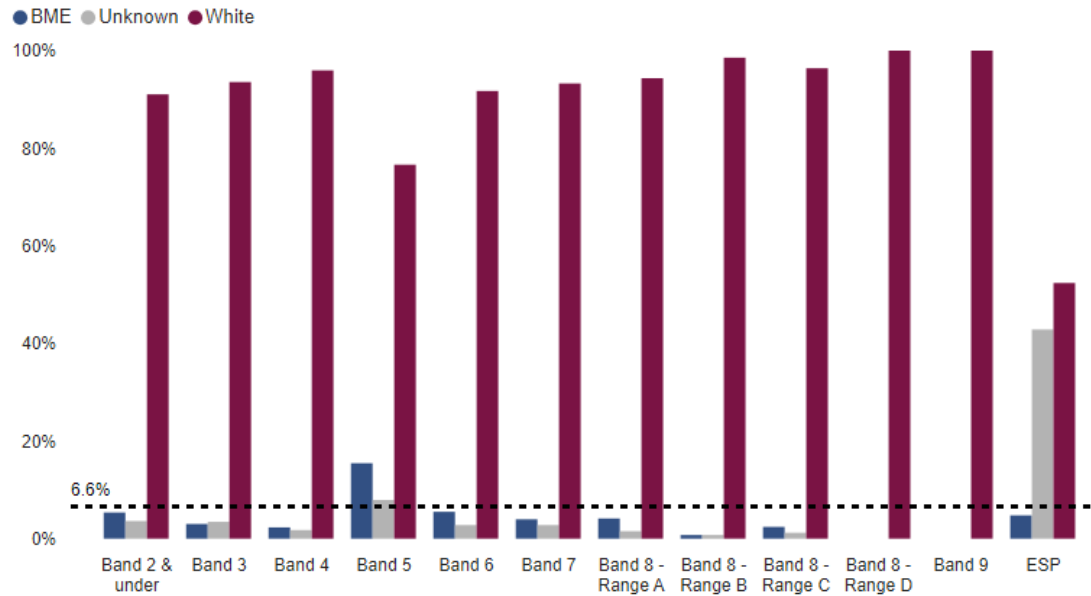


DATA TREND AND SUMMARY 1

1. There is one ethnic minority member of the Board in HDUHB – unchanged from last year
2. The deficit between workforce has increased with the increase in ethnic minority workforce (7.2% to 7.8%)
3. The rate of non-declared ethnicity on the Board remain high at 32% from 36.8% in 2024
4. The increased ethnic minority composition of HDUHB workforce means the deficit of Board representation has grown

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

DATA DISPLAY 2.1



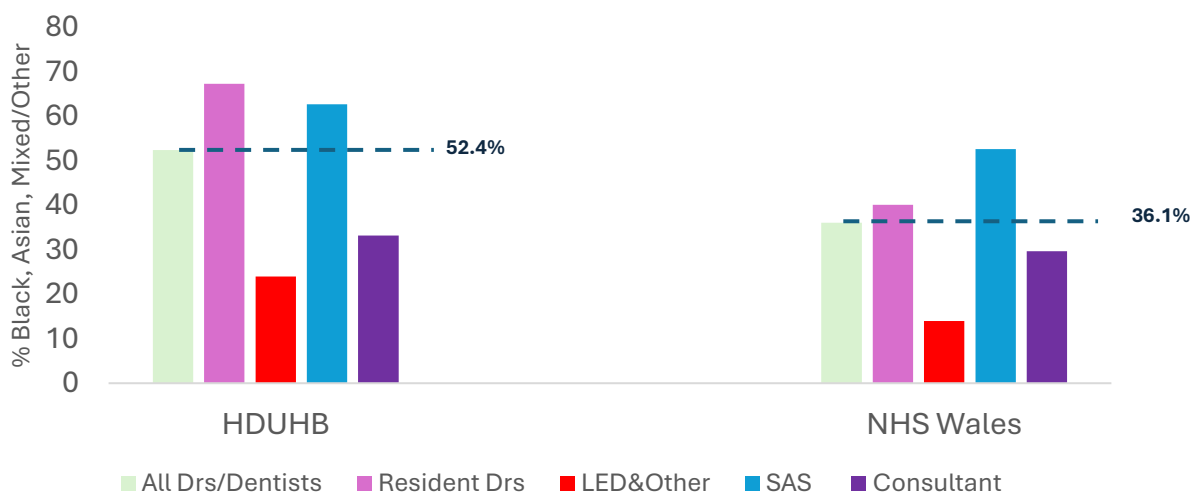
6.6% dotted line reflects % of staff on AfC bands (not doctors and dentists)

DATA TREND AND SUMMARY 2.1

1. Ethnic minority staff under-represented above Band 5 – unchanged from last year
2. Percentage minoritised staff above Band 5 has risen to 4.5% from 4.0% in 2024
3. There is one ethnic minority staff member at ESP level in HDUHB
4. 4.7% staff have no declared ethnicity, half the average of NHS Wales.

DATA DISPLAY 2.2

Ethnic minority distribution for Medical & Dental staff



DATA TREND AND SUMMARY 2.2

1. Ethnic minority doctors and dentists are under-represented at Consultant grade (also LED/Other)

DATA DISPLAY 2.3

	DISPARITY RATIO		
	Lower – Middle	Middle – Upper	Upper – Senior
HDUHB	1.65 (1.34)	1.71 (1.84)	0.34 (0.28)
NHS Wales	1.65 (1.51)	1.71 (1.81)	1.13 (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. ‘Lower bands’ refer to band 5 and below, ‘Middle’ bands 6 and 7, ‘Upper’ bands 8a to 9, and ‘Senior’ relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

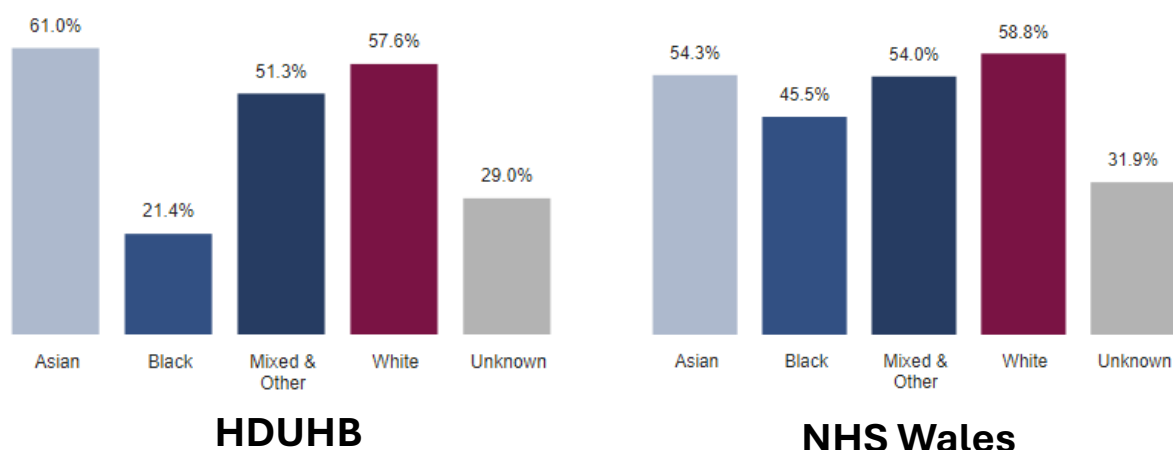
DATA TREND AND SUMMARY 2.3

The disparity ratio is essentially unchanged since 2024, reflecting a persisting inequality in the progression process in HDUHB (and NHS Wales as a whole)

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 19.7%

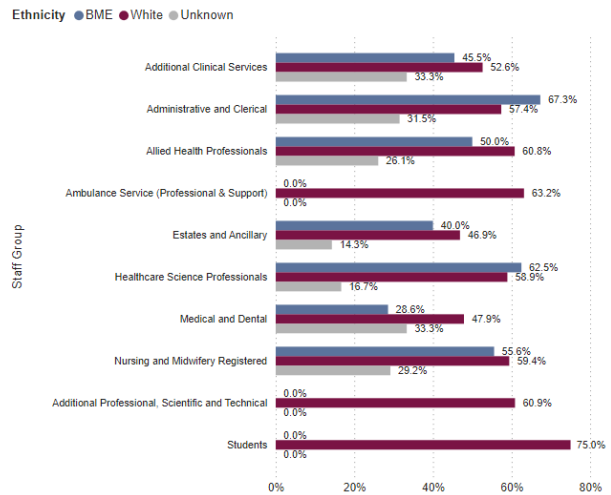
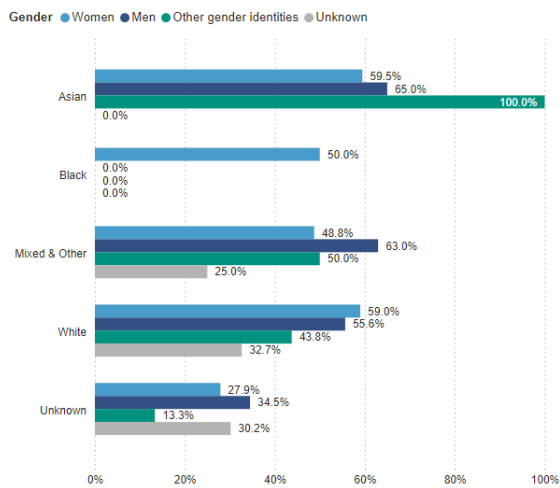
DATA DISPLAY 3.1



DATA TREND AND SUMMARY 3.1

Black staff are especially likely to feel HDUHB does not provide equitable promotion opportunities. This is essentially unchanged from last year. Staff who don't declare ethnicity are the second most likely group to feel this inequality.

DATA DISPLAY 3.2



DATA TREND AND SUMMARY 3.2

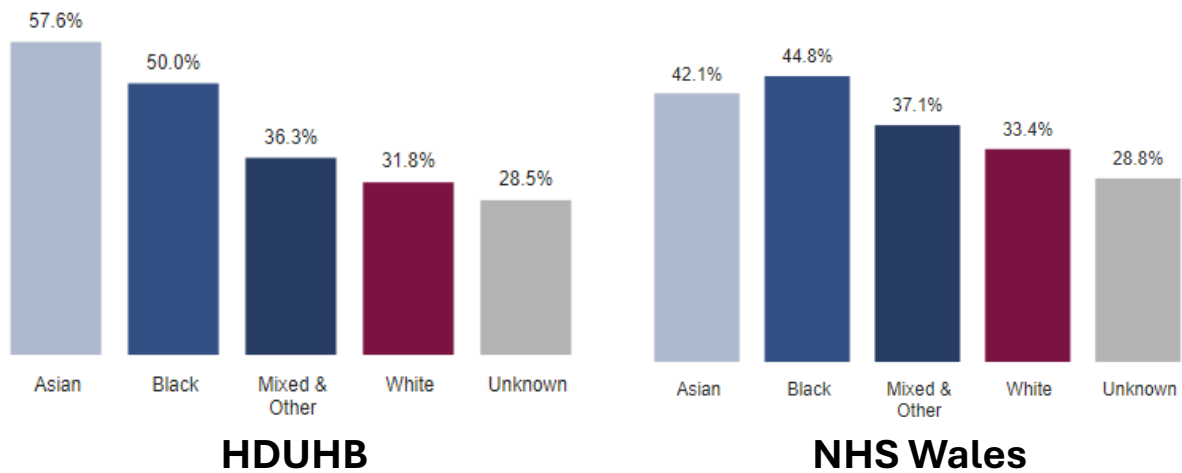
Minoritised women staff are most likely to report this inequality. Clinical staff (medical, dental, allied health professionals) and estates and ancillary are the most likely to report this race related inequity.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

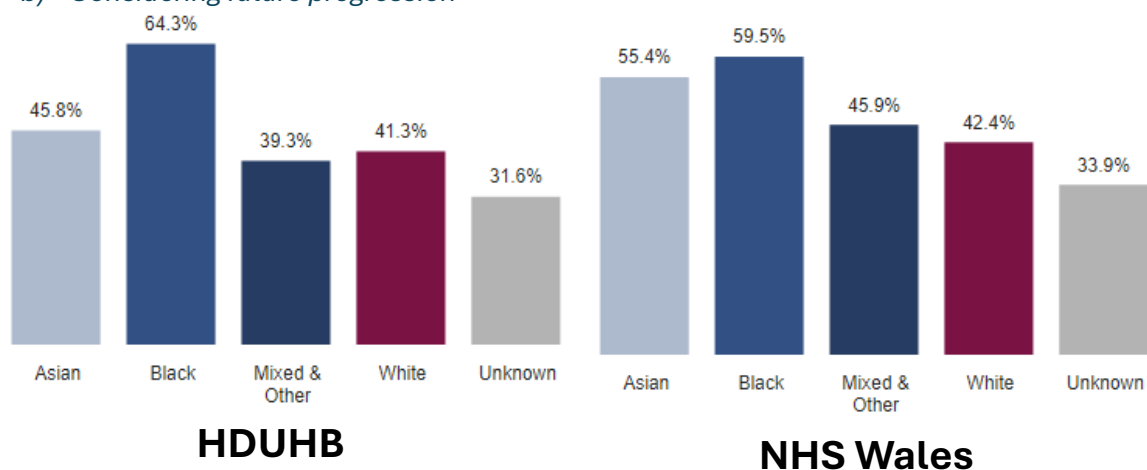
Based on staff survey: response rate 19.7%

DATA DISPLAY 4

a) Have sought progression



b) Considering future progression



DATA TREND AND SUMMARY 4

Ethnic minority staff, especially Asian and Black, were more likely to have sought progression in HDUHB.

And Black staff in particular were more likely to plan pursuing future progression opportunities.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

DATA DISPLAY 5

	HDUHB	NHS Wales
All roles	0.48 (0.55)	0.49 (0.57)
Non-clinical roles	0.41 (0.35)	0.38 (0.47)
Clinical roles	0.47 (0.62)	0.47 (0.58)
Medical roles	NA (NA)	0.63 (0.57)
Asian	0.57 (0.47)	0.53 (0.58)
Black	0.26 (0.41)	0.35 (0.48)
Mixed/Other	0.87 (1.07)	0.75 (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

DATA TREND AND SUMMARY 5

1. Minoritised staff are half as likely to be appointed after shortlisting compared to White applicants – this has got worse since 2024
2. This appointment inequity is seen in both non-clinical and clinical posts.
3. In HDUHB, as in NHS Wales as a whole, Black staff are least likely to be appointed from shortlist; White applicants are almost four times more likely to be successful than Black ones in HDUHB

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

DATA DISPLAY 6

Likelihood ratio overall	
HDUHB (%BME : %White)	0.97 (92.5% : 95.4%)
NHS Wales (%BME : %White)	0.96 (91.3% : 95.6%)

DATA TREND AND SUMMARY 6

There is no racial inequality in access to training in HDUHB or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

DATA DISPLAY 8

Likelihood ratio overall	
HDUHB	0.74 (0.75)
NHS Wales	0.88 (1.07)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 8

There is no racial inequality in referral into the formal disciplinary process in HDUHB

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

DATA DISPLAY 9

Likelihood ratio overall	
HDUHB	0 (2.77)
NHS Wales	2.22 (3.46)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 9

1. No ethnic minority staff were reported as entering capability process in HDUHB, noting that there was twofold inequity the year before

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff

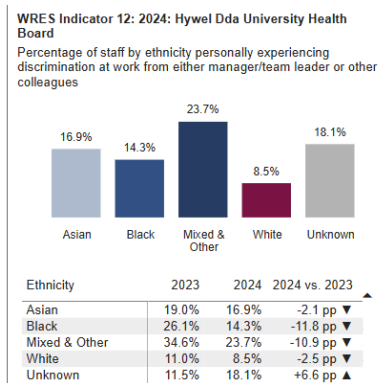
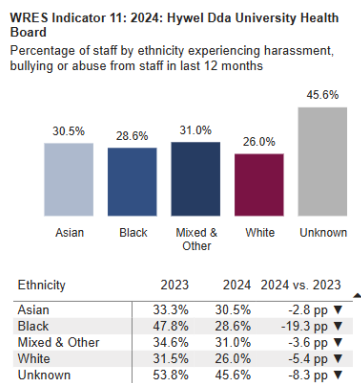
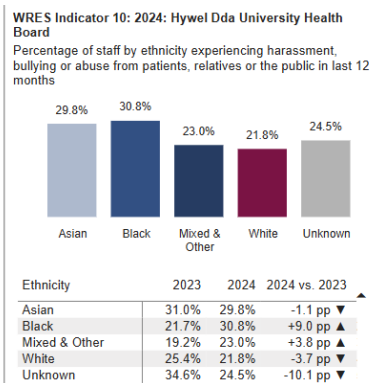
INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to White staff, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

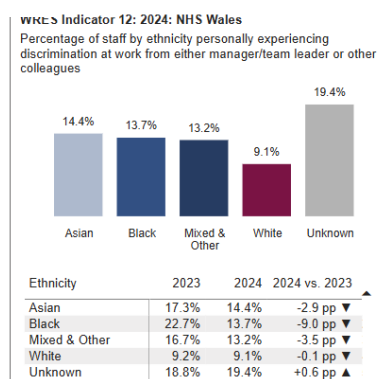
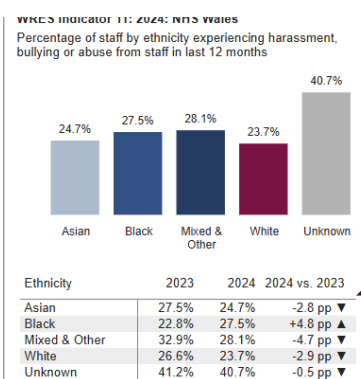
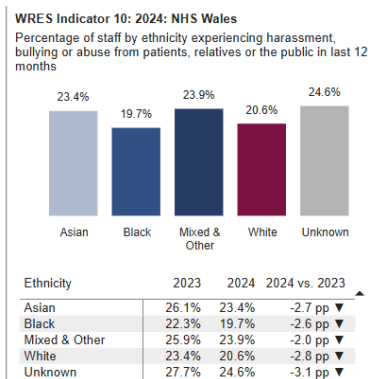
Based on staff survey: response rate 19.7%

DATA DISPLAY 10-12

HDUHB



NHS Wales



DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of bullying and harassment of staff from both public and peers in HDUHB – the exception being the experience of Black and Mixed/Other staff from patients and public. Discrimination from managers or team leaders towards minoritised staff compared to White counterparts continues to be a problem in HDUHB. Additionally, it is clear that staff who did not declare ethnicity also significantly report bullying, harassment and discrimination.

Conclusions and Next Steps

In the complex setting of modern healthcare and the 21st century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in HDUHB and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change. In HDUHB there has been a notable increase in the ethnic minority composition of the workforce in the last year – it is not clear if this is related to attraction of individuals from Wales or purely related to international recruitment

The notable data findings were:

- There has been an improvement in the number of ethnic minority staff above Band 5, from 4.0% to 4.5%
- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in HDUHB, have not improved

Additional notable data findings:

- There has been a deterioration in the likelihood of ethnic minority staff being appointed from shortlist in clinical roles
- There remain high rates of non-declaration of ethnicity on the Board at HDUHB.

Where there are positive areas of progress in the last year are:

- Ethnicity declaration rates were very high, with only 4.7% staff having no declaration
- There remains no evidence of ethnicity related inequality in application of either disciplinary or capability processes
- There has been a notable rise in staff survey response rate, with over a quarter of the workforce completing the survey.

During the WRES implementation discussions, there was mention of audits of culture being undertaken, and it would be important to see how they have fed into HDUHB's WRES actions and the strategic equality plans, in order channel progress into effective actions and an accountability framework. Similarly how the proposed local training module has been developed, what the uptake has been and how it complements the mandatory NHS Wales training module on antiracism would be important to understand in terms of how that may address some of the issues around unequal experience of harassment and discrimination by minoritised staff.

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective.

The Health Board may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. That and an overhaul of recruitment and promotion processes are twin strategies to help target future equality actions.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.