

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on progress against the Anti-racist Wales Action Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Eiddan Harries, Diversity and Inclusion Manager Helen Sullivan, Head of Partnerships and Inclusion

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

As part of the Welsh Government's commitment to making Wales an anti-racist nation by 2030, the Anti-racist Wales Action Plan (ARWAP) sets clear expectations for NHS organisations to address racism across employment, leadership, governance, and service delivery.

The Anti-racist Wales Local Action Plan: End of Year Report 2025–2026 provides an update to the People, Organisational Development and Culture Committee on the Health Board's progress in delivering its local Anti-racist Action Plan for the period April 2025 to April 2026.

The report includes an overview of:

- the local context and population
- workforce data and experience
- a self-assessment of progress during 2025–2026
- evidence of impact
- key priorities for the year ahead

The end of year report (Appendix 1) provides detailed progress against each local action.

**Cefndir / Background**

Following the launch of the national Anti-racist Wales Action Plan in June 2022, the Diversity and Inclusion Team co-ordinated the development of a local action plan to address priorities across workforce, leadership and service delivery.

The local plan is aligned with:

- the Health Board's Strategic Equality Plan 2024–2028,
- duties under the Equality Act 2010 and Public Sector Equality Duty (Wales) Regulations, and
- emerging evidence from workforce equality data, the NHS Staff Survey and Workforce Race Equality Standard (WRES).

During 2025/26, delivery focused on strengthening anti-racist culture and behaviours, improving staff experience, fairness and retention, addressing barriers to staff accessing support (both organisational and peer-led), and addressing barriers to access, experience, and outcomes in health services for ethnic minority communities, embedding accountability through governance, and building the foundations for long-term, sustainable change rather than isolated interventions.

### Asesiad / Assessment

Delivery of the 2025/26 Anti-racist Action Plan showed steady progress against the local actions which were aligned to meet expectations within the national action plan. As reported in Appendix 1, most actions are recorded as completed, on track or continuing as planned, and any delays in delivery are clearly understood and are being managed.

Progress reflects a more mature approach, moving from activity-based delivery towards sustained cultural and structural change, underpinned by stronger governance, leadership oversight and accountability. Appendix 1 includes a self-assessment of progress, which highlights several positive outcomes for our staff and population, including:

- Significant expansion of Active Bystander training across the Health Board, strengthening staff confidence to recognise, challenge, and respond to racist behaviour in everyday working life.
- Improved Equality Impact Assessment (EqIA) processes, with stronger scrutiny and assurance, supporting more consistent and robust consideration of racial equality in policy and service development.
- Strengthened visibility, support, and escalation routes for Black, Asian and Minority Ethnic staff, through the embedding and active promotion of the *Work in Confidence* and *Speak Up* platforms, alongside targeted engagement through the staff network.
- Participation in the Aspiring Board Members Programme, supporting the development of a more diverse future pipeline for senior and board-level leadership roles in line with the Anti-racist Wales Action Plan.
- Strengthening of trusted, community-based outreach for refugees and asylum seekers through the Community Development Outreach Team (CDOT), improving confidence in accessing healthcare and uptake of prevention, screening, and early intervention services.

Action is informed by evidence triangulated from various sources, including the Workforce Race Equality Standard (WRES) data, staff voice, employee relations intelligence and exit interviews, giving confidence that priorities reflect lived experience. While disparities in recruitment, progression and senior representation remain a concern highlighted in the WRES and 2024/25 Health Board Pay Gap reports, work to address these issues will continue to be a focus for the 2026-27 Anti-Racist Action Plan aligning to actions being progressed through the Workforce Intelligence and Data Sub-Group of the Equality, Diversity and Inclusion (EDI) Taskforce.

Welsh Government has signalled that 2025 will be the last year that WRES reports will be produced. They are now moving towards the creation of a more holistic Workforce Equality Report. This will incorporate data related to ethnicity, however will broaden to consider other protected characteristics including disability, age and sex.

## Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the 2025/26 end of year report demonstrates that progress is being made across all six areas of focus which were set out in the Anti-racist Wales Action Plan.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

## Gwybodaeth Ychwanegol:

### Further Information:

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"><li>• <a href="#">Anti-racist Wales Action Plan</a></li><li>• <a href="#">Equality Act 2010</a></li><li>• <a href="#">Public Sector Equality Duties (Wales) 2011</a></li><li>• <a href="#">Health Board's Strategic Equality Plan and Objectives</a></li></ul>
Rhestr Termau: Glossary of Terms:	Included within the body of the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A
---	-----

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial planning is one of the key considerations as the health board implements its own anti-racist action plan for employment and service delivery
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Services and policies are more inclusive and consider the specific needs of Black Asian and Minority Ethnic People.
<b>Gweithlu: Workforce:</b>	Improved recruitment and retention of Black Asian and Minority Ethnic staff. More support and inclusivity of Black Asian and Minority Ethnic staff. Increase in diversity of workforce.
<b>Risg: Risk:</b>	Lack of staff awareness of issues faced by Black Asian and Minority Ethnic people. Lack of funding to achieve some of the actions set out by Welsh Government due to not having a dedicated budget.
<b>Cyfreithiol: Legal:</b>	Breaches in Equality Act 2010 where Black Asian and Minority Ethnic staff and service users may be discriminated against. Non-compliance with the Public Sector Equality Duty.
<b>Enw Da: Reputational:</b>	There could be at risk of reputational damage if unable to provide adequate support for Black Asian and Minority Ethnic individuals and demonstrate progress against the Anti-racist Wales action plan to achieve the vision of an anti-racist nation by 2030.
<b>Gyfrinachedd: Privacy:</b>	Any information or data used for the purposes of providing evidence for the local action plan, such as information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms.
<b>Cydraddoldeb: Equality:</b>	The Anti-racist Wales Action Plan outlines the actions that the health board needs to take, to contribute to equity of wellbeing and addressing racism.



# Anti-racist Wales Local Action Plan: end of year report 2025/2026



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Contents

---

Introduction.....	2
Background .....	3
Our population .....	4
Our staff.....	5
2025/2026 Self-Assessment of progress .....	6
Demonstrating impact: staff and patient experience .....	12
Looking ahead .....	14
Appendix One – Hywel Dda Local Action Plan 2025/26	15

# Introduction

---

As part of the Welsh Government's commitment to making Wales an anti-racist nation by 2030, the Anti-racist Wales Action Plan (ARWAP) sets clear expectations for NHS organisations to address racism across employment, leadership, governance, and service delivery.

The Anti-racist Wales Local Action Plan: End of Year Report 2025/2026 provides an update on the Health Board's progress in delivering its local Anti-racist Action Plan for the period April 2025 to March 2026. The report includes an overview of:

- the local context and population
- workforce data
- a self-assessment of progress during 2025–2026
- evidence of impact
- key priorities for the year ahead

Appendix One provides detailed progress against each local action, based around the six key themes within the national Anti-racist Wales Action Plan.

# Background

---

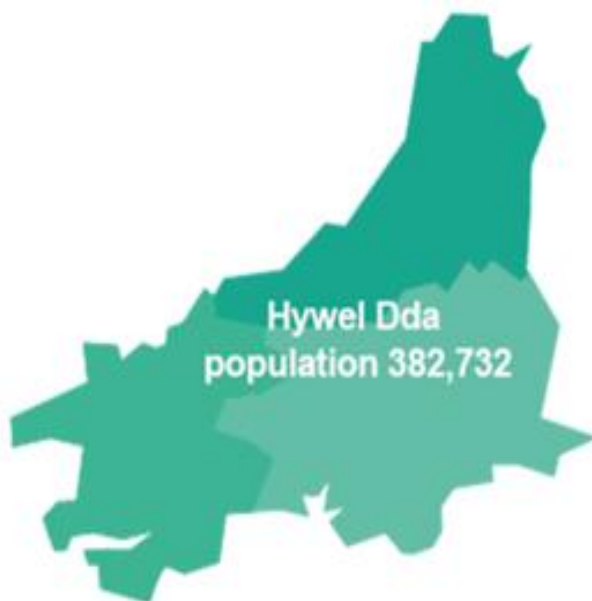
In early 2020, the Welsh Government began work on a Race Equality Action Plan following long-standing calls from the Wales Race Forum and other grassroots organisations. The disproportionate impact of the Covid-19 pandemic on Black, Asian and Minority Ethnic people further exposed the structural racism and inequalities experienced in Wales and beyond. Work was restarted in summer 2020, alongside advice from the Black, Asian and Minority Ethnic Covid-19 Advisory Group and its socio-economic subgroup, and a public consultation took place between March and June 2021. As a result, the plan evolved into the Anti-racist Wales Action Plan, reflecting the national ambition for Wales to become an anti-racist nation by 2030. The plan was launched in June 2022.

The Anti-racist Wales Action Plan set out priority actions for the health sector to act as a catalyst for local delivery, and in response, Hywel Dda University Health Board developed a Local Action Plan to set out how it would address those priorities and contribute to the national vision. Delivery and assurance are supported through the Health Board's established governance arrangements, and an annual progress update is provided to the People, Organisational Development and Culture Committee.

# Our population

---

Hywel Dda University Health Board is committed to putting people at the heart of everything we do. We serve a population of 382,732 and deliver services across the counties of Carmarthenshire, Ceredigion and Pembrokeshire. Our vision is to create an accessible and inclusive organisational culture and environment for everyone, patients, carers, family members and staff.



Based on the most recent census data from 2021 the ethnic make up of our population is:

- 1.2% Asian/British Asian
- 0.3% Black/ British Black
- 1% Mixed/ Multiple Ethnicity
- 94% White British
- 0.3% Gypsy, Roma Traveller
- 2.7% White Other
- 0.1% Arab

\*Data provided by ONS Census 2021 <https://www.ons.gov.uk/census>

# Our staff

---

At 31<sup>st</sup> March 2026 the Health Board employed 1,353 staff who identified on the Electronic Staff Record (ESR) system that their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 10.20% of our workforce and an increase of 104 staff compared with 2025 data. 653 employees (4.93%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate, and work is ongoing to highlight the benefits to staff of self-recording of protected characteristics.

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.

Compared to 2025, workforce equality information data on 31<sup>st</sup> March 2026 showed:

- The percentage of staff identifying as White has decreased by 0.65%.
- The percentage of staff identifying as Black or Black British has increased by 0.20%.
- The percentage of staff identifying as Asian or Asian British rates increased by 0.43%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.09%.
- The percentage of staff identifying as from Any Other Ethnic Group has increased by 0.14%.
- Those staff whose records are not recorded on ESR has decreased by 0.21%.
- A higher proportion of candidates who are White are offered employment when compared to the % of candidates who apply from other ethnic minority groups.
- The main reasons given by our Black, Asian and Minority Ethnic employees leaving the organisation include:
  - Voluntary Resignation – Other/Not Known
  - Voluntary Resignation – Relocation
  - Retirement Age

# 2025/2026 Self-Assessment of progress

---

The Health Board's Local Action Plan is structured around six themed areas, aligned to the national Anti-racist Wales Action Plan. In this section of the report a summary of the progress made during 2025/26 is provided but more detailed information of progress against each specific action is available within Appendix 1.

## Focus area 1: Peoples experience of racism in everyday life

### Summary of progress

During this reporting period, there has been clear progress in addressing people's experiences of racism in everyday working life, though some actions remain in development. Practical steps to improve culture and staff confidence have advanced well. The health board no longer uses the 'BAME' acronym in its official communications, and the Equality Impact Assessment (EqIA) process continues to ensure proper consideration of race in all policy development. Active Bystander training has expanded significantly over the last 12 months, with ten sessions delivered during 2025/2026 and strong engagement across a wide range of teams, supporting staff to recognise and challenge racist behaviour. Uptake of the anti-racist e-learning has continued to improve, reaching 91% compliance by March 2026, though further work is needed to increase completion rates to the 100% compliance standard expected by Welsh Government.

An Equality, Diversity and Inclusion (EDI) Task Force was established in 2025 and provides the foundation for a coordinated approach to tackling discrimination across all protected characteristics. Two of the sub-groups established have a direct link to this focus area: Board Allyship and the Engagement and Co-production group. While a formal anti-racist pledge has not yet been agreed, this remains under active consideration as part of the Task Force's work programme to ensure that this is co-produced with our staff. In parallel, the Black, Asian and Minority Ethnic Staff Network has been well supported and continues to play a visible role, leading and shaping key awareness and celebration activities including Diwali, Black History Month and South Asian Heritage Month.

**Summary of Self-Assessment:** Overall, momentum has been maintained, with strong progress on cultural change activities, alongside some actions that require further development to fully meet original timelines.

## Focus area 2: People's experience of racism when accessing services

### Summary of progress

Good progress has been made during this reporting period in strengthening how the health board addresses racism and inequality in service access, with most actions advancing as planned and embedded across multiple workstreams. Significant development has taken place to improve the quality and consistency of Equality Impact Assessments (EqlAs) and Equality and Health Impact Assessments (EHlAs). New tools, guidance and training were introduced during the year, and these have increased staff confidence and capability. Robust assurance arrangements are now in place, supported by a quality assurance process, to ensure that despite the increasing number of EqlAs being undertaken their quality is improved through engagement with staff networks and community groups.

Progress has also been made in raising awareness of religion, belief and cultural needs through targeted training and consistent internal communication, with positive staff feedback indicating improved understanding and reflection on practice.

Targeted action to improve experiences for Black, Asian and Minority Ethnic service users continues, particularly within maternity and mental health services. A back log of out of compliance Maternity policies and procedures was addressed, and participation in the Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme remains ongoing. Practitioner-focused anti-racism and cultural awareness training has been well received, with evidence that staff are identifying immediate and longer-term changes to their practice.

Partnership-based work led by the Community Development Outreach Team has continued with community-centred models, including pop-up vaccination clinics and assertive outreach, which have improved access to prevention, screening and smoking cessation services, particularly within seldom heard communities. Governance arrangements have been re-established through the Equity Oversight Group, providing renewed strategic direction and a stronger focus on deprivation and prevention. Work to improve access to interpretation and translation services remains ongoing and will require continued attention to ensure consistent staff awareness, monitoring and assurance.

**Summary of Self-Assessment:** Overall, momentum has been maintained, with strong progress on actions to ensure that people do not experience racism when accessing our health and care services. The Strategic Equality Plan (SEP) 2024–2028 provides a stable framework for this work. A scheduled mid-term review in 2026 will allow objectives to be tested against emerging evidence and evolving population need, ensuring they remain relevant and effective.

## Focus area 3: People's experience of being part of the workplace

### **Summary of progress**

During this reporting period progress has been made in improving the experience of Black, Asian and Minority Ethnic staff within the workplace, particularly in relation to visibility, support, and access to advice and escalation routes. The Black, Asian and Minority Ethnic staff network continues to be actively facilitated by the Diversity and Inclusion team, with regular quarterly meetings, ongoing promotion, and a strong peer-support offer. The network remains an important mechanism for engagement, feedback, and raising awareness of organisational initiatives, including the confidential reporting platforms and support resources.

Awareness and accessibility of routes to raise concerns about bullying and harassment have increased. Active Bystander training has expanded and is now delivered both on a quarterly, health board-wide basis and through targeted team sessions. The *Work in Confidence* and *Speak Up* platforms are now well embedded and consistently promoted, and the Black, Asian and Minority Ethnic staff network has received dedicated sessions to support understanding and confidence in using these routes. Induction arrangements continue to reinforce expectations around behaviour, unconscious bias, and where to access help, supporting early cultural alignment for new starters.

There has also been progress in intelligence-gathering, for example, exit interview data continues to be analysed to identify themes and potential problem areas, and peer-support elements remain embedded within staff network sessions.

Work to understand and address longer-term workforce inequalities, including career progression and retention for Black, Asian and Minority Ethnic staff, is underway through data monitoring, targeted engagement, and forthcoming reviews linked to leadership, appraisal, and people management practices.

**Summary of Self-Assessment:** Overall, momentum has been maintained, with strong progress on actions to improve staff experience.

## Focus area 4: Peoples experience of gaining jobs and opportunities

### **Summary of progress**

Progress has continued during this reporting period to improve equity in access to jobs, learning and career progression for Black, Asian and Minority Ethnic staff, though several actions remain at an early or developmental stage. Cultural competence training for managers is now being delivered, alongside the Hywel Dda Manager Skills programme, strengthening managerial understanding of the barriers faced by ethnic minority staff and supporting more inclusive day-to-day people management practices.

Work is underway to improve fairness and accessibility within recruitment processes. Actions to review job descriptions and person specifications to reduce indirect discrimination are in progress, alongside commitments to open advertising through NHS Jobs/TRAC and the routine provision of feedback to candidates. Inclusive recruitment training and employability support, including interview skills, form part of this offer, although further evidence on uptake and impact for Black, Asian and Minority Ethnic staff is still being developed.

There is also a continued strategic focus on workforce data and pay equity. Ethnicity Pay Gap reporting remains an established requirement, with commitment to using these findings to encourage uptake of development opportunities, address under-representation in higher-paid roles, and strengthen recruitment into clinical, medical and dental posts. In addition, workforce data from ESR, TRAC and the NHS Staff Survey is being used to inform performance against the Workforce Race Equality Standard (WRES), enabling targeted action where underperformance is identified.

**Summary of Self-Assessment:** While the overall direction of travel is positive, several actions remain ongoing and will require sustained focus during 2026/27, particularly in relation to measurable outcomes, staff confidence in career progression, and the consistent application of inclusive recruitment practices at all levels, including senior appointments. Continued monitoring, staff engagement and data-driven assurance will be essential to demonstrate tangible improvements in access to opportunities and progression over time.

## Focus area 5: Peoples experience of when they lack visible role models in positions of power

### Summary of progress

Progress in addressing the lack of visible role models in positions of power remains mixed during this reporting period. Workforce data shows a modest increase in the proportion of staff from ethnic minority backgrounds, rising from 7.2% to 7.8%. However, representation at senior levels (Agenda for Change 8a and above) continues to lag behind the wider workforce, indicating that progression into senior leadership remains a challenge despite some improvement reflected in ethnicity pay gap data at these levels.

A key constraint remains the quality and completeness of senior and Board-level ethnicity data. Currently, only one Board member is recorded via the Electronic Staff Record, although actual representation may be higher due to incomplete self-reporting. These data gaps limit assurance and make it difficult to present a fully accurate picture of representation in positions of influence who can be seen as role models.

A significant positive development has been the launch by Welsh Government of the national Aspiring Board Members Programme, aligned with the Anti-Racist Wales Action Plan. The first 12-month cohort commenced in May 2025 and was promoted across the health board, supporting the development of a more diverse future pipeline for Independent Board Member roles and increasing awareness of senior leadership opportunities within the health and care system. The health board has actively participated in this programme with two existing Board members attending the development programme alongside the Hywel Dda programme participant.

**Summary of Self-Assessment:** Overall, while national infrastructure and strategic intent are now in place, local impact on senior leadership diversity remains limited. Accelerated action is required to improve data completeness, strengthen internal pipelines (including the Assistant Director talent pool), and translate workforce diversity into visible representation at senior and board levels.

## Focus area 6: Peoples experience of racism as a refugee or asylum seeker

### Summary of progress

During this reporting period, work has continued to support refugees and asylum seekers to access healthcare and to reduce barriers linked to racism, language, and social exclusion.

Partnership-led, community-based outreach remains a core feature of delivery. This work is led by the Community Development Outreach Team (CDOT), in collaboration with local authorities and third-sector organisations. CDOT has expanded engagement with refugees and asylum seekers across a wide range of informal and trusted community settings.

Targeted outreach delivered with partner organisations has supported groups with specific language needs and enabled regular, culturally sensitive engagement. This has increased confidence in accessing healthcare, improved health literacy, and supported uptake of vaccination, screening (including TB, blood-borne viruses and liver screening), smoking cessation, and early prevention services.

Through assertive outreach approaches, CDOT has also contributed to wider wellbeing and inclusion activity. This includes accredited nutrition sessions, gardening, and arts-based interventions for unaccompanied asylum-seeking children. Refugees and asylum seekers have continued to be actively included in Health Board consultations, ensuring lived experience informs service design and improvement.

CDOT has also provided practical support to asylum seekers experiencing financial hardship by arranging food parcels, linking individuals to local services, and coordinating multi-agency support where required.

Access to interpretation and translation services remains integral to this work and is addressed through wider actions within the *Accessing Services* programme.

**Summary of Self-Assessment:** Overall, progress in this area is strong and demonstrates the value of sustained partnership working, trusted community presence, and proactive outreach models in supporting refugees and asylum seekers to access services safely and with dignity.

# Demonstrating impact: staff and patient experience

---

Alongside the self-assessment and progress updates provided earlier in this report, two specific case studies are set out in this section to illustrate the impact that actions are having on the experience of staff and patients.

## **Staff story**

A line manager raised early questions about how best to support a newly appointed apprentice joining their team. The new starter was a young Muslim man with specific faith-based needs, including time for prayer and access to culturally appropriate support. Rather than waiting for issues to arise, teams across Future Workforce, Operational Workforce, Culture and Diversity and Inclusion worked together with clinical colleagues in advance of the new staff members start date.

The health board has an established process for supporting new starters through a “buddy scheme” and a local physiotherapist volunteered to act as a point of contact, sharing a draft welcome pack developed specifically to meet the needs of Muslim staff. This included information on prayer space, halal food options, local mosques, and community links. The discussions also prompted wider consideration of existing prayer facilities on site and how this information could be made more visible for future new starters.

Clear communication during the induction period reassured staff that support was in place without placing the burden on the apprentice to raise sensitive issues himself. The approach helped normalise conversations about faith, culture, and inclusion as part of everyday workforce practice.

Over time, the impact extended beyond the initial onboarding. The volunteer buddy supporting the apprentice strengthened links with existing staff, including colleagues from the Black, Asian and Minority Ethnic Staff Network, and became more connected locally by attending prayer services in the area. This helped reinforce a sense of belonging, not only for the new starter but also for staff involved in supporting him.

### **Patient story**

The Community Development Outreach Team (CDOT) identified a young unaccompanied asylum seeker through their community outreach work. They supported him to attend a creative engagement session organised following inter-agency discussions about children living locally with limited access to supportive spaces.

The session used graffiti art as the medium to introduce conversation. He arrived visibly quiet and cautious, with little expectation of what the day would involve. Working alongside a local artist and community staff, the informal activity helped break down barriers. Through sketching, shared laughter, and conversations about everyday interests such as sport and food, the young person became more relaxed and confident. For the first time, he spoke openly about his interests and his experiences since arriving in the area.

During the day, he was able to access practical health information in a way that felt safe and non-judgemental. Translation resources were shared, which gave him reassurance that support would be available when attending medical appointments. He later described the session as one of the most enjoyable information days he had attended.

Following the event, it was reported that he had re-engaged with a local youth group run by People Speak Up. This was significant, as he had previously experienced racism in the area and had felt unwelcome and isolated. Since reconnecting, he has begun to form friendships locally, suggesting a positive shift in confidence, trust, and sense of belonging.

# Looking ahead

---

During the next reporting period, the focus will shift towards consolidation, ensuring that actions are clearer, more focused, and better aligned to impact. The existing action plan will be reviewed and refreshed to simplify its structure, reduce duplication, and better reflect progress already achieved. This will include clarifying ownership and embedding accountability for each action throughout the organisation and prioritising actions with the greatest potential to improve lived experience. Engagement with the Black, Asian and Minority Ethnic Staff Network will be central to this refresh, with the aim of increasing ownership, relevance, and meaningful participation.

Findings from the NHS Staff Survey will be used more deliberately to guide targeted interventions. Rather than applying a single approach across the organisation, resources will be directed towards areas where data indicates the greatest need, enabling more timely and proportionate action at service and team level.

To strengthen assurance and oversight, relationships with key workforce functions will be further developed, particularly with the Culture and Workforce Experience team and Operational Delivery Relationship Managers (ODRMs). This will support improved intelligence-gathering, enable earlier identification of emerging concerns, and ensure progress and risks are captured more consistently.

Together, these next steps will help move the programme from activity-based delivery towards sustained, outcome-focused improvement.

## Appendix One – Hywel Dda Local Action Plan 2025/26

### People's experience of racism in everyday life

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person/ Team	Outcome Measures	Progress
Health Board will develop a plan to adopt an anti-racist pledge by March 2025.	Black Asian and Minority Ethnic Advisory Group	Mar-26	Business Partnerships, and Inclusion	By adopting an anti-racist pledge, the Health Board will be able to show its commitment to being an anti-racist organisation.	An EDI Task Force was established in 2025 to proactively address discrimination and promote fairness across all protected characteristics. While a formal anti-racist pledge has not yet been developed, the Task Force is actively exploring this as a potential outcome of its workstream.
Review and implement the recommendations from the audit of All-Wales NHS Workforce policies through an anti-racist lens: <ol style="list-style-type: none"> <li>1. Not using the 'BAME' acronym</li> <li>2. Improving culture through the delivery of cultural intelligence training, Active Bystander sessions</li> <li>3. Ensure completion of the anti-racist e-learning on ESR</li> </ol>	ArWAP	Mar-26	Workforce and Organisational Development	<p>Polices and processes do not disadvantage people from Black, Asian and Minority Ethnic backgrounds.</p> <p>Staff acknowledge where racism exists and are clear on what it means to be anti-racist and can recognise forms of racism such as micro-aggressions. Staff have the confidence to call out racist behaviour.</p>	<p>The 'BAME' acronym is no longer used in any official health board communications.</p> <p>EqlA process ensures due regard is provided for the protected characteristic of Race, ensuring Polices and processes do not disadvantage people from Black, Asian and Minority Ethnic backgrounds.</p> <p>Regular Active bystander training is delivered ensuring Staff have the confidence to call out racist behaviour. Between April 2025 and March 2026, ten Active Bystander sessions were delivered, reaching 281 staff from a wide range of roles and departments. In addition to open, health-board-wide sessions, the Diversity and Inclusion Team was asked to support several specific teams. This included targeted sessions for Workforce and Organisational Development (delivered through a collaborative learning event), obstetrics and gynaecology teams, pharmacy team at Glangwili hospital and a medical team within Prince Phillip hospital.</p>

					Anti-racist e-learning hosted on ESR continues to be regularly promoted across the health board. The training supports staff to understand where racism exists, what it means to be anti-racist, and how to recognise different forms of racism, including micro-aggressions. As of March 2026, the health board achieved a 91% compliance rate for completion of the Anti-racist e-learning.
The Black, Asian and Minority Ethnic staff network are encouraged and supported to have a voice and organise their own activities.	ArWAP	Ongoing	Business Partnerships, and Inclusion	The staff network organises activities that are important to them, raising awareness, celebrating the diversity within the network through various celebrations. Cohesion is encouraged by welcoming staff and allies.	<p>During 2025–26, several national awareness events were recognised and celebrated across the health board, including South Asian Heritage Month and Black History Month. The Black, Asian and Minority Ethnic Staff Network subgroup led the planning and delivery of the health board's Diwali celebration in October 2025.</p> <p>Members of the subgroup also continues to lead on Black History Month activity and promotion, as well as identifying and supporting other events that are important to its members.</p>

# People's experience of racism when accessing services

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person/ Team	Outcome Measures	Progress
<p>Ensure robust impact assessment and assurance procedures are in place, from planning stages to requests for final approval from Board. Actions to achieve this are:</p> <ul style="list-style-type: none"> <li>• Review EQIA policy and develop procedural guidelines for staff</li> <li>• Improve record keeping and data collation on EQIA undertaken across the health board</li> <li>• Increase training opportunities and awareness raising of EQIA</li> <li>• EDI Team to attend training on using engagement tools to record activity (Tractivity &amp; Engagement HQ)</li> <li>• Liaise with the Communications and Engagement Team to improve consultation and engagement with community groups and individuals with protected characteristics, carers and vulnerable groups</li> <li>• Review population data and other relevant data as it becomes available to ensure that the most current data is used to inform EQIA (e.g. Local Wellbeing Plans, Census Data)</li> </ul>	EDI Annual Plan	Mar-26	Diversity & Inclusion Manager	<p>Managers have increased confidence in undertaking EQIA and know where to access further advice and support.</p> <p>Board Members are assured that sufficient EQIA has been undertaken when they receive items for approval at Board and Committees.</p> <ul style="list-style-type: none"> <li>• Evidence of: published policy and procedural guidelines</li> <li>• Quarterly dashboard to show number of EQIA/EHIA undertaken</li> <li>• Quarterly dashboard to show the number of training opportunities and advice/requests provided to staff</li> <li>• Evidence of consultation and engagement undertaken to support policy development and service changes</li> <li>• EQIA and EHIA include up to date population data and statistics</li> </ul>	<p>The EDI team has developed and promoted a range of additional resources to increase confidence and capability in undertaking Equality Impact Assessments (EqIAs) and Equality and Health Impact Assessments (EHIA), and to ensure staff know where to access further advice and support. These resources include a new EqIA template with built-in guidance, a considerations document to support authors to assess potential impacts across each protected characteristic, and an EqIA video explaining both the purpose of EqIAs and how to complete them. Between April 2025 and March 2026, the EDI team quality assured 260 EqIAs. This activity has ensured appropriate challenge, consistency and proportionality, while supporting policy authors and service leads to strengthen mitigation and action planning where required.</p> <p>The EDI team is also available to provide tailored EqIA training and has delivered sessions to raise awareness and improve understanding of the process. Teams can request this support via the Business, Partnerships and Inclusion SharePoint page.</p> <p>In addition, health board consultations are routinely shared with all staff networks to ensure the voices of staff with protected characteristics are heard. This approach is also applied when engaging with</p>

<ul style="list-style-type: none"> <li>• Continue to seek expert advice from external companies and organisations to inform EQIA.</li> <li>• Provide advice and support for the EQIA/EHIA which is being undertaken for the long-term aims of A Healthier Mid and West Wales which include plans for a new urgent and planned care hospital and healthcare facilities, the repurposing of existing hospitals and service redesign</li> </ul>					<p>community-based organisations and groups, supporting wider participation and feedback from a diverse range of communities.</p>
<p>Review SEP 2020-2024, undertake a period of consultation and produce a revised SEP and equality objectives for 2024-2028</p> <ul style="list-style-type: none"> <li>• Produce and publish SEP Annual Monitoring Report</li> <li>• Work in regional partnership and establish steering group to create partnership working opportunities to progress the SEP Objectives within the Hywel Dda area</li> <li>• Identify areas for improvement and actions needed to realise the SEP Objectives in full</li> </ul>	EDI Annual Plan	Apr-24	Diversity & Inclusion Manager	<p>The SEP Annual Report demonstrates how the organisation promotes EDI and actively seeks to eliminate discrimination</p> <p>The SEP 2024-2028 is reflective of feedback obtained from engagement and consultation with the local population</p> <ul style="list-style-type: none"> <li>• SEP Annual Report</li> <li>• Actions Plans and interim progress reports</li> <li>• Committee Reports which outline any potential risks and mitigating actions</li> <li>• Published SEP 2024 - 2028</li> </ul>	<p>A new Strategic Equality Plan was published in 2024 and runs until 2028.</p> <p>A formal mid-term review of the Equality Objectives will provide an opportunity to assess whether the objectives remain appropriate in light of new evidence, emerging risks, and changing organisational or population needs (review is scheduled for May 2026). This review will help ensure the objectives remain relevant, responsive, and can be refined where required, rather than remaining static.</p>
<p>Monitor procedures for accessing interpretation and translation services. Actions to achieve this are:</p> <ul style="list-style-type: none"> <li>• Develop procedural guidelines to help staff determine the need to access interpretation and translation services to support</li> </ul>	EDI Annual Plan	Dec-24	<p>Diversity &amp; Inclusion Manager</p> <p>Community Development Outreach Manager</p>	<p>Service users can understand and communicate effectively with the health board.</p> <p>Staff can access interpretation and translation services in a timely manner.</p> <p>Evidence of:</p>	<p>Documentation available to advise staff on how to access interpretation and translation services, available via the B,P&amp;I SharePoint page.</p> <p>Record of interpretation services accessed can be sought from interpretation and translation service provider.</p>

<p>individual patient needs</p> <ul style="list-style-type: none"> <li>• Develop quick guides and video tutorials to assist staff and lunch and learn sessions</li> <li>• Review available methods for accessing online interpretation and translation services in line with prudent healthcare principles (Card Medic)</li> <li>• Monitor and investigate incidents which report problems in accessing interpretation and translation services and identify appropriate solutions to increase usage of available services</li> </ul>			<p>Patient Experience Manager</p>	<ul style="list-style-type: none"> <li>• Policy documentation</li> <li>• Record of interpretation services accessed</li> <li>• Service user feedback and incident reporting</li> <li>• Staff training resources and guidelines</li> <li>• Staff surveys</li> <li>• Interpretation cards used, to request an interpreter for unplanned episodes of care</li> </ul>	<p>Interpretation cards regularly promoted by the CDOT team.</p> <p>This action will be aligned to the Accessible Communication and Information standards moving forward</p>
<p>To raise awareness of religion and cultural needs of service users. Actions to achieve this will be:</p> <ul style="list-style-type: none"> <li>• Liaise with Chaplaincy and Nursing and offer support to develop and implement the Spiritual Care Agenda</li> <li>• Promote religious events in the Diversity and Inclusion Calendar to raise awareness and promote inclusivity amongst the workforce</li> <li>• Provide training on religion and belief, to staff</li> </ul>	<p>EDI Annual Plan</p>	<p>Mar-26</p>	<p>Diversity &amp; Inclusion Manager</p> <p>Lead Chaplain</p> <p>Heads of Pharmacy</p>	<p>The health board demonstrates that it is inclusive of all religions and celebrates cultural differences. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Concerns and queries log data</li> <li>• Spiritual Care Plans</li> <li>• Health Board news items</li> </ul>	<p>Religion and belief training continued to be promoted across the health board. Three sessions have now been delivered to a total of 68 members of staff. Here is some of the feedback received from those that attended the training:</p> <p>“Overall, it was an excellent session which should be encouraged for all organisations in Wales.”</p> <p>“good to take time to learn about other cultures / religions”</p> <p>The Business, Partnerships &amp; Inclusion team publish a Diversity calendar every year which highlights several religious events. The team also produce a ‘What’s on’ each month to further promote these events further. Promotion of these resources occurs regularly throughout the year through our various internal communication channels.</p>
<p>To improve Black, Asian and Minority Ethnic service user</p>	<p>EDI Annual Plan</p>	<p>Mar-26</p>	<p>Diversity &amp; Inclusion</p>	<p>Black, Asian and Minority Ethnic Service Users have a</p>	<p>The EDI team continue to work closely with the maternity team to ensure that their policies and</p>

<p>experience in Maternity and Mental Health Directorates. Action to achieve this include:</p> <ul style="list-style-type: none"> <li>• Support the development of policies and procedures within maternity to address disproportionate risks to Black, Asian and Minority Ethnic expectant mothers</li> <li>• Facilitate participation in Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme</li> </ul>			<p>Manager Patient Experience Midwife  Heads of Mental Health</p>	<p>more positive experience when accessing services and the Health Board implements actions to improve service user experience.</p> <p>This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Engagement activity</li> <li>• Feedback from staff and service users</li> <li>• Certification Scheme documentation</li> </ul>	<p>procedures are inclusive and fair. Over the last 12 months in particular the EDI team have supported the maternity team to work through a backlog of policies and procedures ensuring they are now all up to date and compliant.</p> <p>The health board continues to participate in the Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme.</p> <p>Hywel Dda University Health Board (UHB) utilizes a variety of resources and strategies to promote cultural competency, including accessible toolkits, leadership development programs, and a focus on partnership working</p>
<p>Work in partnership to ensure equity of service for ethnic minority people, in relation to health promotion, early intervention and prevention and tackling health inequalities. Actions to achieve this will include:</p> <ul style="list-style-type: none"> <li>• Address the barriers to accessing healthcare</li> <li>• Represent communities and their needs through the health board Health Equity Group</li> <li>• Promote vaccinations and mythbust</li> <li>• People are empowered to take action to participate in actions to improve their own health and wellbeing, such as screening services, smoking cessation, misuse of alcohol and other substances</li> </ul>	<p>CDOT Plan on a Page</p>	<p>Mar-26</p>	<p>Community Development Outreach Manager</p>	<p>Equity of services is improved for Black, Asian and Minority Ethnic people. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Uptake of preventative services</li> <li>• Service User feedback</li> <li>• Services are responsive to the needs of Black, Asian and Minority Ethnic people and access to services is improved by removing barriers</li> </ul>	<p>The Community Development Outreach Team continue to lead on this work.</p> <p>Over the past year, partnership working between our vaccination team and the Community Development Outreach Team has deepened, enabling more consistent and meaningful engagement with seldom heard communities. The pop-up clinic model has continued to prove highly effective, allowing vaccination services to be delivered directly within community settings such as mosques, homeless shelters, traveller sites, nurseries, antenatal clinics, and general outpatient departments. This approach has contributed to a noticeable shift towards more proactive, community-centred models of vaccination delivery. Staff across the health board are increasingly recognising the value of meeting people where they are, rather than relying solely on traditional clinic-based approaches. The partnership with CDOT has strengthened cross-sector working and fostered a culture of</p>

					<p>shared responsibility for reducing health inequalities.</p> <p>Between April 2025 and March 2026, significant progress has been made in re-establishing governance structures and embedding equity within prevention and service planning. The Equity Oversight Group reconvened in October 2025 following earlier delays and has since met twice, providing renewed strategic direction. The group is actively supporting the implementation of the 20four7 prevention framework (<a href="#">20four7 Prevention Model</a>), with a particular focus on the 20% most deprived communities.</p> <p>Our smoking and wellbeing team continues to diversify engagement routes, strengthen partnerships with substance use services and community outreach teams, and focus on groups with the highest smoking prevalence (this includes Black, Asian and Minority Ethnic communities)</p>
Support the delivery of wider health messages to ethnic minority communities and ensure that they have a greater understanding of their rights, regarding healthcare.	CDOT Plan on a Page	Mar-26	Community Development Outreach Manager	<p>Increased engagement between the health board, trusted intermediaries and Black, Asian and Minority Ethnic people. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Health messages will be available in a range of languages</li> <li>• Strategies are developed to empower people to access health care services</li> </ul>	<p>CDOT continue to lead on this workstream. Over the past year, the Community, Digital and Outreach Team (CDOT) has strengthened partnerships with Local Authorities and third-sector organisations, supporting more coordinated and effective outreach activity. CDOT has shared early prevention messages, supported people to access healthcare information through demonstrations of the Wales 111 website, and ensured a consistent community presence for smoking cessation services. Assertive outreach activity has also increased engagement with screening programmes, including TB and blood-borne virus (BBV) screening delivered jointly with Hepatology teams.</p>

					<p>CDOT’s ongoing presence in community settings has improved health literacy, encouraged healthier lifestyle choices, and strengthened pathways into screening, vaccination, and smoking cessation services. The use of translated materials, digital demonstrations, and culturally sensitive communication has improved accessibility, particularly for individuals whose first language is not English.</p>
<p>Deliver specialist training on Race, Anti-racism for practitioners and Cultural Awareness Training and other related topics as required.</p>	<p>ArWAP EDI Annual Plan</p>	<p>Ongoing</p>	<p>Business Partnerships, and Inclusion</p>	<p>Staff will have increased knowledge, with the aim of Black, Asian and Minority Ethnic Service Users having a more positive experience when accessing Health Board services.</p>	<p>Both Anti racism training for practitioners and Cultural Awareness training continued to be promoted across the health board. Seven sessions of the Anti-racism training for practitioners have now been delivered to a total of 99 members of staff. Here is some of the feedback received from those that attended the training:</p> <p>“Thank you - it was very thought provoking and interesting, and good to have discussions with professionals who want to be more inclusive”</p> <p>“I’ll be recommending to colleagues, I think this training should be mandatory.”</p> <p>“Extremely informative and thought provoking. Listening to lived experiences was valuable in being able to ensure we tackle racism at the first instance.”</p> <p>Additionally, 3 Cultural Awareness in healthcare training sessions have been provided to 36 members of staff. Feedback received from those that attended the training include:</p>

					<p>“This session was very informative and as a staff of a diverse background I felt very emotionally affected by how patients’ treatment was affected because of their religion and culture/beliefs”.</p> <p>When staff members in attendance at the Cultural awareness in healthcare were asked ‘Will you be making any changes as a result of the knowledge you have gained from the training?’ all recorded answers of either:</p> <p>Yes, I have identified specific changes to implement immediately, or Likely, I see potential changes but need to discuss or evaluate further.</p>
--	--	--	--	--	--

# People's experience of being part of the workplace

**RED – significantly behind schedule/high risk area** **AMBER – behind schedule, but no issues** **GREEN – in progress & on target** **BLUE – complete & compliant**

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
<p>Continue to facilitate the Health Board’s Black Asian and Minority Ethnic staff network. Actions will include:</p> <ul style="list-style-type: none"> <li>• Monitor progress of meetings, actions and agenda items with the Chair</li> <li>• Promotion of network to increase and encourage membership and attendance</li> <li>• Arrange and promote network social events for members and allies</li> <li>• Establish links with wider Black Asian and Minority Ethnic networks within the Hywel Dda</li> </ul>	<p>EDI Annual Plan</p> <p>Workforce, Organisational Development and Education 10-year strategy</p>	Mar-26	Diversity & Inclusion Manager	<p>Black Asian and Minority Ethnic staff feel supported in the workplace. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Evidence of staff engagement</li> <li>• Minutes and Meeting Actions</li> <li>• Staff Testimonials</li> <li>• Contribution to policy development and relevant consultations</li> <li>• Evidence of regular network activity and events</li> </ul>	<p>The Business, Partnerships and Inclusion team continue to support and facilitate the Black Asian and Minority Ethnic staff network. In partnership with the network’s chairs.</p> <p>Staff network sessions continued to take place on a quarterly basis throughout 2025/2026 with the B,P&amp;I team monitoring progress of meetings, actions and agenda items with the Chair(s).</p> <p>Staff network members are routinely asked to contribute to policy development and relevant consultations. These have included:</p> <ul style="list-style-type: none"> <li>• PPH MIU</li> <li>• CSP</li> </ul>

<p>area and across Wales</p> <ul style="list-style-type: none"> <li>Establish links for joint working with other NHS Wales staff networks</li> </ul>					<ul style="list-style-type: none"> <li>ARWAP development</li> </ul> <p>Staff network subgroup continues to lead on the provision of network activities and events. These have included Diwali, Black History Month and Windrush day.</p>
<p>Ensure that all staff are aware of the routes available to them to raise any issues relating to Bullying &amp; Harassment. The action will be achieved through:</p> <ul style="list-style-type: none"> <li>Through the production of a document setting out accessible routes to raise issues relating to Bullying &amp; Harassment which will be available for all staff and promoted via staff side &amp; ODRM's in the service and also via the Black Asian and Minority Ethnic Network</li> <li>All new starters will receive a communication from the Culture &amp; Staff Experience team a month after commencement, on how and who to contact generally, with regard to how to resolve issues</li> <li>Active Bystander training will be offered to all staff on a quarterly basis, to provide tools and techniques for dealing with situations of bullying, harassment and inappropriate behaviour</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p>	<p>Mar-26</p>	<p>Workforce Culture and Experience Diversity and Inclusion Manager</p> <p>Diversity and Inclusion Manager</p>	<p>Staff know where to find information. This will be evidenced by:</p> <ul style="list-style-type: none"> <li>Information included on new SharePoint page</li> <li>Email template for new starters</li> <li>Attendance records and feedback from Active Bystander Training sessions</li> <li>Follow-up discussion with staff who have attended sessions</li> </ul>	<p>The provision of Active Bystander has increased during 2025/26 and is now being offered through quarterly health board wide sessions or through a targeted approach directly to specific teams/departments.</p> <p>During this reporting period the Black, Asian and Minority Ethnic staff network have received a specific session on our Work in Confidence platform. Work in Confidence is an online platform designed to provide a secure and anonymous way for staff to raise concerns within the workplace. It offers a private and safe channel for communication. Work in Confidence ensures confidentiality and support for staff in raising concerns. It's a safe space for anonymous communication, promoting a trustworthy environment where issues can be addressed without fear.</p> <p>The Culture team continue to engage with all new members of staff.</p>
<p>Embed training opportunities at induction</p> <ul style="list-style-type: none"> <li>New induction programme</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p>	<p>Ongoing</p>	<p>Learning and Development Manager</p>	<p>Staff know where to go for help and advice. This will be evidenced by:</p>	<p>All new starters are required to complete a 24 week induction process which, identifies where people can access help in relation to Bullying and Harassment and community</p>

<p>that was rolled out from April 2022, identifying where people can access help in relation to Bullying and Harassment and community support</p> <ul style="list-style-type: none"> <li>• Reinforced through the Customer Service Making a Difference programme, which covers unconscious bias. This will be rolled out to all staff including M&amp;D</li> <li>• Unconscious bias session introduced</li> </ul>				<ul style="list-style-type: none"> <li>• Information presented to staff during their induction</li> <li>• Feedback from Black Asian and Minority Ethnic colleagues</li> </ul>	<p>support. Making a difference and Unconscious Bias sessions also form part of this induction process. These sessions are also readily available to all staff members outside of the induction period.</p>
<p>Enable staff to raise complaints in confidence, to feel supported and to be assured that action has been taken. This action will be achieved through:</p> <ul style="list-style-type: none"> <li>• Launch of the Working in Confidence platform where people can raise their issues anonymously if required about a range of issues, including Bullying &amp; Harassment</li> <li>• Nominating representatives in different areas in order that staff can link with. Liaising with the Black Asian and Minority Ethnic network to assist with this by identifying champions</li> <li>• Introduce a safe space conversations initiative at Black Asian and Minority Ethnic Staff Network meetings</li> <li>• Diversity and Inclusion Team to monitor concerns and queries raised via the dedicated mailbox and EDI Surgeries</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p> <p>EDI Annual Action Plan</p>	<p>Ongoing</p>	<p>Workforce Culture and Experience</p> <p>Diversity and Inclusion Manager</p>	<p>Black Asian and Minority Ethnic staff subjected to Bullying and Harassment know how to raise a concern and feel listened to when they do raise them. Staff have an increased awareness of the EDI Team and know how to access support and advice. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Concerns and queries log data</li> <li>• Corporate Induction Resources</li> <li>• Evidence of promotional events</li> <li>• Feedback from staff</li> </ul>	<p>The working in confidence and speak Up platforms are now firmly established across the HB and are continuously promoted.</p> <p>The B, P &amp; I team also manage a Concerns and queries log. The concerns and queries log (which will be renamed to queries and questions log during 2026/2027) is updated in line with any concerns presented/raised to the B,P&amp;I team. Complaints will still be directed towards our established complaints procedures.</p> <p>All staff network sessions continue to include a peer support element.</p>

<p>Improve retention of Black Asian and Minority Ethnic staff in the workplace and reduce negative experiences of Black Asian and Minority Ethnic Staff. This action will be progressed by:</p> <ul style="list-style-type: none"> <li>• Developing a retention plan and analyse resignation letters and intervene if possible</li> <li>• Exit Interviews to be offered to all staff moving internally in order that departments where there may be problems can be identified</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p> <p>Workforce, Organisational Development and Education 10-year strategy</p>	<p>Ongoing</p>	<p>Head of Workforce Culture and Experience</p> <p>Head of Workforce Policy</p>	<p>Ensure that no individual leaves the organisation or feels they have to change roles due to Bullying &amp; Harassment. This will be monitored through:</p> <ul style="list-style-type: none"> <li>• Analysis of Exit Interviews data</li> <li>• Progress of Retention Plan</li> </ul>	<p>Exit interview data is regularly analysed by culture team to identify themes/reasons for leaving.</p>
<p>Commit to addressing perceived problem areas as they are reported. We will ensure staff know who to report matters to and will develop better intelligence to identify problem areas. This will be progressed by:</p> <ul style="list-style-type: none"> <li>• ODRM's will gather intelligence in conjunction with Operational Workforce Managers to analyse information in relation to numbers of employee relations cases, levels of sickness and turnover.</li> <li>• ODRM's and Operational Workforce Managers to meet regularly in order to triangulate data and intelligence</li> <li>• ODRM's will undertake culture surveys and co-create</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p>	<p>Mar-26</p>	<p>Head of Workforce Culture and Experience</p> <p>Head of People and Organisational Effectiveness</p>	<p>Progress will be monitored through:</p> <ul style="list-style-type: none"> <li>• Analysis of employee relations cases</li> <li>• Analysis of sickness levels and turnover</li> <li>• Evidence of training to address problem areas</li> </ul>	<p>Clear reporting routes have been reinforced, ensuring staff know who to raise concerns with and how issues will be escalated and addressed.</p> <p>ODRMs have worked with Operational Workforce Managers to gather and analyse intelligence relating to employee relations cases, sickness absence, and turnover, strengthening our understanding of emerging issues.</p> <p>Culture surveys have been completed across relevant areas, with findings used to inform shared discussions and priorities.</p> <p>Strategically aligned People Culture Plans have been co-created with services, informed by survey findings and wider workforce intelligence.</p>

strategically aligned People Culture Plans.					
<p>Increase awareness of the change in the Respect and Resolution Policy Framework through:</p> <ul style="list-style-type: none"> <li>• Develop 'Just in Time' video on new Healthy Working Relationships Scheme and implement associated communication strategy</li> <li>• Questionnaires for all parties involved at the end of each case which has necessitated the involvement of the Operational Workforce Team in order to assess whether the individuals felt the new process had been helpful/beneficial</li> </ul>	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Head of Workforce Culture and Experience	<p>Progress will be monitored through:</p> <ul style="list-style-type: none"> <li>• Educational videos &amp; Webinars i.e. Cuppa Conversations</li> <li>• Information cascaded on OD SharePoint pages via a dedicated landing page, with posters with QR codes located on-site</li> <li>• Informal resolution and training workshops</li> <li>• Internal Facilitated Conversations and Mediation network</li> </ul>	<p>Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.</p>
<p>Commit to training more Investigating Officers from a Black Asian and Minority Ethnic background and also Employee Relations panel members in respect of formal hearings</p> <ul style="list-style-type: none"> <li>• Operational Workforce team to encourage additional IO's to come forward from Black Asian and Minority Ethnic background. Positive action statements to be included in future adverts for Bank IOs</li> <li>• Review disciplinary and appeal panel make up and wherever possible ensure Black Asian and Minority Ethnic representation</li> </ul>	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Head of Workforce	<p>Health Board is assured that there is ethnicity balance on formal Employee Relations Panels</p> <ul style="list-style-type: none"> <li>• Number of trained Investigating Officers</li> </ul>	<p>Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.</p> <p>Head of Workforce Culture and Experience has attended recent Black, Asian and Minority Ethnic staff network session to deliver a session on the Speak Up Safely platform and encourage members to become speak up safely champions.</p>

<p>Ensure staff member feels fully supported during any period of absence and subsequent return to work after raising a concern around bullying and harassment</p> <ul style="list-style-type: none"> <li>• Appoint designated Operational Workforce Advisor to support the staff member to ensure they feel fully supported during their period of absence and return to work</li> </ul>	Bullying and Harassment Task and Finish Group Action Plan	Ongoing	Operational Workforce Teams	Staff feel confident returning to work after a period of sickness after raising a concern of bullying and harassment	Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.
Continue to raise awareness of the revised Buddy Scheme for new overseas staff joining the Health Board.	Workforce, Organisational Development and Education 10-year strategy	Ongoing	Head of Recruitment and Workforce Equality, Diversity & Inclusion Learning and Development Manager	Staff feel supported and welcomed into the Health Board and have settled into the area and know where to access information and support. This will be monitored through: <ul style="list-style-type: none"> <li>• Increased number of Buddies</li> <li>• Feedback from participants</li> </ul>	<p>Awareness of the revised Buddy Scheme has been strengthened across recruitment, onboarding, and induction processes for new overseas staff joining the Health Board.</p> <p>Information about the Buddy Scheme is now shared consistently with new starters, ensuring clear understanding of the support available and how to access it.</p> <p>The scheme has supported overseas staff to feel welcomed, settle into both the organisation and the local area, and access practical and wellbeing support.</p>
ArWAP Working Group (established by the Black Asian and Minority Ethnic Advisory Group) will explore the reasons for the disproportionate number of minority ethnic nursing staff still working at Band 5 after 20 years' service.	ArWAP Strategic Equality Plan	Mar-26	Workforce Culture, Diversity and Inclusion Manager	Improved staff feedback about their experience in relation to career progression for nurses from ethnic minority groups in Hywel Dda. Monitoring of data gathered for the Ethnicity Pay Gap Report.	Black Asian and Minority Ethnic Advisory Group is currently inactive, but this action has been incorporated into the workforce data and intelligence workstream of the Taskforce.
The Staff Performance and Development Review will be revised as part of the Staff Discovery Action plan for 2024/25 and work will be	Staff Discovery Action plan	Ongoing	Head of Research Innovation and Improvement	Outcomes will include reduced staff turnover, productivity of teams/individuals will be improved.	The Health Board offers a range of leadership development programmes designed to build strong, supportive people leadership.

<p>undertaken to strengthen the Leadership of People to ensure people are supported to be their best and that dysfunctional practices and unacceptable behaviour are addressed.</p>			<p>Head of Organisation Relations</p>		<p>These programmes, including LEAP and the Manager's Skills Programme, help leaders develop the confidence and capability to support staff to be their best.</p> <p>They also reinforce expectations around addressing dysfunctional practices and unacceptable behaviour early and consistently.</p>
<p>In response to the results of the NHS staff survey, where staff reported that they had experienced discrimination at work, the Bullying and Harassment Task and Finish Group will be re-established to explore and address the issues.</p>		<p>Mar-26</p>	<p>Head of Workforce Culture and Experience</p>	<p>Improved experiences of staff with a clear message to our staff, our patients, their relatives and the public that the Health Board will not tolerate discrimination or harassment, and when it is raised, we will challenge the behaviour and take all appropriate action to protect our staff.</p>	<p>Staff departures have impacted the capacity of the Bullying and Harassment Task and Finish Group, resulting in challenges to convene as originally scheduled. Consequently, progress on this action has been delayed. Plans are being developed to re-establish the group's membership and ensure continuity of work going forward.</p> <p>The EDI team has initiated collaboration with the Culture Team to assess whether staff survey data can be used to identify teams or departments with the highest need for Active Bystander support.</p>

# People's experience of gaining jobs and opportunities

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
Review the process to ensure that L&D opportunities are more accessible and available to Black, Asian and Minority Ethnic staff working in the health board and provide Employability Skills training to support staff, including when applying for a job through interview skills.	<p>Bullying and Harassment Task and Finish Group Action Plan</p> <p>Workforce, Organisational Development and Education 10-year strategy</p>	Ongoing	<p>Head of Learning and Development</p> <p>Learning and Development Manager</p>	<p>Black, Asian and Minority Ethnic Staff feel that training and development opportunities are open to all. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Monitor uptake of training and development opportunities of Black, Asian and Minority Ethnic Staff</li> <li>• Focus groups with Black, Asian and Minority Ethnic staff</li> </ul>	<p>HDdUHB is strengthening how learning and development activity supports progression, talent development and internal mobility. Three interconnected strands of work are underway to support this approach: the establishment of a single, centralised record of all training activity through the One Source of Truth (OSoT) system; completion of a comprehensive Training Audit; and the development of a robust Training Needs Analysis (TNA) process.</p> <p>Together, these strands will improve the consistency, transparency and oversight of learning and development across the workforce. Importantly, they will enable the organisation to better understand who is accessing development opportunities, how these align with progression pathways, and where targeted interventions may be required to address under-representation at senior levels. This work will support more informed decision-making and provide a stronger evidence base to ensure that training and development activity contributes directly to fairer progression outcomes for all staff.</p> <p>A review of learning and development processes is underway to ensure opportunities are accessible, inclusive, and promoted equitably to Black, Asian and Minority Ethnic staff.</p>

					<p>Learning and Development teams are actively assessing how opportunities are communicated, accessed, and supported, with a focus on reducing barriers to participation.</p> <p>Employability Skills training, including interview skills and support for applying for roles, is being delivered to support staff development and progression.</p> <p>Engagement with Black, Asian and Minority Ethnic staff is informing improvements and ensuring training provision reflects lived experience.</p>
<p>Provide training to Managers in order for them to better understand the opportunities and differences in tackling issues concerning Black, Asian and Minority Ethnic staff to promote cultural awareness. This action will be progressed via:</p> <ul style="list-style-type: none"> <li>• Cultural Competence Training Package to be developed</li> <li>• Develop Managers skills programme</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p>	Ongoing	<p>Learning and Development Manager</p>	<p>Managers will have a better understanding of the challenges facing Black, Asian and Minority Ethnic staff. Progress will be monitored via:</p> <ul style="list-style-type: none"> <li>• Training attendance records</li> <li>• Feedback from training</li> </ul>	<p>Cultural Competence Training is now being delivered by the L&amp;D team and the Hywel Dda Managers Skills training is available for suitably qualified health board staff</p>
<p>Review all Person Specification requirements before posts are advertised. This will include:</p> <ul style="list-style-type: none"> <li>• Design new template for Job Description and Person Specifications</li> <li>• Job Evaluation Team to review quality of job descriptions to identify any discriminatory text.</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p> <p>Workforce, Organisational Development and Education 10-year strategy</p>	Ongoing	<p>Senior Workforce Manager</p>	<p>Job Descriptions will not indirectly discriminate against Black, Asian and Minority Ethnic applicants. Progressed will be evidenced through:</p> <ul style="list-style-type: none"> <li>• New Job Description and Person Specification template</li> <li>• Monitor number of JDs</li> </ul>	<p>A review of Person Specification requirements prior to advertisement is underway to ensure roles are fair, proportionate, and inclusive.</p> <p>A new Job Description and Person Specification template has been developed and is being implemented to support consistency and reduce the risk of indirect discrimination.</p>

<ul style="list-style-type: none"> <li>• Add 'Discriminatory words and phrases used in job adverts and person specifications' guidance and examples to the Job Evaluation page on the Intranet</li> </ul>				<p>amended as part of Job Evaluation review</p>	<p>The Job Evaluation Team is reviewing the quality of job descriptions and person specifications to identify and address any potentially discriminatory language.</p> <p>Guidance on <i>discriminatory words and phrases used in job adverts and person specifications</i>, including practical examples, has been added to the Job Evaluation page on the Intranet.</p>
<p>Ensure all staff irrespective of ethnic origin feel that career development and progression within the Health Board is equally as accessible. Actions include:</p> <ul style="list-style-type: none"> <li>• Ensure all vacancies are advertised openly to via TRAC/NHS Jobs</li> <li>• Ensure candidates are routinely offered feedback if unsuccessful at shortlisting or interview stages</li> <li>• Deliver management training on best practice inclusive recruitment.</li> <li>• Deliver employability support sessions to assist staff applying for a job, preparing for an interview and interview skills.</li> </ul>	<p>Bullying and Harassment Task and Finish Group Action Plan</p> <p>Workforce, Organisational Development and Education 10-year strategy</p>	<p>Ongoing</p>	<p>Head of Recruitment and Workforce Equality, Diversity and Inclusion</p> <p>Learning and Development Manager</p>	<p>Black, Asian and Minority Ethnic staff feel that they have equal opportunity to career development and progression. This will be evidenced through:</p> <ul style="list-style-type: none"> <li>• Monitoring of interview feedback from candidates</li> <li>• Training attendance records</li> </ul>	<p>Processes are in place to ensure all vacancies are advertised openly via TRAC/NHS Jobs, supporting fair and transparent access to opportunities.</p> <p>Unsuccessful candidates are routinely offered feedback at both shortlisting and interview stages, supporting learning and future progression.</p> <p>Management training on best-practice inclusive recruitment is being delivered to strengthen fair decision-making and consistency across recruitment panels.</p> <p>Employability support sessions, including application support and interview skills, are being delivered to support staff development and progression.</p>
<p>Produce an Ethnicity Pay Gap report to identify disparities and help us work towards mitigating or eliminating them. Actions will include:</p> <ul style="list-style-type: none"> <li>• Identify how we can</li> </ul>	<p>Workforce, Organisational Development and Education 10-year strategy</p>	<p>Ongoing with pay gap reports published by April</p>	<p>Head of Recruitment and Workforce Equality, Diversity and Inclusion</p>	<p>Actions are identified to address the Ethnicity Pay Gap Report which will be monitored by:</p> <ul style="list-style-type: none"> <li>• Reduction in the Ethnicity Pay Gap</li> <li>• Increase in the number of Black,</li> </ul>	<p>The Ethnicity Pay Gap report is produced and publicised alongside the Strategic equality plan annual report annually.</p> <p>Analysis from the report is being used to identify roles, teams, and staff groups where pay gaps are greatest.</p>

<p>encourage people to apply for roles in sectors where there are greater pay gaps</p> <ul style="list-style-type: none"> <li>• Look at providing development opportunities for our Black, Asian and Minority Ethnic colleagues to meet the criteria for higher paid jobs within the Health Board</li> <li>• Attract, recruit and retain those who identify as being Black, Asian and Minority Ethnic into Additional Clinical Services</li> <li>• Attract, recruit and retain individuals who identify as being Black, Asian and Minority Ethnic into medical and dental roles</li> </ul>		of each year	Resourcing	<p>Asian and Minority Ethnic applicants where there are greater pay gaps</p> <ul style="list-style-type: none"> <li>• Increase in number of Black, Asian and Minority Ethnic Additional Clinical Services</li> <li>• Increase in number of Black, Asian and Minority Ethnic into medical and dental roles</li> </ul>	<p>Actions are in place to encourage applications from Black, Asian and Minority Ethnic staff into roles and sectors where pay gaps are more pronounced.</p> <p>Targeted development opportunities are being progressed to support Black, Asian and Minority Ethnic colleagues to meet the criteria for higher-paid roles.</p> <p>Recruitment and retention activity is focused on increasing representation of Black, Asian and Minority Ethnic staff within Additional Clinical Services.</p> <p>Specific actions are also underway to attract, recruit, and retain Black, Asian and Minority Ethnic staff into medical and dental roles.</p>
<p>Workforce data from ESR, Trac, NHS Staff Survey and training records will be used to develop a report that shows Health Board performance against the 12 Workforce Race Equality Standard indicators. The health Board will then develop an action plan to address any underperformance, as indicated in the WRES report.</p>	ArWAP	Ongoing	Head of Partnerships, Diversity and Inclusion	<p>High quality workforce data will be used to show underperformance and a local action plan developed to take action to ensure:</p> <ul style="list-style-type: none"> <li>• Black, Asian and Minority Ethnic staff feel confident to provide information about their ethnicity.</li> <li>• Black, Asian and Minority Ethnic staff feel confident to speak up about discrimination.</li> <li>• Black, Asian and Minority Ethnic staff feel confident and are encouraged to progress and take up opportunities for learning and development</li> </ul>	<p>Workforce data from ESR, TRAC, the NHS Staff Survey, and training records has been brought together to produce a comprehensive Workforce Race Equality Standard (WRES) report covering all 12 indicators.</p> <p>The report provides a clear and robust picture of Health Board performance, using high-quality data to identify areas of strength and underperformance.</p> <p>Findings from the WRES report have informed the development of a local action plan to address identified gaps and improve outcomes for Black, Asian and Minority Ethnic staff.</p> <p>The action plan is aligned with the Anti-racist Wales Action Plan (ArWAP) and is</p>

					<p>embedded within wider workforce and organisational improvement activity.</p> <p>Engagement and communication activity has supported increased staff confidence in sharing ethnicity data and understanding how this information is used to drive improvement.</p>
<p>Recruitment to senior positions is done using a range of methods in addition to the interview, such as psychometrics and performance to a wider group of stakeholders</p>		Ongoing		<p>A fair recruitment process is created by removing unconscious bias and the halo effect. Appointing panels consider several sources of evidence beyond interview panel questions.</p>	<p>Recruitment to senior positions utilises a range of assessment methods in addition to panel interview.</p> <p>Candidates are assessed through multiple evidence sources, such as presentations or engagement with a wider group of stakeholders, to provide a balanced and rounded view of capability.</p> <p>These approaches support fairer recruitment outcomes by reducing the impact of unconscious bias and the halo effect.</p>

# People's experience of when they lack visible role models in positions of power

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
Increase the diversity of applicants, for the Assistant Director talent pool.	Workforce, Organisational Development and Education 10-year strategy	Mar-26	Organisational Leadership Dev team	As part of the talent management and succession planning approach, there will be a diverse and sustainable leadership pipeline	<p>Workforce data shows a gradual increase in the proportion of staff from ethnic minority backgrounds, rising from 7.2% to 7.8% during the reporting period. Representation at senior levels (Agenda for Change 8a and above) remains lower than across the wider workforce, although ethnicity pay gap data indicates some improvement at these levels compared to the previous year.</p> <p>Board-level ethnicity data is currently incomplete. One Board member is recorded through the Electronic Staff Record (and therefore included in the Workforce Race Equality Standard reporting), although representation may be higher as not all Board members have completed or updated their equality information. Persistent gaps in self-reporting limit the accuracy of published data and restrict the organisation's ability to present a fully representative picture.</p>
Development of an Aspiring Board Members programme	ArWAP	May-25  Was originally due to start Dec-23	Welsh Government	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	Boards are strongest when they reflect the diversity of the communities they serve. In line with the Anti-Racist Wales Action Plan, the Welsh Government has introduced the Aspiring Board Members Programme to support people from Black, Asian, and minority ethnic backgrounds to prepare for

				<p>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.</p>	<p>Independent Board Member roles within NHS Wales. This 12-month programme aims to build a more diverse pipeline for future appointments and broaden opportunities across the health and care sector. The first cohort began in May 2025 and was promoted across the health board marking an important step toward more inclusive leadership.</p>
--	--	--	--	---	--

# People's experience of racism as a refugee or asylum seeker

RED – significantly behind schedule/high risk area AMBER – behind schedule, but no issues GREEN – in progress & on target BLUE – complete & compliant

Action	Link to Primary Action Plan	By When	Lead Person	Outcome Measures	Progress
* See action in 'Accessing Services' tab for ensuring patients and carers are provided with interpretation and translation services	EDI annual plan CDOT annual plan	Ongoing	"Diversity & Inclusion Manager	* See action in 'Accessing Services' tab for ensuring patients and carers are provided with interpretation and translation services	Update included above in Accessing Services section or update on CDOT activity below.
Refugees and Asylum Seekers are supported on arrival to the Hywel Dda area and information and guidance on accessing healthcare services is provided in their first language	CDOT annual plan	Ongoing	Community Development Outreach Manager	" Asylum Seekers and Refugees are confident in accessing healthcare services.	<p>CDOT has expanded engagement with refugees and asylum seekers across a wide range of informal and trusted community settings. Targeted outreach delivered with partner organisations has supported groups with specific language needs and enabled regular, culturally sensitive engagement. This has increased confidence in accessing healthcare, improved health literacy, and supported uptake of vaccination, screening (including TB, blood-borne viruses and liver screening), smoking cessation, and early prevention services.</p> <p>Through assertive outreach approaches, CDOT has also contributed to wider wellbeing and inclusion activity. This includes accredited nutrition sessions, gardening, and arts-based interventions for unaccompanied asylum-seeking children. Refugees and asylum seekers have continued to be actively included in Health Board consultations,</p>

					ensuring lived experience informs service design and improvement.
Ongoing engagement with Refugees and Asylum Seekers, to address health care needs and remove barriers to accessing health care services.	CDOT annual plan	Ongoing	Community Development Outreach Manager	"The needs of Refugees and Asylum Seekers is used to inform the development and delivery of services and remove barriers to access.	<p>CDOT has continued to provided practical support to asylum seekers experiencing financial hardship by arranging food parcels, linking individuals to local services, and coordinating multi-agency support where required.</p> <p>Access to interpretation and translation services remains integral to this work and is addressed through wider actions within the <i>Accessing Services</i> programme. Overall, progress in this area is strong and demonstrates the value of sustained partnership working, trusted community presence, and proactive outreach models in supporting refugees and asylum seekers to access services safely and with dignity.</p>
Work in partnership with each local authority and other partner organisations to support those coming to Wales seeking asylum and those from Ukraine.		Ongoing	Public Health Community Development Outreach Manager	Refugees are confident in accessing healthcare services. Information available in a range of community languages	<p>During this reporting period, work has continued to support refugees and asylum seekers to access healthcare and to reduce barriers linked to racism, language, and social exclusion.</p> <p>Partnership-led, community-based outreach remains a core feature of delivery. This work is led by the Community Development Outreach Team (CDOT), in collaboration with local authorities and third-sector organisations.</p>