

**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:	Strategic Equality Plan Annual Report 2024/25 (incorporating workforce equality and pay gap reports)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Sullivan, Head of Partnerships, Diversity and Inclusion

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31 March each year for the preceding year which details the progress made against the health board's Strategic Equality Plan (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 Appendix 1 based on staff employed on 31 March 2025, 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 pay gap position for Ethnicity and Disability.

As we did last year, we have used an intersectional approach for the analysis of our workforce equality information as we know that people with more than one protected characteristic can experience greater disadvantage and multiple challenges. We have therefore drawn out our findings at Appendix 2 with an action plan, that shows the broader actions to be taken for 2025 – 2026, to support our aim to be an accessible and inclusive workplace. Appendix 2 is an additional resource that will be used internally and will not be published with the reports.

The final version of the consolidated reports was shared with Staff Partnership Forum prior to presentation at the People, Organisational Development and Culture Committee (PODCC).

PODCC is requested to receive the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and agree its submission to Board for approval and publication.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) 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 4-year Strategic Equality Plan (SEP) and objectives, and the publication of an annual report detailing the steps taken to meet the objectives in the SEP. The following four 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 to improve health and well-being for all**
Our staff will actively work to reduce health inequalities
- **Objective 3 – Embedding a person-centred approach**
Our staff use the Health Board values to deliver a person-centred approach in everything they do
- **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 measure 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 the workforce equality data published in the 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.

Although not required, reporting pay differences between ethnically diverse and disabled 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.

Asesiad / Assessment

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. During the reporting period (2024/25) progress has been made against each of the four Strategic Equality Objectives set out in the 2024-2028 Strategic Equality Plan, and examples of these are described within the report. Some case studies are used drawing on feedback from staff, patients and members of the community. Names have been removed to protect the identity of individuals.

Some of the achievements outlined in the report include:

Leadership By All

- LEAP (leadership) Programme: our leadership development programme focused on compassionate and inclusive leadership and was completed by 67 senior leaders.
- Aspiring Board Members Programme: the Health Board is participating in this national programme which will help create a robust pipeline of diverse applicants for future board level roles and help to promote diversity in our leadership roles.
- Cultural Intelligence Training: a programme was delivered to 71 staff to enhance understanding of cultural dynamics in leadership.
- Anti-Racism Training: 64.9% of staff completed the all-Wales e-learning module. This will support individuals and teams in understanding anti-racism and taking action to support the organisation in meeting its anti-racism goals.

Working Together to Improving Health and Wellbeing for All

- Working with local authorities, Third Sector partners to support asylum seekers, refugees, Gypsy and Traveller and homeless communities, and those who experience socio-economic disadvantage to access health and care services and reduce the barriers and disadvantage which is experienced.
- Arts and Health Charter: Integrates creative arts into healthcare to support mental health and well-being. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges.
- Support for Gender Diverse Communities: Training sessions and resources were developed to improve care for LGBTQ+ individuals, with a specific emphasis on providing a better understanding of how staff can support the Trans community when accessing health care.

Embedding a person-centred approach

- Person-Centred Approach Training: training was delivered to 176 staff, with additional sessions tailored to meet the needs of newly arrived internationally educated nurses. By integrating the principles outlined in this course into daily practice, Health Board staff can demonstrate that they embrace diversity and inclusivity in all aspects of service delivery.
- Sensory Loss Support: Implementation of the Sensory Loss Friendly Assessment (SLFA) checklist and increased use of the Welsh Patient Administration System (WPAS) sensory loss marker is helping the Health Board to better meet the needs of people with sensory loss.

- British Sign Language (BSL) Lunch Club: the Health Board has a growing number of members attending the lunch club which aims to build staff confidence in using British Sign Language to enable them to communicate more effectively with patients, families and colleagues.
- Veterans' Health: Implementing the Armed Forces Covenant Health Action Plan and improving veteran identification has helped reduce disadvantage and uphold our duty to prioritise treatment for health needs related to Armed Forces service.

Being an Employer of Choice

- Organisational Development: Our Organisational Development Relationship Managers have supported local teams to develop People Culture Plans and this work actively promotes healthy working cultures across the Health Board addressing wider cultural issues, including bullying and harassment, as identified in the All-Wales Staff Survey.
- International Nurse Recruitment: the Health Board provides support for internationally educated nurses through buddy schemes and tailored induction.
- Equality, Diversity and Inclusion Training: 74 training sessions were delivered on a range of topics helping to increase the knowledge, skills and understanding of our staff and the role that they play in our culture of inclusivity.
- Staff Networks: the Health Board has eight active staff networks. Each network is tailored to meet the unique needs of our employees and have played a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered within our organisation.
- Celebrating Diversity: Activities such as Black History Month, LGBTQ+ History Month, Diwali, and Menopause Awareness Month ensure the Health Board's commitment to being an inclusive employer is visible and encourage staff to be their true selves at work.

Workforce equality data and pay gap reports:

The workforce equality report (Appendix 3) and pay gap reports (Appendix 4) 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 ethnicity pay gap data shows that as an average overall, our Black, Asian and Minority Ethnic colleagues earn more than their White colleagues. However, when an analysis of difference in average pay has also been carried out by staff group and pay band this shows that, apart from Additional Clinical Services and Estates and Ancillary, they earn less across all other staff groups. The same analysis by Agenda for Change (AfC) pay band shows that our Black, Asian and Minority Ethnic colleagues earn less than their White colleagues for bands 3 – 5, and band 8a, with the highest difference at band 8b.

The gender pay gap has remained relatively static, with no significant improvement over the years, with the biggest decrease seen in 2021 and 2022 but for other years it has remained over 21%, with an increase from 21.11% in 2024 to 22.33% in 2025. The highest pay gap by staff group can be seen for Administration and Clerical, and male staff earning more than female staff for AfC bands 1-3, 6-7 and 8d.

Work has also been ongoing to present some intersectional analysis (Appendix 2) which shows that the representation of females at AfC band 8c is lower than the Health Board profile and significantly lower for band 9, which is the same as last year. However, during 2024-2025 an increase in recruitment of female staff into band 8d positions has brought the percentage split by gender closer to the overall Health Board profile.

An analysis of data by ethnicity and gender has previously shown no representation by our Black, Asian and Minority Ethnic colleagues (male or female) at AfC bands 8b, 8d and 9 and while 2024-2025 saw appointments at band 8b, there are still no Black, Asian and Minority Ethnic colleagues at band 8d and band 9.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee (PODCC) is requested to:

- **RECEIVE** the SEP Annual Report 2024-2025 noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and **AGREE** its submission to Board for approval and publication.
- **NOTE**: the examples of work which has been undertaken to meet the Public Sector Equality Duties and SEP Objectives 2024-2028.
- **NOTE**: the intersectional analysis and action plan which sets out the actions which will be taken in 2025-26; this will be a document for internal use only.

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 Risk Register Reference:	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 Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Support people to live active, happy and healthy lives

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base:

- [Equality Act 2010](#)
- [Public Sector Equality Duties \(Wales\) 2011](#)

	<ul style="list-style-type: none"> • <u>Health Board's Strategic Equality Plan and Objectives</u>
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Updates were provided by members of the Equality Implementation Group, and examples of good practice were sought from our staff networks. The current draft of the Strategic Equality Plan Annual Report has been shared with both the Equality Implementation Group and our staff networks for comment.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	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.
Ansawdd / Gofal Claf: Quality / Patient Care:	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.
Gweithlu: Workforce:	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.
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:	<p>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.</p>
Enw Da: Reputational:	<p>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.</p>
Gyfrinachedd: Privacy:	<p>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.</p>
Cydraddoldeb: Equality:	<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 Public Sector Equality Duties.</p>



GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan *Annual Report* **2024/2025**



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Introduction

Hywel Dda University Health Board (the Health Board) is dedicated to placing people at the core of all our activities. Our vision is to foster an accessible and inclusive organisational culture and environment for everyone. This encompasses our staff, those receiving care, their families and carers, as well as our partners, whether they are statutory organisations, third sector partners, or our communities. We aim to treat everyone as individuals, adopting a person-centred approach that ensures fairness, integrity, dignity, and respect for all, regardless of their background or beliefs.

The Equality Act 2010 mandates fair treatment for everyone. This legislation protects individuals from being treated less favourably due to:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including non-belief)
- Sex
- Sexual orientation

To ensure we treat people fairly, we must collect and utilise information about the experiences of our staff and service users. It is crucial that our services meet the needs of all groups and that we maintain fairness in the workplace. Our report includes case study examples, with fictitious names used to protect the identities of those who have shared their stories or feedback.

We employ various methods to gather and compile information about our communities and staff, including:

- Siarad Iechyd/Talking Health: Our involvement and engagement scheme that allows the public to voice their opinions on the planning, development, and delivery of local health services.
- Engagement and consultation: With staff and communities at public events and through surveys.
- Data collection: From our patient administration systems.
- Patient feedback: Including compliments and complaints about their experiences with our services.
- Staff surveys: Data from our electronic staff records and grievance reports.
- Welsh Government initiatives and national reports: Such as those from the Equality and Human Rights Commission, Older People's Commissioner, Stonewall, and others.
- Public Service Board Wellbeing Assessments: For each of the three counties.

We are continually striving to enhance the collection and reporting of equality data for those using our services. This involves adapting our existing systems to gather this data and raising awareness about its importance and how it will be used to improve services and outcomes for patients. The same applies to collecting equality data for our staff, and we are collaborating with the Welsh Government and other NHS Wales Health Boards and Trusts to improve our national information systems.

Our efforts to advance the equality agenda are interconnected with several pieces of legislation, policy drivers, and key reports, including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Well-being of Future Generations (Wales) Act 2015
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

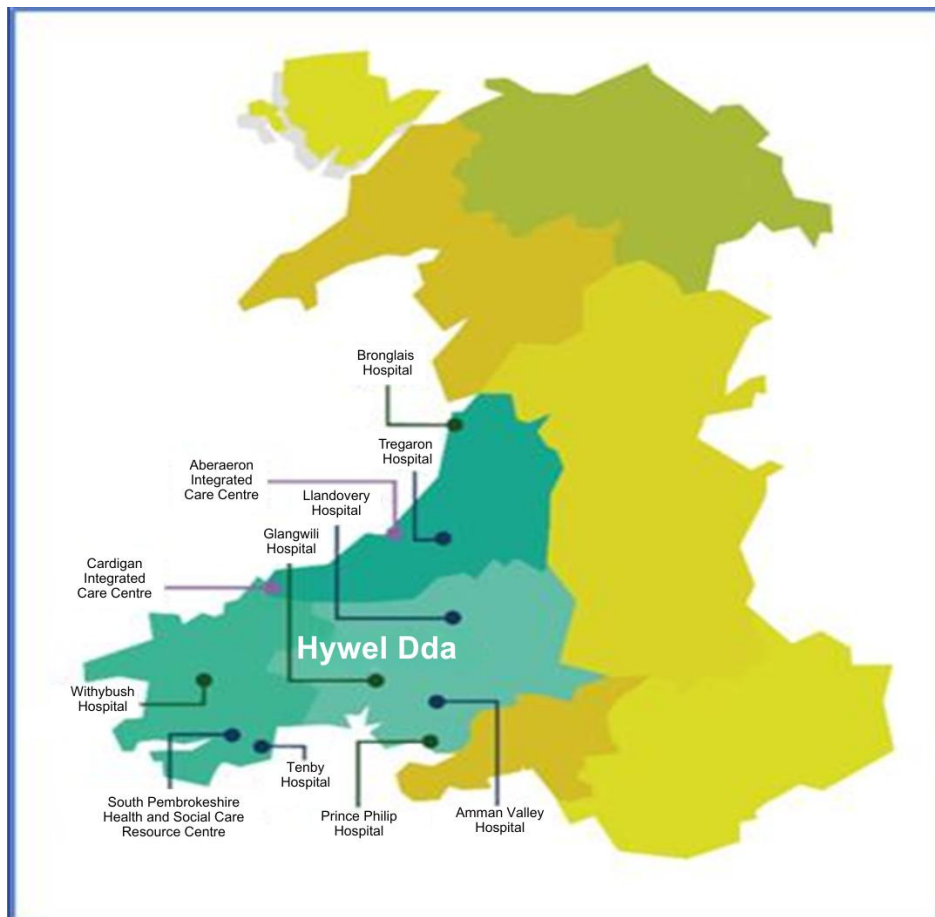
While our annual report provides an overview of the Health Board's efforts to promote equality, diversity, and inclusion, it should be read alongside other key documents listed below, with hyperlinks provided:

- [Hywel Dda University Health Board Annual Report](#)
- [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 \(2024\)](#)

About the Hywel Dda area

Hywel Dda University Health Board plans and provides NHS healthcare services for the residents of Carmarthenshire, Ceredigion, Pembrokeshire, and neighbouring counties. Below are some key facts about our Health Board. For more detailed information, please refer to our Health Board Annual Report 2024-2025:

- Our Health Board covers a quarter of the land mass of Wales.
- We employ approximately 13,000 staff members and have a growing number of volunteers and apprentices.
- Based on the 2021 Census, we provide healthcare services to around 383,000 residents, as well as numerous visitors to our area.
- We support 48 general practices, 47 dental practices, 99 community pharmacies, and 44 general ophthalmic practices.
- Our facilities include four main hospitals, seven community hospitals, and eleven health centres.
- We collaborate with our three local authorities and partners from the public, private, and voluntary sectors.



We recognise that many individuals within our diverse populations, including those with protected characteristics, experience socio-economic deprivation. This deprivation is a significant factor contributing to poorer health outcomes, limited access to education and employment opportunities, and the perpetuation of the cycle of deprivation.

Our goal is to break this cycle in alignment with the aspirations of the Well-being of Future Generations (Wales) Act 2015, striving to create a healthier, more equal Wales with 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 Welsh Index of Multiple Deprivation, and Stats Wales. Further details about the characteristics and needs of our population can also be found in the local assessments of wellbeing published by the Public Services Boards in each local authority area.

[Ceredigion Local Well-being Plan - Ceredigion County Council](#)

[Carmarthenshire Local Well-being Assessment – the Carmarthenshire We Want](#)

[Well-being Assessment - Pembrokeshire County Council](#)

Demographic information for the Hywel Dda region is available on the Office for National Statistics website. Historically, our population has experienced temporary changes, with significant increases during the summer months due to the tourism industry and transient student populations throughout the year.

We recognise the importance of continually striving to ensure that our diverse communities have opportunities to communicate their needs, receive appropriate services, and have equal opportunities for employment and career progression.

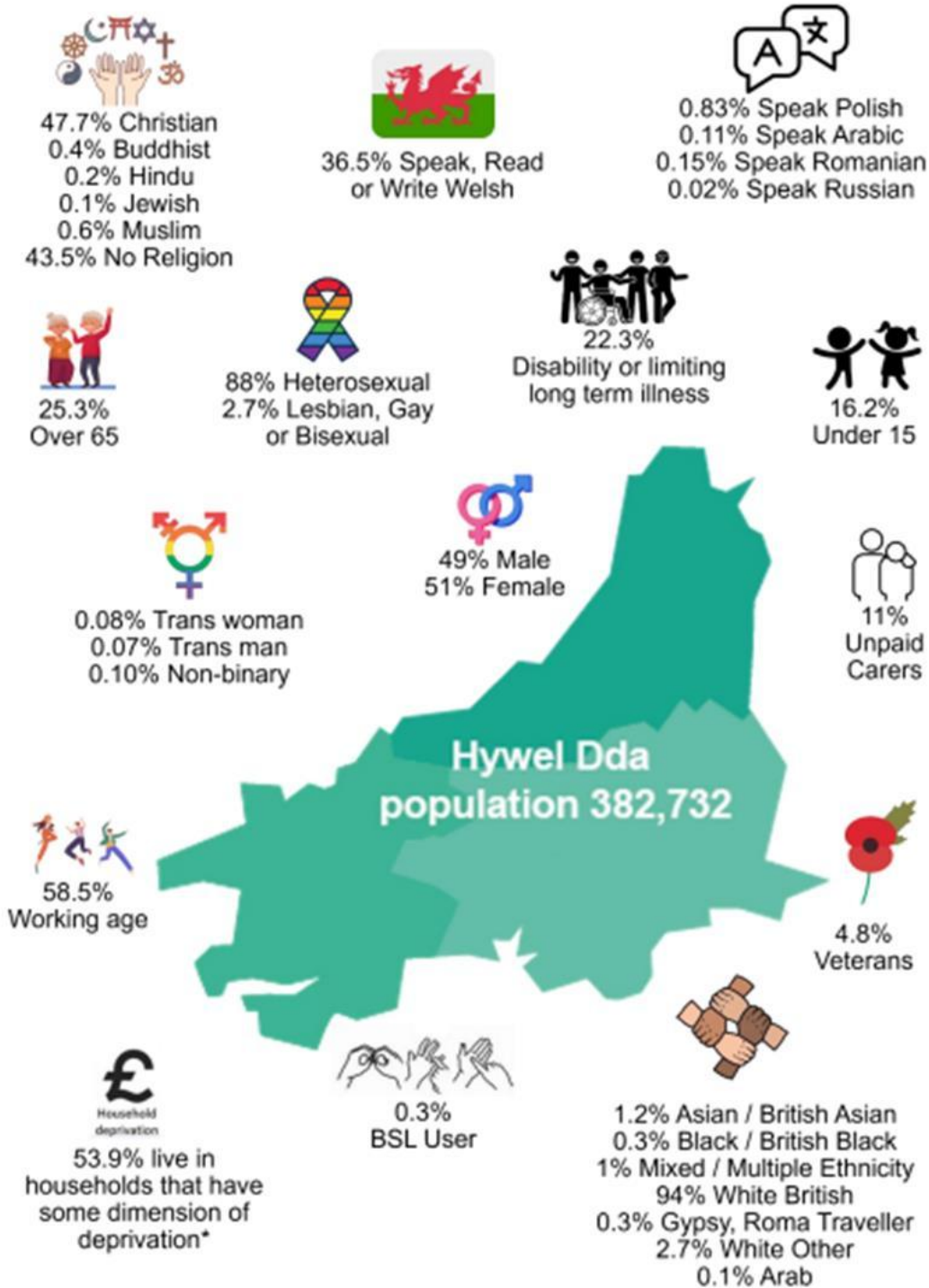
There are high concentrations of Welsh speakers in some areas across the three counties, and we are committed to providing an active offer to patients who wish to receive their services in Welsh. We aim to identify our Welsh-speaking service users and encourage our Welsh-speaking staff to register their language skills on their Electronic Staff Record (ESR). In accordance with the Welsh Language Standards (No.7) 2018 Regulations, we have an action plan in place to meet the requirements of the Standards through our Bilingual Skills Strategy. Further details can be found in our Welsh Language Annual Reports.

Appendix 1 Annual Workforce Equality Report 2024-2025, illustrates “life in Hywel Dda” across the protected groups. This information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to record and regularly update their personal data on this system to help collect more complete and accurate information about our workforce as a whole.

An overview of the population of Hywel Dda University Health Board can be found on the following page.

Our population

The infographic below provides an illustration of the characteristics of the people living in Hywel Dda and is drawn from the averages of the data for each local authority area.



*The dimensions of deprivation used to classify households are indicators based on four selected household characteristics. - Education, Employment, Health & Housing ([Household deprivation - Census Maps. ONS](https://www.ons.gov.uk/census)). Data provided by ONS Census 2021 <https://www.ons.gov.uk/census>

Our strategic equality plan and objectives 2024-2028

We have four overarching strategic equality objectives outlined in our 2024-2028 Strategic Equality Plan.

The strategic equality objectives for 2024-28 are:

- **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 to improve health and well-being for all**
Our staff will actively work to reduce health inequalities
- **Objective 3 – Embedding a person-centred approach**
Our staff use the Health Board values to deliver a person-centred approach in everything they do.
- **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.

Our Strategic Equality Plan (SEP) 2024-2028 reaffirms our dedication to advancing equality, eliminating discrimination, and fostering good relations between those who share a protected characteristic and those who do not. This comprehensive plan reflects our dual role as an employer and a service provider, ensuring that our commitments extend to patients, families, carers, and the broader community.

Our Strategic Equality Plan (SEP) objectives are closely aligned with the Health Board's Wellbeing Objectives, which are interconnected with the wellbeing goals established by the Well-being of Future Generations (WFG) (Wales) Act 2015. The WFG Act is a cornerstone of our long-term strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

The Health Board has six strategic objectives that reflect our vision: 'Together we are building kind and healthy places to live and work in Mid and West Wales'. These objectives relate to our people (staff, service users, and communities) and our services:

Together we are building kind and healthy places to live and work in Mid and West Wales.



The examples provided in this annual report illustrate how the Health Board is actively embedding and promoting principles to achieve the best possible health and wellbeing outcomes for everyone.

The Health Board is diligently working to address the worsening health inequalities within our communities. The disproportionate effects on those with protected characteristics and vulnerable individuals continue to be increasingly evident and are being further exacerbated by ongoing socio-economic pressures, political instability, and leadership changes across the UK. Conflict across the World and local tensions also contribute to these disproportionate impacts.

We are committed to mitigating these impacts and improving health outcomes for all, particularly for those most affected by external societal factors beyond their control. Our efforts include targeted initiatives and collaborations with partners and stakeholders to drive continuous improvements for the most vulnerable members of our communities.

Examples of our efforts can be found throughout this report.

Spotlight on: Leadership by all

Our Aim

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

Anticipated Outcome

- The Health Board recognises and values the needs and differences of all staff and service users.
- Staff, including Board members, will use their lived experiences and act as role models to create positive experiences for colleagues and service users.
- Staff and service users will stand up to racism and all forms of discrimination and are empowered to voice any concerns

Developing our staff

Over the past 12 months, Hywel Dda University Health Board has introduced several initiatives to enhance staff development. These efforts underscore our commitment to fostering a supportive and growth-orientated environment for all employees. Key initiatives include:

- Enhanced learning opportunities: Expanding access to professional development programmes, including workshops, online courses, and seminars.
- Wellbeing support: integrating occupational health services and psychological wellbeing resources to promote mental and physical health.
- Leadership development: Implementing programmes aimed at cultivating leadership skills among staff, preparing future leaders within the organisation.

These initiatives reflect our dedication to continuous improvement and the professional growth of our workforce.

Active bystander

Hywel Dda University Health Board continues to facilitate a rolling programme of Active Bystander training, providing staff with the skills and confidence to call out discrimination and inappropriate behaviour. The provision of Active Bystander training is also recorded as a key action within the Health Boards Anti-Racist Wales Local Action Plan. Over the course of this financial year 6 Active Bystander sessions have been delivered to a total of 151 members of staff.

The Active Bystander sessions are evaluated and feedback from attendees is used to ensure the course is effective and that the learning objectives are being achieved. 73% of attendees highlighted that they would like to attend further training on this subject and 95% indicated that they would recommend the session to others. Here are some examples of the feedback received from the programme:



"A well-structured format excellently delivered - very useful. I would like refresher training if available in the future."



"I really enjoyed the session and thought it very thought provoking. Some of the scenarios were familiar to me. Personally, I was reluctant to put my thoughts/'answers' in the chat when I knew that I could be asked to explain my answer/thought. For me, I'd have been more comfortable to be able to add my comments to the chat and listen to the feedback."



"I just wanted to say the session was fantastic. It was the most engaging online training I've attended, and I think an amazing job was done engaging with participants. Thank you so much!"



"This was certainly a thought-provoking session, and I would encourage my whole team to attend future training opportunities. It was delivered well, thank you."

LEAP (Leadership Engagement with Awesome People)

Leaders at Hywel Dda need to be agile, vibrant, responsive, innovative and diverse. LEAP was created to develop and support leaders to be able to respond and adapt to the challenges both now and in the future.

This innovative and progressive leadership development programme is for senior leaders and focuses on compassionate, collective and inclusive leadership. The programme includes a diversity and inclusion session 'Creating an environment where everyone can flourish and thrive' which is delivered by the Diversity and Inclusion team. This session covers topics such as the benefits of diversity and inclusion in the workplace, equality and diversity law and legislation, discrimination and unconscious bias.

Four cohorts of the LEAP programme have been delivered over the last 12 months to a total of 67 senior leaders within the Health Board.



The Hywel Dda Manager programme

The Hywel Dda Manager programme is designed for supervisors, managers, and those aspiring to these roles. It's designed to empower supervisors and managers, to become more effective, inclusive, resilient, and compassionate focusing on essential day-to-day skills such as effective communication, supportive management, and motivational leadership.



Datblygu timau rheoli tosturiol a chynhwysol

RHEOLWR
HYWEL DDA
MANAGER

Developing compassionate and inclusive management teams

A key component of the programme is the diversity and inclusion session titled 'Being an Inclusive Manager.' Upon completing the Hywel Dda Management Programme, managers will be well-equipped to ensure fair treatment of staff, understand steps to eliminate discrimination and bias, and foster a sense of value and retention within the Health Board.

Over the past 12 months, eight different cohorts, comprising 157 staff members, have embarked on their Hywel Dda Management programme journey. Evaluations from this period indicate that 75% of attendees reported a significant increase in their knowledge about being an Inclusive Manager as a result of the 'Inclusive Manager' session.

Talent Management and Succession Planning

Over the past 12 months, Hywel Dda University Health Board has focused on enhancing Talent Management and Succession Planning. We have done this through:

- **Structured Talent Management Programmes:** The Health Board has implemented comprehensive talent management programmes to identify and nurture high-potential employees. These programmes include targeted training, mentorship, and career development opportunities.
- **Succession Planning Framework:** A robust succession planning framework has been established to ensure continuity in leadership and critical roles. This framework involves identifying key positions, assessing potential successors, and providing tailored development plans to prepare them for future roles.
- **Performance Reviews and Development Plans:** Regular performance reviews are conducted to evaluate employee progress and identify areas for improvement. These reviews are complemented by personalised development plans to support career growth and readiness for higher responsibilities.
- **Leadership Pipeline Development:** Efforts have been made to create a strong leadership pipeline by investing in leadership development programmes and workshops. This ensures that the Health Board has a pool of well-prepared leaders ready to step into key roles as needed.

The Coach Approach: During this reporting period, Hywel Dda University Health Board has continued to develop and implement the "Coach Approach" to support staff development and enhance workplace culture. The Coach approach consists of:

- **Training and Development:** The Health Board has provided extensive training for managers and leaders to adopt coaching techniques in their daily interactions with staff. This includes formal training sessions and ongoing support to ensure the effective application of these skills.
- **Enhanced Communication:** By fostering a coaching culture, the Health Board aims to improve communication across all levels of the organisation. This approach encourages open dialogue, active listening, and constructive feedback
- **Employee Empowerment:** The Coach Approach focuses on empowering employees to take ownership of their development and career progression. This involves setting personal goals, identifying areas for improvement, and creating actionable plans to achieve these goals.
- **Supportive Environment:** Creating a supportive and collaborative work environment is a key objective. The Health Board has implemented regular check-ins and mentoring sessions to provide continuous support and guidance to staff.

Making a Difference programme

The "Making a Difference" Customer Service programme is designed to foster positive interactions with Hywel Dda customers, including our patients, families, and visitors. This programme emphasises effective communication, provides tools to manage conflict and incivility, and reinforces the Hywel Dda Values and Behaviours framework.



The goal of the Making a Difference Programme is to equip staff with the tools and skills necessary to provide excellent customer service. By the end of the programme, staff are expected to:

- Create positive interactions with Hywel Dda customers, our patients, families, and visitors
- Demonstrate the use of tools provided to manage conflict and establish positive working relationships
- Identify various support mechanisms to promote health, wellbeing, and empower individuals to fulfil their potential

During 2024, 27 Making a Difference sessions have been delivered to 354 staff members. Since the programme's inception, a total of 1,518 staff members have completed the training across the Health Board. Course evaluations revealed that 100% of participants would recommend the Making a Difference programme to their colleagues.

Leading with Cultural Intelligence training

The Health Board's Organisational Development Relationship Manager service, in collaboration with the Learning and Development team, has developed and delivered training to enhance the cultural intelligence skills of our managers and leaders. These sessions delve into how our cultural preferences shape our behaviour, attitudes, and the

ways we lead, interact, and engage with others. Ongoing support is provided by the OD Relationship Manager service, with continuous training made available by Learning & Development.

By the end of this workshop managers will have developed their understanding of what cultural intelligence is. Through the tools introduced, managers will be able to lead and engage more effectively, empathetically, and inclusively with teams and patients who are from diverse cultural backgrounds. Over the past 12 months, five "Leading with Cultural Intelligence" training sessions/workshops have been delivered to a total of 71 staff members across the Health Board.

Autism Awareness training

Hywel Dda University Health Board has made significant progress in Autism Awareness training. During this reporting period Hywel Dda University Health Board became the first Health Board in Wales to achieve 'Autism Understanding' status. This accreditation, awarded by the National Neuro-Divergence Team, recognises the Health Board's commitment to increasing autism awareness and understanding. To achieve this status, 85% of Hywel Dda's 13,000 staff completed e-learning modules focused on autism awareness. This training aims to equip staff with the knowledge and skills to better support neuro-divergent individuals.

In addition, the Health Board has developed a comprehensive strategy to increase awareness and understanding of autism and other neuro-divergent conditions. This includes partnership working with the National Neuro-Divergence Team to deliver webinars and bespoke training packages.

The training and initiatives are designed to create a more inclusive and supportive environment for both staff and patients. This includes making reasonable adjustments in the workplace to better support neuro-divergent employees.



Anti Racism Wales Action Plan

Anti-racism training

Throughout the year, the Business, Partnerships and Inclusion team facilitated training to enhance awareness and inclusion in the workplace and in the delivery of services. Our sessions aimed to deepen understanding of minority ethnic communities, religious diversity, and the importance of anti-racism in professional practice.

Working with Minority Ethnic Children, Young People and Families

This training provided insights into cultural diversity, discrimination, and best practice for supporting minority ethnic communities. Participants explored the barriers to accessing services, the significance of inclusive support, and the value of partnership working.

Religion and Belief

This session addressed challenges faced by religious individuals in the workplace, fostering inclusivity and allyship. Key topics included the distinction between religion,

culture, and identity, workplace discrimination, and the creation of safe and inclusive environments.

Anti-Racism for Practitioners

This programme focused on anti-racism in Wales, equipping professionals with the knowledge to support minority ethnic individuals effectively. Topics included the racially diverse population of Wales, the Anti-Racist Wales Action Plan, the impact of racism in work settings, and cultural considerations in mental health. The training empowered staff to foster inclusivity, recognise discrimination, and take meaningful action.

In addition to these training modules an all-Wales e-learning module on anti-racism was launched by Welsh Government during this reporting period and has been made mandatory for all staff to complete. As of the end of March 2025 64.9% of Health Board staff had completed the anti-racism module.

Aspiring Board Members Programme

As part of the Anti-racist Wales Action Plan, Welsh Government committed to the development of an Aspiring Board members programme. The first cohort joined the programme in May 2025. It is recognised that Boards need to be representative of their workforce and diversity of membership draws on wider lived experiences and provides a greater understanding of under-represented groups. The aim of the programme is to create a robust pipeline of diverse applicants but, as well as non-executive Director positions, the programme is intended to help individuals recognise the wider opportunities that exist within Health.

Board Seminar and Equality, Diversity, and Inclusion Progress

In December 2024, a Board seminar was held to address systemic inequalities and discrimination. Discussions highlighted key themes from the annual SEP report and the role of Equality, Diversity, and Inclusion (EDI) in Board deliberations. Board members were encouraged to reflect on their individual and collective responsibilities in driving change.

The session presented uncompromising data on gender, discrimination, race, and disability, supplemented by lived experiences. Board members engaged in discussions on shaping the organisation's future, addressing key challenges, and setting priorities.

The seminar prompted difficult but necessary conversations, reinforcing the urgency of addressing critical issues to foster growth. As a result, an EDI Task Force has been established to lead this work, supported by the Board and reporting to the People, Organisational Development and Culture Committee (PODCC). With support from the Health Board's Quality Improvement team, the Task Force will adopt a quality improvement approach, to achieve system-wide change.

Spotlight on: Working together to improve health and well-being for all

Our Aim

Our staff will actively work to reduce health inequalities.

Anticipated Outcome

- We will continue to listen to our population, especially those who traditionally find it difficult to access services and often have poorer health outcomes. We will use their feedback and experience to help us when we are planning and providing services.
- The Health Board will work with partners, such as other organisations, Third Sector and communities to reduce health inequalities and remove barriers to accessing health and care services.

Supporting our diverse populations

The Community Development Outreach Team (CDOT) continues to actively engage with our diverse populations, gathering insights into their needs and providing essential information, advice, and support to facilitate access to healthcare services. The CDOT team undertakes the following activities:

Healthcare Empowerment:

They empower individuals to access healthcare services and promote vaccine uptake.

Community Events:

In partnership, they plan and attend community events to celebrate diversity and inclusion.

Interpretation Services:

They support health staff in using interpretation services to ensure patients have access to interpreters when needed, enhancing patient and clinician experiences.

Community Engagement:

They meet and converse with community members, encouraging participation in public engagement events.

Public Health Messaging:

They disseminate crucial public health information.

Agency Connections:

They connect people with other agencies and third-sector organisations.

Over the past year, the CDOT has strengthened its partnership with third sector organisations and the local authorities. They have organised and delivered well-being events across our three counties and over the past 12 months these events have been particularly vital as a larger number of individuals and households have experienced greater impacts because of the cost-of-living crisis.

Working with our Gypsy Roma Traveller Communities

The Hywel Dda area is home to a significant Gypsy and Traveller population. Members of the Community Development Outreach Team (CDOT) make regular visits to sites, fostering relationships with residents and promoting key healthcare messages. Their ongoing presence helps individuals overcome barriers, such as difficulties in reading or understanding correspondence and confusion around appointments, ensuring better access to essential health services.

Summary: Gypsy Roma Traveller Arts Tackling Health Inequality through the Arts

Led by Hywel Dda's Arts and Health and Community Outreach Teams, in partnership with Carmarthenshire County Council and arts partners People Speak Up and Arts4Wellbeing, this project aimed to promote wellbeing, encourage healthy behaviours and foster trust.

Gypsy and Traveller communities face significant social challenges, including poverty, unemployment, and housing insecurity, which contribute to chronic ill health and reduced life expectancy. Limited literacy and distrust of health services further hinder access to vital healthcare information.

The initiative involved six weeks of weekly art workshops at two Gypsy and Traveller sites, incorporating mural painting and creative activities. Healthcare staff participated, using the informal setting to deliver health messages on smoking cessation, healthy eating, and mental wellbeing. This approach helped reduce stigma and encouraged informed health choices.

A thematic analysis of interviews with community members and outreach workers identified five key impacts: increased confidence, stronger friendships, lasting change, improved trust, and empowerment through participation. Meaningful engagement and cultural sensitivity played a crucial role in encouraging ongoing interaction with healthcare services.

The project's legacy includes displaying artwork and findings at Hywel Dda's headquarters. It highlighted the arts' potential to address systemic health inequalities and will continue to inspire community-driven change.

Full report available: [Gypsy Roma Traveller Arts Tackling health inequality through the arts | Wales Arts Health & Well-being Network](#)

Supporting asylum seekers and refugees

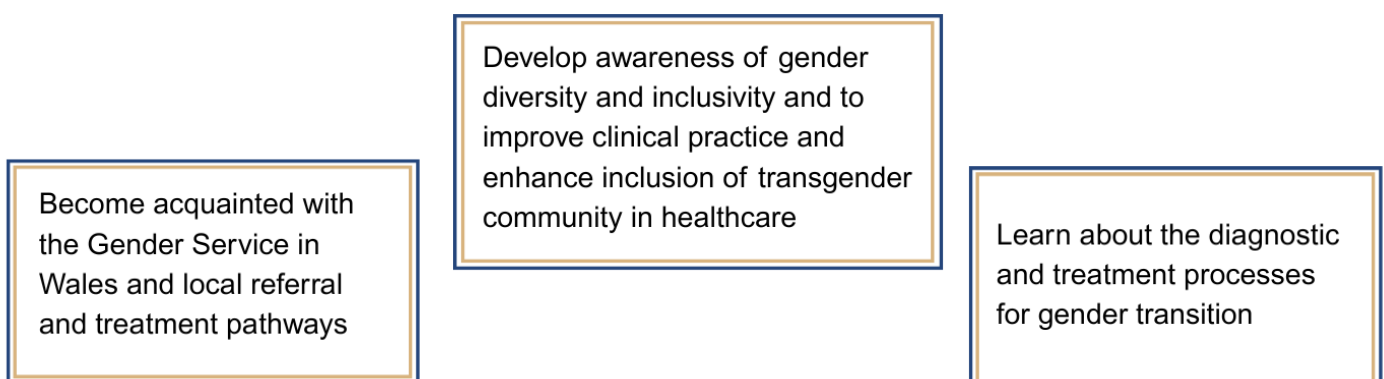
The Health Board actively supports refugees and asylum seekers through various local partnerships. Over the last 12 months the CDOT have been instrumental in providing information in different languages ensuring clarity on how to access healthcare services. The CDOT deliver health messages through ESOL (English for Speakers of Other Languages) classes, on navigating and understanding NHS Wales with particular emphasis on using the NHS emergency 999 service and the Wales 111 healthcare advice service. The CDOT also work in partnership with local authority and third sector organisations to refer individuals to wellbeing support services, liaise with Public Health Midwives to ensure patients receive pregnancy information and support, and collaborate with the Community Immunisation team to provide information about the vaccine and immunisation schedules.

Supporting our Gender Diverse Communities

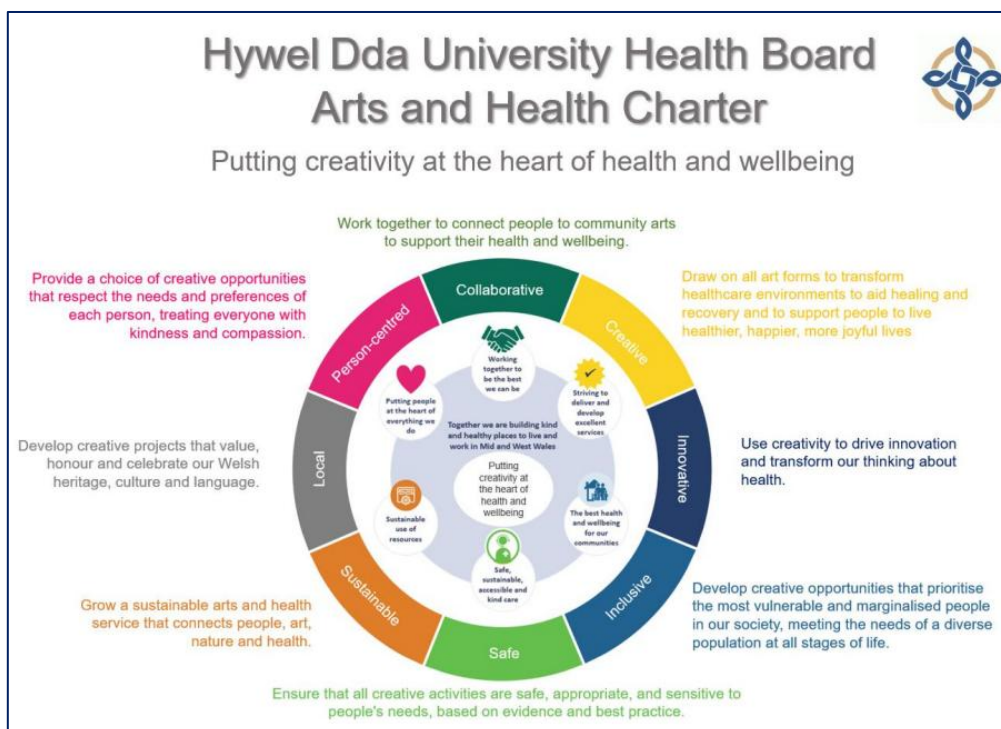
To better support our staff in supporting patients and colleagues who are gender diverse, the Business, Partnerships and Inclusion team have facilitated several training sessions. During the past 12 months the team arranged the delivery of two Stonewall sessions, one of which covered LGBTQ+ terminology and the second covered Trans awareness. Due to the demand for spaces on these sessions a further two 'Trans awareness' sessions were delivered by the Health Board's Gender Nurse Specialist. These sessions were able to be more specific to the role health care providers have and aimed to provide a better understanding of the Trans community and how we can support Trans individuals when accessing health care.

The Business, Partnerships and Inclusion team also created specific learning resources to complement this training, including an 'Understanding LGBTQ+ Inclusive language' resource and 'LGBTQ+ terms' poster, which have been promoted across the Health Board.

Hywel Dda University Health Board's Arts and Health Charter



The Hywel Dda University Health Board's Arts and Health Charter is a pioneering initiative integrating the arts into healthcare to enhance patient experiences, promote healing, and support wellbeing. As the first of its kind in Wales, it was co-created through extensive engagement with staff, patients, the public, and arts professionals. The Charter recognises creativity as a vital tool in illness prevention, wellbeing improvement, and recovery support. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges. Current applications include live music to comfort patients, dance for falls prevention, singing to improve lung health, and visual arts to support mental health. The Charter also contributes to the social prescribing agenda, empowering individuals to take control of their health and wellbeing.



Below is a taste of what was offered as part of the Arts and Health Charter in 2024-25.

Creative Prescribing Discovery Programme

Initially launched in 2022, Hywel Dda University Health Board's Creative Prescribing Discovery Programme integrates the arts into healthcare through social prescribing. Developed in collaboration with Public Health Wales, Health Education Improvement Wales, and arts organisations, the initiative aims to reduce health inequalities across Pembrokeshire, Carmarthenshire, and Ceredigion.

Key activities included establishing wellbeing programmes for social prescribers and patients, developing training for healthcare professionals, creating an Arts in Health Network, running Creative Prescribing Cafes, and launching an Artist in Residence programme.

An independent evaluation demonstrated the programme's impact:

- 866 participants engaged, including patients, healthcare staff, and community members
- 126 professionals joined discussions through Creative Prescribing Cafes
- 195 individuals took part in Artist in Residence workshops across 108 sessions

The initiative has shown significant benefits in improving mental health, fostering social connections, and enhancing overall wellbeing, reinforcing the therapeutic power of creativity in healthcare.

Artists In Residence (AIR)

The Arts and Health project steering group collaborated to create an Artist in Residence programme at Hywel Dda, where arts partners joined health care teams in each county. They worked with a team and/or a priority beneficiary group that had a protected characteristic and matched the county's needs and priorities. A series of 4 artist in residencies were held, based on a model of 1 per county to design and develop a pilot project that was designed to meet the needs of 3 different protected characteristic groups.

DanceWell Project – Carmarthenshire

The DanceWell project in Carmarthenshire provided dance-for-health prescriptions for patients in the Tywi and Taf GP cluster who had chronic conditions or mobility issues.

The project aimed to develop links between community Multi-Disciplinary Teams, specialist nurses, and GP surgeries to facilitate arts-on-prescription initiatives. It also sought to collaborate with local arts partners to deliver a high-quality programme and improve patient access to arts-based health interventions and physical activity.

For patients attending the DanceWell sessions, the goals included improving health and wellbeing, increasing physical activity, reducing social isolation, and enhancing mental health. Over the pilot period, 168 patients participated in 96 sessions, with a total of 734 individual attendances across various locations.

Feedback from participants was overwhelmingly positive, highlighting significant benefits for both physical and mental health. All respondents expressed a willingness to continue with the programme if it remained available.

Spotlight on: Embedding a person-centred approach

Our Objective

Our staff use the Health Board values to deliver a person-centred approach in everything they do.

Anticipated Outcome

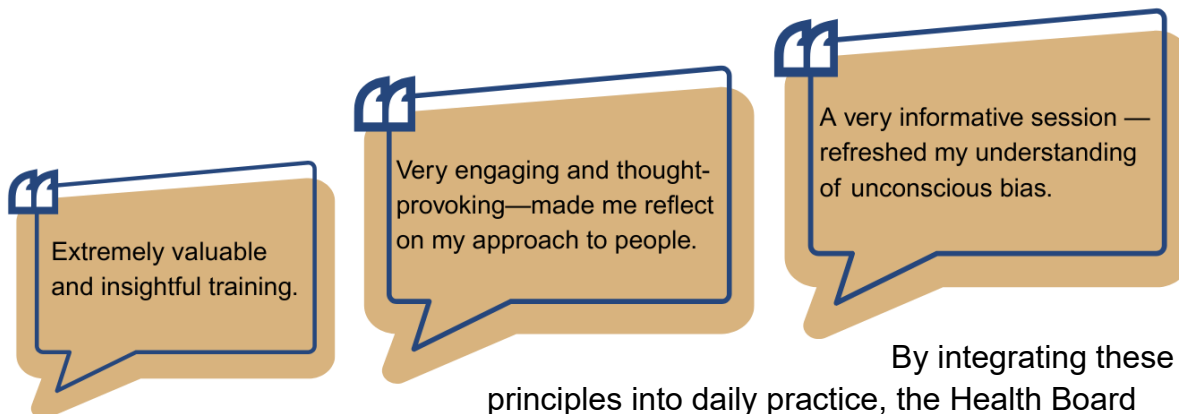
- Staff will have access to training and development opportunities to enhance their knowledge of equality, diversity and inclusion.
- Staff will have an awareness and understanding of the individual needs of our service users and diverse population and strive to meet those needs.
- We will actively engage with and listen to the diverse population that we serve, and ensure their needs are at the centre of all that we do.

Person Centred Approach training

The Health Board remains committed to fostering an inclusive workplace, ensuring fairness, dignity, and respect for all. The Person-Centred Approach training programme provides staff with an overview of equality and human rights legislation and equitable treatment for protected groups, carers, and vulnerable individuals.

The course explores unconscious bias and stereotypes, highlighting their impact on interactions and care delivery. It also introduces the Business, Partnerships and Inclusion Team, who offer ongoing support. Embedded in staff induction, the programme sets clear expectations on inclusivity and signposts further training.

During the reporting period, 12 sessions were delivered, with 176 staff members completing the programme. Additionally, tailored sessions supported 102 internationally educated nurses. Regular evaluations ensure continuous improvement, with 95% of attendees applying their learning daily. Feedback from participants includes:



By integrating these principles into daily practice, the Health Board continues to promote equitable, person-centred care, supporting a workforce that embraces diversity and inclusivity in all aspects of service delivery.

The Health Board has continued to build upon the progress made in meeting the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. These standards outline the priorities for health boards to ensure that services for people with sensory loss are accessible.

The Standards require all patient areas to assess and address the needs of people with sensory loss. To support this, the Sensory Loss Friendly Assessment (SLFA) checklist was developed through the Enabling Quality Improvement in Practice (EQIIP) programme in 2022-23. Tested in Audiology and Outpatients in 2024, it helped benchmark accessibility across communication, patient environment, and service delivery, leading to improvements where needed. To expand this work, a dedicated project team was formed in 2024 and successfully secured a place on the Bevan Commission Exemplar programme, further enhancing visibility and support.

The Bevan Commission Exemplar Programme 2024-25

The programme provides independent advice to government and NHS leaders, with a dedicated project team advancing the SLFA Checklist through networking, leadership, and innovation training. The Health Board's Bevan Exemplar project, 'Meeting the Communication and Information Needs of People with Sensory Loss', supports the All-Wales Standards for Accessible Communication. It aims to enhance patient experience, boost staff confidence in accessibility, and ensure equitable healthcare.

Piloted across multiple service areas, the SLFA Checklist is continuously refined in collaboration with key partners, including Llais and Wales Council of the Blind. Beyond sensory loss, the project addresses wider communication needs, such as disabilities and language barriers, ensuring compliance with the Equality Act (2010) to prevent discrimination.

Staff Sensory Loss training

As part of the EQIIP programme, the Sensory Loss Project Team reviewed staff completion rates for the NHS Wales Sensory Loss e-learning module. Over the past year, the Business, Partnerships and Inclusion team has actively promoted the module through awareness-raising training sessions. Staff engagement continues to grow, with 320 Health Board employees having completed the module. This upward trend is expected to continue as the SLFA checklist expands to more service areas.

WPAS Sensory Loss Marker

The Patient Administration System for Wales (WPAS) features a sensory loss marker to highlight patients' communication needs. To promote its use, the Health Board developed a WPAS Recording of Sensory Loss staff guide, widely shared across the organisation and partnership forums. Through training and awareness initiatives, staff have actively collected and recorded patient communication preferences, leading to a significant increase in recording patients who have a sensory loss. As of 15th March 2025, 222 patients were recorded on WPAS, reflecting a 164% rise in the past six months and a 1750% increase since April 2024.

Success story

During this reporting period the Outpatients Team were successful in the NHS Wales Awards under the category of Equitable Care. It is recognition of their incredible quality improvement work, transforming the experience and outcomes for people with sensory loss in Hywel Dda.



BSL Lunch Club

The BSL Lunch Club meets monthly, helping staff build confidence in British Sign Language. During this reporting period, members learned to sign common phrases, including introductions, weather, numbers, directions, and basic healthcare conversations. To showcase their progress, the club performed a signed Christmas carol at the Health Board's carol service. By March 2025, membership had grown to 94, with a dedicated MS Teams channel for support and resource sharing.

Have you signed up yet?

Virtual BSL Lunch Club for Staff

📍 **Where:** Microsoft Teams

📅 **When:** Wednesday 25th September, 12:00 - 12.30

To receive an invite and resources, please contact us at inclusion.HDD@wales.nhs.uk



It's great to see health professionals and hospital staff engaging with a language which is challenging to learn, but bring a significant benefit to Hywel Dda patients.

BSL Club Member

Digital Inclusion

Hywel Dda University Health Board recognises digital healthcare as a vital component of service delivery, encompassing video appointments, online support, healthcare apps, and digital communication. To ensure accessibility, the Health Board is committed to a digital inclusion programme focused on improving digital skills, recognising digital access as a social determinant of health, co-designing digital services, and enhancing health literacy.

The Digital Inclusion Team provides staff support, while the Business, Partnerships and Inclusion team participates in the Regional Digital Inclusion Steering Group to help ensure accessibility for those with protected characteristics and our most vulnerable communities.

During this reporting period, key initiatives included expanding the Digital Inclusion Champions Network, enhancing digital skills among staff and the community, addressing the digital divide, collaborating across sectors, and maintaining a strong commitment to Digital Inclusion in partnership with Digital Communities Wales. These efforts reinforce the Health Board's dedication to reducing digital inequalities and ensuring all community members benefit from advancements in healthcare.

Staff Psychological and Wellbeing Support

The Staff Psychological Wellbeing Service plays a central role in supporting and promoting the mental health and emotional wellbeing of all our staff. A stepped care model ensures that work continues to support cultural and systemic change; to equip leaders, managers and staff with the skills, knowledge and resources needed for good mental health at work; as well as to provide appropriate therapeutic interventions and referral pathways for teams and staff who are struggling.

The Staff Health and Wellbeing Gateway was launched online in May 2023, bringing the full range of staff support services together into one place making it easier for staff to know what is available and how to access it when needed. There have been just under 12,000 views since publication. Printed promotional material with QR codes that would enable staff to access the Gateway with their own devices without needing to be on the Hywel Dda system remains in development.

The service offers regular webinars, attendance at wellbeing days, celebration of national mental health days (including Mental Health Awareness week and World Mental Health Day) and input into a range of programmes across different professional groups to support emotional literacy, mental health awareness and strategies for staying well. Recordings of webinars are available to provide easy access, and each one is evaluated to capture feedback and identify potential improvements.



Staff have access to a range of one-to-one therapeutic support services both internal and external, and these are regularly promoted. Clinical outcomes on the effectiveness of the psychological interventions demonstrate clinically significant improvements in mental health. In addition to this, Qualitative feedback from staff on this aspect of our service remains very positive and demonstrates how staff are helped to remain in work and to return successfully after being on sick leave. The Recovery in Nature Programme has continued with evaluation demonstrating clinically significant improvements in mental health along with a reduction in symptoms of burnout. A new layer of participatory qualitative evaluation has been added (the Most Significant Change Approach) with themes of personal transformation through reconnection with self, others and nature.



I thoroughly enjoyed and found great understanding and techniques to reflect on my burnout experience last year and ways to look to prevent this occurring again and manage my workload, including the associated stress and anxiety that comes from my demanding role. I had not taken part in anything like this previously and wasn't sure how I would feel about the reflective nature of the process, but I felt quickly at ease and encouraged to try out these new experiences in a safe place.

The service has its own dedicated SharePoint site, which is regularly updated, providing a wide range of quality assured resources to support staff mental health.

There are specific resources to support managers and leaders in creating the conditions for good wellbeing at work, and new pages are introduced as needs are identified. A resource page on Menopause was published late 2024 and resources specific to Men's mental health are in development.

Improving the health of veterans

The Health Board serves approximately 382,800 people in West Wales, and the 2021 census recorded that 15,637 (4.08%) had served in the UK Armed Forces. Currently, the Health Board employs 131 staff members who have declared their armed forces status.

Armed Forces Covenant Health Action Plan (2024–2026)

Hywel Dda University Health Board has implemented the Armed Forces Covenant Health Action Plan, setting priorities until 2026. Coordinated by the Business, Partnerships, and Inclusion team and Armed Forces champions, the plan focuses on understanding veterans' healthcare needs, reducing disadvantage, providing support through events and training, and positioning the Health Board as an employer of choice for the Armed Forces community.

To benchmark best practice and drive continuous improvement, the Health Board actively participates in accreditation schemes, including:

- Veterans Covenant Healthcare Alliance (VCHA) – Recognised as a Veteran Aware organisation.
- Defence Employer Recognition Scheme (DERS) Gold – Accredited, with re-validation due in 2026.
- HEIW Veteran-Friendly Practices Scheme – Specialist GP training, with four practices completing accreditation during 2024–25.
- Pride in Veterans Standard (PiVS) – Demonstrating commitment to LGBT+ veterans and their families.

This approach reinforces the Health Board’s commitment to supporting and improving healthcare services for veterans and the Armed Forces community.

Quality Improvement Project to Identify Veterans

Through the Enabling Quality Improvement in Practice (EQliP) programme, the Health Board has strengthened veteran identification and support mechanisms. Initially launched in 2023, but running throughout 2024 the EQliP project has led to:

- Increased veteran self-identification among patients
- Creation of the WPAS Recording of Armed Forces Keynote: A Staff Guide
- Enhanced Waiting List Support Service actions via updated Call Handler scripts
- Development of a Patients’ Journey Map for staff
- Identification of system changes for simplified veteran identification within the All-Wales WPAS

This project has significantly contributed to the improved identification and management of veterans within the Health Board, ensuring they receive the care and support they deserve.

Success story - Staff Recognition

A member of the Armed Forces Staff Network received a bronze award in the Leadership category at the 2024 Welsh Veterans Awards. This accolade was in recognition of his outstanding leadership during a critical hospital incident, where he demonstrated his military work ethic and values, significantly contributing to his team's success. Throughout his tenure at Hywel Dda University Health Board, he has actively encouraged and supported ex-military colleagues to participate in Health Board initiatives, promoting the organisation as an employer of choice for veterans and the Armed Forces community. This leadership award underscores the importance and value of the transferable skills that military veterans bring to civilian roles.

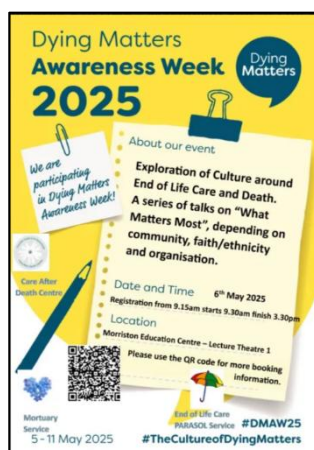


Supporting our Faith Groups - Enhancing Holistic Care and Organisational Support

Over the past year, the Chaplaincy service has provided holistic, person-centred support to patients and healthcare professionals, ensuring inclusivity for individuals of all faiths and beliefs, including non-religious groups.

The Chaplaincy team advises on faith-based healthcare needs, facilitates reflective spaces, and supports religious observances such as Ramadan, Lent, Diwali, and Christmas. It also leads commemorative events, including Remembrance Day and, in 2025, the five-year anniversary of the COVID-19 pandemic, while responding to global and local challenges affecting staff and patients. At the end of life, the Chaplaincy team collaborates with funeral directors and registrars to ease legal and practical processes, reducing pressure on hospital services while respecting family wishes. Working within a multidisciplinary framework, it provides guidance on spiritual, cultural, and social aspects to complement NHS medical care.

As beliefs continue to diversify, the Chaplaincy team remains committed to adapting and ensuring equitable access to high-quality spiritual care, reinforcing its role in positive health outcomes.



Supporting unpaid carers

Hywel Dda University Health Board collaborates with statutory and third-sector organisations through the West Wales Regional Partnership Board (RPB). The RPB's Carers Strategy, published in November 2020, outlines four regional priorities to improve outcomes for unpaid carers:

- Enhancing early identification, including Young Carers and Young Adult Carers
- Providing a range of services to support carers' wellbeing
- Helping carers access education, training, and employment
- Supporting carers to develop digital confidence and inclusion.

Investors in Carers (IiC) Scheme

Led by the Health Board, the Investors in Carers (IiC) scheme supports unpaid carers of all ages, focusing on early identification, staff training, a Carers Champions Network, and legislative compliance. Key achievements include identifying and supporting 666 carers over the past year, integrating early identification of unpaid carers into quality improvement work within Mental Health and Learning Disabilities services, delivering training sessions to Health Board staff and arranging events for Carers Week 2024.

Recent Investors in Carers successes within the Health Board

During this reporting period both the Health Board's Community Children Nurses Service, Ty Bryngwyn Hospice (Palliative Care), Bereavement Counselling services and the Business Partnerships and Inclusion Team as well as 2 GP surgeries have achieved the bronze award in the Investors in Carers scheme.



Bespoke training

Between April 2024 and March 2025, the Carers Team delivered 8 sessions for line managers as part of the continual awareness raising work. One manager who attended said:



Thank you - very informative and helpful, I will definitely be implementing the passport.

Working Carer Registration

The Electronic Staff Record (ESR) system enables staff to record supplementary roles, such as being a Working Carer. Promotion of this facility, alongside the Carers online information resources, is embedded in various training programmes, including corporate induction, manager sessions, and staff checklists. As of 31st March 2025, 274 staff members had used the ESR system to tell us they are a carer, an increase by 113 or 70.19% since the last reporting year.

Carer Aware e-learning

Since May 2023, the Carer Aware e-learning course has been mandatory for all staff, recognising the vital role of unpaid carers in the health and care system. As of 31st March 2025, 88% of staff have completed the training. This e-learning provides essential foundational knowledge, ensuring staff understand the significance of unpaid carers within the community, many of whom support individuals living with one or more protected characteristics. By highlighting the relevance of these characteristics in the lives of care receivers, the training enables staff to tailor support more effectively and respond to diverse needs with empathy and fairness.

Case Study: Supporting an unpaid carer and an employee

A long-serving Health Board employee became a full-time unpaid carer when their mother's health declined. After her multiple strokes in 2020, they managed all aspects of her care while maintaining their job, supported by the Carers Peer Support Group and a flexible manager. Sadly, their mother passed away, but as a result of the organisation's support, which allowed them to balance caregiving and career, ensuring their mother remained at home as she wished, the employee has remained in employment.

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.
- The Health Board's commitment to being an inclusive employer is visible, and staff are able to be their true selves at work.

Future Workforce Initiatives

The Health Board remains committed to engaging with young people, reaching 8,567 pupils this year, including 2,855 through the medium of Welsh. 22 out of 26 schools in the Hywel Dda region have now achieved Valued Partner School Status, strengthening collaboration in education. Partnerships with colleges have expanded the Health for the Future and Destination NHS programmes, enabling 1,527 students to access work experience and masterclasses, while 337 individuals completed work experience placements and 36 participated in virtual taster sessions.

The Medical Education Team continues to support aspiring doctors, with 67 students enrolling in the 'Becoming a Doctor' 2025 programme. This initiative provides access to clinical skills training, simulation workshops, and placements, enhancing realism and immersion in medical training. To enhance the candidate experience, simulation scenarios have been incorporated into the school and college offering, increasing realism and providing more immersive opportunities. Encouragingly, post-engagement feedback showed interest in a Health Board career rising from 35% to 63%.

Through the Pathway 4 programme, we have continued to expand access and create meaningful opportunities for individuals requiring additional support. Recognising the diverse nature of Additional Learning Needs, we provide a tailored and structured approach to support each participant effectively. This year, 19 students across the three counties have gained invaluable work experience, equipping them with essential skills for their future endeavours. This initiative has led to tangible outcomes, with one Pathway 4 learner securing employment within the health board and three others joining the volunteering network.

The Health Board now engages with 100% of secondary schools across the three counties, as well as the three main colleges, ensuring inclusive outreach through Pupil Referral Units and community partnerships.

Collaboration with third sector partners has been instrumental in supporting employability and educational initiatives. The Pathway 4 model, which fosters access to work experience for individuals requiring additional support, is now successfully implemented across all three counties, marking a significant achievement in our commitment to inclusive workforce development.

Collaborative partnerships have also facilitated employability sessions at job centres, engaging 257 individuals who were not in education, employment, or training (NEET). Further outreach through wider community events has successfully engaged 1,425 members of the public, contributing to the diversity of the 210 active volunteers within the Health Board. In recognition of the Health Board's commitment to supporting young adults, it was honoured to receive the prestigious Careers Wales Outstanding Achievement Award.

The Future Workforce team is expanding volunteering opportunities by working alongside Trade Union representatives and the Governance Group to assess interest and feasibility for new roles. Combined with broader recruitment strategies, these efforts have fostered a diverse and engaged volunteer community, contributing over 10,000 hours of meaningful activity in 2024–2025. Volunteers range in age, with 42% between 16–24 years old and 25% aged 65 and above. The group is also varied in background, with 20% in employment, 40% in education, 29% retired, and 11% classified as NEET (Not in Education, Employment, or Training). Additionally, 14% of volunteers have disclosed a disability, highlighting the inclusive and accessible nature of the programme.



Apprenticeship pathways

The Apprenticeship Academy has continued to thrive, welcoming 42 new apprentices into its programmes, including the Healthcare Apprenticeship Programme and opportunities within the Finance team. This brings the current staff community to a total of 162 apprentices.

The Academy's commitment to collaboration was recognised with the Health Board's Chairs Award for its partnership with Iechyd Dda in supporting young apprentices.

In addition, a healthcare apprentice from Glangwili Hospital was selected as a Welsh Language Ambassador by Coleg Cymraeg Cenedlaethol. In her role as a Coleg Cymraeg Cenedlaethol Apprenticeship Ambassador, she promotes the Welsh Language within her

apprenticeship by creating content for Coleg Cymraeg’s social media platforms, emphasising the importance of the Welsh Language in patient care.

Recruiting and Supporting our International Educated Nurses

Since May 2022, Hywel Dda University Health Board has been actively delivering its International Registered Nurse Recruitment Programme, designed to attract and integrate internationally trained nurses into the healthcare workforce. This initiative forms part of a centrally coordinated recruitment effort in collaboration with NHS Wales Shared Services Partnership, local health boards, and the Welsh Government. The programme plays a key role in expanding nursing capacity, ensuring high-quality patient care across the region’s hospitals.

Feedback from International Educated Nurses



Recognising the importance of supporting new staff—particularly those from overseas—the Health Board has tailored its recruitment and induction processes to provide essential guidance and resources. This includes the introduction of a Workplace Buddy scheme, which pairs new nurses with experienced colleagues who offer support, foster good practice, and help with settling into the work environment. The International Recruitment Project Team, Culture and Workforce Experience Team and Workforce and Organisational Development team have continued to work closely throughout 2024/25 with our International Educated staff, providing holistic support in addition to being a point of contact for them to raise any issues they may face in their new roles and surroundings.

During this reporting period, Phase 3 of the International Registered Nurse Recruitment Programme was successfully completed, resulting in the recruitment of 99 nurses from Kerala, India.

To facilitate their integration into the Health Board, International Liaison Nurses (ILNs) provided essential pastoral support, greeting the new nurses upon arrival, helping them familiarise themselves with the locality, and introducing them to available services. A comprehensive support package was implemented, extending beyond initial onboarding to include guidance during Objective Structured Clinical Examination (OSCE) preparation, ward placements, and ward rounds, through to the point of professional revalidation. Additionally, a dedicated welcome, wellbeing, and ward preparation day was arranged during the nurses' initial months to further support their transition.

Securing private rental accommodation was identified as a priority to ensure nurses felt safe and experienced minimal anxiety during their early days within Hywel Dda University Health Board. The ongoing wellbeing of the International Educated Nurses (IENs) remains a priority, with ILNs maintaining regular contact and support. A dedicated OSCE team provided structured training to help nurses successfully complete their Nursing and Midwifery Council (NMC) OSCE exam, with all IENs achieving a successful outcome. The induction period, featuring prescribed classes delivered by OSCE trainers over several months, ensured that all nurses were fully prepared and supported for their examinations.

Throughout the process, the ILNs and OSCE team worked in close collaboration to meet the holistic needs of the IENs, ensuring their professional and personal transition was as smooth and supportive as possible.

The Diversity and Inclusion team also played a crucial role in welcoming overseas nurses, encouraging open discussions and providing a platform for them to share experiences and concerns. Dedicated sessions have ensured that nurses are aware of the support available from the Business, Partnerships, and Inclusion team, how to access that support, and the various staff networks within the Health Board. As part of Person-Centred Approach training, the Diversity and Inclusion team has also promoted the Speak Up scheme, which enables staff to raise concerns anonymously. Delivering this training in person has strengthened efforts to ensure that new nurses feel supported, welcomed, and informed about local resources as they settle into their roles and communities.

The Workplace Buddy scheme plays a vital role in easing the transition for new staff, helping them integrate more comfortably while promoting high-quality and safe practice. Support during the initial weeks and months has a significant impact on a new colleague's experience, contributing to staff retention and overall well-being. Through these initiatives, Hywel Dda University Health Board remains committed to fostering a welcoming, inclusive, and supportive environment for all nurses, ensuring they have the resources, mentorship, and opportunities to thrive in their new roles.



Celebrating Diversity

The Health Board's Business, Partnerships and Inclusion Team produces an annual Diversity Calendar, encouraging teams to promote cultural and religious events relevant to their service areas. To further support awareness, a monthly 'What's On' newsletter is shared, reminding staff of key celebrations. Both resources are distributed throughout the year via various communication channels.

During 2024-2025, several celebration events took place, with a selection highlighted below:

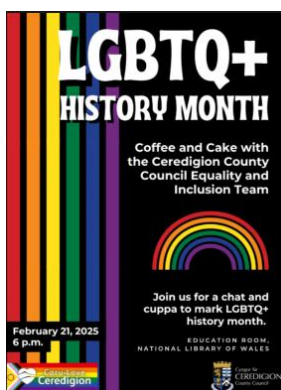
Black History Month

The Black History Month theme for 2024 was Reclaiming Narratives. To mark the occasion the Business, Partnerships, and Inclusion Team promoted several local and national events including 'Cynefin in Ceredigion - A family fun day to celebrate the richness of diverse cultures and heritages of people that live in Ceredigion and a Windrush @75 Documentary. The Business, Partnerships, and Inclusion Team also promoted the Anti Racism - ESR learning resources as well as a selection of books relevant to Black History Month available from the Health Board libraries. We also promoted the Black, Asian and Minority Ethnic staff network.



LGBTQ+ History Month

Throughout history LGBTQ+ people have been activists and helped shape and create social change, advancing society for everyone. Because of this the theme for LGBTQ+ history Month in 2025 was: Activism and Social Change. To mark the event the Business, Partnerships, and Inclusion Team promoted several local and national events covering topics such as 'Activism and Social Change for NHS Colleagues'. The Business, Partnerships, and Inclusion Team also promoted learning resources and it's Enfys staff network.



What's On - External Events

Royal Society of Arts LGBTQIA+ Network
A free online event in collaboration with UK Black Pride, led by pioneering LGBTQ+ rights, anti-racism and social justice campaigner Lady Phyll who will be leading a panel discussion and audience Q&A.
3rd Feb 2025, 4pm - 6pm, Online
[Click here to register.](#)

Royal College of Physicians - Queer Anatomies
As part of LGBTQ+ History Month, American historian of the visual culture of medicine and science, Michael Sappol, will be discussing his new book Queer Anatomies. Join this illustrated talk to explore this often-overlooked archive of coerced queer expression.
26th Feb 2025, 6pm - 8pm, Online
[Click here to register.](#)

Activism and Social Change for NHS Colleagues
This event will include case studies on inspirational activists, a keynote session featuring a personal story of advocacy and impact. The event aims to inform and motivate individuals and organisations to drive change, foster inclusion, and honour the legacy of LGBTQIA+ activism.
27th Feb 2025, 12:30pm - 3:30pm, Online
[Click here to register.](#)

LGBT+ History Month

LGBT+ History Month is a dedicated space to celebrate the rich and diverse history, heritage, and history.

Throughout history LGBTQ+ people have been activists and helped shape and create social change, advancing society for everyone. Because of this the theme for this year is:

Activism and Social Change

Join the ENFYs Staff Network

A supportive space for LGBTQ+ staff, providing a platform for advice, support, and guidance. The network holds quarterly meetings online and organises a range of social events, advisory sessions, and bespoke training throughout the year.

To join the Network, visit:
<https://forms.office.com/e/Up2w6kLwY>

Learning Resources

Click on the links below to access the resources, or click here to visit our [LGBTQ+ Learning Resources SharePoint page](#). Alternatively, you can search for Business, Partnerships and Inclusion on SharePoint

- Understanding LGBTQ+ Terms (Bilingual Poster)
- Transgender Is... (Bilingual Poster)
- Pride Flags Explained (Video)
- Trans Awareness with Polly Zepherin, Gender Nurse Specialist (Video)
- Trans Awareness with Dr Sophie Quinney (Video)
- Part 1 Part 2 Part 3
- <https://lgbtqhistorymonth.co.uk/light-history-month-2025/>
- Fighting With Pride - The LGBTQ+ Veterans Charity (webinar)
- <https://www.fightingwithpride.org.uk>
- The stories of those who served or were deeply affected by the gay bar in the UK Military (video)
- <https://www.youtube.com/watch?v=59uTroyYMs>

Contact Us

If you have any questions or require further information or support, please contact us via the details below.
Email: Inclusion.HBD@wales.nhs.uk
Visit the [Business, Partnerships and Inclusion SharePoint page](#)

Menopause Month

October is Menopause Awareness Month, with World Menopause Day observed annually on 18 October. This initiative aims to break taboos and enhance women's health and wellbeing by raising awareness about menopause symptoms and available support options. To mark this occasion, the Business, Partnerships, and Inclusion Team facilitated a Menopause Q&A Session with the Health Board's Consultant Obstetrician and Gynaecologist. Additionally, they promoted various local and national events covering topics such as "Menopause at Work," "The Menopause and Your Pensions," and "Perimenopause Q&A on Black Women's Experiences."

Furthermore, the staff psychological wellbeing team compiled a range of resources to help the Health Board become more menopause-aware and supportive. These resources were made accessible to staff via our online information resource.

Perimenopause Q&A on Black women's Experiences
Online Event - October 11th 12:00-14:45
This event provides a safe and supportive space for Black women to share, learn, and connect as they navigate perimenopause, menopause and Black women's experiences. Learn from experts in reproductive health and perimenopause. Share your experiences and hear from others in the community. Get your questions answered by professionals who are dedicated to improving health outcomes for Black women. Register for the event here: [PLEASE NOTE THIS EVENT IS FREE HOWEVER, A DONATION IS SUGGESTED.](#)

Menopause Q&A Session with Alan Treherne, Consultant Obstetrician and Gynaecologist
Online Event - October 18th 12:30-14:00
October 18th 12:30-14:00
This event is an opportunity for you to pose your question to an expert, this can be done anonymously through the following link as you can ask on the day. [Click here to submit questions](#)
To register for the event please email: inclusion.hbt@wales.nhs.uk

Menopause at Work?
Online Event - October 19th 13:30-14:30
Jayne Woodman will be the speaker at this event and will cover the following:
- Understand the impact of the menopause and potentially reduce menopause related issues:
- Maintain productivity, retain talent, understand and increase loyalty;
- Understand how to help women of menopause age;
- Keep on the right side of UK employment law;
- Team Leader/Manager menopause conversations;
- Signposting.
Register for the event here: [Events - Academi.Wales.gov.wales](#)

The Menopause and your pension
Online Event - October 19th 10:30-11:30
- 1:1s for those with a Defined Benefits Pension - [To register click here](#)
- 1:1s for those with a Defined Contribution Pension - [To register click here](#)
In this session the MoneyWise Pensions specialists will explain what impact the menopause could have on your pension. These sessions will be recorded.
For more information or support please contact: inclusion.hbt@wales.nhs.uk

Supporting Pride events

Members of the Business, Partnerships and Inclusion team alongside members of the Health Board's Enfy's LGBTQ+ staff network represented the Health Board at several local Pride events, including PRIDE Cymru (Cardiff), Swansea Pride, Llanelli Pride, Pembrokeshire Pride and Aber Pride (Aberystwyth).

Other speciality services, including Immunisations and vaccinations, midwifery, Community Development Outreach Team and the Wellbeing Team attended various events to promote the Health Board's commitment to LGBTQ+ communities both as an employer and as a healthcare provider. During Pride events members of the public were able to access health promotion information, discuss any matters of concern and seek advice.



Diwali Celebration Unites Cultures at Hywel Dda Health Board

On 10th November 2024, Hywel Dda University Health Board celebrated Diwali in an event organised by the Black, Asian, and Minority Ethnic Staff Network and allies. Recognising the significance of Diwali in the lives of many of our colleagues, the celebration, featuring vibrant decorations, Rangoli, and flickering Diyas lamps, also aimed to promote diversity and inclusivity among Health Board staff members and colleagues.

The event opened with a warm welcome, a brief introduction (delivered by a member of the staff network) highlighting the significance of Diwali and providing an insight into the customs and traditions of the celebration. Attendees at the event were captivated by cultural performances, including traditional dances and music as well as several interactive party games and a short quiz.

Members of the Black, Asian, and Minority Ethnic Staff Network also shared homemade dishes, representing various cultural backgrounds as part of a multicultural feast on offer at the event.

Senior leadership team members were also in attendance at the event and conveyed messages of support and encouragement, wishing attendees health, wealth, and happiness.

The celebration reinforced a sense of belonging, demonstrating how embracing cultural diversity can strengthen community bonds and enrich shared experiences.



Staff Networks

The Business, Partnerships and Inclusion Team has contributed to fostering a supportive and inclusive workplace environment throughout 2024-2025. Through the facilitation of a diverse range of staff support networks, each tailored to meet the unique needs of our employees.



These networks include:

- **Armed Forces Network:** Providing support and resources for staff who are current or former members of the armed forces community.
- **Black, Asian and Minority Ethnic (BAME) Network:** Focusing on the needs and experiences of our Black, Asian and Minority Ethnic staff, promoting diversity and inclusion within the workplace.
- **Enfys (LGBTQ+) Network:** Offering a safe and supportive space for LGBTQ+ employees, advocating for equality and inclusion.
- **Menopause Network:** Addressing the specific needs of staff experiencing menopause, as well as those who want to learn more, providing support and raising awareness.
- **Respectability Networks:** We have two distinct Respectability Staff Networks:
 - One for staff with any disability or long-term condition.
 - Another for colleagues who are Neurodivergent, ensuring tailored support and resources.
- **Unpaid Carers Network:** Supporting staff who have unpaid caring responsibilities, offering resources and a community of understanding.
- **50+ Café:** Creating a space for staff aged 50 and above to connect, share experiences, and access relevant support.

These networks have played a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered within our organisation.

As well as providing space for peer support, the Staff Networks are a place for shared learning, with several guest speakers delivering sessions on a variety of topics. These include the Health Boards 'Speak up safely' platform, Coaching opportunities for staff network members, Staff Psychological Wellbeing Service, Access to work and Developing a Health Passport for staff. Topics delivered during staff network sessions are aligned to the interests expressed by staff network members.

Armed Forces Staff Network

The Health Board's Armed Forces Staff Network is now well-established, with over 85 members actively contributing to collaborative meetings and partnership initiatives. In June 2024, a Reservist co-presented the Armed Forces Covenant Report at the People, Organisational Development and Culture Committee (PODCC) meeting, sharing their experiences.

Members regularly participate in the Armed Forces Covenant Steering Group and are consulted on relevant projects. The network also benefits from a dedicated Microsoft Teams channel, fostering ongoing discussion and information sharing on staff wellbeing and training opportunities.

Black, Asian and Minority Ethnic Staff Network

The Black, Asian and Minority Ethnic Staff Network has remained proactive in leading cultural celebrations throughout 2024-2025. This year, it hosted its third annual Diwali celebration and actively promoted Black History Month and World Food Day to highlight achievements and cultural diversity.

The Network also explored the creation of a book club to foster reading and cultural awareness, further enriching workplace inclusivity. Through these initiatives, it continues to enhance engagement and understanding across the organisation.

The Aspiring Board Members Programme was also shared with all Black, Asian, and Minority Ethnic staff network members, offering a structured leadership development opportunity to support and prepare people from Black, Asian and minority ethnic backgrounds for Independent Board Member roles within health bodies in Wales. The programme seeks to enable a wider diversity of individuals to play their part in the future of NHS Wales.



Case Study: Promoting Diversity through World Food Day

In October 2024, the Black, Asian and Minority Ethnic Staff Network, led by the Vice Chair, organised World Food Day to enhance diversity awareness.

The primary goal was to celebrate cultural diversity and foster appreciation for different cultures within our workplace. This was part of our broader strategy, driven by the Diversity Calendar 2024, to bring diversity awareness to life through various events and activities planned during our staff network meetings.

To achieve this, we dedicated the day to offering staff and patients in our local canteens a chance to enjoy international cuisine from around the world. The Catering Teams were instrumental in this effort, showcasing their creativity not only in preparing diverse dishes but also in designing eye-catching flyers and posters to promote the event.

The engagement from the catering staff was exceptional. Their enthusiasm and creativity were evident in the variety of dishes prepared and the vibrant promotional materials created. This collaborative effort ensured that the event was well-publicised and eagerly anticipated by both staff and patients.

The feedback received was overwhelmingly positive. Many individuals expressed their enjoyment of the exotic dishes and their eagerness to experience more such culinary events in the future. The success of World Food Day highlighted the importance of celebrating diversity and the positive impact it can have on workplace culture.

Enfys - LGBTQ+ Staff Network

During this reporting period the Enfys staff network have welcomed a new Chair and a new vice chair who will be supported by the Diversity and Inclusion team to further develop the network. The Enfys staff network currently contains 65 members of staff and meets on a quarterly basis.



Members of the Health Board's Enfys LGBTQ Staff Network continued to represent the Health Board at several local Pride events throughout 2024. Members of the network were joined by members of the Business, Partnership and Inclusion team as well as several speciality services from across the Health Board. Attendance at these events enable members of the public to provide feedback, discuss any matters of concern and seek advice from the Diversity and Inclusion team, Sexual Health team, Immunisations and Vaccinations team, Smoking Cessation team and our Maternity Services team.

Menopause Café

The Health Board's Menopause Café continues to thrive, supporting staff affected by or preparing for menopause. Membership has grown to over 206 members during 2024-2025. Facilitated by a Consultant Obstetrician Gynaecologist, sessions cover key topics such as menopause and perimenopause symptoms, Hormone Replacement Therapy, weight management, and nutrition, while also dispelling myths.



Participants can ask questions—either anonymously or during sessions—to shape future discussions and enhance workplace support. A dedicated MS Teams channel enables ongoing resource sharing and peer support.

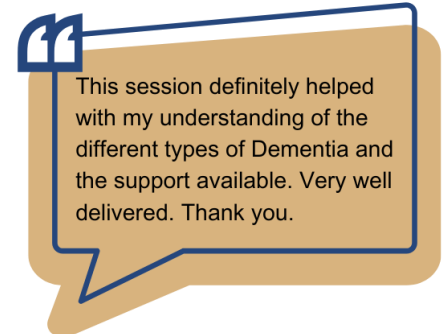
Respectability Staff Network

Throughout 2024/25, the Health Board's RespectAbility Staff Network continued to grow, with 80 members in the physical disabilities and long-term conditions group and 63 in the neurodivergent group. The network hosted guest speakers on topics such as access to work, digital platforms, and VIVA Engage, offering valuable insights. It also facilitated staff feedback on the proposed Health Passport, aimed at improving workplace support. Additionally, RespectAbility contributed to resources for key awareness events, including Autism Awareness, ADHD Awareness Month, and Neurodiversity Celebration Week, reinforcing its commitment to inclusivity and staff wellbeing.

Unpaid Carers staff peer support group

The Carers Team facilitates a carers peer support group for Health Board staff who have a caring role. This continues to be run monthly over MS Teams, during this reporting period the support group sessions were attended by 78 Health Board staff. Sessions included presentations from guest speakers, addressing topics based on members' interests and providing opportunities for involvement in policy and strategy development.

A dedicated Microsoft Teams channel was created to facilitate discussion, information sharing, and access to recordings of past meetings with guest speakers.



50+ Cafe

The Health Board's 50+ Café continues to grow, supporting staff in the later stages of their careers. Membership reached 101 in 2024/2025, with discussions covering topics such as VIVA Engage, a new communication platform, and the development of a staff health and wellbeing tool. The Café also promoted pension-focused webinars and roadshows, which have been highly sought after, with plans for additional sessions in the future.

Equality, Diversity and Inclusion (EDI) Training

Throughout 2024-2025 the Diversity and Inclusion Team continued to offer a range of specialist equality, diversity and inclusion training to staff members across the Health Board to help them develop a better understanding of the challenges faced by people with a protected characteristic and marginalised communities.

During 2024-2025 the Diversity and Inclusion team delivered a total of 74 training sessions to staff on a broad range of topics including:

- First Steps to LGBTQ+ Inclusion and First Steps to trans Inclusion
- Trans Awareness Training
- Religion and Belief Training, Anti-Racism for practitioners and Working with Minority Ethnic Children, Young People and families
- Disability Awareness and Making Reasonable Adjustments
- Carers and Sensory loss

Feedback from staff that attended Equality, Diversity and Inclusion training throughout 2024-2025 included:

I just wanted to say the session was fantastic. It was the most engaging online training I've attended, and I think an amazing job was done engaging with participants. Thank you so much!

This was certainly a thought-provoking session, and I would encourage my whole team to attend future training opportunities. It was delivered well, thank you

Extremely informative, really well presented and has motivated me to be more pro-active in tackling racism not just in work but in all aspects of life.

I've gained knowledge and insight into how our attitudes as individuals and as an organisation need to continue to be challenged, this course has made me feel that I am better able to speak out if I encounter any racist behaviour/attitudes within my workplace.

The Business, Partnerships and Inclusion team continue to develop and build their library of learning resources which Health Board staff can access via the Business, Partnerships and Inclusion online information resources page. This includes recordings of MS Teams training sessions, YouTube videos, podcasts, links to online webinars and information categorised by protected characteristic allowing staff to access relevant information as and when required.

Inclusive Recruitment Training

Hywel Dda University Health Board remains committed to equality, diversity, and inclusion through its Inclusive Recruitment Training. This initiative ensures fair and accessible hiring practices by providing managers with guidance on best recruitment practices, interview techniques, and the Health Board's recruitment system.

The programme also includes education on the Equality Act 2010, emphasising the importance of reasonable adjustments for staff and applicants. Accessible recruitment guidance is available via the Health Board's intranet, supporting managers in implementing inclusive strategies.

To enhance its impact, the Health Board collaborates with organisations such as the Department for Work and Pensions (DWP) and the Welsh Government's Disabled People's Employment Champions, helping to recruit individuals with disabilities and improve workplace inclusivity.

Equitable Access to Training

The Learning and Development team has established a system to monitor study leave requests and course enrolments, allowing them to identify under-represented staff groups and provide targeted support. Organisational Development Relationship Managers are actively working to address cultural barriers within teams to ensure fair access to training.

Over the past year, significant progress has been made in centralising training data to enhance engagement metrics, particularly from an Equality, Diversity, and Inclusion (EDI) perspective. Collaboration with partners is ongoing to integrate external data, providing a more comprehensive understanding of training participation across the organisation. The Health Board has partnered with Health Education and Improvement Wales (HEIW) to secure funding for training opportunities aimed at staff in bands 2-4. These opportunities focus on developing skills in areas such as digital proficiency, minute taking, and basic project management. Despite promotional efforts through Viva Engage, engagement levels have been lower than expected. To address this, outreach strategies are being refined to increase participation among Facilities, Estates, administrative, and digital staff.

Payroll data collection through study leave and higher award systems has improved EDI reporting. However, this data currently only reflects access to external learning opportunities. To ensure a more unified and effective approach, work is underway to centralise all training data, providing a complete picture of staff engagement. While challenges remain, these initiatives demonstrate ongoing efforts to build a strong foundation for inclusive training and development, ensuring all staff members can access the opportunities they need to grow.

Listening to our staff - Speak Up and Make Meaningful Change

The Speak Up and Make Meaningful Change initiative continues to drive cultural change across the Health Board by fostering psychological safety and reinforcing trust, openness, and honesty. Ensuring that staff feel confident to raise concerns and report incidents is essential in maintaining a transparent and supportive working environment.

Findings from the 2024 NHS Wales Staff Survey indicate encouraging progress in fostering a culture of transparency and support. Seventy-four percent of staff agree that the organisation encourages reporting of errors, near misses, or incidents, reflecting a 4% increase from 2023. Staff confidence in speaking up about unethical behaviours remains strong at 76%, aligning with national results. Additionally, 50% of respondents believe that staff involved in incidents are treated fairly, reflecting a 12% improvement compared to the previous year. Meanwhile, 57% recognise that appropriate action is taken to prevent repeated incidents, marking a 7% increase. Although these findings indicate some progress compared to the 2023 survey, we acknowledge that further efforts are needed to enhance these experiences. To address this, a new action plan has been developed and is currently under discussion and agreement at the People, Organisational Development and Culture Committee.

Additionally, the staff survey results have been presented to Board members, leading to the identification of three corporate themes for targeted focus in 2025:

- Nurturing healthy working environments – addressing negative experiences
- Patient safety
- Morale

While the Health Board is recognised as an exemplar organisation across Wales, embedding a strong speaking-up culture remains a priority. The next phase of the Speak Up and Make Meaningful Change agenda will focus on strengthening staff confidence through targeted engagement initiatives, enhancing leadership accountability to ensure concerns are addressed appropriately, and further developing training and support mechanisms. Efforts will also be made to expand communication channels, making it easier for staff to report concerns and engage in open discussions.

By prioritising psychological safety and transparency, the Health Board reinforces its commitment to meaningful cultural change, ensuring staff feel empowered, valued, and supported in raising concerns.



Organisational Development Programme

Over the past 12 months, significant progress has been made in our Organisational Development programme aimed at fostering healthy and happy working cultures. The introduction of the Relationship Manager role in 2021 has been pivotal in providing proactive and responsive support to local teams. This role has been instrumental in promoting staff well-being and improving workplace culture, ultimately benefiting patient care.

In 2022, we co-developed a culture framework in partnership with our Trade Union colleagues, based on seven key themes identified by our staff. This framework has guided the creation of People Culture Plans, which are corporately aligned and locally owned, enhancing staff experiences and supporting our attraction and retention strategies.

From April to October 2024, each directorate across the Health Board received support from an Organisational Development Relationship Manager (ODRM). These managers engaged with services to understand and improve staff experiences using qualitative and quantitative data, including insights from a bespoke culture survey. This informed the co-creation of People Culture Plans, fostering local ownership and continuous progress measurement. Additionally, we began scoping methods to layer data from various sources for a richer understanding of cultural patterns, further informing our Organisational Development responses.

Between October 2024 and March 2025, ODRMs continued their efforts to promote healthy working cultures. They engaged with teams to understand staff needs, and supported conflict resolution through restorative approaches like mediation and facilitated conversations. These initiatives have been crucial in addressing wider cultural issues, including bullying and harassment, as identified in the 2023 All Wales Staff Survey.

Overall, the Organisational Development programme has made substantial strides in enhancing staff well-being and workplace culture, with positive feedback and anticipation for future developments.

Equality Impact Assessment (EqIAs)

The Health Board remains committed to ensuring that all policies, new services, and service developments undergo Equality Impact Assessments (EqIAs). These assessments help identify potential impacts across the nine protected characteristics, as well as considerations related to Welsh language, socio-economic disadvantage, and the Armed Forces Covenant Duty. Data sources such as Local Assessments of Well-being, Census 2021, and Regional Pharmaceutical Needs Assessments inform these evaluations.

Over the past year, the Diversity and Inclusion team has enhanced EqIA support by introducing a guided template, an updated screening tool, a new guidance document with examples to consider, and a video resource. Staff feedback has been positive, and the improved EqIA format includes a new scoring matrix that better captures impact and opportunities, leading to more informed decision making.

To improve record-keeping, an automated EqIA log has been developed, ensuring easy access to documentation and quality assurance before assessments are presented to boards and committees. Additionally, the team continues to provide regular training, delivering EqIA-specific sessions across various departments and embedding EqIA training within the Enabling Quality Improvement in Practice (EQIIP) programme to support service improvements.

Members of the Diversity and Inclusion team actively participate in policy approval groups and service redesign steering committees to ensure thorough EqIA processes. Furthermore, the Health Board utilises Engagement HQ and Tractivity software to enhance communication and engagement with communities, ensuring diverse voices are heard during consultations.

Throughout 2024-2025, the Diversity and Inclusion team has supported the completion of 222 EqIAs, reinforcing its commitment to inclusive and equitable healthcare development and decision making.

Staff wellbeing Events

Over the last 12 months the Diversity and Inclusion team have linked in with Staff Wellbeing events. These Staff Wellbeing events provide a better engagement environment where the Diversity and Inclusion team have greater access to more staff members, and can provide advice on equality, diversity and inclusion matters. The Diversity and Inclusion team are also able to promote other services the team offer; these include:

- Training – training and learning resources available on each of the protected characteristics
- Equality Impact Assessment - support on completing Equality Impact Assessments
- Advice – advice on all EDI related concerns and queries
- Interpretation and Translation – help with using interpretation and translation services.
- Promotion of our staff networks



Consultation and Engagement during 2024-2025

Throughout 2024-2025, we have continued to work collaboratively with key stakeholders and partners to advance consultation and engagement efforts for the development of a new urgent and planned care hospital, as well as the wider Programme Business Case outlined in the *Healthier Mid and West Wales* strategy. Extensive engagement has been carried out with staff, service users, stakeholders, and the public to ensure comprehensive representation and input.

During this reporting period, significant consultation work has been undertaken on:

- Prince Philip Hospital Minor Injuries Unit (MIU) services
- Carmarthen Hwb scheme
- Pentre Awel scheme

Detailed equality monitoring of attendees has ensured that engagement efforts reach individuals and groups who share protected characteristics, as well as those who may be reluctant or face barriers in accessing Health Board discussions. The Diversity and Inclusion Team remains committed to promoting dialogue and engagement with individuals from marginalised communities, ensuring that all voices are heard and included in the decision-making processes surrounding healthcare services.

By continuing to prioritise inclusivity and meaningful engagement, we strive to create a healthcare system that reflects the diverse needs of our community while ensuring equal access to high-quality care for all.

Looking forward to 2025-26

This annual report highlights the extensive work undertaken by the Health Board during 2024-25 to implement the strategic equality objectives outlined in the Strategic Equality Plan 2024-2028.

Our Strategic Equality Plan is built around four key objectives:

- **Equality Objective 1:** Leadership by all
- **Equality Objective 2:** Working together to improve health and well-being for all
- **Equality Objective 3:** Embedding a person-centred approach
- **Equality Objective 4:** Being an employer of choice

To support these objectives, we have developed a comprehensive Action Plan, detailing specific actions, responsibilities, timelines, and intended outcomes. A mid-point review of the plan will be conducted during 2025-26, allowing us to assess progress, refine strategies, and adapt actions for the remaining two years of the Strategic Equality Plan.

Engagement and collaboration with our communities remain at the heart of our approach, ensuring equal opportunities and promoting health and well-being across our population. The responsibility for implementing these objectives extends to all employees, including Board members, staff, volunteers, and contractors delivering services on behalf of the Health Board.

Creating a fair and inclusive environment requires cultural transformation, challenging long-standing practices, and dismantling barriers. Through collective effort, we will continue working towards a more equitable and inclusive healthcare system that benefits everyone.



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Equality Plan Annual Report Executive Summary 2024/2025



Introduction

Hywel Dda University Health Board (the Health Board) recognises that the equality, diversity and inclusion agenda is complex, but we continue to move forward with positive intent and are committed to fostering an inclusive, equitable, and person-centred environment for our staff and patients.

This annual report outlines the progress made in 2024–25 towards the four strategic equality objectives set out in the Strategic Equality Plan (SEP) 2024–2028. Our overarching strategic equality objectives are:

1. Leadership by all
2. Working together to improve health and wellbeing for all
3. Embedding a person-centred approach
4. Being an employer of choice

The report is presented in sections aligned to each strategic equality objective and reflects the Health Board's dual role as both a healthcare provider and an employer. Within the report we have highlighted our efforts to reduce inequalities, promote diversity, and ensure fairness for all staff, patients and communities.

About the Hywel Dda Area

The Health Board serves approximately 383,000 residents across Carmarthenshire, Ceredigion, and Pembrokeshire, covering a quarter of the landmass of Wales. The region is characterised by a diverse population, including high numbers of Welsh speakers, socio-economically deprived communities and seasonal population fluctuations due to tourism and student migration.

The Health Board acknowledges the impact of socio-economic deprivation and other wider determinants on health outcomes and is committed to addressing these disparities. Our work is aligned to duties within other key legislation which include, but are not limited to, the Wellbeing of Future Generations (Wales) Act 2015, the Social Services and Wellbeing (Wales) Act 2024, the Armed Forces Covenant Duty.

Leadership by All

The Health Board aims to embed inclusive leadership at all levels. Key initiatives during 2024-25 include:

- Active Bystander Training: we have continued to deliver training as part of a rolling programme. 151 staff attended, empowering them to challenge discrimination.
- LEAP Programme: our leadership development programme focused on compassionate and inclusive leadership and was completed by 67 senior leaders.
- Hywel Dda Manager Programme: The programme was attended by 157 staff, enhancing their knowledge and inclusive management skills.
- Talent Management and Succession Planning: we have introduced structured frameworks to identify and nurture future leaders.
- Coach Approach: we have continued to develop our coaching programmes to promote a coaching culture and enhance communication skills of our staff.
- Cultural Intelligence Training: a programme was delivered to 71 staff to enhance understanding of cultural dynamics in leadership.
- Autism Awareness: 85% (~11,356 members) of staff completed e-learning training, earning the Health Board 'Autism Understanding' status (the first Health Board in Wales to achieve this status).
- Anti-Racism Training: 64.9% (~8,671 members) of staff completed the all-Wales e-learning module. This will support individuals and teams in understanding anti-racism and taking action to support the organisation in meeting its anti-racism goals.
- Aspiring Board Members Programme: the Health Board is participating in this national programme which will help create a robust pipeline of diverse applicants for future board level roles and help to promote diversity in our leadership roles.

Leadership commitment

Board members participated in a seminar in December 2024 to explore a range of data and case studies based on lived experience. This reinforced the importance of leadership action to embed equality, diversity, and inclusion (EDI) considerations in all the Health Boards work and take action to tackle evidence of inequalities. This resulted in the formation of an EDI Taskforce led by an Independent Board member who will identify key actions that can be taken to address systemic inequalities and discrimination across the Health Board.



Working Together to Improve Health and Wellbeing for All

The Health Board collaborates with communities and partners to reduce health inequalities. Key initiatives during 2024-25 include:

- **Community Development Outreach Team:** The team engages with diverse populations, including Gypsy Roma Traveller communities, asylum seekers, and refugees. They gather insights into their needs and experiences and provide information and support to facilitate access to healthcare services.
- **Arts and Health Charter:** Integrates creative arts into healthcare to support mental health and well-being. It establishes principles to embed the arts into healthcare services, particularly benefiting vulnerable populations such as older adults, individuals with dementia, and those facing mental health challenges.
- **Creative Prescribing Discovery Programme:** Engaged 866 participants in arts-based health interventions. The initiative has shown significant benefits in improving mental health, fostering social connections, and enhancing overall wellbeing, reinforcing the therapeutic power of creativity in healthcare.
- **DanceWell Project:** Delivered dance-for-health sessions to 168 patients with chronic conditions. Feedback from participants was overwhelmingly positive, highlighting significant benefits for both physical and mental health.
- **Support for Gender Diverse Communities:** Training sessions and resources were developed to improve care for LGBTQ+ individuals, with a specific emphasis on providing a better understanding of how staff can support the Trans community when accessing health care.

These initiatives demonstrate a commitment to inclusive service delivery and the reduction of barriers to healthcare access.

Reducing health inequality and breaking down barriers

The Hywel Dda area is home to a significant Gypsy and Traveller population. Members of the Community Development Outreach Team make regular visits to sites, fostering relationships with residents and promoting key healthcare messages. Their ongoing presence helps individuals overcome barriers, such as difficulties in reading or understanding correspondence and confusion around appointments, ensuring better access to essential health services. As a result of this work vaccination uptake levels have increased.



Embedding a Person-Centred Approach

The Health Board promotes a culture of dignity, respect and inclusivity in all interactions. Key actions during 2024-25 include:

- **Person-Centred Approach Training:** was delivered to 176 staff, with additional sessions tailored to meet the needs of newly arrived internationally educated nurses. Integrating the principles outlined in this course into daily practice enables staff to embrace diversity and inclusion in all aspects of service delivery.
- **Sensory Loss Support:** Implementation of the Sensory Loss Friendly Assessment (SLFA) checklist and increased use of the Welsh Patient Administration System (WPAS) sensory loss marker is helping the Health Board to better meet the needs of people with sensory loss. The commitment of the Outpatients Team resulted in an NHS Wales award for their work to make their service more inclusive.
- **British Sign Language (BSL) Lunch Club:** the Health Board has a growing number of members attending the lunch club which aims to build staff confidence in using British Sign Language to enable them to communicate more effectively with patients, families and colleagues.
- **Bevan Commission Exemplar Programme:** the Health Board has an exemplar programme supporting innovation in accessible communication, helping improve access to healthcare. The project addresses communication needs linked to disability and language, ensuring compliance with the Equality Act 2010 and preventing discrimination.
- **Veterans' Health:** Implementing the Armed Forces Covenant Health Action Plan and improving veteran identification has helped reduce disadvantage and deliver on our duty to prioritise treatment for health needs related to Armed Forces service.
- **Support for Unpaid Carers:** The Health Board recognises the vital role of unpaid carers supporting family members who rely on them and the importance of their involvement in hospital discharge planning. 88% (~11,757 members) of staff have completed mandatory e-learning, reflecting our commitment to making carers visible, valued, and supported. The training equips staff with essential knowledge about the importance of unpaid carers, many of whom care for individuals with protected characteristics.

Digital inclusion

The Digital Inclusion Champions Network has expanded, improving digital skills among staff and the community, and working across sectors in partnership with Digital Communities Wales. These efforts reflect the Health Board's commitment to reducing digital inequalities and ensuring everyone benefits from digital healthcare advancements.



Being an Employer of Choice

The Health Board strives to create a fair, inclusive, and supportive workplace. Key actions during 2024-25 include:

- **Future Workforce Initiatives:** the Health Board engaged over 8,500 pupils and 1,500 students through outreach and work experience programmes. This work aims to secure a growing future workforce that's diverse and informed, inspiring young people to consider a career in healthcare.
- **Apprenticeship Academy:** the Health Board welcomed 42 new apprentices, with a total of 162 apprentices working across the organisation. The Apprentice Academy's commitment to collaboration was recognised with the Health Board's Chairs Award.
- **International Nurse Recruitment:** the Health Board continues to provide support for internationally educated nurses through buddy schemes and tailored induction.
- **Celebrating Diversity:** celebration of key dates e.g. Black History Month, LGBTQ+ History Month and Diwali encourage staff to be their true selves at work.
- **Staff Networks:** the Health Board has eight active staff networks tailored to meet the unique needs of our employees. They play a crucial role in promoting a culture of inclusivity and support, ensuring that all staff members feel valued and empowered.
- **Equality, Diversity and Inclusion Training:** 74 training sessions were delivered on a range of topics helping to increase the knowledge, skills and understanding of our staff and the role that they play in our culture of inclusivity.
- **Inclusive Recruitment Training:** ensures that our staff members have a better understanding of the challenges faced by people with a protected characteristic and our marginalised communities when applying for jobs.
- **Organisational Development Relationship Managers:** have supported local teams to develop People Culture Plans and this work actively promotes healthy working cultures across the Health Board addressing wider cultural issues, including bullying and harassment, as identified in the All-Wales NHS Staff Survey.
- **Equality Impact Assessments (EqIAs):** 222 EqIAs were completed in 2024–25. A new EqIA template was introduced which includes a new scoring matrix that better captures impact and opportunities, leading to more informed decision making.

Accessible learning and development opportunities

The Learning and Development team established a system to monitor study leave requests and course enrolments drawing on key demographic information. This enables them to identify under-represented staff groups and provide targeted support to access learning and development opportunities.



Workforce equality data insights

The Health Board publishes workforce equality data as well as pay gap reports for gender, disability and ethnicity. Some of the key insights are:

- Since we began reporting on the gender pay gap, the overall figures have remained largely unchanged—except for 2021 and 2022, when we saw a slight improvement. We recognise that more work is needed to understand and address the underlying causes of these disparities.
- Medical and Dental staff have the highest levels of underreporting equality information on the Electronic Staff Record (ESR) system.
- Older staff are less likely to self-report their equality information on ESR.
- Younger staff are more likely to share their sexual orientation status. This may reflect growing confidence among younger people and the impact of our efforts to be a visibly inclusive and welcoming employer for LGBTQ+ communities.
- Female representation at more senior pay bands remains lower than the Health Board profile. However, we're encouraged by progress at Agenda for Change (AfC) band 8d, where all external appointments in the past year were women—bringing us closer to reflecting the wider workforce.
- While there is still no representation of Black, Asian and Minority Ethnic colleagues at AfC bands 8d and 9, we have seen progress with appointments at band 8b this year and we remain committed to improving representation at all levels of the organisation.

Looking Ahead to 2025–26

The Strategic Equality Plan and objectives will continue to be implemented through a detailed action plan which is overseen by a multi-professional EDI Implementation Group. Some of the key priorities for the coming year include:

- Continue to expand our knowledge through the review and analysis of our data sources, including workforce equality data, workforce race equality standard data, pay gap data, NHS staff survey data and other forms of cultural intelligence or feedback to identify areas where action needs to be prioritised.
- The EDI Taskforce identifying action to prioritise progress in significant areas e.g. addressing barriers to career progression for Black, Asian and Minority Ethnic staff.
- Continue to engage and collaborate with our communities to ensure that their lived experience shape the provision of our current and future services.
- Continuing our journey to provide a fair and inclusive environment through cultural transformation, challenging long-standing practices, and dismantling barriers.
- Create a more equitable and inclusive healthcare system that benefits everyone, including identifying opportunities to reduce barriers experienced by veterans, unpaid carers and vulnerable populations, both staff and our patients.

Exploring our workforce equality and pay gap data:

Action Plan 2025/26

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.

Our work to progress the equality agenda is inter-linked with several pieces of legislation, policy drivers and the findings of key reports including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Well-being of Future Generation (Wales) Act 2015
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

Each year, the Health Board publishes an annual workforce equality report and pay gap reports and undertake analysis including comparisons with previous year's data and any available Census data.

However, many people will have more than one protected characteristic and certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

When preparing our 2024 - 2025 workforce equality report we sought to use an intersectional approach to understand the experiences of our staff and most importantly, to identify action that could be taken to remove disadvantage, and ensure that what we do as an employer doesn't create barriers.

Intersectional Analysis

People can have more than one protected characteristic and, aspects of who we are, for example, our gender, race, sexual orientation and socio-economic status can increase our positive experiences or contribute to negative experiences. This can be made worse by the combined impacts of multiple discrimination, barriers and challenges. We therefore use an intersectional approach when analysing our workforce data, to identify any negative impacts of having a combination of protected characteristics, to better understand the experiences of our staff and take action to remove disadvantage and ensure that, what we do as an employer, doesn't create barriers.

The workforce equality data in Appendix one is presented by individual protected characteristic, so we have carried out a more detailed analysis of the data and used an intersectional approach, to find out whether staff who have more than one protected characteristic experience greater disadvantage. Some of the key findings are described below.

The profile split of our workforce by gender is the same as last year, showing that the percentage of female staff is higher overall (Figure one) and remains the same for the Agenda for Change (AfC) senior pay bands 8a and 8b (Figure two). However, the percentage of female staff is lower than the Health Board profile for pay band 8c. Last year, band 8d also showed a similar decrease in female representation but due to recruitment into these senior roles during 2024 – 2025, the percentage split by gender for band 8d is now closer to the overall Health Board profile.

Last year band 9 showed a significantly higher percentage of males (63%) compared to females (37%) but, this year, while female representation is still notably lower than the other AfC bands, the split is more even with 57% male and 43% female.

We will continue to explore the reasons for some of our senior roles not being representative of the overall Health Board profile by gender, to ensure that there are no traditionally held gender biases or other contributory factors and that opportunities for career progression at senior levels are available to all.

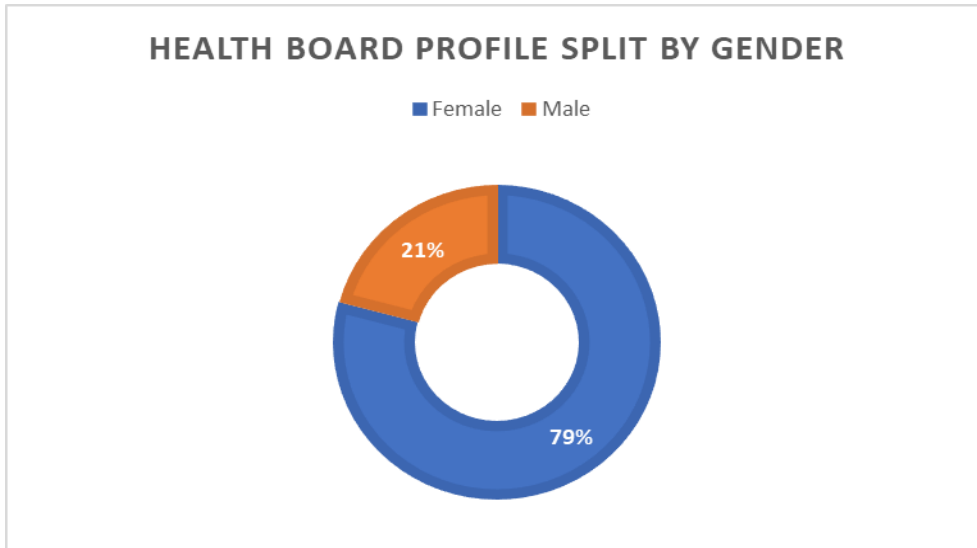


Figure one

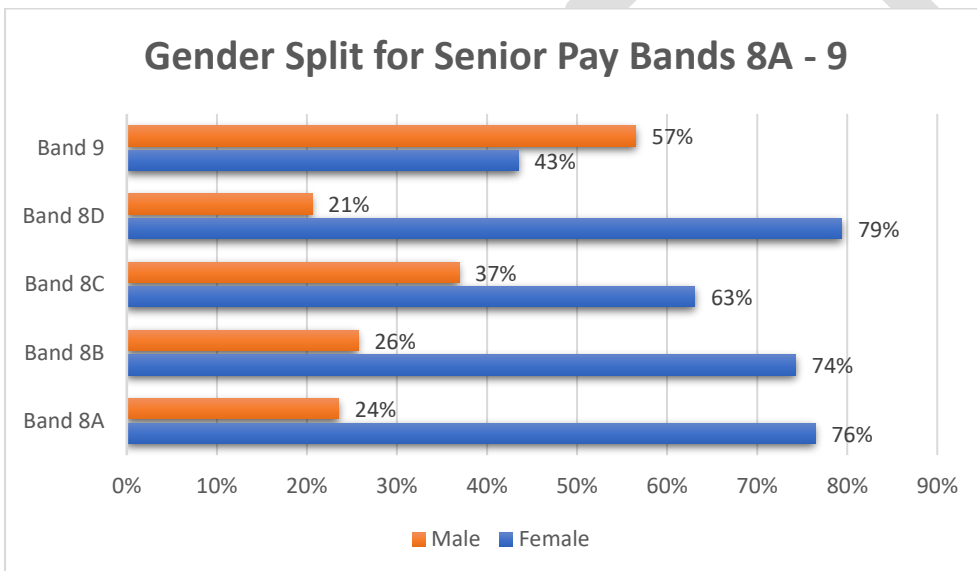


Figure two

An analysis of the workforce data by ethnicity and gender for AfC pay bands (Figure three) with comparisons to last year, shows that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with band 5 still showing a similar gender split to the Health Board overall, with females (12%) and males (2%). However, while this year has seen appointments at band 8b, there are still no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8d and 9. Work is ongoing to progress the Health Board’s local action plan for the Welsh Government Anti-racist Wales Action Plan and the Workforce Race Equality Standard and an internal task force has been established to eliminate discrimination and ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.

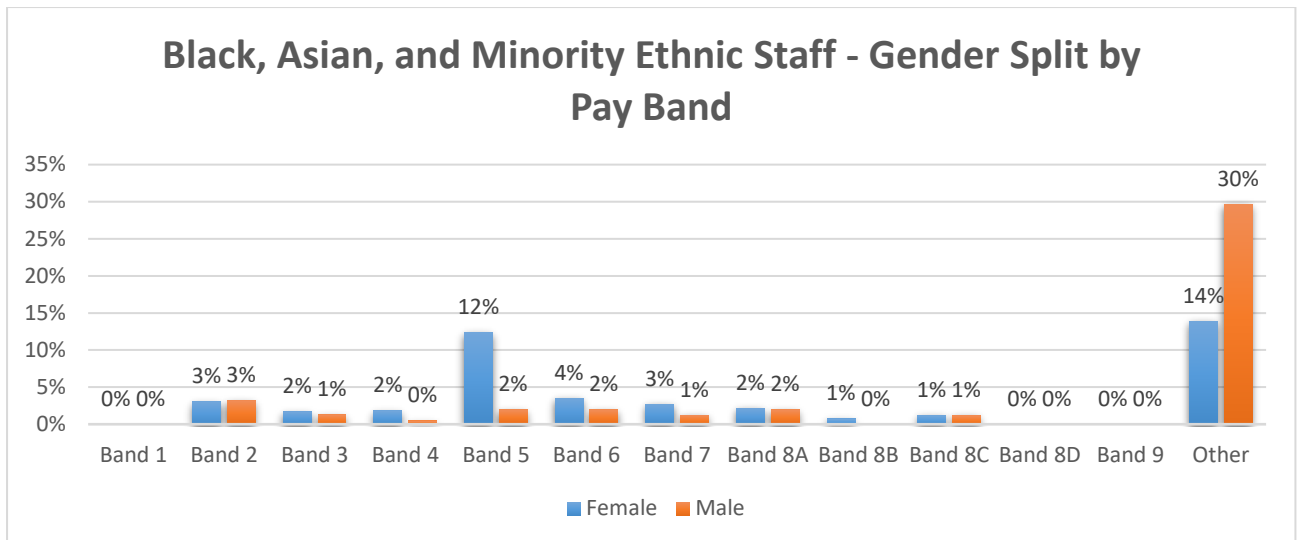


Figure three

Respect and Resolution and Disciplinary case analysis

Analysis has been undertaken of the equality data for both formal Respect & Resolution and formal Disciplinary cases. Although the Workforce Teams continue to provide advice and support in respect of informal cases we are unable to capture the full extent of informal cases within the Health Board as some managers' deal with these themselves without operational workforce intervention, and others are picked up by the Culture or Organisational Development Relationship team.

Overall, we have seen the number of formal disciplinary and respect and resolution cases significantly increase this year. The reasons for this increase will be varied and it is evident that the Health Board's approach to encouraging a culture of speaking up continues to encourage employees to raise their concerns.

The Workforce team continues to encourage a compassionate approach to its processes and where necessary every effort is made to address concerns and conduct issues in an informal manner to encourage learning from events and a compassionate approach to such matters.

The number of cases brought under the Medical & Dental Upholding Professional Standards in Wales (UPSW) process, have increased this year.

Action Plan 2025-26

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
Monitoring and reporting of any cases of bullying, harassment or discrimination involving staff will include the accurate capture of protected characteristics.	Q4	Workforce and Organisational Development (Workforce team)	Workforce, Organisational Development and Education 10-year strategy Anti-racist Wales Action Plan Workforce Race Equality Standard	Any inequalities, unfair practice and bullying and harassment are identified and addressed promptly.
The Health Board has committed to the Aspiring Board Members Programme, ensuring education, mentoring and support to participants, particularly people from a Black, Asian and minority ethnic background.	Q4	Workforce and Organisational Development (Board members and Organisational Development team)	Anti-racist Wales Action Plan	Increase the number of people who are able to evidence more effectively their ability to undertake the role of a non-executive member and increase the diversity on Boards.
Take steps to gain a deeper understanding of our organisation's culture. NHS staff survey results have led to a structured Culture Plan and identification of three	Q4	Workforce and Organisational Development (Organisational Development team)	Discovery report: staff retention – our people's perspective	As part of the next stage of the Health Board's cultural progression, we will gain a deeper understanding of our culture and, in particular behavioural norms and issues that have been perceived as acceptable in the past.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
<p>corporate themes for targeted focus in 2025:</p> <ul style="list-style-type: none"> • Nurturing healthy working environments – addressing negative experiences • Patient safety • Morale <p>In 2025/26 staff survey results for teams will be identified and leaders will be issued specific service/team reports and asked to identify three local priorities for attention during the next 12 months. Progress against these priorities will form part of the review of performance within Improving Together discussion meetings.</p>				
<p>Create a culture of psychological safety, where people can speak up to influence change.</p>	<p>Q4</p>	<p>Workforce and Organisational Development</p>	<p>Discovery report: staff retention – our people’s perspective</p>	<p>A commitment to organisational learning and being able to adapt will see learning reflected in our organisation’s values and our approach to equality, diversity and</p>

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
		(Organisational Development team)		inclusion, enabling a sense of belonging for all of our staff.
Develop a refreshed apprenticeship model to extend the range of apprenticeship roles and offer diversity within career pathways.	Q4	Workforce and Organisational Development (Future Workforce team)	Workforce, Organisational Development and Education 10-year strategy	Increased participation, in particular within under-represented groups with multiple entry points for healthcare apprentices by December 2024. 10% increase in non-clinical apprenticeships.
Continue to run Pathway 4 projects which are targeted work experience opportunities across the Health Board for people with additional learning needs.	Ongoing	Workforce and Organisational Development (Future Workforce team)	Workforce, Organisational Development and Education 10-year strategy	The programme supports development of employability skills for people with additional learning needs through work experience within the Health Board.
Actively support Appointing Managers to ensure awareness regarding reasonable adjustments providing one to one support if required.	Ongoing	Workforce and Organisational Development (Recruitment)	Workforce, Organisational Development and Education 10-year strategy	Applicants and new recruits will have a positive experience of recruitment carried out by the Health Board and reasonable adjustments will be made, where required. This will help

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
				individuals to perform at their best during recruitment and in their roles contributing to staff retention.
After achieving the “Autism Understanding Organisation” certification, continue to promote two additional e-learning modules for staff to complete - Understanding Effective Communication and Autism and Understanding Assessment and Autism.	Q4	Workforce and Organisational Development (Learning and Development)	Workforce, Organisational Development and Education 10-year strategy	Staff have increased knowledge, skills and confidence to provide support to their colleagues, staff, patients and families.
Promote apprenticeship, volunteering and work experience opportunities to our marginalised communities.	Q4	Workforce and Organisational Development (Future Workforce team)		Attracting applications for the apprenticeship programme, volunteering and work experience from marginalised communities who may not have considered working or volunteering for the Health Board previously.
Nursing, Medical and Allied Health Professionals (AHP) Retention Task and Finish Groups will identify	Q4	Workforce and Organisational Development	Workforce, Organisational Development and Education 10-year strategy	The aim will be to achieve a reduction in staff turnover:

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
<p>opportunities that enable staff to share unique cultural experiences in order to identify, deliver and realise opportunities to work differently across the Health Board.</p>		<p>(Workforce team)</p>	<p>Discovery report: staff retention – our people’s perspective</p>	<p>Less time spent managing vacancies.</p> <p>The Health Board will retain valuable skills.</p> <p>The productivity and focus of the team is not impacted by loss of staff.</p> <p>The potential to reduce the negative impact on the morale of our staff;</p> <p>There is a positive impact on the quality of patient care.</p>
<p>We ensure that all of our recruitment practices for talent management/leadership development programmes are inclusive and record EDI data of participants for monitoring purposes (with permission). This helps us to understand the demographics of our applicants for these programmes and helps us to consider how best to reach</p>	<p>Q4</p>	<p>Workforce and Organisational Development</p>	<p>Workforce, Organisational Development and Education 10-year strategy</p>	<p>Greater awareness of the protected characteristics of staff participating in talent management and leadership development programmes to inform targeted action to encourage participation from under-represented groups.</p>

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
any under-represented groups.				
Increase self-reporting of disability, ethnicity, religious belief and sexual orientation on the Electronic Staff Record.	Q4	Workforce and Organisational Development		Reporting rates will increase and we will have a better understanding of the demographics of our staff, to help remove disadvantage and create opportunities for all.
<p>Fostering a culture of continuous professional development (CPD), with clear pathways to support career progression for all staff. Progression frameworks for Bands 2–4 are currently in development, aimed at addressing and overcoming barriers to CPD and, promoting engagement and consequently, enhancing progression opportunities.</p> <p>In Soft Facilities Management, a temporary Education and Development Officer role will focus on supporting induction</p>	Q4	Learning and Development	Workforce, Organisational Development and Education 10-year strategy	Barriers to career progression will be removed and all staff are supported to develop within their roles. There are opportunities for all.

What will we do?	By when?	Lead Directorate / Department	Inter-linked with other policy drivers / legislation	What will success look like?
<p>programmes for new staff, as well as engaging with existing employees to strengthen their understanding of their roles and to raise awareness of available CPD opportunities.</p> <p>Digital support is provided for statutory and mandatory training requirements. Additionally, the Hywel Dda Manager Programme is in place for all current and aspiring line managers. A new Express Manager Programme is also being developed to offer rapid-access training for those requiring immediate support and for all new starters with line manager responsibilities.</p>				

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.

Comparisons are provided, between workforce equality data published as at 31 March 2025 against data published at 31 March 2024 and where possible, comparisons are drawn between the March 2025 workforce data and the 2021 Census. However, it should be noted that the Census reports information for people of all ages, not just those of working age. To help us better understand our workforce data, we have also undertaken some intersectional analysis.

This section also includes a summary of analysis of Respect and Resolution and Disciplinary cases.

The Health Board has separately published pay gap reports on disability, ethnicity and gender (Appendix 2). 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 2021 Census identified between 57-60% of the population across the 3 counties being of working age (16-65 years). The majority of the workforce as at 31 March 2025 were aged between 31–60 years which accounted for approximately 71% of staff.

County	% of the population classed as of working age (16-65 years) Census 2021	% of the population classed as of working ages (16-65 years) Census 2011
Ceredigion	60%	68.5%
Pembrokeshire	57%	60%
Carmarthenshire	58.5%	60%

Source: Office of National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has increased by 0.01%.
- 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 (16.35%) compared to those aged Under 24 (6.91%), 95 offers of employment were made to candidates over 60 years old.
- Around 29% of leavers are in the age bracket 16-35, 21% are in the age bracket 36-50, 32% are in the age bracket 51-65 and 10% in the age of 66 and above.
- Analysis of the reasons why employees left the organisation shows:
 - The majority of employees aged 16-35 was Voluntarily Resigned. The main reasons for Voluntary Resignation included: Other/Not Known, (43%) and Relocation, (18%).
 - The highest proportion of those aged 36-50 Voluntarily Resigned with 38% of leavers in this category shown as Other/Not Known and 15% left the organisation because of Work Life Balance.
 - Around 38% of leavers aged 51-65 were of Retirement Age. Around 5% opted for early retirement.

Disability

At 31 March 2025, the Health Board employed 718 staff who identified as Disabled, which accounted for 5.37% of our workforce. 10.95% of staff had not recorded their response to this characteristic on their ESR record. Based on 2021 Census data for Carmarthenshire, out of 100 people 23% of the population declared a limiting long-term illness. In Ceredigion 21.9% and in Pembrokeshire 22%. Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

County	% of the population who are disabled under the Equality Act
Ceredigion	21.9%
Pembrokeshire	22%
Carmarthenshire	23%

Source: Office for National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as not disabled has increased by 1.32%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.98%.

- The percentage of staff preferring not to provide this information has remained the same as that reported in 2023/24 as 0.40%
- It should be noted that since 2023/24 the number of employees having not recorded their Disability status on ESR has fallen by 2.30% indicating an increased use of ESR for recording data.
- Of a total 56,682 applications submitted for vacancies, 3.1% (1,730) of candidates declared themselves as having a disability. Of those 1,730 applicants, 166 (9.6%) were offered employment, which is 9.6% of all offers made. 1.4% of applicants chose not to disclose whether they had a disability or not at the time of application.
- 6% of those leaving the Health Board identified as having a disability. Their reasons for leaving included:
 - Voluntary Resignation due to Other/Not Known
 - Retirement Age
 - Voluntary Resignation Work Life Balance

Ethnicity

At 31 March 2025 the Health Board employed 1,249 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 9.34% of our workforce and an increase of 219 staff compared with 2024 data. Based on 2021 Census data for Carmarthenshire and Pembrokeshire, over 2% of the population identified as being a minority ethnic group, whereas in Ceredigion, around 3% of the population identified as being a minority ethnic group. 687 employees (5.14%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as White has fallen by 1.39%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.12%.
- The percentage of staff identifying as Asian or Asian British rates increased by 1.29%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.08%.
- The percentage of staff identifying as from Any Other Ethnic Group has increased by 0.9%.
- Those staff whose records are not recorded on ESR has decreased by 0.20%.
- The above increases will be influenced by an increase in headcount between the 2023/24 and 2024/25 years of 71 employees.
- Of a total 56,682 applications submitted for vacancies, 22.33% (12,657) of candidates declared themselves as White. Of those 5,803 applicants were

shortlisted (70.90%), and 1,991 (74.9%) were offered employment. 1.34% of applicants chose not to disclose whether their Ethnicity at the time of application.

- The main reasons given by Black, Asian and Minority Ethnic employees leaving the organisation include:
 - Voluntary Resignation – Other/Not Known
 - Relocation

Sex

On 31 March 2025, the Health Board employed 13,361 staff of which 79.13% identified as female and 20.87% identified as male. Census data for 2021 showed the following male/female percentages.

County	% of the population who identified as a Male	% of the population who identified as a Female
Ceredigion	48.9%	51.1%
Pembrokeshire	48.7%	51.3%
Carmarthenshire	48.8%	51.2%

Source: Office for National Statistics, Census 2021

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

Of a total 56,682 applications submitted for vacancies during the year 38.73% (21,954) were from male candidates compared to 60.91% (34,525) from females with 0.36% not disclosing their gender. Of the 8,185 applicants shortlisted 27.54% were male applicants and 71.65% were female applicants. Of the total offers of employment (2,663 jobs), 25% (656) were male compared to 74% (1,983) of females. This shows that females were more successful in their applications at shortlisting and in offers of employment.

76.21% of those leaving the Health Board were female compared to 23.79% who were male. Reasons for voluntary resignation included:

- Other/not known – Female 199/Male 84
- Retirement – Female 180/Male 44
- Work Life Balance – Female 86/Male 15
- Relocation – Female 74/Male 26

Gender Identity

According to the Census 2021, 91-93% of the population across our three counties identify as being the same sex registered at birth.

County	Non Binary	Trans Man	Trans Woman	Different to registered at birth (not specified)
Ceredigion	0.22%	0.06%	0.12%	0.14%
Carmarthenshire	0.04%	0.06%	0.06%	0.12%
Pembrokeshire	0.04%	0.06%	0.06%	0.12%

*An average of 7% did not answer the question on Gender Identity.

Source: Office for National Statistics, Census 2021

Statistics are not currently collected on the Health Board's Electronic Staff Record system so no further analysis of data is possible.

Marital Status

According to the 2021 Census, between 43-47% of the population in our 3 counties identify as being "Married", and around 31-38% reported as being "Single".

County	% of the population who identify as being married	% of the population who identify as never married and never registered in a civil partnership
Ceredigion	43.1%	38.7%
Pembrokeshire	47.3%	31.8%
Carmarthenshire	47.3%	32.4%

Source: Office for National Statistics, Census 2021

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff detailing marital status information has decreased by 0.20%.
- The above decrease will be influenced by an increase in headcount between the 2 years of 71.
- A higher number of 'Married' employees left because of 'Retirement Age' compared to those who are single.
- More 'Single' employees left the organisation compared to the others, due to Voluntary Resignation - Other/Not Known, and Relocation.

Maternity & Adoption

No pregnancy and maternity data was collected in the 2021 Census. However the number of employees recorded as taking maternity and adoption leave is 614, which is 4.60% of the workforce. This is an increase of 0.01% on the data reported on 31 March 2024.

Religious Beliefs

According to the 2021 Census, around 46-48% of our counties' population are Christian, around 43-44% have no religion and 6-7% would prefer not to say.

County	% of the population who identify as Christian	% of the population who identify as having no religion	% of the population who did not answer
Ceredigion	46.7%	43%	7.7%
Carmarthenshire	48.8%	43%	6.6%
Pembrokeshire	47.6%	44.4%	6.2%

Source: Office for National Statistics, Census 2021

The percentage of staff identifying a specific religion or belief has risen by 1.76% compared to data reported on 31 March 2024. The workforce profile of Hywel Dda highlights that 42.62% are Christian, 13.76% are of other religion, 17.39% reported as atheists and 18.45% preferred not to say. 7.78% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

Sexual Orientation

Data from the 2021 Census shows how the population across the three counties have identified their sexual orientation.

County	Bisexual	Gay/Lesbian	Heterosexual/Straight	Did not respond
Ceredigion	2.63%	1.5%	84.70%	10.43%
Carmarthenshire	1.02%	1.07%	89.80%	7.89%
Pembrokeshire	0.96%	1.9%	89.73%	7.92%

Source: Office for National Statistics, Census 2021

At 31 March 2025 Health Board data showed that 2.61% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is an increase of 0.19% from 31 March 2024.

Compared to 2024, workforce information data on 31 March 2025 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 1.93%
- The percentage of staff choosing not to disclose this information has decreased by 0.78%.
- Those staff whose records are not recorded on ESR has fallen by 1.4% to 7.67%.
- Of a total 56,682 applications submitted for vacancies 2.70% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 2.90% chose not to disclose their sexual orientation at the time of application. 3.60% of those offered employment identified as LGB were offered employment.

Welsh Language

According to the National Population Survey 2022 published by the Welsh Government, around 48% of the Hywel Dda population are able to speak Welsh. The 2021 Census data reported significantly different profiles of Welsh Speaking across the 3 counties. Ceredigion has 45.3%, Carmarthenshire was slightly lower at 39.9% whilst Pembrokeshire has 17.2%.

County	% of the population who have Welsh speaking ability
Ceredigion	45.3%
Carmarthenshire	39.9%
Pembrokeshire	17.2%

Source: Office for National Statistics, Census 2021

At 31 March 2025, Health Board data recorded that:

- 35.0% of the workforce have Welsh language skills at foundational level or higher, whilst it shows a slight decrease of 0.03% there is an increase in headcount of an additional 106 employees at foundation level and above.
- 40.4% of the workforce have recorded their ability as having no Welsh language skills which has increased by 0.7% from the previous year.
- Those staff whose Welsh Language Skills are not recorded on ESR is 2.6% (312 employees). This has increased when compared to the headcount reported in 2023/24 by 22.

Intersectional Analysis

People can have more than one protected characteristic and, aspects of who we are, for example, our gender, race, sexual orientation and socio-economic status can increase our positive experiences or contribute to negative experiences. This can be made worse by the combined impacts of multiple discrimination, barriers and challenges. We therefore use an intersectional approach when analysing our workforce data, to identify any negative impacts of having a combination of protected characteristics, to better understand the experiences of our staff and take action to remove disadvantage and ensure that, what we do as an employer, doesn't create barriers.

The workforce equality data in Appendix one is presented by individual protected characteristic, so we have carried out a more detailed analysis of the data and used an intersectional approach, to find out whether staff who have more than one protected characteristic experience greater disadvantage. Some of the key findings are described below.

The profile split of our workforce by gender is the same as last year, showing that the percentage of female staff is higher overall (Figure one) and remains the same for the Agenda for Change (AfC) senior pay bands 8a and 8b (Figure two). However, the percentage of female staff is lower than the Health Board profile for pay band 8c. Last year, band 8d also showed a similar decrease in female representation but due to recruitment into these senior roles during 2024 – 2025, the percentage split by gender for band 8d is now closer to the overall Health Board profile.

Last year band 9 showed a significantly higher percentage of males (63%) compared to females (37%) but, this year, while female representation is still notably lower than the other AfC bands, the split is more even with 57% male and 43% female.

We will continue to explore the reasons for some of our senior roles not being representative of the overall Health Board profile by gender, to ensure that there are no traditionally held gender biases or other contributory factors and that opportunities for career progression at senior levels are available to all.

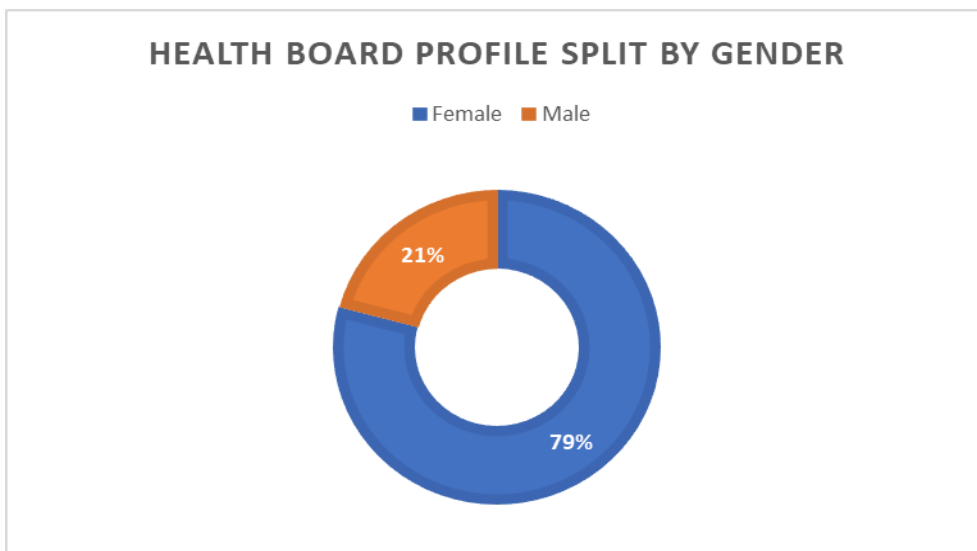


Figure one

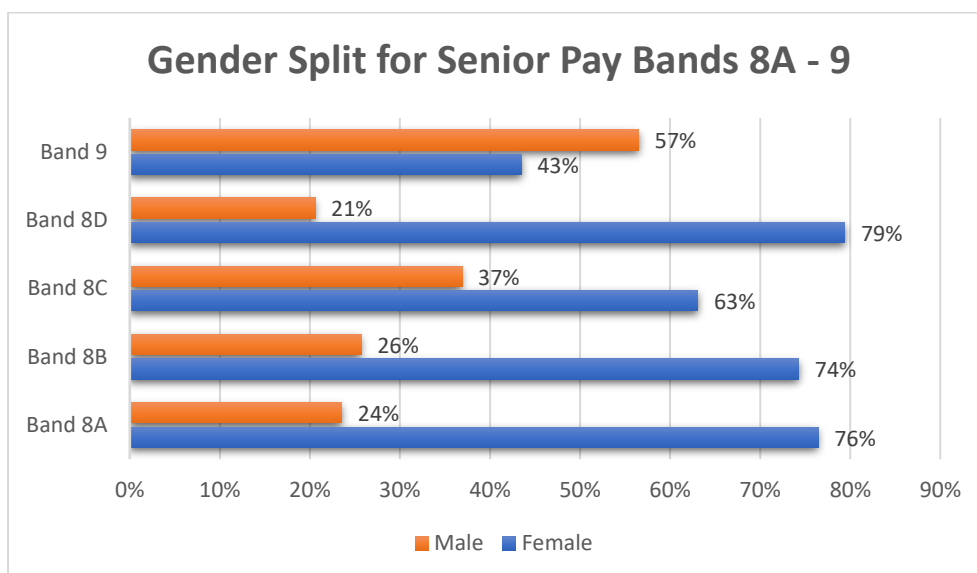


Figure two

An analysis of the workforce data by ethnicity and gender for AfC pay bands (Figure three) with comparisons to last year, shows that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with band 5 still showing a similar gender split to the Health Board overall, with females (12%) and males (2%). However, while this year has seen appointments at band 8b, there are still no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8d and 9. Work is ongoing to progress the Health Board’s local action plan for the Welsh Government Anti-racist Wales Action Plan and the Workforce Race Equality Standard and an internal task force has been established to eliminate discrimination and ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.

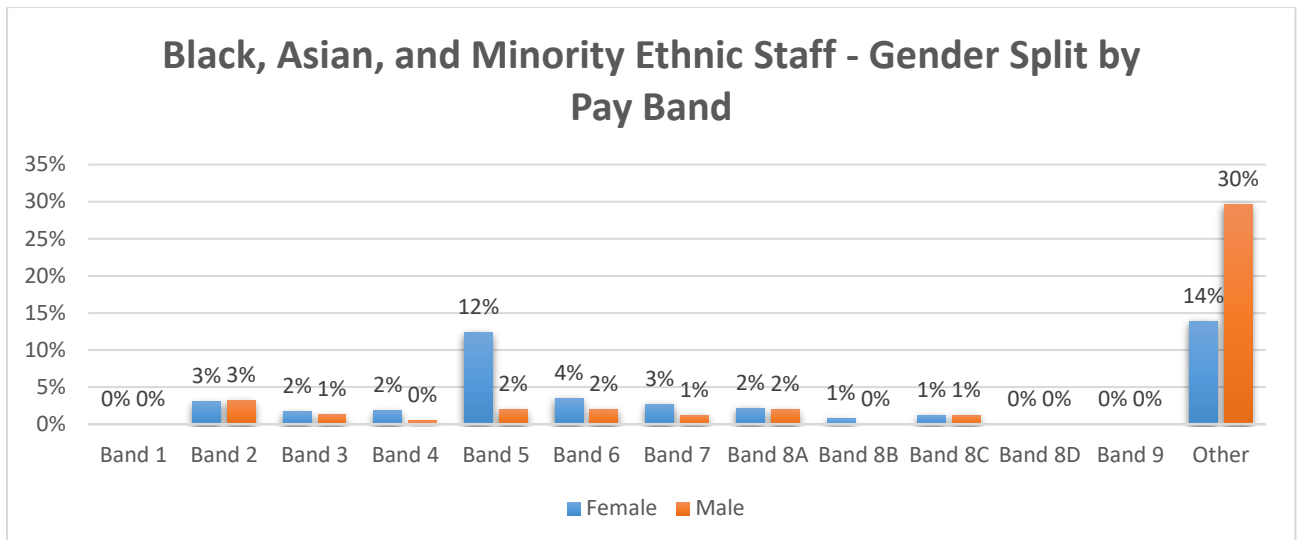


Figure three

Respect and Resolution and Disciplinary case analysis

Analysis has been undertaken of the equality data for both formal Respect & Resolution and formal Disciplinary cases and a summary has been provided in this section. Although the Workforce Teams continue to provide advice and support in respect of informal cases we are unable to capture the full extent of informal cases within the Health Board as some managers' deal with these themselves without operational workforce intervention, and others are picked up by the Culture or Organisational Development Relationship team.

Overall, we have seen the number of formal disciplinary and respect and resolution cases significantly increase this year. The reasons for this increase will be varied and it is evident that the Health Board's approach to encouraging a culture of speaking up continues to encourage employees to raise their concerns.

The Workforce team continues to encourage a compassionate approach to its processes and where necessary every effort is made to address concerns and conduct issues in an informal manner to encourage learning from events and a compassionate approach to such matters.

The number of cases brought under the Medical & Dental Upholding Professional Standards in Wales (UPSW) process, which are included in this data set, have increased this year.

Narrative on the protected characteristics in relation to Respect & Resolution:

The following points should be noted when comparing the case data with the corresponding data for headcount:

- This year, there is a higher proportion of staff between the **age** of 51-55 and 36-40 raising concerns under the Respect & Resolution process which differs from last year. Staff aged 56-60 have remained in the highest three.
- There is no discernible trends in regard to staff with a declared disability who have raised concerns under the R&R process, those concerns were not confirmed as relating to their disability.
- There were no discernible trends in the information provided on **ethnicity** and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- The information relating to **gender** has seen a shift from broadly comparable in terms of the proportion of male to female complainants (in 2023/2024) to an increase in female complainants for 2024/2025, some of which may be explained by a number of collective complaints received.
- The information on **Marital Status (Marriage and Civil partnerships)** is broadly comparable with the Health Board's overall marital status information and there have been no cases within the reference period which have referenced marital status as a contributing factor.
- There were no discernible trends in the information provided on **Religion and Belief** which suggested a disproportionate impact upon any groups of staff.
- We were unable to discern any trends in relation to **sexual orientation** on the basis of the information supplied. Employee relations cases within the reference period however, did not reference sexual orientation as being an issue which contributed to the concern itself that had been raised.

Narrative on the protected characteristics in relation to Disciplinary cases:

- There is a slightly higher proportion of staff between the **ages** of 26-30, 31- 35 and 51 – 55 undergoing a formal disciplinary processes which would correlate to our percentages of head count in these age demographics. We were unable to discern any trends in relation to age this year on the basis of the information supplied.
- There is an increase in staff with a declared **disability** involved in formal disciplinary cases. Reasonable adjustments and Occupational Health advice will be considered in all instances throughout the process.
- There were no discernible trends in the information provided on **ethnicity** and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- We were unable to discern any trends in relation to **gender** this year on the basis of the information supplied.

- The information on **Marital Status (Marriage and Civil partnerships)** is broadly comparable with the Health Board's overall marital status information although there does appear to have been a small decrease in the proportion of staff who identify as married who have been subject to a disciplinary process in 2024/2025 and an increase in those who identify as single.
- There was an increase in the number of staff who identified their **religious beliefs** as atheism, however it was noted that religion and belief was not referenced as an issue in any disciplinary case.
- There is an increase in staff who have indicated that their **sexual orientation** is gay or lesbian undergoing a formal disciplinary process, however sexual orientation was not referenced as an issue in these cases.

Next steps

As a result of our analysis of workforce equality and pay gap data we have developed an Action Plan for 2025-2026. By monitoring our action plan throughout the year we can demonstrate that we are continuing to develop our understanding of the information that we have about our workforce, and when the data tells us that inequality may exist, what we are going to do to investigate further and take action to remove disadvantage.

Appendix 1 – HDUHB Workforce Equality Data 2024-25 Age

Our Workforce

1.1 Headcount

	Headcount	%
<= 20 years	257	1.92%
21 to 25	926	6.93%
26 to 30	1,290	9.65%
31 to 35	1,531	11.46%
36 to 40	1,636	12.24%
41 to 45	1,553	11.62%
46 to 50	1,475	11.04%
51 to 55	1,694	12.68%
56 to 60	1,568	11.74%
61 to 65	1,051	7.87%
66 to 70	296	2.22%
>= 71 years	84	0.63%
Total	13,361	100%

	<= 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
Prof Scientific and Technical	0	19	47	72	77	70	52	49	27	12	4	6	435
Additional Clinical Services	154	395	386	385	346	324	258	309	327	206	51	11	3,152
Administration and Clerical	17	70	162	213	284	289	296	399	380	238	56	24	2,428
Allied Health Professionals	0	64	107	133	124	131	99	88	67	45	11	2	871
Estates and Ancillary	86	105	67	78	87	109	119	121	174	162	53	17	1,178
Healthcare Scientists	0	19	15	29	26	29	34	25	24	9	4	1	215
Medical and Dental	0	6	104	109	129	134	116	122	99	57	45	13	935
Nursing and Midwifery Registered	0	248	401	511	563	467	501	581	470	322	72	10	4,146
Students	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	257	84	1,290	1,531	1,636	1,553	1,475	1,694	1,568	1,050	296	84	13,361

1.2 Analysis of Pay by Staff Group and Band

	<= 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	0	0	0	0	0	1	1	1	1	2	2	0	8
Band 2	234	431	324	302	275	264	229	285	363	284	90	31	3,112
Band 3	15	76	123	187	157	156	155	160	214	146	29	11	1,429
Band 4	5	42	92	98	140	136	126	198	149	85	22	8	1,101
Band 5	1	281	338	360	335	269	252	274	236	171	47	6	2,570
Band 6	0	76	222	286	314	249	267	286	217	151	28	11	2,107
Band 7	0	13	70	120	195	195	191	214	170	102	25	1	1,296
Band 8a	0	0	15	57	61	97	78	74	59	19	2	1	463
Band 8b	0	0	0	9	21	28	32	26	15	8	0	1	140
Band 8c	0	0	0	2	5	12	15	28	15	5	1	1	84
Band 8d	0	0	0	0	0	1	5	13	8	7	0	0	34
Band 9	0	0	0	0	1	6	2	4	7	3	0	0	23
Consultant	0	0	0	3	32	51	60	72	56	32	24	7	337
Speciality Doctors	0	0	6	20	47	45	30	19	11	5	5	0	188
Other Doctors in Training	0	6	75	52	30	16	6	2	4	4	1	0	196
Hospital Practitioners & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	0	1
Other Medical and Dental Staff	0	0	0	0	3	3	6	10	11	7	5	0	47
Other	2	1	25	35	20	24	20	28	32	20	14	2	225
Total	257	926	1,290	1,531	1,636	1,553	1,475	1,694	1,568	1,051	296	84	13,361

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
>=20 years	£0.00	£24,132.80	£25,222.41	£0.00	£24,170.83	£0.00	£0.00	£0.00	£0.00	£24,261.87
21 to 25	£40,162.25	£25,419.67	£26,142.88	£34,381.66	£24,631.43	£35,783.73	£42,721.80	£31,838.76	£0.00	£29,244.01
26 to 30	£45,586.65	£26,138.57	£29,538.89	£39,190.50	£25,431.69	£41,540.00	£45,567.64	£35,578.00	£0.00	£33,423.11
31 to 35	£49,716.61	£25,884.71	£31,515.99	£43,603.06	£25,738.03	£46,646.47	£59,831.82	£37,858.64	£32,810.00	£36,244.56
36 to 40	£49,623.39	£26,129.37	£35,148.41	£47,855.70	£26,706.57	£45,958.49	£88,056.59	£40,301.22	£0.00	£40,605.34
41 to 45	£52,374.16	£26,324.24	£40,440.69	£49,589.91	£26,495.12	£47,850.64	£98,273.86	£42,957.89	£0.00	£43,923.95
46 to 50	£52,274.82	£26,469.91	£39,818.59	£49,549.47	£25,966.98	£49,586.94	£110,497.67	£44,002.35	£0.00	£44,817.07
51 to 55	£54,869.95	£26,989.90	£38,495.47	£51,844.74	£26,118.10	£50,970.57	£123,089.92	£45,455.30	£0.00	£45,455.30
56 to 60	£55,791.34	£26,257.43	£36,503.16	£51,949.58	£25,619.42	£55,022.99	£126,167.17	£46,552.13	£0.00	£43,090.44
61 to 65	£55,614.80	£26,288.66	£34,598.74	£49,585.76	£26,014.93	£50,009.16	£125,921.36	£46,074.09	£0.00	£40,153.23
66 to 70	£49,094.75	£25,709.05	£28,910.93	£54,119.02	£26,656.85	£52,274.50	£128,882.19	£46,511.01	£0.00	£49,200.15
>= 71 years	£58,653.02	£26,306.70	£30,835.59	£45,637.00	£24,787.34	£0.00	£125,476.97	£42,466.45	£0.00	£44,065.60
Total	£50,606.83	£26,097.22	£35,929.92	£46,189.24	£25,844.82	£47,425.74	£98,736.59	£41,401.13	£32,810.00	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

1.3 Contract Type and Working Pattern

	Contract Type						Total
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank		
<= 20 years	168	8	0	0	81	257	
21 to 25	666	57	0	0	203	926	
26 to 30	1,001	117	10	0	162	1,290	
31 to 35	1,302	91	15	0	123	1,531	
36 to 40	1,448	65	13	0	110	1,636	
41 to 45	1,371	73	9	0	100	1,553	
46 to 50	1,350	50	5	2	68	1,475	
51 to 55	1,561	48	5	1	79	1,694	
56 to 60	1,448	42	4	2	72	1,568	
61 to 65	897	47	7	2	98	1,051	
66 to 70	217	22	5	2	50	296	
>= 71 years	59	3	5	0	17	84	
Total	11,488	623	78	9	1,163	13,361	

Working Pattern			
	Full Time	Part Time	Total
<= 20 years	117	140	257
21 to 25	531	395	926
26 to 30	793	497	1,290
31 to 35	798	733	1,531
36 to 40	875	761	1,636
41 to 45	863	690	1,553
46 to 50	908	567	1,475
51 to 55	965	729	1,694
56 to 60	682	886	1,568
61 to 65	262	789	1,051
66 to 70	62	234	296
>= 71 years	6	78	84
Total	6,862	6,499	13,361

1.4 Recruitment

Note: As the Recruitment data is extracted from Trac rather than ESR the Age Bands are reported differently to that in ESR.

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
<= 20 years	839	1.5%	342	4.2%	126	4.7%
20 to 24	5,488	9.7%	925	11.3%	311	11.7%
25 to 29	20,243	35.7%	1,388	17.0%	469	17.7%
30 to 34	12,572	22.2%	1,322	16.2%	396	14.9%
35 to 39	7,372	13.0%	1,205	14.7%	364	13.7%
40 to 44	4,376	7.7%	932	11.4%	302	11.3%
45 to 49	2,622	4.6%	702	8.6%	238	8.9%
50 to 54	1,642	2.9%	660	8.1%	233	8.7%
55 to 59	945	1.7%	451	5.5%	129	4.8%
60 to 64	464	0.8%	209	2.6%	72	2.7%
>= 65 years	117	0.2%	47	0.6%	23	0.9%
Undisclosed	0	0.0%	0	0.0%	0	0.0%
Total	56,680		8,183		2,663	100%

Note: The figure shown as 56,680 (rather than the overall total of 56,682) of the Total Number of Applications Received and the figure shown as 8,183 (rather than the overall total of 8,185) of the Total Number of Applications Shortlisted were due to protecting confidentiality. Any reported number with a value less than 5 has been rounded down to zero.

1.5 Leavers

	Headcount	%
<= 20 years	29	2.80%
21 to 25	74	7.16%
26 to 30	99	9.57%
31 to 35	95	9.19%
36 to 40	83	8.03%
41 to 45	65	6.29%
46 to 50	68	6.58%
51 to 55	101	9.77%
56 to 60	178	17.21%
61 to 65	138	13.34%
66 to 70	85	8.22%
>= 71 years	19	1.84%
Total	1,034	100%

1.6 Training Attendance

	Attendance / Courses Completed	%
<= 20 years	3,423	4.13%
21 to 25	9,107	10.98%
26 to 30	9,383	11.31%
31 to 35	10,022	12.08%
36 to 40	9,640	11.62%
41 to 45	9,027	10.88%
46 to 50	8,509	10.25%
51 to 55	9,049	10.91%
56 to 60	8,462	10.20%
61 to 65	4,839	5.83%
66 to 70	1,387	1.67%
>= 71 years	118	0.14%
Total	82,967	100%

1.7 Staff Involved in Disciplinary Procedures

	Headcount	%
<= 20 years	2	1.48%
21 to 25	7	5.19%
26 to 30	16	11.85%
31 to 35	20	14.82%
36 to 40	14	10.37%
41 to 45	17	12.59%
46 to 50	11	8.15%
51 to 55	22	16.30%
56 to 60	17	12.59%
61 to 65	6	4.44%
66 to 70	3	2.22%
>= 71 years	0	0.00%
Total	135	100%

1.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
<= 20 years	0	0.00%
21 to 25	1	1.82%
26 to 30	4	7.27%
31 to 35	7	12.73%
36 to 40	8	14.55%
41 to 45	5	9.09%
46 to 50	6	10.91%
51 to 55	10	18.18%
56 to 60	9	16.36%
61 to 65	4	7.27%
66 to 70	1	1.82%
>= 71 years	0	0.00%
Total	55	100%

Disability

Our Workforce

2.1 Headcount

	Headcount	%
Disabled	718	5.37%
Not Disabled	11,127	83.28%
Prefer Not to Say	53	0.40%
Not Recorded on ESR	1,463	10.95%
Total	13,361	100%

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Prof Scientific and Technic	26	369	0	40	435
Additional Clinical Services	147	2,746	13	246	3,152
Administrative and Clerical	167	1,996	14	251	2,428
Allied Health Professionals	66	720	0	85	871
Estates and Ancillary	58	920	2	198	1,178
Healthcare Scientists	7	167	1	40	215
Medical and Dental	16	745	4	170	935
Nursing and Midwifery Registered	231	3,463	19	433	4,146
Students	0	1	0	0	1
Total	718	11,127	53	1,463	13,361

2.2 Pay by Staff Group by Band

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Band 1	0	3	0	5	8
Band 2	155	2,636	11	310	3,112
Band 3	91	1,193	7	138	1,429
Band 4	57	883	5	156	1,101
Band 5	137	2,122	14	297	2,570
Band 6	146	1,759	5	197	2,107
Band 7	80	1,086	5	125	1,296
Band 8a	20	405	2	36	463
Band 8b	4	128	0	8	140
Band 8c	3	74	0	7	84
Band 8d	3	29	0	2	34
Band 9	2	20	0	1	23
Consultant	6	258	2	71	337
Speciality Doctors	1	153	1	33	188
Other Doctors in Training	7	179	0	10	196
Hospital Practitioners & Clinical Assistants	0	0	0	1	1
Other Medical and Dental Staff	0	31	0	16	47
Other	6	168	1	50	225
Total	718	11,127	53	1,463	13,361

Average Salary

	Disabled	Not Disabled	Prefer not to Answer	Not Recorded on ESR	Total
Prof Scientific & Technical	£51,444.38	£50,986.69	£0.00	£45,561.01	£50,606.83
Additional Clinical Services	£26,248.70	£26,028.62	£26,326.48	£26,699.32	£26,097.22
Admin & Clerical	£34,640.23	£36,087.10	£35,341.89	£35,551.33	£35,929.92
Allied Health Professionals	£42,989.05	£45,952.77	£0.00	£50,854.22	£46,189.24
Estates and Ancillary	£25,554.69	£26,022.20	£24,755.98	£25,445.47	£25,884.82
Healthcare Scientists	£44,666.23	£46,942.15	£49,254.00	£49,953.35	£47,425.74
Medical & Dental	£90,389.33	£95,124.37	£121,764.55	£116,005.45	£98,736.59
Nursing & Midwifery Registered	£41,349.33	£41,584.65	£38,277.84	£40,023.63	£41,401.13
Students	£0.00	£32,810.00	£0.00	£0.00	£32,810.00
Total	£37,611.89	£40,087.29	£40,132.87	£43,855.99	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

2.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Disabled	641	23	1	1	52	718
Not Disabled	9,471	556	61	6	1,033	11,127
Prefer Not to Answer	48	1	16	0	4	53
Not Recorded on ESR	1,328	43	0	2	74	1,463
Total	11,488	623	78	9	1,163	13,361

Working Pattern			
	Full Time	Part Time	Total
Disabled	368	350	718
Not Disabled	5,772	5,355	11,127
Prefer Not to Answer	31	22	53
Not Recorded on ESR	691	772	1,463
Total	6,862	6,499	13,361

2.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	1,730	3.1%	579	7.1%	166	6.2%
Disability: No	54,154	95.5%	7,204	88.0%	2,298	86.3%
Disability: Undisclosed	798	1.4%	402	4.9%	199	7.5%
Total	56,682	100%	8,185	100%	2,663	100%

2.5 Leavers

	Headcount	%
Disabled	62	6.00%
Not Disabled	813	78.62%
Prefer Not to Answer	3	0.29%
Not Recorded on ESR	156	15.09%
Total	1,034	100%

2.6 Training Attendance

	Attendance / Courses Completed	%
Disabled	2,574	3.10%
Not Disabled	40,241	48.50%
Prefer Not to Answer	230	0.28%
Not Recorded on ESR	39,922	48.12%
Total	82,967	100%

2.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Disabled	14	10.37%
Not Disabled	113	83.70%
Not Recorded on ESR	8	5.93%
Total	135	100%

2.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Disabled	6	10.91%
Not Disabled	43	78.18%
Not Recorded on ESR	6	10.91%
Total	55	100%

Ethnicity

Our Workforce

3.1 Headcount

	Headcount	%
Asian or Asian British	735	5.50%
Black or Black British	185	1.38%
Mixed	119	0.89%
White	11,425	85.52%
Any Other Ethnic Group	210	1.57%
Not Recorded on ESR	687	5.14%
Total	13,361	100%

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific and Technic	5	5	8	399	8	10	435
Additional Clinical Services	74	30	25	2,909	31	83	3,152
Administrative and Clerical	27	11	21	2,291	10	68	2,428
Allied Health Professionals	24	25	6	780	5	31	871
Estates and Ancillary	42	2	7	1,042	15	70	1,178
Healthcare Scientists	8	4	3	188	1	11	215
Medical and Dental	290	60	19	326	63	177	935
Nursing and Midwifery Registered	265	48	30	3,489	77	237	4,146
Students	0	0	0	1	0	0	1
Total	735	185	119	11,425	210	687	13,361

3.2 Pay by Staff Group and Band

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Band 1	0	0	0	7	0	1	8
Band 2	111	25	18	2,814	38	106	3,112
Band 3	9	9	15	1,337	9	50	1,429
Band 4	8	4	7	1,055	6	21	1,101
Band 5	245	44	22	2,003	58	198	2,570
Band 6	44	31	20	1,928	20	64	2,107
Band 7	21	9	11	1,206	10	39	1,296
Band 8a	7	2	4	437	6	7	463
Band 8b	0	0	1	138	0	1	140
Band 8c	0	0	2	81	0	1	84
Band 8d	0	0	0	34	0	0	34
Band 9	0	0	0	23	0	0	23
Consultant	102	16	7	161	18	33	337
Speciality Doctors	68	22	8	39	19	32	188
Other Doctors in Training	71	17	3	38	17	50	196
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	1
Other Medical and Dental Staff	16	1	0	19	4	7	47
Other	33	5	1	104	5	77	225
Total	735	185	119	11,425	210	687	13,361

Average Salary

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific & Technical	£43,731.84	£43,746.00	£48,026.49	£50,903.60	£50,643.08	£48,235.01	£50,606.83
Additional Clinical Services	£25,106.40	£24,771.78	£27,747.02	£26,112.32	£25,418.77	£26,453.75	£26,097.22
Admin & Clerical	£33,917.02	£29,805.62	£34,498.26	£36,134.34	£32,388.43	£31,857.84	£35,929.92
Allied Health Professionals	£43,194.19	£39,769.69	£47,742.88	£46,504.26	£38,910.34	£47,857.44	£46,189.24
Estates and Ancillary	£24,841.92	£24,755.98	£24,255.81	£26,001.32	£24,631.63	£25,133.41	£25,884.42
Healthcare Scientists	£41,736.22	£41,073.30	£41,877.00	£47,804.89	£45,637.00	£49,689.92	£47,425.74
Medical & Dental	£92,589.97	£84,510.70	£97,766.46	£118,498.06	£91,854.63	£84,118.52	£98,736.59
Nursing & Midwifery Registered	£33,832.77	£35,911.18	£39,709.80	£42,717.47	£37,733.61	£35,525.03	£41,401.13
Students	£0.00	£0.00	£0.00	£32,810.00	£0.00	£0.00	£32,810.00
Total	£56,177.03	£52,579.78	£47,102.42	£38,525.57	£51,647.12	£44,183.19	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

3.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Asian or Asian British	541	115	15	0	64	735
Black or Black British	130	33	0	1	21	185
Mixed	101	11	0	0	7	119
White	10,023	395	38	1	968	11,425
Any Other Ethnic Group	178	19	3	0	10	210
Not Recorded on ESR	515	50	22	7	93	687
Total	11,488	623	78	9	1,163	13,361

Working Pattern			
	Full Time	Part Time	Total
Asian or Asian British	539	196	735
Black or Black British	143	42	185
Mixed	73	46	119
White	5,624	5,801	11,425
Any Other Ethnic Group	140	70	210
Not Recorded on ESR	343	344	687
Total	6,862	6,499	13,361

3.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	21,800	38.46%	1,184	14.47%	312	11.8%
Black or Black British	17,137	30.23%	620	7.57%	90	3.4%
Mixed	1,843	3.25%	156	1.91%	43	1.6%
White	12,657	22.33%	5,803	70.90%	1,991	74.9%
Any Other Ethnic Group	2,484	4.39%	177	2.16%	59	2.2%
Undisclosed	761	1.34%	245	2.99%	163	6.1%
Total	56,682	100%	8,185	100%	2,658	100%

Note: The figure shown as 2,658 (rather than the overall total of 2,663) of the Total Number of Applicants Offered was due to protecting confidentiality as any reported number within the Ethnic Group subcategories of a value less than 5 has been rounded down to zero.

3.5 Leavers

	Headcount	%
Asian or Asian British	38	3.68%
Black or Black British	24	2.32%
Mixed	13	1.26%
White	889	85.97%
Any Other Ethnic Group	7	0.68%
Not Recorded on ESR	63	6.09%
Total	1,034	100%

3.6 Training Attendance

	Attendance / Courses Completed	%
Asian or Asian British	7,630	9.20%
Black or Black British	2,075	2.50%
Mixed	913	1.10%
White	64,747	78.04%
Any Other Ethnic Group	1,451	1.75%
Not Recorded on ESR	6,151	7.41%
Total	82,967	100%

3.7 Staff Involved in Disciplinary Procedures

	Headcount	%
White	124	91.85%
Asian or Asian British	5	3.71%
Black or Black British	3	2.22%
Any Other Ethnic Group	2	1.48%
Not Recorded on ESR	1	0.74%
Total	135	100%

3.8 Staff Involved in Respect and Resolution Procedures

	Attendance / Courses Completed	%
White	39	70.91%
Asian or Asian British	4	7.27%
Black or Black British	2	3.64%
Mixed	1	1.81%
Any other Ethnic Group	5	9.10%
Not Recorded on ESR	4	7.27%
Total	55	100%

Gender

Our Workforce

4.1 Headcount

	Headcount	%
Female	10,573	79.13%
Male	2,788	20.87%
Total	13,361	100%

	FTE	%
Female	8,221.87	78.11%
Male	2,303.79	21.89%
Total	10,525.66	100%

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Prof Scientific and Technic	334	3.16%	101	3.62%	435	3.26%
Additional Clinical Services	2,654	25.10%	498	17.86%	3,152	23.59%
Administrative and Clerical	1,991	18.83%	437	15.67%	2,428	18.17%
Allied Health Professionals	676	6.39%	195	6.99%	871	6.52%
Estates and Ancillary	643	6.08%	535	19.19%	1,178	8.82%
Healthcare Scientists	114	1.08%	101	3.62%	215	1.61%
Medical and Dental	332	3.14%	603	21.64%	935	7.00%
Nursing and Midwifery Registered	3,828	36.21%	318	11.41%	4,146	31.02%
Students	1	0.01%	0	0.00%	1	0.01%
Total	10,573	100%	2,788	100%	13,361	100%

4.2 Pay by Staff Group and Band

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	6	0.06%	2	0.07%	8	0.06%
Band 2	2,431	22.99%	681	24.43%	3,112	23.29%
Band 3	1,129	10.68%	300	10.76%	1,429	10.70%
Band 4	973	9.20%	128	4.59%	1,101	8.24%
Band 5	2,265	21.42%	305	10.94%	2,570	19.24%
Band 6	1,759	16.64%	348	12.48%	2,107	15.77%
Band 7	1,084	10.26%	212	7.60%	1,296	9.70%
Band 8a	354	3.35%	109	3.91%	463	3.47%
Band 8b	104	0.98%	36	1.29%	140	1.05%
Band 8c	53	0.50%	31	1.11%	84	0.63%
Band 8d	27	0.26%	7	0.25%	34	0.25%
Band 9	10	0.09%	13	0.47%	23	0.17%
Consultants	106	1.00%	231	8.29%	337	2.51%
Specialty Doctors	67	0.63%	121	4.34%	188	1.41%
Other Doctors in Training	68	0.64%	128	4.59%	196	1.47%
Hospital Practitioners & Clinical Assistants	0	0.00%	1	0.04%	1	0.01%
Other Medical and Dental	19	0.18%	28	1.00%	47	0.35%
Other	118	1.12%	107	3.84%	225	1.68%
Total	10,574	100%	2,788	100%	13,361	100%

Average Salary

	Female	Male	Total
Prof Scientific & Technical	£49,843.69	£53,050.10	£50,606.83
Additional Clinical Services	£26,075.34	£26,200.49	£26,097.22
Admin & Clerical	£34,124.50	£43,398.30	£35,929.92
Allied Health Professionals	£46,113.69	£46,438.89	£46,189.24
Estates and Ancillary	£24,863.92	£26,842.71	£25,884.82
Healthcare Scientists	£47,267.49	£47,595.52	£47,425.74
Medical & Dental	£93,119.69	£101,623.27	£98,736.59
Nursing & Midwifery Registered	£41,333.28	£42,157.08	£41,401.13
Students	£32,810.00	£0.00	£32,810.00
Total	£37,782.56	£49,550.45	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

4.3 Contract Type and Working Pattern

Contract Type						
Assignment Category	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Permanent	9,231	87.31%	2,257	80.95%	11,488	85.98%
Fixed Term Temp	417	3.94%	206	7.39%	623	4.66%
Locum	23	0.22%	55	1.97%	78	0.58%
Non-Exec Director/Chair	4	0.04%	5	0.18%	9	0.07%
Bank	898	8.49%	265	9.51%	1,163	8.71%
Total	10,573	100%	2,788	100%	13,361	100%

Working Pattern						
Employee Category	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,908	46.42%	1,954	70.09%	6,862	51.36%
Part-Time	5,665	53.58%	834	29.91%	6,499	48.64%
Total	10,573	100%	2,788	100%	13,361	100%

4.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	34,525	60.91%	5,865	71.65%	1,983	74.46%
Male	21,954	38.73%	2,254	27.54%	656	24.64%
Undisclosed	203	0.36%	66	0.81%	24	0.90%
Total	56,682	100%	8,185	100%	2,663	100%

4.5 Leavers

	Headcount	%
Female	788	76.21%
Male	246	23.79%
Total	1,034	100%

4.6 Training Attendance

	Attendance / Courses Completed	%
Female	67,520	81.38%
Male	15,447	18.62%
Total	82,967	100%

4.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Female	91	67.41%
Male	44	32.59%
Total	135	100%

4.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Female	36	65.45%
Male	19	34.55%
Total	55	100%

Marital Status (Marriage and Civil Partnership)

Our Workforce

5.1 Headcount

	Headcount	%
Civil Partnership	282	2.11%
Divorced	951	7.12%
Legally Separated	101	0.76%
Married	6,575	49.21%
Single	4,471	33.46%
Widowed	161	1.20%
Not Recorded on ESR	820	6.14%
Total	13,361	100%

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific and Technic	10	18	0	226	150	2	29	435
Additional Clinical Services	99	206	33	1,249	1,389	38	138	3,152
Administrative and Clerical	39	223	25	1,315	667	40	119	2,428
Allied Health Professionals	15	50	5	439	309	7	46	871
Estates and Ancillary	27	88	6	475	489	22	71	1,178
Healthcare Scientists	2	9	1	117	69	0	17	215
Medical and Dental	10	30	4	612	225	4	50	935
Nursing and Midwifery Registered	80	327	27	2,141	1,173	48	350	4,146
Students	0	0	0	1	0	0	0	1
Total	282	951	101	6,575	4,471	161	820	13,361

5.2 Pay by Staff Group and Band

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Band 1	0	0	0	4	2	0	2	8
Band 2	88	201	21	1,139	1,470	55	138	3,112
Band 3	48	121	16	665	493	20	66	1,429
Band 4	19	102	12	591	312	16	49	1,101
Band 5	47	168	13	1,141	889	28	284	2,570
Band 6	41	164	14	1,104	646	16	122	2,107
Band 7	19	96	11	789	297	12	72	1,296
Band 8a	7	28	4	316	88	2	18	463
Band 8b	2	13	2	92	22	3	6	140
Band 8c	1	8	2	58	10	3	2	84
Band 8d	0	9	1	19	5	0	0	34
Band 9	0	5	0	16	1	0	1	23
Consultant	4	16	0	254	34	2	27	337
Speciality Doctors	1	5	0	146	31	0	5	188
Other Doctors in Training	4	3	0	82	101	1	5	196
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	0	1
Other Medical and Dental Staff	0	3	0	35	7	0	2	47
Other	1	9	5	123	63	3	21	225
Total	282	951	101	6,575	4,471	161	820	13,361

Average Salary

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific & Technical	£44,638.88	£46,018.43	£0.00	£53,885.27	£47,207.92	£80,882.33	£47,910.04	£50,606.83
Additional Clinical Services	£25,480.05	£26,086.61	£26,978.93	£26,417.04	£25,804.80	£25,322.96	£26,411.34	£26,097.22
Admin & Clerical	£30,526.94	£38,890.40	£42,092.10	£37,805.04	£31,720.33	£32,500.06	£35,811.90	£35,929.82
Allied Health Professionals	£44,379.71	£48,489.54	£51,876.43	£49,327.16	£42,041.29	£46,492.23	£45,050.68	£46,189.24
Estates and Ancillary	£25,392.10	£25,912.56	£24,755.98	£26,374.89	£25,397.35	£24,936.63	£25,873.09	£25,884.82
Healthcare Scientists	£53,524.50	£47,969.33	£37,898.00	£49,694.26	£43,766.64	£0.00	£46,741.42	£47,425.74
Medical & Dental	£94,334.80	£120,231.13	£135,140.28	£103,926.54	£73,182.79	£107,979.71	£116,173.10	£98,736.59
Nursing & Midwifery Registered	£40,945.06	£45,425.68	£47,193.32	£43,340.69	£38,791.40	£41,674.18	£35,934.54	£41,401.13
Students	£0.00	£0.00	£0.00	£32,810.00	£0.00	£0.00	£0.00	£32,810.00
Total	£34,917.60	£40,367.54	£39,700.31	£44,501.12	£34,982.76	£35,762.86	£38,809.05	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

5.3. Contract Type and Working Pattern

	Contract Type					
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Civil Partnership	247	14	1	0	20	282
Divorced	842	37	5	0	67	951
Legally Separated	87	4	0	0	10	101
Married	5,816	307	32	6	414	6,575
Single	3,601	237	34	1	598	4,471
Widowed	147	6	0	1	7	161
Not Recorded on ESR	748	18	6	1	47	820
Total	11,488	623	78	9	1,163	13,361

Working Pattern			
	Full Time	Part Time	Total
Civil Partnership	143	139	282
Divorced	464	487	951
Legally Separated	55	46	101
Married	3,155	3,420	6,575
Single	2,457	2,014	4,471
Widowed	57	104	161
Not Recorded on ESR	531	289	820
Total	6,862	6,499	13,361

5.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	829	1.46%	253	3.09%	92	3.45%
Divorced	949	1.67%	381	4.65%	112	4.22%
Legally Separated	135	0.24%	27	0.33%	12	0.45%
Married	25,223	44.51%	3,277	40.04%	993	37.29%
Other	953	1.68%	369	4.51%	135	5.07%
Single	27,777	49.00%	3,549	43.36%	1,134	42.58%
Widowed	182	0.32%	40	0.49%	13	0.49%
Unknown	460	0.81%	125	1.53%	39	1.46%
Unspecified	174	0.31%	164	2.00%	133	4.99%
Total	56,682	100%	8,185	100%	2,663	100%

5.5 Leavers

	Headcount	%
Civil Partnership	23	2.23%
Divorced	84	8.12%
Legally Separated	15	1.45%
Married	504	48.74%
Single	324	31.33%
Widowed	23	2.23%
Not Recorded on ESR	61	5.90%
Total	1,034	100%

5.6 Staff Involved in Disciplinary Procedures

	Headcount	%
Civil Partnership	4	2.96%
Divorced	15	11.11%
Legally Separated	2	1.48%
Married	44	32.59%
Single	61	45.19%
Widowed	1	0.74%
Not Recorded on ESR	8	5.93%
Total	135	100%

5.7 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Civil Partnership	1	1.82%
Divorced	7	12.73%
Married	28	50.91%
Single	12	21.81%
Not Recorded on ESR	7	12.73%
Total	55	100%

Maternity and Adoption (Pregnancy and Maternity)

Our Workforce

6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	614	4.60%

6.2 Leavers

	Headcount	%
Leaving Reason due to Maternity or Adoption	0	0.00%

Religion and Belief (Including No Belief)

Our Workforce

7.1 Headcount

	Headcount	%
Atheism	2,324	17.39%
Buddhism	82	0.61%
Christianity	5,694	42.62%
Hinduism	135	1.01%
Islam	190	1.42%
Jainism	3	0.02%
Judaism	8	0.06%
Sikhism	7	0.05%
Other	1,415	10.59%
I Do Not Wish to Disclose my Religion/Belief	2,464	18.45%
Not Recorded on ESR	1,039	7.78%
Total	13,361	100%

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Prof Scientific and Technic	98	4	196	1	54	4	0	0	45	0	33	435
Additional Clinical Services	631	5	1,324	9	527	13	0	2	444	0	197	3,152
Administrative and Clerical	422	9	1,150	8	369	10	0	2	242	1	215	2,428
Allied Health Professionals	183	2	382	5	151	8	2	0	74	0	64	871
Estates and Ancillary	192	3	487	2	196	1	0	0	117	0	180	1,178
Healthcare Scientists	48	3	67	4	39	2	0	0	21	0	31	215
Medical and Dental	47	40	141	81	376	141	1	1	17	3	87	935
Nursing and Midwifery Registered	702	16	1,947	25	752	11	0	3	455	3	232	4,146
Students	1	0	0	0	0	0	0	0	0	0	0	1
Total	2,324	82	5,694	135	2,464	190	3	8	1,415	7	1,039	13,361

7.2 Pay by Staff Group and Band

	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	0	0	0	0	1	0	0	0	1	0	6	8
Band 2	594	7	1,334	11	532	12	0	1	370	0	251	3,112
Band 3	262	3	617	1	226	6	0	0	192	0	122	1,429
Band 4	165	5	495	2	156	3	0	2	127	0	146	1,101
Band 5	487	9	1,082	29	494	12	0	2	281	0	174	2,570
Band 6	416	9	976	6	352	7	1	0	219	1	120	2,107
Band 7	208	4	632	5	203	4	1	1	151	2	85	1,296
Band 8a	95	2	235	0	62	4	0	0	40	1	24	463
Band 8b	30	2	80	0	16	0	0	0	7	0	5	140
Band 8c	9	1	51	0	12	0	0	1	1	0	9	84
Band 8d	4	0	23	0	5	0	0	0	1	0	1	34
Band 9	2	0	12	0	5	0	0	0	3	0	1	23
Consultant	20	15	61	33	115	36	0	1	8	1	47	337
Speciality Doctors	8	11	31	18	52	56	1	0	1	1	9	188
Other Doctors in Training	8	13	23	19	83	44	0	0	3	1	2	196
Hospital Practitioner & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	1
Other Medical and Dental Staff	2	1	12	3	10	2	0	0	2	0	15	196
Other	14	0	30	8	140	4	0	0	8	0	21	225
Total	2,324	82	5,694	135	2,464	190	3	8	1,415	7	1,039	13,361

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
Atheism	£47,869.12	£26,127.36	£35,817.34	£42,940.86	£25,845.10	£44,229.84	£102,365.34	£40,169.75	£32,810.00	£37,044.45
Buddhism	£52,596.13	£26,618.30	£32,168.78	£38,142.63	£24,755.98	£52,236.64	£88,917.29	£43,752.02	£0.00	£65,397.12
Christianity	£54,684.28	£25,987.92	£36,855.38	£46,770.93	£26,201.81	£48,799.18	£100,581.35	£42,649.42	£0.00	£39,119.18
Hinduism	£37,898.00	£24,799.12	£32,586.81	£41,091.00	£24,755.98	£38,007.59	£95,076.60	£33,738.53	£0.00	£71,400.29
I do not wish to disclose my religion/belief	£50,434.96	£25,967.68	£34,436.98	£46,950.31	£25,684.09	£46,939.18	£100,799.89	£39,948.38	£0.00	£42,595.23
Islam	£53,131.43	£25,012.41	£44,372.73	£36,030.81	£24,755.98	£42,503.67	£82,446.20	£35,905.94	£0.00	£71,764.65
Jainism	£0.00	£0.00	£0.00	£42,884.49	£0.00	£0.00	£84,989.00	£0.00	£0.00	£60,046.68
Judaism	£0.00	£26,928.00	£57,544.21	£0.00	£0.00	£0.00	£116,600.00	£37,030.00	£0.00	£60,543.30
Sikhism	£0.00	£0.00	£53,602.00	£0.00	£0.00	£0.00	£80,586.33	£53,550.33	£0.00	£65,144.57
Other	£42,711.52	£26,242.43	£33,636.91	£47,701.66	£25,468.48	£49,531.69	£109,457.92	£41,007.45	£0.00	£35,625.56
Not Recorded on ESR	£45,679.32	£26,750.48	£36,008.75	£51,052.04	£25,604.95	£49,687.08	£128,590.78	£40,919.01	£0.00	£42,633.23
Total	£50,606.83	£26,097.22	£35,929.92	£46,189.24	£25,884.82	£47,425.74	£98,736.59	£42,633.56	£32,810.00	£40,363.27

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

7.3 Contract Type and Working Pattern

	Contract Type						Total
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank		
Atheism	1,962	106	3	0	253	2,324	
Buddhism	57	25	0	0	0	82	
Christianity	5,045	192	1	2	454	5,694	
Hinduism	97	25	1	0	12	135	
I do not wish to disclose my religion/belief	1,973	140	62	6	283	2,464	
Islam	118	61	5	0	6	190	
Jainism	3	0	0	0	0	3	
Judaism	3	2	0	0	3	8	
Other	1,247	56	1	0	111	1,415	
Sikhism	6	1	0	0	0	7	
Not Recorded on ESR	977	15	5	1	41	1,039	
Total	11,488	623	78	9	1,163	13,361	

Working Pattern			
	Full Time	Part Time	Total
Atheism	1,275	1,049	2,324
Buddhism	59	23	82
Christianity	2,918	2,776	5,694
Hinduism	103	32	135
I do not wish to disclose my religion/belief	1,151	1,313	2,464
Islam	160	30	190
Jainism	2	1	3
Judaism	3	5	8
Other	702	713	1,415
Sikhism	7	0	7
Not Recorded on ESR	482	557	1,039
Total	6,862	6,499	13,361

7.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	4,062	7.2%	1,798	22.0%	593	22.3%
Buddhism	1,278	2.3%	111	1.4%	38	1.4%
Christianity	25,351	44.7%	3,414	41.6%	1,048	39.5%
Hinduism	7,685	13.6%	270	3.3%	69	2.6%
Islam	12,170	21.5%	604	7.4%	166	6.2%
Jainism	59	0.1%	0	0.0%	0	0.0%
Judaism	18	0.0%	7	0.1%	0	0.0%
Sikhism	129	0.2%	5	0.1%	0	0.0%
Other	2,312	4.1%	887	10.8%	282	10.6%
Undisclosed	3,618	6.4%	1,085	13.3%	464	17.4%
Total	56,682	100%	8,181	100%	2,660	100%

Note: The figure shown as 8181 (rather than the overall total of 8185) of the Applications Shortlisted and the figure shown as 2660 (rather than the overall total of 2663) of the Applicants Offered were due to protecting confidentiality any reported number with a value less than 5 has been rounded down to zero.

7.5 Leavers

	Headcount	%
Atheism	151	14.60%
Buddhism	9	0.87%
Christianity	439	42.46%
Hinduism	10	0.97%
Islam	21	2.03%
Other	86	8.31%
Judaism	1	0.10%
I Do Not Wish to Disclose my Religion/Belief	203	19.63%
Not Recorded on ESR	114	11.03%
Total	1,034	100%

7.6 Training Attendance

	Attendance / Courses Completed	%
Atheism	15,109	18.21%
Buddhism	620	0.75%
Christianity	34,513	41.60%
Hinduism	1,368	1.65%
Islam	1,978	2.38%
Judaism	59	0.07%
Jainism	26	0.03%
Sikhism	21	0.03%
I Do Not Wish to Disclose my Religion/Belief	16,212	19.54%
Other	8,248	9.94%
Not Recorded on ESR	4,813	5.80%
Total	82,967	100%

7.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Atheism	25	18.52%
Christianity	62	45.92%
Hinduism	1	0.74%
I Do Not Wish to Disclose my Religion/Belief	22	16.30%
Judaism	1	0.74%
Other	16	11.85%
Not Recorded on ESR	8	5.93%
Total	135	100%

7.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Atheism	2	3.64%
Christianity	28	50.91%
I Do Not Wish to Disclose my Religion/Belief	11	20.00%
Islam	5	9.09%
Other	5	9.09%
Not Recorded on ESR	4	7.27%
Total	55	100%

Sexual Orientation

Our Workforce

8.1 Headcount

	Headcount	%
Bisexual	153	1.15%
Gay or Lesbian	195	1.46%
Heterosexual or Straight	10,585	79.22%
Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%
Not Recorded on ESR	1,025	7.67%
Other Sexual Orientation Not Listed	28	0.21%
Undecided	17	0.13%
Total	13,361	100%

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (Person Asked but Declined to provide a Response)	Other sexual orientation not listed	Undecided	Not Recorded on ESR	Total
Add Prof Scientific and Technic	10	7	363	20	2	0	33	435
Additional Clinical Services	47	49	2,666	184	7	7	192	3,152
Administrative and Clerical	27	41	1,981	160	5	3	211	2,428
Allied Health Professionals	14	13	692	90	1	1	60	871
Estates and Ancillary	12	18	866	102	6	1	173	1,178
Healthcare Scientists	2	4	154	23	0	1	31	215
Medical and Dental	5	4	490	347	2	0	87	935
Nursing and Midwifery Registered	36	59	3,372	432	5	4	238	4,146
Students	0	0	1	0	0	0	0	1
Total	153	195	10,585	1,358	28	17	1,025	13,361

8.2 Pay by Staff Group and Band

	Bisexual	Gay or Lesbian	Heterosexual or straight	Not Stated (Person Asked but Declined to Provide a Response)	Not Recorded on ESR	Other Sexual Orientation not Listed	Undecided	Total
Band 1	0	0	1	1	6	0	0	8
Band 2	55	55	2,529	213	242	11	7	3,112
Band 3	12	20	1,184	86	121	4	2	1,429
Band 4	13	14	865	62	145	2	0	1,101
Band 5	31	32	1,999	321	181	2	4	2,570
Band 6	22	33	1,769	163	116	1	3	2,107
Band 7	7	23	1,084	99	79	4	0	1,296
Band 8a	6	10	404	18	23	1	1	463
Band 8b	2	2	121	9	6	0	0	140
Band 8c	0	1	64	9	9	1	0	84
Band 8d	0	0	32	1	1	0	0	34
Band 9	0	0	18	4	1	0	0	23
Consultant	1	3	189	96	48	0	0	337
Speciality Doctors	2	0	119	57	9	1	0	188
Other Doctors in Training	2	1	112	79	2	0	0	196
Hospital Practitioner & Clinical Assistants	0	0	0	0	1	0	0	1
Other Medical and Dental Staff	0	0	22	10	15	0	0	47
Other	0	1	73	130	20	1	0	225
Total	153	195	10,585	1,358	1,025	28	17	13,361

Average Salary

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Person Asked but declined to Provide a Response)	Other Sexual Orientation	Undecided	Not Recorded on ESR	Total
Prof Scientific & Technical	£45,684.17	£39,533.48	£51,192.45	£52,457.49	£67,243.57	£0.00	£45,679.32	£50,606.83
Additional Clinical Services	£26,222.01	£25,379.40	£26,020.51	£26,865.20	£25,275.71	£24,528.35	£26,708.14	£26,097.22
Admin & Clerical	£27,919.50	£35,940.48	£36,154.40	£34,738.30	£29,001.24	£30,005.00	£35,943.64	£35,929.92
Allied Health Professionals	£38,438.59	£50,491.31	£45,633.62	£47,930.98	£53,602.00	£0.00	£51,328.89	£35,929.92
Estates and Ancillary	£24,595.42	£24,911.51	£26,097.40	£25,233.36	£24,424.06	£23,970.00	£25,515.73	£46,189.24
Healthcare Scientists	£45,637.00	£48,170.75	£46,829.17	£48,243.92	£0.00	£37,898.00	£50,455.14	£25,884.82
Medical & Dental	£81,964.60	£103,813.25	£94,236.71	£98,719.44	£59,727.00	£0.00	£128,969.38	£47,425.74
Nursing & Midwifery Registered	£39,203.33	£42,589.12	£41,967.28	£37,229.03	£44,698.61	£47,883.00	£40,259.97	£98,736.59
Students	£0.00	£0.00	£32,810.00	£0.00	£0.00	£0.00	£0.00	£32,810.00
Total	£35,769.93	£37,901.41	£39,458.57	£47,867.00	£35,656.43	£32,505.08	£42,752.28	£40,363.27

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2025.

8.3 Contract Type and Working Pattern

	Contract Type						Total
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank		
Bisexual	115	6	0	0	32	153	
Gay or Lesbian	173	7	0	0	15	195	
Heterosexual or Straight	9,194	491	16	2	882	10,585	
Not Stated (Person Asked but Declined to Provide a Response)	1,005	96	56	6	195	1,358	
Not Recorded on ESR	970	15	5	1	34	1,025	
Other Sexual orientation not listed	21	1	1	0	3	28	
Undecided	10	5	0	0	2	17	
Total	11,488	623	78	9	1,163	13,361	

Working Pattern			
	Full Time	Part Time	Total
Bisexual	80	73	153
Gay or Lesbian	129	66	195
Heterosexual or Straight	5,564	5,021	10,585
Not Stated (Person Asked but Declined to Provide a Respond)	582	776	1,358
Not Recorded on ESR	486	539	1,025
Other Sexual Orientation no Listed	11	17	28
Undecided	10	7	17
Total	6,862	6,499	13,361

8.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	989	1.7%	201	2.5%	53	2.0%
Gay or Lesbian	554	1.0%	158	1.9%	43	1.6%
Heterosexual or Straight	53,365	94.1%	7,326	89.5%	2,323	87.2%
Other	125	0.2%	23	0.3%	7	0.3%
Undecided	80	0.1%	27	0.3%	9	0.3%
Undisclosed	1,569	2.9%	450	5.5%	228	8.6%
Total	56,682	100%	8,185	100%	2,663	100%

8.5 Leavers

	Headcount	%
Bisexual	12	1.16%
Gay or Lesbian	19	1.84%
Heterosexual or Straight	765	73.98%
Not Stated (person asked but declined to provide a response)	121	11.70%
Other sexual orientation not listed	1	0.10%
Undecided	1	0.10%
Not Recorded on ESR	115	11.12%
Total	1,034	100%

8.6 Training Attendance

	Attendance / Courses Completed	%
Bisexual	1,174	1.42%
Gay or Lesbian	1,165	1.40%
Heterosexual or Straight	65,961	79.50%
Not Stated (person asked but declined to provide a response)	9,576	11.54%
Other sexual orientation not listed	158	0.19%
Undecided	178	0.21%
Not Recorded on ESR	4,755	5.74%
Total	82,967	100%

8.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Bisexual	2	1.48%
Gay or Lesbian	7	5.19%
Heterosexual or Straight	109	80.73%
Not Stated (person asked but declined to provide a response)	9	6.67%
Not Recorded on ESR	8	5.93%
Total	135	100%

8.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Bisexual	1	1.82%
Gay or Lesbian	1	1.82%
Heterosexual or Straight	40	72.73%
Not Stated (person asked but declined to provide a response)	9	16.36%
Not Recorded on ESR	4	7.27%
Total	55	100%

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	132	103	45	24	43	80	1	428
Additional Clinical Services	999	604	243	235	220	287	22	2,610
Admin & Clerical	820	675	257	223	190	231	14	2,410
Allied Health Professional	325	181	82	57	67	117	6	835
Estates and Ancillary	454	187	73	52	70	114	71	1,021
Healthcare Scientists	74	42	18	15	25	36	1	211
Medical & Dental	482	98	21	12	6	26	94	739
Nursing & Midwifery Registered	1,605	785	336	266	301	464	103	3,860
Students	0	1	0	0	0	0	0	1
Total	4,891	2,676	1,075	884	922	1,355	312	12,115
%	40.37%	22.09%	8.87%	7.30%	7.61%	11.18%	2.58%	100%

9.2 Leavers - Welsh Language Skills 2024/25

	Primary Headcount	%
Not Recorded / NA	127	8.33%
0 – No Skills / Dim Sgiliau	602	39.47%
1 – Entry / Mynediad	299	19.61%
2 – Foundation / Sylfaen	135	8.85%
3 – Intermediate / Canolradd	87	5.70%
4 – Higher / Uwch	105	6.89%
5 – Proficiency / Hyfedredd	170	11.15%
Total	1,525	100%

9.3 Hires - Welsh Language Skills 2024/25

	Primary Headcount	%
Not Recorded / NA	209	14.44%
0 – No Skills / Dim Sgiliau	700	48.34%
1 – Entry / Mynediad	174	12.02%
2 – Foundation / Sylfaen	83	5.73%
3 – Intermediate / Canolradd	71	4.90%
4 – Higher / Uwch	82	5.66%
5 – Proficiency / Hyfedredd	129	8.91%
Total	1,448	100%



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Pay Gap Report for Disability, Ethnicity & Gender

Reporting Period 01 April 2024 - 31 March 2025

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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 report designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).

Alongside our Gender Pay Gap, we are publishing our 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 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.

We aim to 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 contracted staff 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 2025. 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

According to the Regulations, this report presents the following:

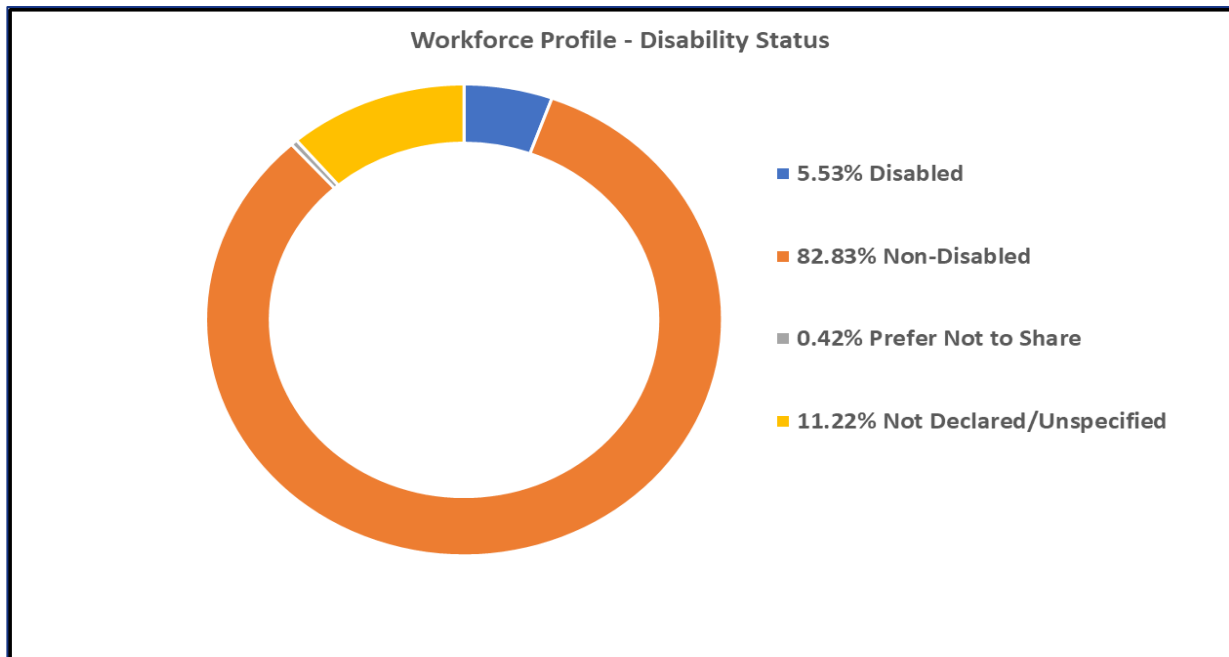
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion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

Disability Pay Gap

This is the fourth 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 5.53% 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 0.42%, and 11.22% 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 2025. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

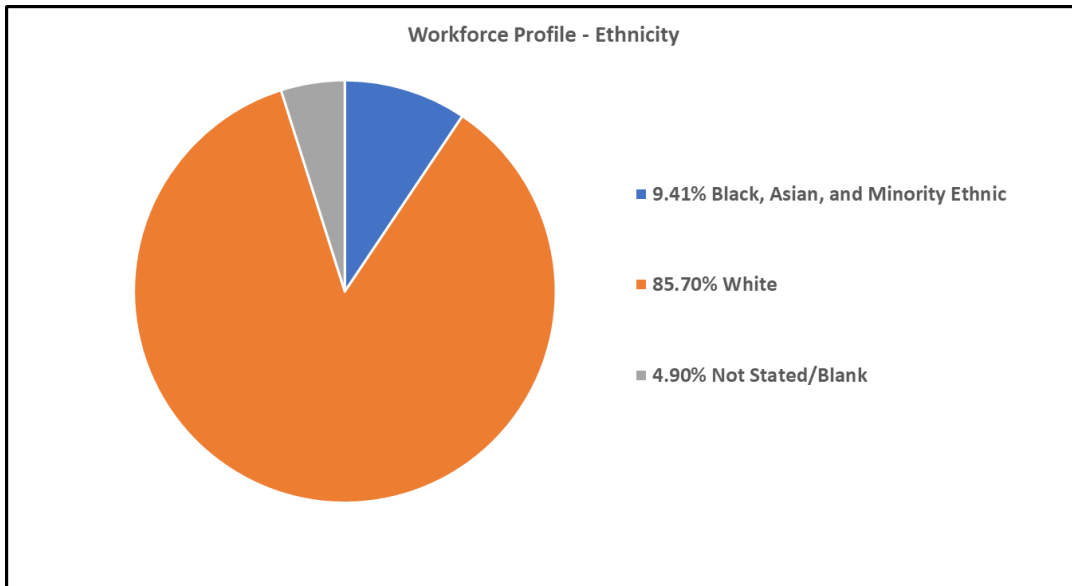
Disability	Ave Hourly Rate
Non-Disabled	£21.34
Disabled	£19.55
Difference	£1.79
Pay Gap %	8.39%

The figures above shows that the mean hourly rate for colleagues identifying as having a disability is £19.55 compared to £21.34 for non-disabled colleagues; our colleagues identifying as having a disability received on average £1.79/hour less than non-disabled colleagues, a pay gap as a mean average of 8.39%.

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:



9.41% 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. 4.90% of employees have not provided this information on ESR or have left this section blank.

Rates of Pay

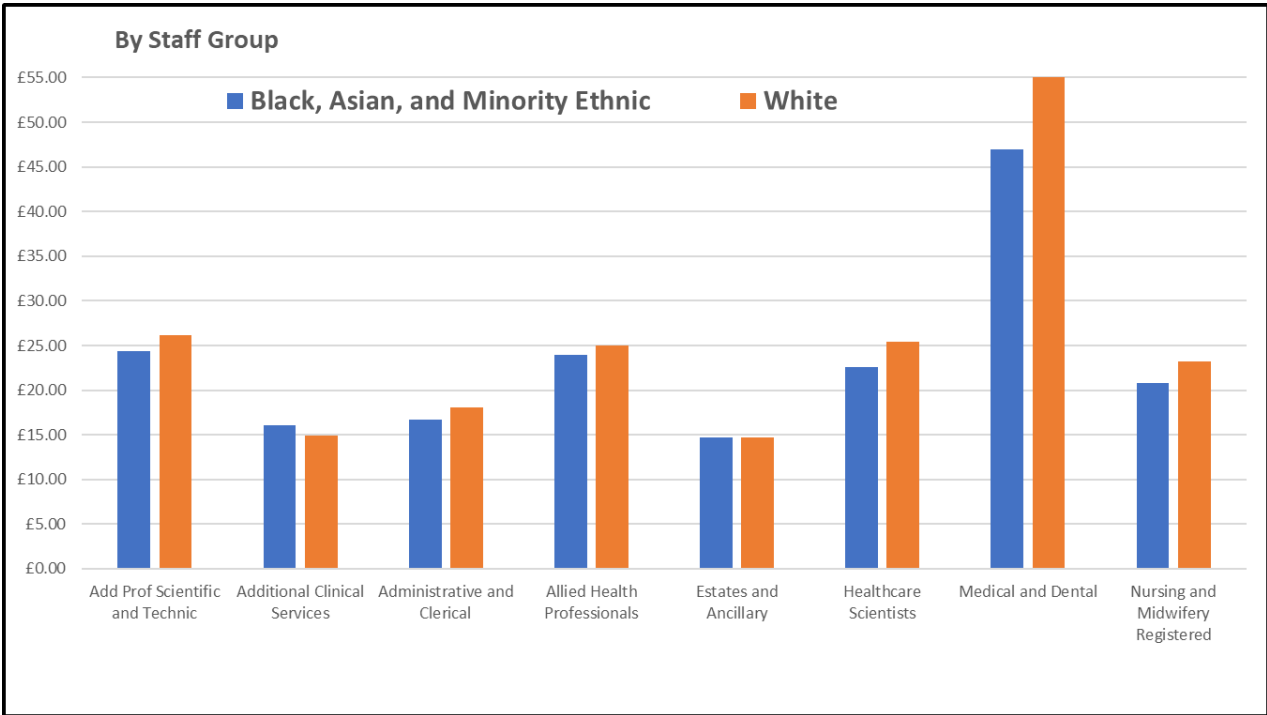
The mean ethnicity pay gap is defined as the difference between the average hourly rate of pay of our ethnically diverse and white colleagues.

Ethnicity	Ave Hourly Rate
White	£20.44
Black, Asian, and Minority Ethnic	£28.89
Difference	-£8.45
Pay Gap %	-41.34%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2025. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The figures above show that the mean hourly rate for our ethnically diverse colleagues is £28.89 compared to £20.44 for white colleagues; our ethnically diverse colleagues received on average £8.45/hour more than white colleagues, a negative pay gap as a mean average of -41.34%. However, it is important to note that while the pay gap is useful in measuring pay equality, it is calculated using average hourly rates and it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. As you will see demonstrated by the data below, while there will be ethnically diverse colleagues who have a higher hourly rate, which increases the average overall, for most staff groups, white colleagues earn more than our ethnically diverse colleagues.

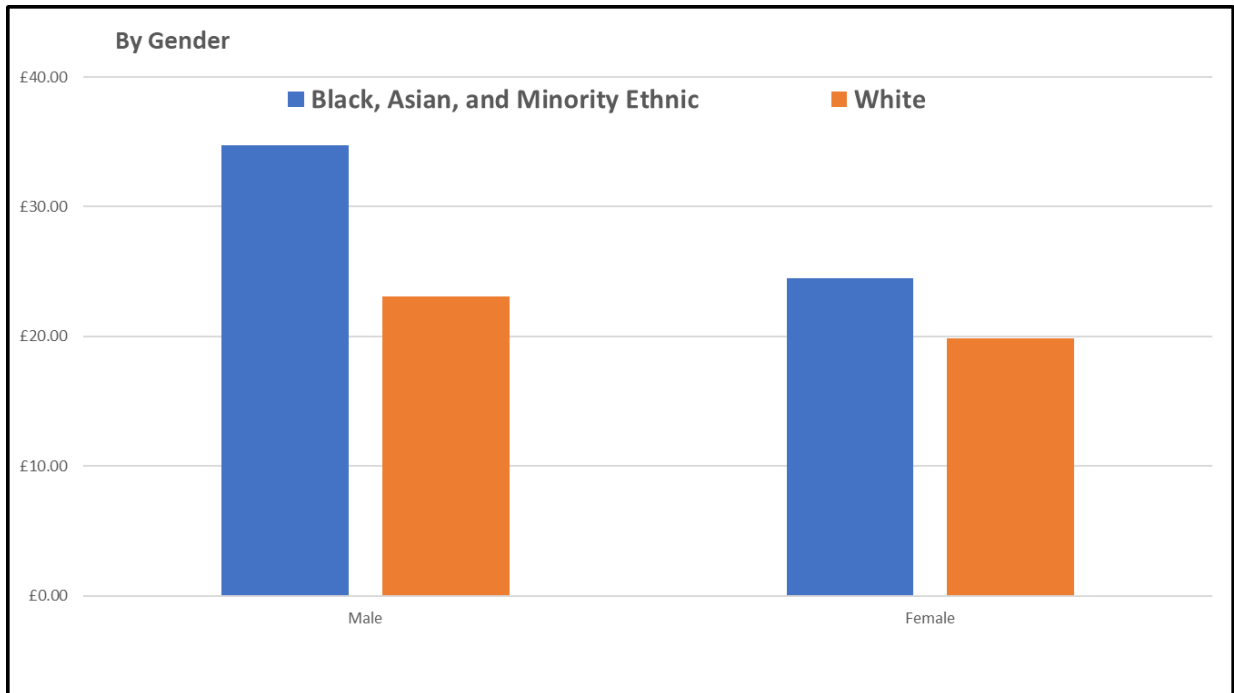
By Staff Group



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 and Estates and Ancillary. 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 our ethnically diverse colleagues. This is most significant in the Medical and Dental staff group with a pay gap of £9.44 per hour (16.75%).

By Gender



The figures show that the mean hourly rate for our ethnically diverse male colleagues is £34.77 compared to £23.09 for white male colleagues; our ethnically diverse male colleagues received on average £11.68/hour more than white male colleagues, a negative pay gap as a mean average of -50.58%.

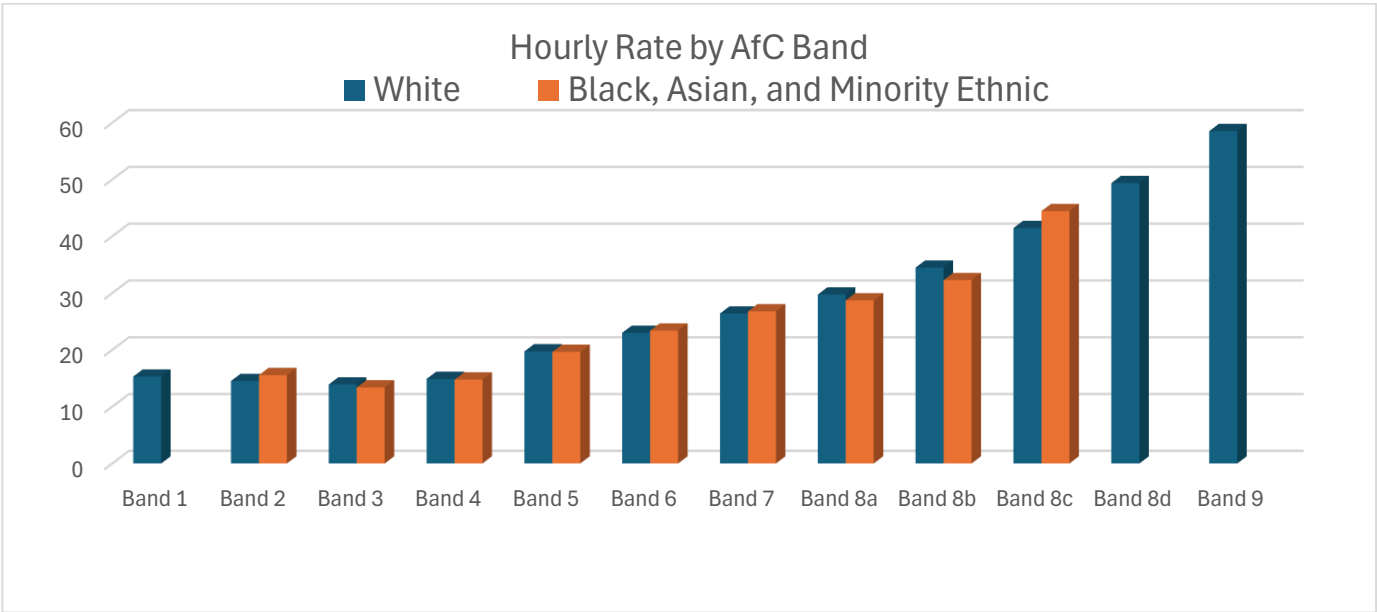
The mean hourly rate for our ethnically diverse female colleagues is £24.49 compared to £19.86 for white female colleagues; our ethnically diverse female colleagues received on average £4.63/hour more than white female colleagues, a negative pay gap as a mean average of -23.31%.

By Pay Band

This is the second year that we have provided ethnicity pay gap data by Agenda for Change (AfC) pay bands, showing that:

The AfC pay bands where ethnically diverse colleagues have a lower average hourly rate than their white colleagues are band 3 (3.70%), band 4 (0.74%), band 5 (0.43%), band 8a (3.46%) and the highest gap is seen for band 8b (6.37%). The highest negative pay gap, where ethnically diverse staff have a higher average hourly rate than their white colleagues is for band 2 and band 8c, both with a negative pay gap of – 7.18%.

It should also be noted that there are no ethnically diverse colleagues represented at band 1, band 8d and band 9 but we have seen representation at band 8b since last year.



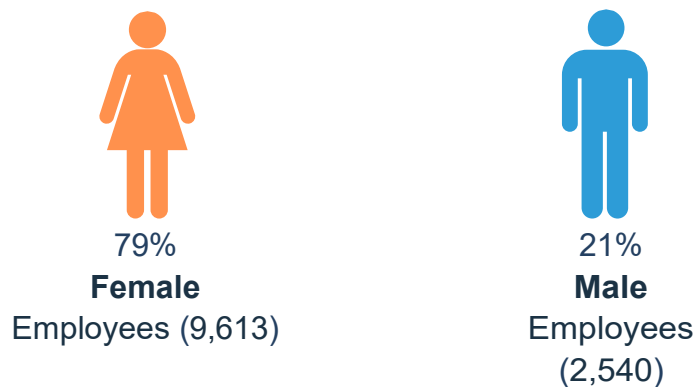
Pay Band	White	Black, Asian, and Minority Ethnic	Difference	Gap
Band 1	£15.30			
Band 2	£14.53	£15.57	-£1.04	-7.18%
Band 3	£13.91	£13.40	£0.51	3.70%
Band 4	£14.90	£14.78	£0.11	0.74%
Band 5	£19.74	£19.66	£0.09	0.43%
Band 6	£23.01	£23.40	-£0.39	-1.71%
Band 7	£26.40	£26.79	-£0.39	-1.47%
Band 8a	£29.76	£28.73	£1.03	3.46%
Band 8b	£34.49	£32.30	£2.20	6.37%
Band 8c	£41.46	£44.43	-£2.98	-7.18%
Band 8d	£49.38			
Band 9	£58.53			

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 12,153 employees as at 31 March 2025. 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 at that time (but this information has since been included), however in 2021 we saw a decrease of around 5% in the average pay gap compared to 2019. In 2022 and 2023 we saw an increase in the pay gap, but last year's figure reduced from the 2023 figure. This year, the % pay gap has risen slightly from the 2024 figure to 22.33%.

Year	Average Hourly Rate		Difference	%Pay Gap
	Male	Female		
2018	£19.86	£15.12	£4.74	22.88%
2019	£20.09	£15.48	£4.61	22.90%
2020	£21.06	£15.87	£5.19	24.65%
2021	£20.63	£17.01	£3.62	17.60%
2022	£21.67	£17.56	£4.11	18.95%
2023	£22.49	£17.49	£5.00	22.24%
2024	£23.89	£18.85	£5.04	21.11%
2025	£26.06	£20.24	£5.82	22.33%

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	Ave Hourly Rate
Male	£26.06
Female	£20.24
Difference	£5.82
Pay Gap %	22.33%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2025. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

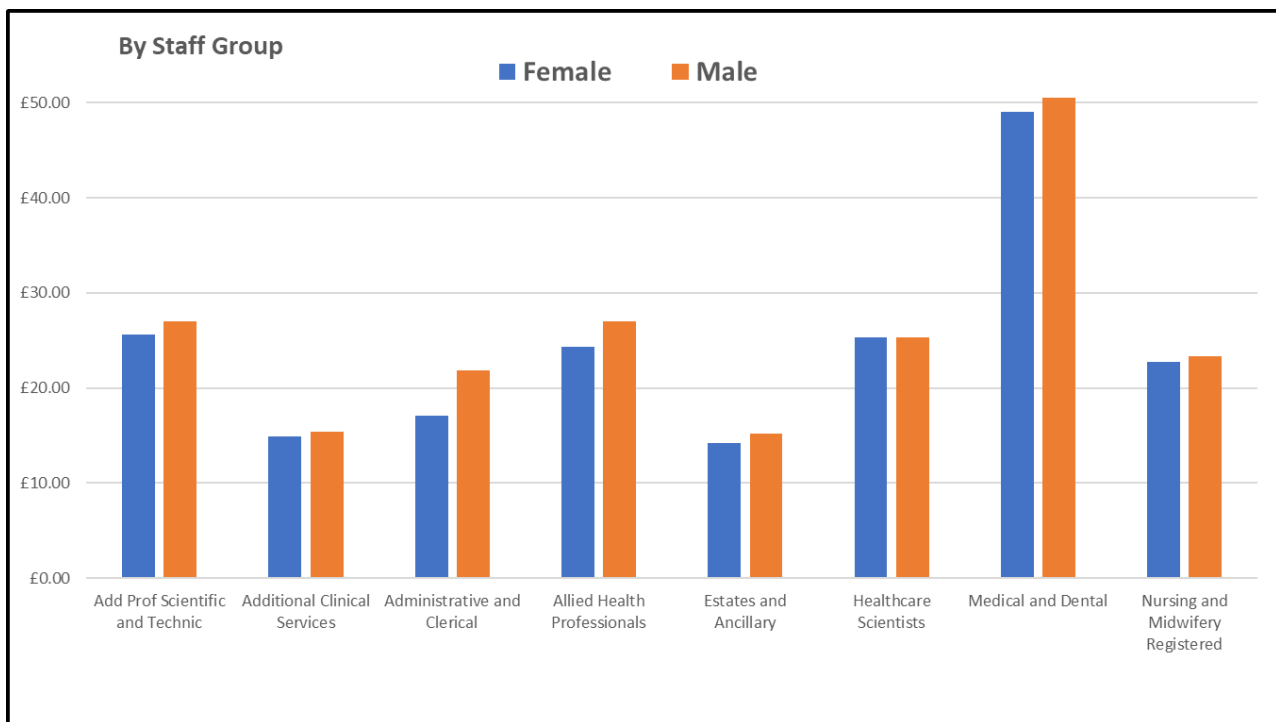
The figures above shows that the mean hourly rate for a male is £26.06 compared to £20.24 for female staff members; males received on average £5.82/hour more than females, a pay gap as a mean average of 22.33% (the 2024 figure was 21.11%).

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	£20.28
Female	£18.94
Difference	£1.35
Pay Gap %	6.64%

As a median average, males received £1.35/hour more than females, a pay gap at a median of 6.64% (the 2024 figure was 5.46%).

By Staff Group



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

- Additional Professional Scientific and Technical
- Admin and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists (though the gap here is only 1p/hour)
- Medical and Dental
- Nursing and Midwifery
- Additional Clinical Services

Administration and Clerical have the highest percentage gender pay gap of 21.69% (£4.74 per hour), followed by Allied Healthcare Professionals with a pay gap of 9.98% (£2.70 per hour). It should be noted that the pay gap for Allied Healthcare Professionals has fallen significantly since last year when it was 16.26% (£4.48 per hour).

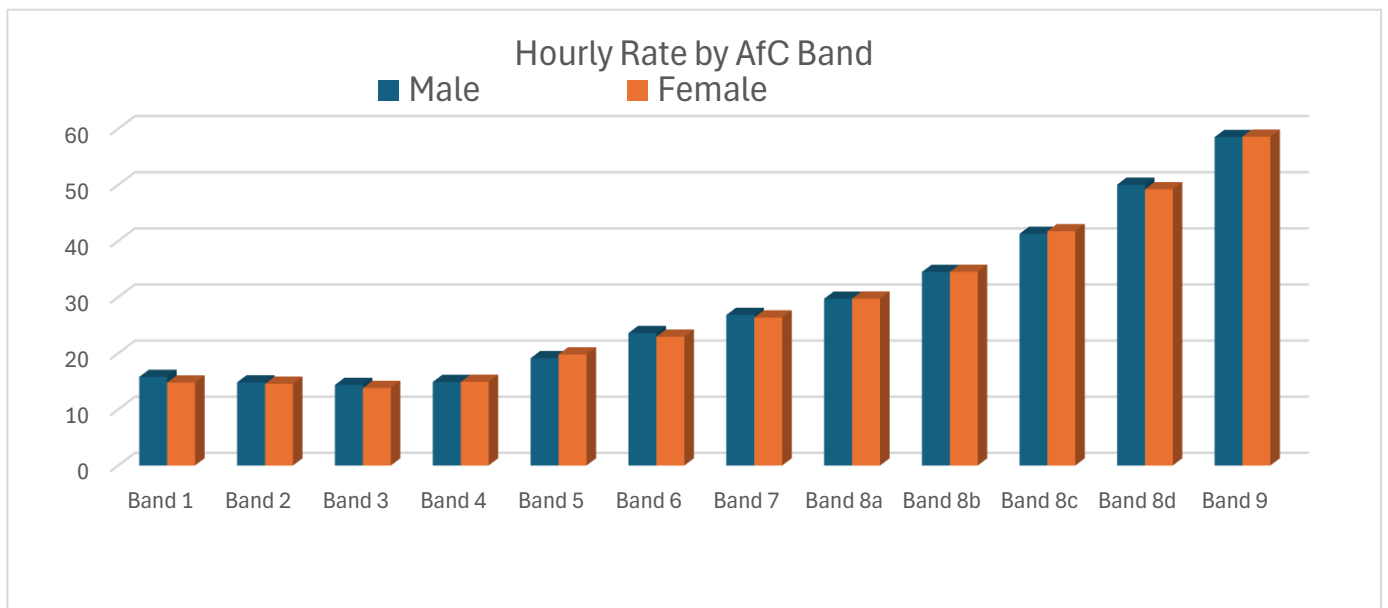
The male average hourly rate for Medical and Dental was £1.54 higher than females (the 2024 figure was £2.30). This is an average hourly pay gap of 3.04%, which is lower than the previous year (the figure was 5.02%).

By pay band

This is the second year that we have provided gender pay gap data by Agenda for Change (AfC) pay bands, showing that:

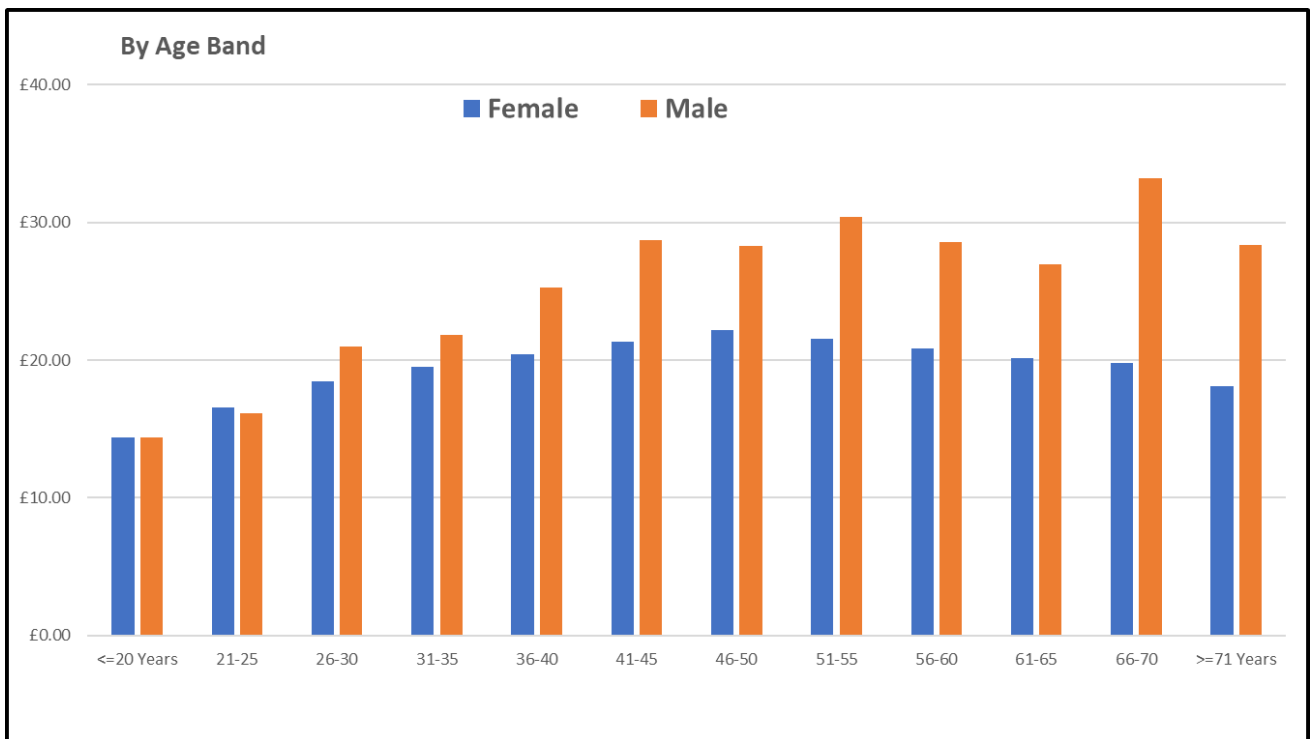
Males have a higher hourly rate than females for AfC pay bands 1-3, 6-7 and band 8d, where the highest difference is band 1 at 6.31%, band 3 at 3.86% and band 6 at 2.78%.

Females have a higher average hourly rate than males for bands 4-5, 8a – 8c and band 9, where the highest difference is band 5 with a negative pay gap of -3.50% and band 8c at -1.15%.



Pay Band	Male	Female	Difference	Gap
Band 1	£15.78	£14.78	£1.00	6.31%
Band 2	£14.80	£14.55	£0.25	1.68%
Band 3	£14.35	£13.80	£0.55	3.86%
Band 4	£14.88	£14.90	-£0.02	-0.12%
Band 5	£19.11	£19.78	-£0.67	-3.50%
Band 6	£23.60	£22.94	£0.66	2.78%
Band 7	£26.82	£26.36	£0.46	1.72%
Band 8a	£29.71	£29.73	-£0.03	-0.08%
Band 8b	£34.49	£34.50	-£0.01	-0.03%
Band 8c	£41.27	£41.74	-£0.47	-1.15%
Band 8d	£50.02	£49.20	£0.82	1.65%
Band 9	£58.50	£58.58	-£0.08	-0.13%

By Age Band



Females aged 21 to 25 years of age have a higher average hourly rate than males of the same age. In other age bands, males have a higher average hourly rate than females of the same age.

There is a pay gap of 36.07% (£10.24 per hour) for those aged 71 years and over, and a pay gap of 40.43% (£13.42 per hour) for those aged 66 - 70 years old.

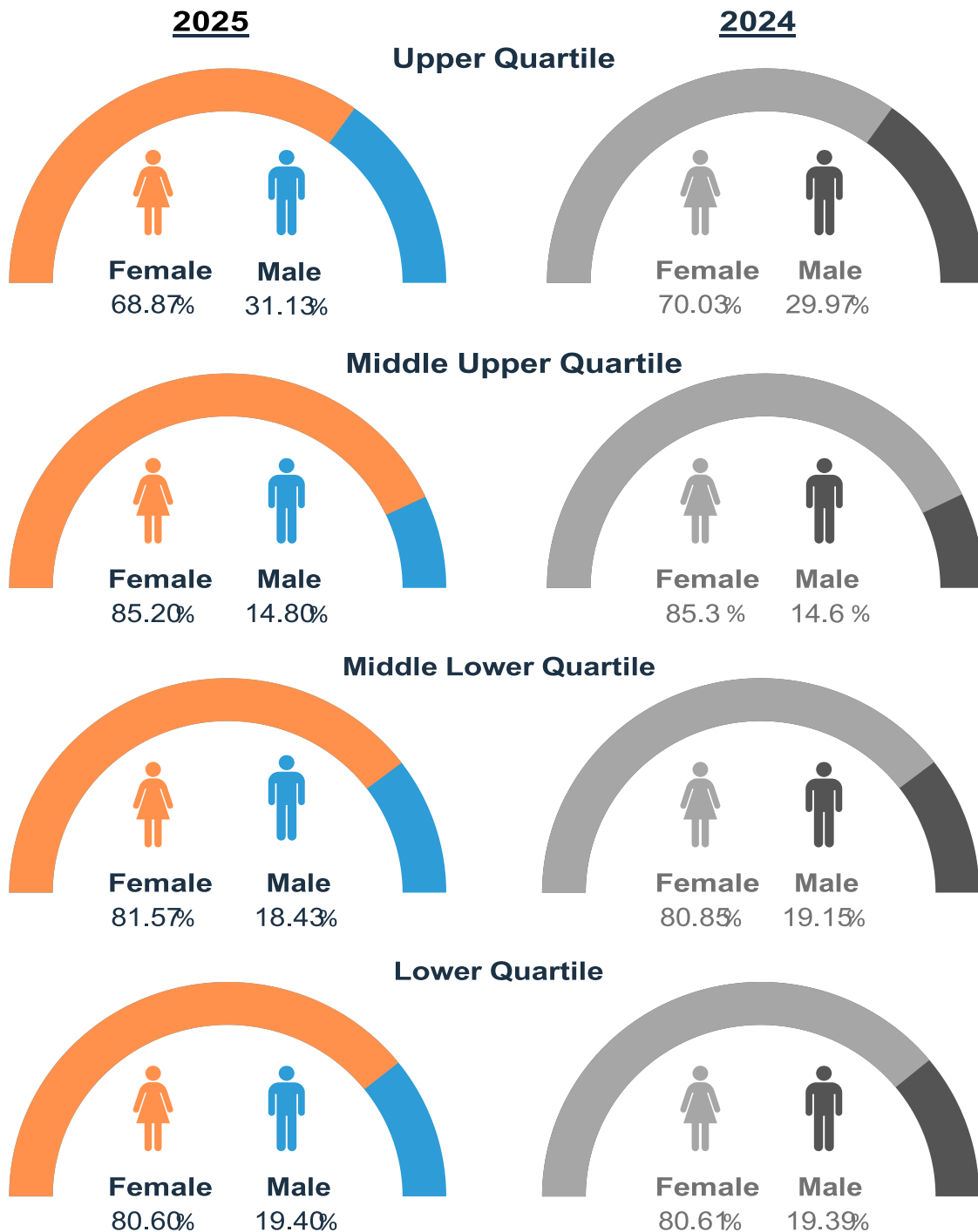
Pay Quartiles

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.

Quartile	Hourly Rate Range (from)	Hourly Rate Range (to)
Upper	£24.06	and over
Middle Upper	£18.94	£24.06
Middle Lower	£14.57	£18.94
Lower	up to	£14.57

Pay Quartiles Split

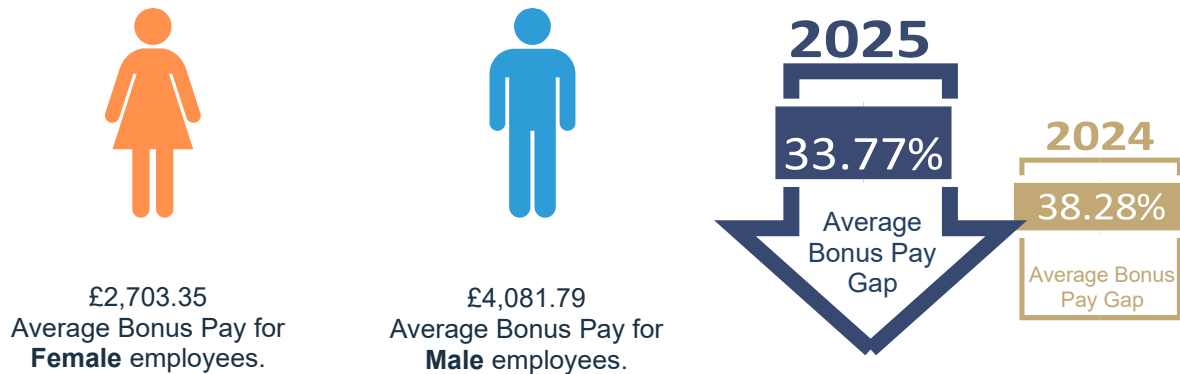
The infographics below shows the proportion of males and females divided into four pay band quartiles.



Females were over-represented in the first three quartiles (81%, 82% and 85%), and underrepresented in the upper quartile (69%), compared to the proportion of women in the workforce (79%).

Bonus Payments

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



Male bonus pay as an average was £1,378.44 higher than females (2024 was £2,786.84). This equates to a 33.77% average bonus pay gap, which is less than the previous year.



Male median bonus pay was £1,458.61 higher than females (2024 was £3,334.08). This equates to a 35.00% 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 address any pay gaps within our workforce. Pay gaps are still present in the Health Board, and the gender pay gap has increased slightly since last year.

Our Strategic Equality Plan and Objectives 2024 - 2028 for the Health Board states that we *“will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all. Within the theme of being an employer of choice and the associated objective, we are developing our understanding of the issues impacting on pay gaps, in particular gender, disability and ethnicity and continue to analyse and report on pay gap data and will use this to take action to address identified issues.”*

An Equality Diversity and Inclusion Task Force has been established to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation. With support from the Health Board’s Quality Improvement team, the Task Force will adopt a quality improvement approach, to achieve system-wide change.

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

Data analysis:

- In addition to the analysis of bonus payments received by staff, we will include overtime and unsocial hours payments (for evening and weekend working).

Recruitment:

- Encourage those who need reasonable adjustments to come forward during recruitment drives.
- Volunteers and those on work experience who require reasonable adjustments will also be encouraged to come forward.
- Continue the Pathway 4 programme, which is a work experience programme for individuals with additional learning needs to access work experience opportunities to suit their needs.
- Actively support Appointing Managers to ensure awareness regarding reasonable adjustments providing one to one support if required.
- Identify how we can encourage people to apply for roles and development opportunities in sectors where there are greater pay gaps.
- Continually review and monitor policies and processes to ensure there is no bias in the starting salaries of new employees.
- Implement and encourage recruitment practices which include ensuring mixed gender panels for selection
- Having mixed gender panels for remuneration purposes.
- Continually review recruitment pathways to ensure accessibility for all.
- Audit/observation of recruitment / selection processes to ensure fair and kind processes

Employee experience:

- 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.
- 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 protected characteristic, even if it is unconscious.
- Cultural Intelligence training
- NHS staff survey results have led to a structured Culture Plan and identification of three corporate themes for targeted focus in 2025:
 - Nurturing healthy working environments – addressing negative experiences
 - Patient safety
 - Morale
- Continue the success of programmes to raise awareness of individual needs including learning disabilities, disability, dyslexia, ASD, ADD/ADHD. For example Autism Wales allowed the Health Board to deliver its 'Introduction to Autism' online training session via the Health Board's electronic staff record system and this is now mandatory for all staff. As of March 2025, 85% of Health Board staff had completed the 'Introduction to Autism' module on ESR; the highest compliance of all Health Boards across Wales.
- Roll out a programme of bite size learning sessions remain ongoing on a broad variety of topics e.g. sensory loss awareness, carer awareness etc. that are open to all Health Board staff.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their equality information (e.g. disability which is not reported by over 11% of employees) and request any additional organisational support they may need.
- Continue to increase promotion and recognition of the Health Board's staff networks, including our networks for Black, Asian and Minority Ethnic staff, those with a disability, long term condition or are neurodivergent and our Menopause and 50+ cafes.
- Continue to explore and understand the reasons why our ethnically diverse employees consider leaving/leave the organisation by using the exit interview process.
- Adopt the recommendations outlined in the Welsh Government's Anti-racist Wales Action Plan and as a result of the annual Workforce Race Equality Standard reports and align these with our cultural development plan.

Career progression:

- Continue to work with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities e.g. apprenticeship, work experience and volunteering programmes.
- Work in conjunction with the Black, Asian and Minority Ethnic Staff Network to enhance our understanding of the experiences of minority ethnic staff and the actions which could be taken to support them to enhance and develop their careers.
- Explore how we can better support female employees and encourage the next generation of female leaders.
- Continue to foster a culture of continuous professional development (CPD), with clear pathways to support career progression for all staff. Progression frameworks for Agenda for Change Bands 2–4 are currently in development, aimed at addressing and overcoming barriers to CPD and, promoting engagement and enhancing progression opportunities.