

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 August 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Annual Equality Reports:</b> <ul style="list-style-type: none"> <li>• Strategic Equality Plan Annual Report 2020/21</li> <li>• Annual Workforce Equality Report 2020/21</li> <li>• Gender Pay Gap Report 2020/21</li> </ul>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ros Jervis – Director of Public Health Lisa Gostling – Director of Workforce and Organisational Development (OD)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Bird - Assistant Director Strategic Partnerships, Diversity and Inclusion Sally Owen – Head of Recruitment and Workforce Equality, Diversity and Inclusion

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Public Sector Equality Duty (PSED) requires that all public authorities covered under specific duties in Wales produce an annual equality report by 31<sup>st</sup> March each year. The Strategic Equality Plan (SEP) Annual Report and the Annual Workforce Equality (WE) Report appended cover the period April 2020 to March 2021.

The SEP Annual Report focuses on progress that has been made to implement Hywel Dda University Health Board's (HDdUHB) Strategic Equality Plan and Objectives 2020-2024. The Annual WE Report illustrates "life in Hywel Dda" which provides more detailed analysis of the characteristics of our workforce, in line with the PSED requirements. Also appended is the Gender Pay Gap Report 2020/21.

It is acknowledged that changes may be made subsequent to this meeting, as a result of comments and feedback received. It is not anticipated that these will be major changes as the report includes information that is statutorily required.

The People, Organisational Development and Culture Committee (PODCC) is requested to receive the SEP Annual Report 2020/21, the Annual WE Report 2020/21 and Gender Pay Gap Report 2020/21 for assurance on the work undertaken to meet the PSED and HDdUHB's equality objectives.

**Cefndir / Background**

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, HDdUHB 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. The specific duties in Wales cover:

- Objectives;
- Strategic Equality Plans;
- Engagement;
- Assessing for Impact;
- Equality Information;
- Employment Information;
- Pay differences;
- Staff Training;
- Procurement;
- Annual Reporting;
- Publishing;
- Welsh Ministers Reporting;
- Review;
- Accessibility.

The SEP Annual Report 2020/21 highlights areas of relevance to HDdUHB's duties under the Equality Act where processes, developments and initiatives have contributed to meeting its duties. It is not an exhaustive account and links are provided to relevant examples of the HDdUHB's work, which are contained in other reports.

### **Asesiad / Assessment**

The Strategic Equality Plan Annual Report and Annual Workforce Equality Report follows a prescribed reporting template and includes information illustrating service improvements that benefited people with protected characteristics or which removed barriers. Both reports highlight that HDdUHB is able to demonstrate progress towards meeting the objectives set out in the Strategic Equality Plan 2020-2024.

During this reporting period, the COVID-19 pandemic has had an impact on the way services have been delivered and the SEP Annual Report and WE Report demonstrate how HDdUHB has been committed to working together across the organisation and with partners to ensure that the services provided remain accessible and the health inequalities exacerbated by the pandemic are addressed.

The SEP report provides an overview of how the four Strategic Equality Plan Objectives are being delivered and illustrates examples of:

- How continuous engagement is being used, particularly with protected groups, as an effective way of assisting HDdUHB to develop and deliver accessible and equitable services.
- How links with the community at locality and neighbourhood level are continuing to be developed to ensure public awareness of services, and to enable and encourage public engagement from our diverse populations, communities and protected characteristic groups.
- Initiatives undertaken by the Workforce and OD Directorate which are working towards creating, supporting and sustaining a diverse workforce, offering opportunities to all and reflecting our populations across the three counties.
- That socio-economic considerations have been embedded into HDdUHB's Equality Impact Assessment processes to ensure that, as transformation programmes develop (or plans for savings or service change are proposed), consideration is given to how disadvantage associated with socio-economic status and poverty can be mitigated.

The Gender Pay Gap Report highlights that although a gender pay gap is still present within HDdUHB, the gap has reduced in comparison to the data reported to Board in September 2020. The average pay gap has reduced from £4.61 p/h (23%) in 2019 to £3.62 p/h (17.6%) in the reporting year 2020/21. The median pay gap has reduced from £1.27 p/h (8.37%) in 2019 to £0.11p p/h (0.69%) this year.

There is increasing expectation from the Equality and Human Rights Commission (EHRC) that over time, public sector bodies will be able to demonstrate incremental and increasing progress towards meeting the equality duties, backed up by robust evidence.

In summary, the next steps for HDdUHB are to:

- Continue to integrate equality, diversity and human rights into core systems and processes;
- Promote, encourage and adopt a pro-active approach across all sites, wards and departments towards developing initiatives to meet our equality duties and stated equality objectives;
- Provide accessible information and fair and equitable services for protected groups, delivered with dignity and respect;
- Take forward actions to identify and address gender pay gap issues and over time, seek to identify and address pay gap issues relating to additional single or multiple protected characteristics where they might exist.
- Continue to align our equality objectives work with our actions to meet the requirements of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015;
- Continue to embed the requirements of the Socio-economic Duty which came into force on 31 March 2021.

### **Argymhelliad / Recommendation**

The People, Organisational Development and Culture Committee is requested to receive the Strategic Equality Plan Annual Report 2020/21, Annual Workforce Equality Report 2020/21 and Gender Pay Gap Report 2020/21 for assurance on the work which has been undertaken to meet the PSED and HDdUHB equality objectives.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.4 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate (specifically PO 2B).
Cyfeirnod Cofrestr Risg Risk Register Reference:	Governance, Communication and Engagement E&Div 01 (currently under discussion)
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: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention  Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>Equality Act 2010</li> <li>Public Sector Equality Duties (Wales) 2011 <a href="http://www.wales.nhs.uk/sitesplus/862/page/61509">http://www.wales.nhs.uk/sitesplus/862/page/61509</a></li> <li>Health Board's Strategic Equality Plan and Objectives</li> </ul>
Rhestr Termiau: 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:	Staff Partnership Forum – 3 <sup>rd</sup> August 2021

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial resources to facilitate progress against set equality objectives will require ongoing consideration. 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

	the Strategic Partnerships, Diversity and Inclusion Team to deliver a corporate programme of awareness raising training, individual training needs identified via appraisal processes may be required to be met from relevant departmental and corporate budgets.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Evidence stipulates that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups, but for the population as a whole
<b>Gweithlu: Workforce:</b>	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
<b>Risg: Risk:</b>	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to HDdUHB.
<b>Cyfreithiol: Legal:</b>	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
<b>Enw Da: Reputational:</b>	The SEP objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an Annual Report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.
<b>Gyfrinachedd: Privacy:</b>	Information gathered for equality data monitoring purposes can include details on sensitive personal information, however this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records if individuals have agreed to supply the information on a voluntary basis.
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? <b>No</b></li> <li>• Has a full EqIA been undertaken? <b>No</b></li> </ul> <p>The report describes progress towards meeting the Public Sector Equality Duties and meeting HDdUHB's stated equality objectives. Publishing the report within the prescribed timescale is one of the specific Public Sector Equality Duties.</p>



# Strategic Equality Plan Annual Report 2020/21



**1 April 2020 – 31 March 2021**

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

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## Introduction

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

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

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

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

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

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

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

- Siarad Iechyd/Talking Health, our public engagement scheme and regular locality based public meetings as a process of continuous engagement;
- Engaging and consulting with staff and our communities through joint public sector events and surveys;
- Data gathered on our Patient Administration Systems;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our Electronic Staff Record and grievance reports;
- Welsh Government initiatives and national reports for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others.

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

## About the Hywel Dda area

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



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



We employ approximately 12,000 staff and have a growing group of nearly 400 volunteers.



### Primary Care

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



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

**387,000**

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



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

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

towards a better future for all. Information on health and socio-economic factors across the three counties is available from the [Public Health Wales Observatory](#) and on the [Daffodil Cymru](#) website.

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

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

This report should be read alongside our Annual Workforce Equality Report 2020-21 which illustrates “life in Hywel Dda” across the protected groups. The statistical data presented in the Annual Workforce Equality Report has been used to identify aims and positive actions which can be taken to support members of our workforce with protected characteristics. The information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to use this system to aid the collection of more complete and accurate information. In addition to a focus on the protected characteristic groups, the Annual Workforce Equality Report also includes an analysis of Welsh language skills, in acknowledgement of our responsibilities under the Welsh Language Standards (No.7) 2018 Regulations. A summary of this data is provided in a later chapter – Workforce Information.

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

**Population Equality Information** - Appendix 1 provides a broad overview of the protected characteristics of our populations across our three counties, as evidenced in the 2011 Census.

## Our Strategic Equality Plan Objectives

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

### Objective 1 – Leadership by All

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

### Objective 2 – Working Together

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

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

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

### Objective 4 - Being an employer of choice

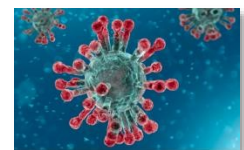
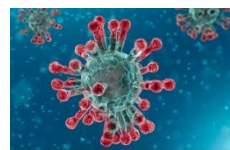
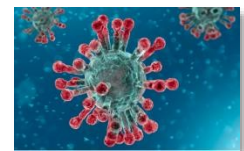
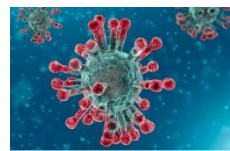
We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

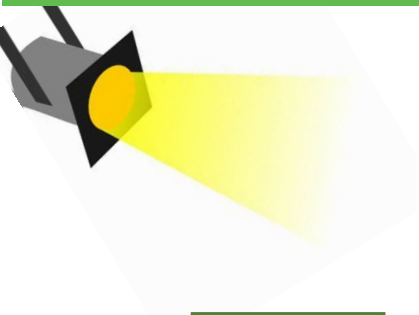
Detailed information about how we developed our objectives and what we learned can be found [here](#).

### Covid 19

During the Coronavirus pandemic, we have committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible and the health inequalities exacerbated by the pandemic are addressed.

Examples of how we have done this can be found throughout this report.





## Spotlight on: Leadership by All

### Our Objective

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

### Anticipated Outcome

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

### What have we done?

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

In response to evidence of the disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic staff, the Health Board established a Black, Asian and Minority Ethnic Advisory Group, demonstrating the Board level leadership and commitment to addressing inequalities. Actions have included: an analysis to understand the demographic profile of our workforce; ensuring that the concerns and lived experiences of members are acted upon; supporting staff development; raising awareness of diversity and inclusion; and establishing a staff network. Opportunities to attend conferences and events such as the Race in the Workplace digital conference, has increased awareness and understanding amongst the Advisory Group members and other senior leaders.

#### **Celebrating Diversity**

We are blessed in Hywel Dda to have such a diverse range of faiths and a richness of different cultures. We strive to create an inclusive environment where everyone can reach their full potential and have a real opportunity to participate in a variety of activities throughout the year. As a small step towards celebrating and understanding each other more, and to gain inspiration and strength from all our beliefs, the Black, Asian and Minority Ethnic Advisory Group produced a calendar celebrating diversity. This Religious Festivals & Events Calendar 2021 was produced to support timetabling, work scheduling and event planning to help ensure

that we provide an inclusive environment which enables participation from all our staff and visitors. The calendar was distributed to all staff and volunteers and highlights key diversity days, the main faith days observed and celebrated and awareness raising dates.



## Speaking Up Safely

Improving the safety and quality of our services is a priority for us all, to ensure patients receive the best possible service, and our staff are proud and happy to come to work in an environment which is supportive and quality driven. To achieve success we need to ensure that quality and safety is everyone's business, regardless of what role you perform in the Health Board. This is not only about clinical care, this applies to ensuring quality in all that we do. Our staff are the eyes and ears of the organisation and one of the most important ways that they can help us improve quality, is to tell us when they are concerned about something.

The Speaking up Safely process ensures that staff have a range of options to discuss any matter of concern in a safe and supported environment and on a confidential basis. Options include:

- speaking to a line manager or supervisor as first point of contact
- speaking to a Speaking Up Safely Champion or Ambassador
- speaking to a staff side representative
- sending an e-mail to the confidential speaking up e-mail address
- calling the Speaking Up Safely telephone number.

## Social and community support

Widening health inequalities and growing pressures on health care services are leading to a change in focus for the Health Board. The size, scale and reach of the NHS means that how we choose to function and use our resources can have a



significant influence on the health and well-being of local populations and actively contribute to addressing socio-economic disadvantage and inequalities. For example, the Health Board acknowledges that it can make a difference to local people by taking corporate action such as:

- Purchasing more locally, supporting the foundational economy which creates local jobs;
- Using buildings and spaces to support community activities, making these accessible to all; and
- Widening access to quality work opportunities to address inequalities and socio-economic disadvantages.

The Health Board recognises the importance of measuring and reporting on initiatives that will deliver “social value”. Social value refers to the wider financial and non-financial impacts of projects and programmes. For example, social value would look not only at how many jobs are created but who gets the job and what benefit and value that creates.

Our aim in 2021/22 will be to capture data to create baseline targets to use to report future progress that we are making to improve our social value contribution to our Hywel Dda pc

## Spotlight on:

### Case Study

In order to respond to the Covid-19 pandemic the Health Board established a number of temporary Field Hospitals across the Hywel Dda area. When the facilities were decommissioned the Health Board worked with local charities and third sector groups in order to reallocate surplus equipment in a way which would have a direct benefit to the community. Beneficiaries included: Syrian families in Carmarthenshire and Pembrokeshire who were part of the Vulnerable Person's Resettlement programme; a youth homelessness programme in Pembrokeshire; a food bank and the West Wales Domestic Abuse Service in Ceredigion. All the organisations who participated support individuals who are vulnerable and often face disadvantage, in particular, low income or poverty.

*“There was a lot of excitement and a crowd of people to help me get the beds off the delivery van. They were so happy to receive them and be included and asked about what they needed.”* **Driver delivering to Syrian families' project in Carmarthenshire.**





### Our Objective

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

### Anticipated Outcome

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

### What have we done?

#### **Supporting the health and well-being needs of Asylum seekers**

The Health Board has a key role to identify the needs of, and provide targeted health and well-being support, to meet the needs of homeless and vulnerable groups. Vulnerable groups include those who are: homeless, asylum seekers and refugees, and EU migrants who are homeless or living in circumstances of insecurity. During the year the Health Board worked closely with partner organisations to respond to the needs of Asylum seekers who during the pandemic were temporarily located in Pembrokeshire.

The Health Board, in conjunction with partner organisations, rapidly put in place arrangements to ensure that the individuals placed had access to accommodation which was Covid-secure and would support their needs holistically, for example, access to exercise and activities. The Health Board also developed temporary arrangements to facilitate easy access to primary health care services as well as pathways into services for emergency or urgent care needs, including screening services. Despite being short term placements, the Health Board was committed to promoting the very best health and well-being outcomes for the individuals placed in Pembrokeshire, taking steps to minimise disadvantage associated with their circumstances. Promoting community cohesion, dignity and respect was also at the forefront of this work.

#### **Learning Disabilities**

The Dream Team, a group of people with learning disabilities, advises managers and decision-makers across Ceredigion, Carmarthenshire and Pembrokeshire about what is important for people with learning disabilities, ensuring they are at the forefront of any plans or changes.

The Dream Team co-chairs the Regional Improving Lives Partnership meetings and has a say in how the Welsh Government's Integrated Care Fund is allocated for projects that support people with learning disabilities. Some of the specific projects delivered during the year include:

- The development of a Travel App which will assist people with learning disabilities to use the public transport system independently and with confidence
- Delivery of an employment and training project offering opportunities for people with learning disabilities to access volunteering, paid work and training
- Roll-out of the "Exercise Buddy" project, providing on-line facilitated sessions

In addition, the Dream Team continue to raise awareness of the Learning Disability Charter which was used by the Health Board Patient Experience Team to develop a patient charter for Hywel Dda.

### **Phlebotomy Services in Llanelli**

From 20 April 2020, Phlebotomy Services previously provided at Prince Philip Hospital, Amman Valley Hospital and the outreach service provided at Meddygfa Tywyn Bach GP Practice, moved to a community-based facility at the Antioch Centre Llanelli. One of the key changes was the introduction of an appointment-based system for all patients. As part of the Health Boards commitment to continuous engagement and working with the Community Health Council, it was agreed to undertake a patient experience survey to establish patients' views on the new service. Patients attending the clinic at the Antioch Centre were invited to complete a questionnaire online or as a paper copy and a total of 235 responses were received.

The feedback from respondents was overwhelmingly positive and highlighted a number of key benefits:

- a reduction in non-essential patient footfall at Prince Philip Hospital.
- reduced waiting times on the day. This was a significant benefit for patients as the previous 'open access' approach sometimes resulted in lengthy waits.
- the new venue offered improved accessibility with ease of manoeuvring a wheelchair and pushchairs.



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

### Our Objective

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

### Anticipated Outcome

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

### What have we done?

#### Using digital technology and innovation

During the pandemic, we have had to deliver services differently and maximise the use of digital tools across key services such as Outpatients. This has included the use of virtual platforms such as Consultant Connect, Attend Anywhere, Patient Knows Best and Microsoft Teams. These innovations have helped us to manage appointments more effectively, use face to face appointments only when necessary and link systems together to provide communication support such as online interpretation.

These new way of working has reduced the need for unnecessary travel and journey times for patients some of whom would have been reliant on public transport or families and friends to make the journey from home to hospital. As well as having a positive impact for those on low-incomes, it has made consultations more accessible and also contributed to reducing carbon emissions.

### Delta Connect Case Study

The Delta Connect is a West Wales Regional Partnership Board Transformation Fund project. The project uses technology at home (Technology Enabled Care) in order to provide proactive preventative support services close to home and support to live independently. Some of the key benefits have been connecting users with families and healthcare professionals for a response if needed making services more accessible. During the year:

- Over 2,500 people were supported and 12,030 proactive calls were made
- More than 40% of CONNECT participants report improvements to their mental health, ability to care for themselves and reduced loneliness and isolation
- 2,500 welfare response visits, of which only 6% resulted in referral to emergency services

### Care at home case study

In collaboration with Welsh Government, Panasonic UK, and clinicians at Hywel Dda University Health Board, engineering researchers at the University of South Wales developed an innovative blood oxygen monitor after supplies of this key device became limited as a result of the Covid-19 pandemic. The device, known as a pulse oximeter, was designed to be manufactured in Wales.

The device clamps onto to a patient's finger, allowing clinicians to monitor the level of oxygen in the bloodstream, and, importantly, the performance of their lungs. It can also be used in community settings, allowing clinicians to remotely assess patients with Covid-19 to monitor the performance of their lungs whilst at home. This has helped people coming out of hospital to self-manage at home and for them and their health professionals to be aware if their condition worsened. This is an example of using technology to make health and care services more accessible for the population as a whole.

The Health Board has also benefited from a significant number of charitable donations and has purchased tablets and iPads for patient use across the Health Board. Access to a tablet or iPad made a big difference to patients who weren't able to receive visitors whilst pandemic restrictions were in place. In addition to maintaining their connection with family and reducing loneliness and isolation, this technology is also used to support virtual meetings for discharge and care planning as well as online interpretation services. Online interpretation has enhanced communication for patients who have a range of language and communication support needs, and improved accessibility for patients with sensory loss, including deaf patients who previously experienced challenges with ensuring a Sign Language interpreter was available for appointments.

## **Hywel Dda Community Development Outreach Team**

Evidence shows that Black, Asian and Minority Ethnic communities have been disproportionately affected during the Covid-19 pandemic. In response, the Health Board, working with the three local authority partners, developed a bid to secure funding to establish a Community Development Outreach Team to engage with minority ethnic communities across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. The team commenced in April 2021 and are working in partnership with local authorities and third sector organisations to support Test, Trace and Protect and raise awareness and understanding of key public health messages and the contributory factors to widening health inequalities.

## **Emotional health and well-being of children and young people**

The Health Board launched a new text-based service – ChatHealth - to support the emotional and mental well-being of young people aged 11-19. Benefits include increased accessibility and the service has already been used by a homeless young person to access support without the need for referral by a GP or other professional. Also launched during the year was a new online counselling and emotional wellbeing support service for young people called Kooth which enables young people aged between 11 and 18 years old to access online counselling through their mobile device, 365 days a year.

## **Supporting the health and well-being of people with a Learning Disability**

The Health Action Team has played a vital role in the vaccination programme working with the Mass Vaccination Centres to ensure that reasonable adjustments are made. Their work has helped to reduce barriers and allay fears and anxieties of those with a Learning Disability so that they can receive their vaccine with as little stress for the individual as possible. Adjustments made included:

- Sharing easy read information on the process in advance of the appointment
- Supporting staff and volunteers to adopt plain English and jargon free language
- Talking through the process and what to expect step by step and finding out from the individual what they need and how best to support them.

### **Exercise Buddy Case Study**

An 'Exercise Buddy' project was developed to provide on-line facilitated sessions for individuals with Learning Disabilities encouraging them to get involved with physical exercise in their own homes to improve their overall health and well-being. The online nature of the project meant that it has thrived during the Pandemic. Many of those participating have recorded individual and/or group achievements, including step counts equating to marathon distances and virtual climbs.



## Spotlight on: Being an employer of choice

### Our Objective

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

### Anticipated Outcome

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

### What have we done?

#### Local jobs for local people

Offering a diverse range of employment opportunities and supporting the growth of our local economy are principles supported by the Health Board and these ambitions are being delivered through a number of initiatives. Some of the ways that we are encouraging local people, in particular young adults, to consider opportunities to work within the Health Board include:

- supporting the Welsh Government Kickstart Programme, providing job placements, career support and training for young people under 25
- offering work tasters through the Traineeship and Engagement programmes
- supporting people with a learning disabilities with access to volunteering, and training and opportunities to transition into employment
- delivering a successful Apprenticeship Academy programme



Local health care apprentices have been praised for their pivotal role in supporting the COVID-19 testing programme working in domiciliary settings, including

### Supporting employment Case Study

35 people with Learning Disabilities living in Pembrokeshire were supported to secure paid employment, volunteering and training positions in a range of employment initiatives such as cafés, a Farm Shop, craft sales, furniture upcycling and a sawmill. Of the 35 people supported, 5 have become Learning Disability Champions. One of the cafés provides 70 hours of paid work to 7 people each week and provides unpaid work experience for an additional 6 people. Due to the success of the project in Pembrokeshire, we are currently planning a roll out in Carmarthenshire and Ceredigion.

supporting the Long Term Care Team and the Infection Prevention & Control Team in care home testing.

## Carers

Unpaid Carers play an important role in supporting family members who could not otherwise manage without their help, for example as a result of a disability, long-term condition or due to their age. As large employer of staff we are working proactively to support our employees with caring responsibilities. The majority of unpaid Carers are often female and our workforce is also predominantly female.

The Health Board is a member of the Carers Wales Employers for Carers Scheme and is able to display the Carers Confident Logo. We also participate in the Carer Confident benchmarking scheme which supports the Health Board to build a positive and inclusive workplace for staff who are, or will become, unpaid Carers. Valuing employees with caring responsibilities, and making the most of their talents within the workplace is vital and can help to reduce stress, improve job performance and satisfaction and decrease staff turnover. During 2020/21 we:

- Achieved Carer Confident level 1 “Active” award accreditation and are now working towards level 2 “Accomplished” award.
- Approved a Health Board Carers Policy which was developed with engagement from staff with caring responsibilities. The Policy sets out our flexible working practices in recognition that caring responsibilities change and emergencies arising from Caring are often less predictable than child-care.





- Established Carer Peer Support groups to support the health and well-being of staff who have caring responsibilities in their home life.
- Supported and participated in national Carer campaigns to acknowledge the role of unpaid Carers.

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

### **Pride in our staff**

The Health Board is a long-standing Stonewall Diversity Champion and has its own staff network ENFYS. During the year all staff and volunteers have been offered rainbow lanyards, reinforcing the health board's commitment towards being an LGBT inclusive employer.



The Health Board was proud to be part of NHS Wales' collaboration with Pride Cymru to mark NHS Wales Virtual Pride Week (24–30 August 2020), celebrating diversity and inclusion in the NHS workforce and our communities. During NHS Wales Virtual Pride Week a number of events were held including educational sessions, short films and opportunities to network and support LGBTQ+ staff and patients.

### **Staff Psychological Health and Wellbeing**

Staff wellbeing has been a clear and high priority during the pandemic and a great deal of effort has been put into considering how to best support the mental health of all our employees. The experiences of our staff have been very varied, some working in COVID wards, redeployed into field hospitals, others shielding and many have been working from home.

The Staff Psychological and Wellbeing Service quickly adapted its ways of working to allow staff easy and rapid access to support and to share good quality resources



“The online session was good because I could stay at home. My therapist was very supportive and easy to talk too. She allowed me to talk and solve my own difficulties in a safe, supportive environment”



depending on individual needs.

The approach has been flexible and responsive, learning what works and also taking into account new experiences and situations as they arise. The service has embraced the benefits of new technology and the use of the video consulting platform, Attend Anywhere has been very well received by staff.

We have focused on encouraging and enabling staff to strengthen their social connections at work, sharing various guides as well as providing the 20 Minute Care Space and Spaces for Listening. Bespoke pieces of work have been carried out with separate groups of staff, for example those who have returned to work from shielding and those working in our field hospitals. We have continued to work with senior leaders and managers to understand and work effectively with the workplace conditions that are needed to support resilience and wellbeing at work.

A series of Wellbeing@Work Webinars have been delivered online and sessions are recorded so they can be watched by staff at a later date or a time more suitable to them. The webinars have covered a wide range of wellbeing issues including “The Art of Rest”, “How to Sleep Well” and “Team Resilience” and the feedback from attendees has been extremely positive.

### **Tackling bullying and harassment**

A Bullying and Harassment task and finish group has been set up to help the Health Board develop a better understanding of matters concerning staff dignity at work, and to consider anonymised lived experiences of bullying and harassment. Membership of the group reflects our diverse workforce and the group is working proactively to consider recommendations for change in terms of Health Board policies and/or approaches that will deliver improvements.

### **Equality and Diversity training**

The Health Board would usually deliver a year-long programme of face-to-face training and workshop sessions on a wide range of topics which raise awareness of equality, diversity and inclusion. In response to the pandemic and changes in working arrangements, this year, the majority of training and awareness raising sessions have been delivered online using digital platforms and has included:

- sensory loss awareness
- culturally appropriate care
- delivering LGBT inclusive services
- disability awareness
- unconscious bias
- neurodiversity
- mental wellbeing
- Pride month
- challenges of social distancing for those with sight loss
- observing Ramadan during a pandemic.

Completion of the NHS Wales “Treat Me Fairly” training continues to be mandatory for all NHS staff on commencement of employment, and then as a refresher training every three-years.

## **Learning and Development**

The Learning, Education and Development department played a pivotal role in supporting the workforce to respond to the exceptional circumstances of the COVID-19 pandemic. The department adapted previous processes to align with the changing government policies and procedures and to help support the recruitment and “onboarding” of over 2,000 newly appointed staff.

The department identified that a large number of newly appointed staff were not computer literate, so developed a step-by-step support system that provided alternatives to on-line learning which included facilitated in-house socially distanced sessions to complete training. A service was also established to respond to calls outside of normal working hours up until 10pm at night over 7 days a week, to offer guidance in completing the mandatory training.

## Workforce Information

Workforce information included in this report has been summarised from our Workforce Equality Annual Report 2020-21 which is published separately. This section outlines comparisons between workforce data published as at 31 March 2021 against data published at 31 March 2020. 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 in the report may not fully reflect the demographic profile of the workforce.

The most recently available 2011 Census information (as condensed in Appendix 1) has also been highlighted. Where possible, comparisons are drawn with March 2021 workforce data although much of the Census information reports for people of all ages, not just those of working age.

### Age Profile

The 2011 Census identified between 60-63% of the population across the three counties being of working age. The majority of the workforce as at 31 March 2021 were aged between 25–59 accounting for approximately 80% of staff, but this was a slight reduction from the previous year. Compared to 2020, workforce information data on 31 March 2020 showed:

- The percentage of staff identifying within the Age Profile for the ages of 54 and below has decreased by 0.45%.
- Age Profiles for the ages of 55 and above have shown a percentage increase of 0.45%.

### Disability

At 31 March 2021, the Health Board employed 276 staff who identified as Disabled, which accounted for 2.2% of our workforce. Based on 2011 Census data for Carmarthenshire, out of 100 people 38 (38%) of the population declared a limiting long-term illness or disability. In Ceredigion 28 out of 100 people (21%) and in Pembrokeshire 11 out of 100 people (11%). Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff identifying as having a Disability has decreased by 0.48%.
- The percentage of staff not disclosing or not declaring this information has remained the same at 0.02%.

## **Ethnicity**

At 31 March 2021, the Health Board employed 836 staff who identified their ethnic group as Black, Asian or Mixed ethnicity and this accounted for 6.67% of our workforce. This is an increase of 59 staff. Overall, 86% of our employees have recorded their ethnicity as White. Based on 2011 Census data for Carmarthenshire, Ceredigion and Pembrokeshire, 2% of the population identified as being from a non-white background.

Compared to 2020, workforce information data on 31<sup>st</sup> March 2021 showed:

- The percentage of staff identifying as White has risen by 2.48%.
- The percentage of staff identifying as Black or Black British has increased by 0.07%.
- The percentage of staff identifying as Asian or Asian British has decreased by 0.25%.
- The percentage of staff identifying as having Mixed ethnicity has increased by 0.18%.
- The percentage of staff identifying as from Any Other Ethnic Group has decreased by 0.04%.
- The percentage of Unknown (2018/19) / Not Stated (2019/20) has decreased by 2.44%.

## **Gender**

At 31 March 2021, the Health Board employed 12,526 staff. 77.7% identified as female and 22.3% identified as male and this has not changed from data reported on 30<sup>th</sup> March 2020. Census data for 2011 showed the following male/female percentages: Carmarthenshire – 49% male, 51% female; Ceredigion - 50% male, 50% female; and Pembrokeshire - 49% male, 51% female.

## **Gender Reassignment**

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

## **Marital Status**

No information on marital status was collected during the 2011 Census. Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff detailing marital status information has increased by 0.25%.
- The percentage Unknown has decreased by 0.25% for the period.

## **Maternity & Adoption**

No pregnancy and maternity data was collected in the 2011 Census. The number of

employees recorded as taking maternity and adoption leave is 438, 3.5% of the workforce. This is a decrease of 0.05% on the data reported on 31 March 2020.

### **Religious Beliefs**

According to the 2011 Census, around 60% of the population are Christian, 2% would be of other religion, around 30% would have no religion and 9% would prefer not to state their religion. The percentage of staff identifying a specific religion or belief has risen by 3.55% compared to data reported on 31 March 2020. The workforce profile of Hywel Dda, reports that 41% are Christian, 24% would be of other religion, 19% chose not to disclose and 16% preferred not to say.

### **Sexual Orientation**

Based on data published by Stonewall Cymru between 6% and 9% of the population would identify as Lesbian, Gay or Bisexual. At 31 March 2021 Health Board data recorded 1.29% of staff recording their sexual orientation as Lesbian, Gay or Bisexual.

Compared to 2020, workforce information data on 31 March 2021 showed:

- The percentage of staff identifying as Bisexual has decreased by 0.38%.
- The percentage of staff identifying as Gay or Lesbian has increased by 0.15%.
- The percentage of staff identifying as Heterosexual or Straight has increased by 4.88%.
- The percentage of staff choosing not to disclose this information has increased by 1.30%
- The percentage of staff choosing not to record has decreased by 4.03%.

### **Welsh Language**

The Welsh Language Use Survey 2018 reported that 46% of the Hywel Dda population were able to speak Welsh. At 31 March 2021 Health Board data recorded that:

- 26% of the workforce have Welsh language skills at intermediate level or higher.
- 22% of staff have recorded their Welsh language skills as entry level.
- 9% of staff have recorded their Welsh language skills as being at foundation level.
- 31% of the workforce have recorded their ability as having no Welsh language skills.
- 12% of staff have chosen not to record this data.

## Equality Impact Assessment

During 2020/21, the Health Board undertook 123 Equality Impact Assessments (EqIA). This included: 7 associated with service change; 80 related to clinical policies (10 of those associated with COVID-19); and 19 assessments of employment policies. The Health Board remains committed to conducting appropriate equality impact assessments, closely linked with our commitment towards continuous engagement.

There is an inextricable link between socio-economic disadvantage and inequalities and on 31<sup>st</sup> March 2021 the Socio-economic Duty within the Equality Act, came into force. To reflect this, the Health Board updated its Equality Impact Assessment process to include consideration of socio-economic impacts. The intention of the Socio-economic Duty is to encourage better decision making and ultimately deliver better outcomes for those who are socio-economically disadvantaged. It prompts public bodies to actively engage, involve and consult with people who will be impacted by strategic decisions. It offers an opportunity to better understand the needs and views of people in our communities and to consider their views alongside other evidence to inform fair decision making.

The Socio-economic duty provides a means to do things differently and help to reduce socio-economic disadvantage and inequality in Wales and in our local communities.

One of the largest EqIA's undertaken by the Health Board was for the COVID-19 vaccination delivery programme and as a result a number of actions were taken to improve accessibility including:

- Signage at vaccination centres was made larger and more visible to all
- Staff were made more aware of the needs of blind or partially sighted people in order to guide them around the venue and also provide extra seating/spacing if a guider or guide dog accompanies the person
- Information leaflets were printed in Easy Read format and translated into a number of community languages
- Clear face masks were sourced for vaccinators to use to aid communication with patients who have hearing loss, to support lip reading
- Health Board approved interpretation services were made available to all staff at vaccination venues including the use of BSL if required
- Partnership working with local authorities in order to deliver vaccination sessions in specific locations to encourage engagement with homeless and Roma, Gypsy Traveller communities
- Vaccinations made available at locations closer to home (or at home) for those that were unable to travel to the mass vaccination centres

Another example of an EqIA was in relation to the In-patient Visiting policy. This required adaptation to respond to COVID-19 regulations and Welsh Government guidance. Clear statements and a common approach was established so that as patients moved between wards and hospital sites consistent information was available to them and their visitors. The EqIA resulted in the following changes:

- The requirement of appropriate size PPE for young adults/children who may be visiting, as opposed to the “one size fits all”
- Stocks of clear face masks for visitors of patients with hearing loss
- Additional digital equipment such as the use of tablets and iPads were made available on wards to facilitate virtual visiting and for use when online interpretation services were required

## Looking forward to 2021/22

Our [Strategic Equality Plan and Objectives 2020–2024](#) set out our intended direction of travel to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as the way in which we provide services to patients, families, Carers and our wider population.

The experience of the Covid-19 pandemic has had the impact of widening health inequalities and the Health Board acknowledges that how we choose to function and use our resources can have a significant influence on the health and well-being of local populations and actively contribute to addressing socio-economic disadvantage and inequalities.

However, the pandemic has also created an environment for the continued strengthening of collaboration and joint working with our partner organisations, including a variety of third sector and voluntary organisations. We will continue to strengthen these bonds in order to help us deliver services to our communities in ways that meet the needs of our communities across all protected groups.

During the year we have established new and innovative ways of working, and learned lessons about how different groups access our services, how they may be affected differently from the general population, and what we need to do to ensure that they receive equitable care and treatment and preserve their dignity. We intend to use this knowledge to continue to create positive action to help reduce health inequalities and make our workplaces, and services, safe, sustainable, accessible and kind for all.

Our organisation's values are integral to what we do every single day – putting people at the heart of everything we do, working together to be the best we can be and striving to deliver and develop excellent services. We were able to put these values into practice more than ever during the past year and we will continue to do so during the coming year, working together with our partners and our communities.



## APPENDIX 1

### EQUALITY INFORMATION

As both a service provider and an employer, the Health Board needs to collect and keep up to date:

- Information relating to service users and the general population
- Information relating to our staff.

We have mainly relied on Census 2011 information for the demographic profile of our communities and updates from the Office for National Statistics (Wales) available [here](#). Demographic data on the broad profile of the Hywel Dda community is available in previous Equality Reports [here](#).














It is acknowledged that “sensitive” equality monitoring information around sexual orientation, religion and belief may not be reliable and may therefore not give a complete and true picture of the county demographics.

The following info-graphic provides a broad over-view of protected characteristics across our three counties.














Further population demographics are available in each of the Public Services Board Well-being Plans within Carmarthenshire, Ceredigion and Pembrokeshire [here](#)

The Workforce Equality Report is published separately alongside this report














If we could shrink **Carmarthenshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	61 people of working age (2011 census)
	21 people of pensionable age (2011 census)
	44 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	38 with a limiting long term illness or disability (2011 census)
	13 people would be providing unpaid care (2011 census)
	62 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	17 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	31 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	18 lone parents

If we could shrink **Ceredigion's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be:

	50 Males and 50 females (2011 census)
	15 children aged under 16 (2011 census)
	63 people of working age (2011 census)
	23 people of pensionable age (2011 census)
	47 people able to speak welsh (2011 census)
	97 people from a white background and 2 from a non white background (2011 census)
	5-7 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	21 people with a limiting long term illness or disability (2011 census)
	11 people would be providing unpaid care (2011 census)
	58 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	5 lone parents

If we could shrink **Pembrokeshire's** population to a village of approximately 100 people, with all of the existing human ratios remaining the same, there would be

	49 Males and 51 females (2011 census)
	18 children aged under 16 (2011 census)
	60 people of working age (2011 census)
	22 people of pensionable age (2011 census)
	19 people able to speak welsh (2011 census)
	98 people from a white background and 2 from a non white background (2011 census)
	6-9 people would be Lesbian, Gay or bisexual (Stonewall Cymru)
	11 with a limiting long term illness or disability (2011 census)
	12 people would be providing unpaid care (2011 census)
	63 people who were Christian, 1 person would be of other religion and 29 would have no religion (8 would prefer not to state their religion) (2011 Census)
	16 households would be earning less than £10,000 per year and 5 households would be earning over £80,000 per year (CACI Paycheck 2013)
	14 people from the total population claiming key Department of Work and Pension benefits (DWP Stats May 2013)
	12 lone parents



# **Hywel Dda University Health Board**

## **Annual Workforce Equality Report**

**Reporting Period 1 April 2020 - 31 March 2021**



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# Section 1

## Introduction





## Introduction

The Health Board is committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for our staff. This means thinking about people as individuals and taking a person centred approach, so that we treat everyone fairly, with integrity, dignity and respect, whatever their background and beliefs.

The Health Board has published its Strategic Equality Plan and Objectives 2020-2024, which set out our intended direction of travel over the next four years to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our plan relates to our role as an employer, as well as in the way in which we provide services to patients, families, carers and our wider population. This Annual Workforce Equality report focusses on our role as an employer.

Through a values based approach, we aim to deliver services which are safe, sustainable and kind for all and to offer an inclusive and nurturing working environment for all our staff. Within the suggested objectives, the words “culture”, “inclusion” and “well-being” are used in their broadest terms to encompass considerations in relation to Welsh Language and socio-economic influences. The responsibility for implementing the plan and objectives falls to all employees. This includes our Board members, staff and volunteers, agents or contractors delivering services or undertaking work on behalf of the Health Board. We know that creating a fair and inclusive environment often involves changing cultures, challenging long held practices and breaking down barriers. We will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all. Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation. Working with staff, particularly those identified as having worse experiences, will shape the design and delivery of services.

We are passionate and ambitious about this agenda and intend to go beyond our statutory duties. We want to celebrate diversity and move to eliminate inequality in all its forms in all aspects of employment. We have developed a Workforce, Organisational Development and Education Strategy for the 10 year period 2020 – 2030. This strategy confirms our intention to establish the Health Board as an inclusive organisation. Inclusiveness means making sure all our people’s voices are heard and valued, ensuring equal access to opportunities and resources for people who might otherwise be excluded or marginalised. This will not only help us to attract and retain the best people to form our workforce, but it will also help us to provide better services making us a great place to work. We need to move beyond ensuring equality to promoting diversity, which, ultimately, is about how we build our organisation with talented individuals from a wide range of backgrounds. NHS Wales have an ambition to that by 2030, leaders in the healthcare and social care system will display collective and compassionate leadership. A feature of the principles will be to improve inclusion and diversity consciously removing barriers and boundaries.

Our Annual Workforce Equality Report provides us with an opportunity to review our statistical data to help identify aims and positive actions we may wish to initiate to support members of our workforce in accordance with their protected characteristics. This report will help give an illustration of “life in Hywel Dda” across the protected groups and a strong foundation to build on next year and beyond. It demonstrates a step forward in the way the Health Board is thinking about and addressing equality and diversity issues.

Aims and positive actions will be undertaken over time and not necessarily within the space of the forthcoming year. Training and awareness raising in the areas of equality, diversity and inclusion will be a key aim including increasing our compliance rate of on-line mandatory training.

## Introduction

We want all our employees, no matter what their identity, culture or background to have the best possible employment experience in Hywel Dda. We also want candidates who apply to work with the Health Board to have access to all our opportunities with any barriers and accessibility issues to be eliminated. The analysis of robust information on our workforce profile, as a minimum on an annual basis, is key to moving this important agenda forward.

The information recorded and reported in the report was extracted from data held on the Electronic Staffing Record's Business Intelligence (ESRBI reporting database) for the period to 31<sup>st</sup> March 2021. Employees are encouraged to use ESR Self Service to aid in the collection of more complete and accurate information. It is acknowledged that staff reserve the right to decline the opportunity to complete equality data monitoring information, and while efforts are made to encourage completion, this will not be made compulsory. Therefore, we know, that particularly for sensitive personal information, our figures may not reflect the full demographic picture of our workforce.

In addition to a focus on the protected characteristic groups, we have included an analysis of Welsh Language Skills of our workforce. An aim of our Bilingual Skills Policy is to facilitate staff to use the Welsh language within the workplace. Following the introduction of the Welsh Language Standards (No. 7) 2018 Regulations there is a significant increase in the expectation for the right of staff to receive services within our internal administrative arrangements through the medium of Welsh.

The Health Board is aware that further work is required to analyse the impact of intersectionality across multiple protected groups i.e. how the statistics compare (and therefore how experiences may differ) between, for example, white, gay men and BAME gay men, or disabled female employees compared to male disabled employees etc.

In order to assess the percentages reported during this period the Health Board comparator percentages for the period of 31<sup>st</sup> March 2020 were also used. When undertaking the comparisons it should also be noted, that due to the change in Headcount between both periods this will show an impact on the statistics of the protected characteristics. The headcount as at the 31<sup>st</sup> March 2021 was 12,256 compared to 11,586 as at 31<sup>st</sup> March 2020. This is an increase in the headcount of 940 employees predominantly associated with the additional workforce required to support the work associated with the pandemic. Headcount is the total number of staff engaged as employees and workers by the Health Board which includes Bank and Locum.

It should be noted, that for comparator purposes with the population of the Hywel Dda area, a number of appointments are made from outside the Hywel Dda area (including overseas) making it more challenging to draw conclusions on the profile of our own workforce to the profile of the general population in the area.

For population comparator purposes information has been taken from the Office of National Statistics, (ONS) Census 2011. Demographics for the Hywel Dda region are available on the ONS website ([www.ons.gov.uk](http://www.ons.gov.uk)) and the information shown in the main body of this report provides a comparison of protected characteristics based on the results of the 2011 Census.

# **Section 2**

## **Positive Action to Promote Equality, Diversity and Inclusion During 2020-2021**



## Positive Action to Promote Equality Diversity and Inclusion During 2020-2021

Submission for Armed Forces Covenant Employer Recognition Scheme Gold award on 31st March 2021. Results of submissions will be announced by 31st July 2021;

Careers Wales employment event attendance March 2021 Armed Forces Conference attended March 21;

Ongoing use a variety of platforms to advertise (local radio, professional journals, local holiday parks, social media advertising – Twitter, Facebook and LinkedIn);

Virtual Spaces for listening are being facilitated to provide opportunities for colleagues can come together, be themselves, have time to be listened to and connect with each other at a deeper level.

A Spaces for Listening Facilitators Network has been established (October 2020) to provide support and an opportunity to share the learning and to enable the model to be used more widely across the organisation;

Provision of a 'Speak Up Safely' technology platform to support the culture of psychological safety is currently being negotiated.

Implementation of plan to roll out OD Relationship Managers to every directorate in the Health Board in Summer 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.

Work has begun on embedding a culture of Healthier Working Relationships. The grievance policy has been redrafted in the style of the managing attendance at work policy, and concentrates on people rather than the process. The need for informal actions to resolve dysfunctional conflict will provide many benefits for the workforce and subsequently our patients. The OD teams are working closely with Operational HR in embedding a culture of open, honest conversations The policy will go live in June 2021, virtual workshops are being delivered in February – May 2021 regarding this Wales wide initiative.

Engagement HQ, a digital engagement platform was launched in February 2021 and provides the opportunity for Health Board staff to engage with each other, share human experiences, praise colleagues and share ideas.

The OD team are continuing to undertake bespoke values workshops and OD interventions with teams. There has been an increase in requests from services for these sessions.

A suite of bite size recruitment training animations has been drafted to deliver to Appointing Managers.

During 20/21 the HB undertook 19 Equality Impact Assessments of the employment policies

## Positive Action to Promote Equality, Diversity and Inclusion During 2020-2021

- “This is Hywel Dda” Campaign released quotes/testimonials from individuals sharing their experiences of positive action;
- Attendance at Diverse Cymru Equality and Diversity virtual training in Feb & March 2021 to raise awareness in the recruitment function;
- Attendance at Diverse Cymru Unconscious Bias Training in March 21;
- Attendance at Equality & Diversity Training with HR Disrupted in March 21;
- The national staff survey was held throughout November 2020. The survey had a reduced number of questions with some free text boxes to measure qualitative data from staff experiences. The survey looked to drive down into teams and enable meaningful conversations to take place about staff engagement and experience at a more personal level. Going forward local pulse surveys will be undertaken on a quarterly basis to provide ‘real time’ data of staff experience and culture change.

Provision of a coaching network to support staff;

Implementation of the plan to increase Culture & Workforce Experience team to analyse & collate data to support cultural change.

Diverse Cymru were commissioned to deliver seven online training sessions to staff across the organisation which focused on outlining the barriers faced by applicants, current staff and service users. Attendees were encouraged to consider how these barriers could be removed and how the HB could work towards a more inclusive environment.

Quarterly Exit Interview trends analysis reports have been completed since 2017. Demographic data was added to the exit interview document for deeper analysis on 30th October 2020. Future quarterly reports including the demographic data will support various steering groups i.e. BAME exit interview process is promoted via leadership development programmes, global email and correspondence to staff when they leave the organisation.

Quarterly trends analysis reports have been completed since 2017. Demographic data was added to the exit interview document for deeper analysis on 30th October 2020. Future quarterly reports including the demographic data will support various steering groups i.e. BAME. Exit interview process is promoted via leadership development programmes, global email and correspondence to staff when they leave the Organisation.

“Since starting my journey with Hywel Dda I have often been astounded by the support received from colleagues. I openly identify as... a person... a man... that just happens to be gay. All people, regardless of orientation or identity deserve a safe and supportive environment in which to achieve their full potential. I’m lucky enough to have had all of that and some amazing friendships have been formed. There’s not a more appropriate time to say team work really does make the dream work!” - Matt

A framework has been developed which will enable the Learning & Development Department to focus on ensuring Hywel Dda University Health Board provides access to inclusive, equitable education and development opportunities for all our current and future staff, regardless of age, gender, sexual orientation, race, class, religion, disability or ability. To create fully accessible learning opportunities consideration will also be given to equipment,<sup>8</sup> resources, shift patterns and financial constraints;



# Section 3

## Sexual Orientation



Enfys staff network promoted via Global emails and staff Facebook page, to increase awareness and network membership

Key dates throughout the year to promote the network and the support offered, including Transgender Day of Remembrance

Subscription fees to the Stonewall Cymru Diversity Champions Programme paid for 21/22

Specialist consultancy sessions from Stonewall Cymru attended by members of the working group including recruitment

Stonewall Cymru training offered to all staff and includes - Introduction to Allyship, Delivering Inclusive Services & Allies Programme Parts 1 & 2

Diverse Cymru training offered to all staff and includes – Equality & Diversity Awareness and Unconscious Bias

A task and finish group has been established for the completion of the 2021 Stonewall Workplace Equality Index. The group has met several times and input and support has been received from Stonewall Cymru around this year’s submission. Submission is on track for October 2021.

“As a member of the LGBTQ+ community, I find Hywel Dda a fantastic place to work. It provides opportunities to bring your personality to work, meet people from all walks of life and learn new skills. The best part of working here is the feeling that, although we have so many employees, we are all one big team” - Dan

Continue to support the HBs LGBTQ+ staff network ENFYS

Continue to subscribe to Stonewall Cymru Diversity Champions Programme

Continue to complete an annual submission at Stonewall Cymru Workplace Equality Index to help measure progress

Improve how we attract, recruit and retain people by seeking advice on best practice from our LGBTQ+ network and Stonewall

Deliver LGBTQ+ awareness raising training for staff at all levels provided by those with lived experience

Ensure there is equal access to L&D to improve opportunities, potentially increasing diversity at senior level

Fel aelod o'r gymuned LGBTQ + rwy'n gweld Hywel Dda yn lle gwych i weithio. Mae'n darparu cyfleoedd i ddod â'ch personoliaeth i'r gwaith, cwrdd â phobl o bob cefndir a dysgu sgiliau newydd. Y peth gorau am weithio yma yw'r teimlad, er bod gennym gymaint o weithwyr, ein bod i gyd yn un tîm". - Dan





**The following section provides a summary of conclusions drawn from analysis of statistics in relation to sexual orientation, together with an outline of intended aims and future positive action.**

### **Conclusions following the analysis of data:**

Compared to the 31<sup>st</sup> March 2020, the percentage of staff identifying as bisexual has decreased by 0.38%. The percentage of staff identifying as gay or lesbian has increased by 0.15% as at 31<sup>st</sup> March 2021.

The percentage of staff identifying as heterosexual or straight has increased by 4.88% for the reporting period.

The percentage of staff choosing not to disclose this information has increased by 1.30%. Those staff whose records are not recorded on ESR has fallen by 4.03%.

Around 7% of the Hywel Dda population would be lesbian, gay or bisexual. This compares to 1.29% of the workforce. 16% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

The mean average salary of those identifying themselves as lesbian, gay or bisexual is £29,138 compared to £30,660 for those identifying themselves as heterosexual or straight.

Of a total 33,870 applications submitted for vacancies 4.1% of candidates identified themselves as lesbian, gay or bisexual.(LGB) 3.7% of those were offered employment. This indicates that the majority of applicants identifying as LGB were offered posts. 3.8% chose not to disclose their sexual orientation at the time of application.

3.03% of those leaving the Health Board identified themselves as lesbian, gay or bisexual compared to 1.29% of the workforce identifying themselves as lesbian, gay or bisexual. This indicates that the proportion of employees who identify as lesbian, gay or bisexual leaving the Health Board is higher than the percentage within the workforce.

2.35% of the workforce identifying themselves as lesbian, gay or bisexual attended training courses compared to 1.29% of the workforce identifying themselves as lesbian, gay or bisexual. This indicates that there is a slightly higher proportion accessing training when compared to the workforce profile.

Heterosexuals continue to make up the largest proportion of all grievances raised and the number of heterosexual and gay or lesbian employees involved in grievances (65.52% and 3.45% respectively), remains broadly similar to the previous year.

Heterosexual staff members make up the majority of all disciplinary cases (65.52%). This is similar to the year before (52.78%) but slightly below the Health Board profile of 70.15%.

The number of gay or lesbian staff members that have gone through disciplinary proceedings has increased from 2 cases to 3 cases.

## Sexual Orientation

### Headcount

	Headcount	%
Heterosexual or Straight	8,787	70.15%
Gay or Lesbian	151	1.21%
Undecided	86	0.69%
Bisexual	10	0.08%
Other Sexual Orientation Not Listed	8	0.06%
Not Stated – Person Asked But Declined To Provide A Response	1,475	11.78%
Not Recorded on ESR	2,009	16.04%
Total	12,526	100%

### Pay by Staff Group

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)
Add Prof Scientific and Technic	£38,559	£31,365	£40,612	£39,254
Additional Clinical Services	£19,424	£20,283	£20,140	£20,592
Administrative and Clerical	£20,633	£32,504	£27,665	£29,329
Allied Health Professionals	£37,084	£45,195	£36,522	£37,433
Estates and Ancillary	£18,842	£18,660	£19,783	£20,050
Healthcare Scientists	£33,478	£41,252	£36,972	£41,953
Medical and Dental	£79,576	£91,819	£72,341	£62,842
Nursing and Midwifery Registered	£29,364	£31,963	£34,191	£36,021
Students	£0	£0	£33,779	£0
Total	£27,615	£30,660	£30,221	£40,217

Staff Group	Other Sexual Orientation Not Listed	Undecided	Not Recorded on ESR	Total
Add Prof Scientific and Technic	£0	£0	£40,049	£40,367
Additional Clinical Services	£20,359	£27,398	£21,466	£20,386
Administrative and Clerical	£23,179	£24,000	£30,195	£28,278
Allied Health Professionals	£0	£0	£43,560	£37,922
Estates and Ancillary	£0	£0	£20,372	£19,960
Healthcare Scientists	£0	£0	£41,678	£38,960
Medical and Dental	£0	£0	£95,895	£73,055
Nursing and Midwifery Registered	£32,271	£40,894	£37,081	£34,637
Students	£0	£0	£0	£33,779
Total	£25,828	£28,597	£34,637	£31,902

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2021.

## Sexual Orientation

### Recruitment

	Report Category	Applications		Shortlisted		Offered	
		HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %
Sexual Orientation	Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
	Gay or Lesbian	706	2.1%	249	2.1%	86	1.9%
	Other	76	0.2%	18	0.2%	6	0.1%
	Bisexual	691	2.0%	222	82.0%	82	1.8%
	Heterosexual	31,002	91.5%	10,673	89.3%	3,764	83.7%
	Undecided	109	0.3%	33	0.3%	15	0.3%
	Undisclosed	1,286	3.8%	763	6.4%	545	12.1%

### Leavers

	Headcount	%
Heterosexual or Straight	633	53.24%
Gay or Lesbian	19	1.60%
Bisexual	17	1.43%
Not Stated – Person Asked But Declined To Provide An Answer	322	27.08%
Not Recorded on ESR	195	16.40%
Other Sexual Orientation Not Listed	2	0.17%
Undecided	1	0.08%
Total	1,189	100%

## Sexual Orientation

### Training Attendance

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Undecided	Not Stated Person Asked But Declined To Provide a Response	Not Recorded on ESR	Other Sexual Orientation Not Listed	Total
Attendance/Courses Completed	647	1,042	55,741	89	6,811	7,544	87	71,961

### Staff involved in Grievance

	Headcount	%
Heterosexual or Straight	19	65.52%
Gay or Lesbian	1	3.45%
Not Stated – Person Asked But Declined To Provide A Response	3	10.34%
Not Recorded on ESR	6	20.69%
Total	29	100%

### Staff involved in Disciplinary Procedures

	Headcount	%
Heterosexual or Straight	91	72.22%
Gay or Lesbian	3	2.38%
Not Stated – Person Asked But Declined To Provide A Response	12	9.52%
Not Recorded on ESR	20	15.87%
Total	126	100%

### Employee Relations Cases

Heterosexual staff members make up the majority of all grievances and disciplinary cases. This has continued to remain the same for the seventh consecutive year since this report was first published.

The number of people declining to disclose their sexual orientation who were involved in raising a grievance during this period has decreased to 3 cases from 16 cases the previous year. Equally, for the first time in four years the number of staff members who did not wish to disclose their sexual orientation involved in disciplinary proceedings has decreased (12 cases). These are both positive actions that the Equality Report aimed to decrease following last year's figures.

# Section 4

## Gender





"I just want to say I really appreciate the effort everyone has put into making the office a safe and accepting place for LGBTQ+ and non-binary people.

It makes me so happy to work with such an accepting team and I'm glad it's something that we can openly discuss.

I know adjusting to pronouns can be challenging but I just want to quietly say thank you to everyone who has respected my preferred pronouns recently. You're all amazing!" - Anon

Manager's feedback:

"It's something we as a team have been educating ourselves for the last six weeks since the individual approached me .I'm so pleased they trusted me enough to speak to me on the subject, that in itself must have taken a lot of courage".

Improve how we promote flexible working options including part time working for male employees.

Review employee relations cases for trends involving male employees to identify any future action which may need to be taken.

Improve how we attract, recruit and retain male employees and work towards increasing the percentages of males and females in "non-traditional" posts in order to challenge stereotyping and help reduce inequalities.

Produce a Gender Pay Gap report to identify disparities and help us work towards mitigating or eliminating them. Specifically addressing potential issues in the Medical and Dental and Admin and Clerical staff groups.

**The following section provides a summary of conclusions drawn from analysis of statistics in relation to gender, together with an outline of intended aims and future positive action.**

## **Conclusions following the analysis of data:**

Compared to the 31<sup>st</sup> March 2020 the percentage of employees identifying as male has risen by 0.05% by 31<sup>st</sup> March 2021.

The percentage of staff identifying as female has decreased by 0.05% for the reporting period.

Around 50% of the Hywel Dda population are male and 50% female. This is significantly different from the Health Board profile of 78% of the workforce being female and 22% male. However, the Health Board profile mirrors the national trend of the majority of the NHS workforce being female.

Of those with a permanent contract, 80% are female and 20% male.

50% of staff are part time, 85% of the staff working part time are females compared to 15% of males.

The mean average salary of males is £37,996 compared to £30,079 for females. The most significant variances are in the Medical and Dental and Admin and Clerical staff groups.

Of a total 33,870 applications submitted for vacancies 31.0% were from male candidates compared to 68.7% from females. 23.4% of males were offered employment compared to 76.4% of females. This shows that females were disproportionately offered posts in comparison to males in relation to the respective percentages of applications.

64.76% of those leaving the Health Board were female compared to 78% of the workforce being female. 35.24% of those leaving were male compared to 22% of the workforce being male. This broadly aligns to the workforce profile.

81% of females attended training courses compared to 19% of males. This broadly aligns to the workforce profile.

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

The number of females involved in grievances makes up 65.86% of the workforce and consequently, at 24.15% is the rate of males involved in grievances.

Male involvement in disciplinary proceedings has decreased to 38.1% from 43.8% the previous year. This is still higher when compared to the Health Board workforce, which is 22.3% male.

## Gender

### Headcount

	FTE	%
Female	7,272.76	77.04%
Male	2,167.75	22.96%
Total	9,440.51	100%

	Headcount	%
Female	9,726	77.65%
Male	2,800	22.35%
Total	12,526	100%

The numbers (headcount) of female and male Board Members and employees are as follow:

	Female	Male	Total
Board Members	11	10	21

Staff Group			
	Female	Male	Total
	Headcount	Headcount	Headcount
Professional Scientific and Technical	266	124	390
Additional Clinical Services	2,581	452	3,033
Administrative and Clerical	1,819	362	2,181
Allied Health Professionals	572	118	690
Estates and Ancillary	782	731	1,513
Healthcare Scientists	117	77	194
Medical and Dental	337	650	987
Nursing and Midwifery Registered	3,251	286	3,537
Students	1	-	1
Total	9,726	2,800	12,526



## Pay by Staff Group

Staff Group	Female	Male
Add Prof Scientific and Technic	£40,218	£40,686
Additional Clinical Services	£20,298	£20,792
Administrative and Clerical	£26,645	£35,667
Allied Health Professionals	£37,825	£38,347
Estates and Ancillary	£19,079	£20,730
Healthcare Scientists	£39,615	£38,057
Medical and Dental	£68,224	£75,469
Nursing and Midwifery Registered	£34,581	£35,237
Students	£33,779	£0
Total	£30,079	£37,996

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2021.

Grade/Pay band			
	Female	Male	Total
	Headcount	Headcount	Headcount
Band 1	17	17	34
Band 2	2,805	846	3,651
Band 3	1,096	282	1,378
Band 4	740	125	865
Band 5	1,910	259	2,169
Band 6	1,530	289	1,819
Band 7	837	167	1,004
Band 8a	247	82	329
Band 8b	88	33	121
Band 8c	55	18	73
Band 8d	17	10	27
Band 9	5	8	13
Consultants	85	219	304
Specialty Doctors	70	126	196
Other Doctors in Training	146	234	380
Hospital Practitioners & Clinical Assistants	1	7	8
Other Medical and Dental Staff	27	58	85
Other	50	20	70
Total	9,726	2,584	12,526

## Gender

### Contract Type and Working Pattern

Contract Type			
	Female	Male	Total
Assignment category	Headcount	Headcount	Headcount
Permanent	7,623	1,881	9,504
Fixed Term Temp	921	416	1,337
Locum	98	190	288
Non-Exec Director/Chair	4	7	11
Bank	1,080	306	1,386
Total	9,726	2,800	12,526
Working Pattern			
	Female	Male	Total
Employee Category	Headcount	Headcount	Headcount
Full Time	4,393	1,896	6,289
Part Time	5,333	904	6,237
Total	9,726	2,800	12,526

## Recruitment

	Report Category	Applications		Shortlisted		Offered	
		HDUHB Totals	HDUHB %	HDUHB Totals	HDUH B %	HDUH B Totals	HDUH B %
Gender	Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
	Male	10,495	31.0%	3,032	25.4%	1,053	23.4%
	Female	23,256	68.7%	8,885	74.3%	3,437	76.4%
	Undisclosed	119	0.3%	41	0.3%	8	0.2%

## Leavers

	Headcount	%
Female	770	64.76%
Male	419	35.24%
Total	1,189	100%

## Gender

### Training Attendance

	Female	Male	Total
<b>Attendance/Courses Completed</b>	57,943	14,018	71,961

### Staff involved in Grievance

	Headcount	%
Female	22	65.86%
Male	7	24.14%
Total	29	100%

### Staff involved in Disciplinary Procedures

	Headcount	%
Female	78	61.90%
Male	48	38.10%
Total	126	100%

### Employee Relations Cases

The number of males involved in grievances has decreased to 24.14% from 31.48% the previous year. This figure is now broadly in line with the Health Board's workforce, where 22.35% of staff members identify as male. In previous years the figure of males raising grievances has been disproportionately high.

Male involvement in disciplinary proceedings has decreased to 38.10% from 43.80% the previous year. Despite reducing, this figure continues to be disproportionately high when compared to the Health Board workforce, which is 22.35% male.

# Section 5

## Pregnancy and Maternity



## Pregnancy and Maternity Positive Actions & Future Aims



Promotion of flexible working options for those returning from maternity or adoption leave.



Ensured that all pregnant staff and those on or returning from maternity or adoption leave had equal access to training opportunities and to opportunities for career progression, irrespective of any additional protected characteristics.



Improve how we retain employees following periods of maternity or adoption leave.



The following section provides a summary of conclusions drawn from analysis of statistics in relation to pregnancy and maternity, together with an outline of intended aims and future positive action.

## Conclusions following the analysis of data:

Compared to 31<sup>st</sup> March 2020 the percentage of employees on leave due to maternity and adoption showed a decrease at 31<sup>st</sup> March 2021 as 0.05%.

Only two individuals out of 1,189 left following a period of maternity or adoption leave. There were no employees on maternity or adoption leave involved in grievance or disciplinary procedures during the reporting period.

## Headcount

### HDUHB Headcount by Pregnancy & Maternity/Adoption Leave

	Headcount	%
<b>Maternity &amp; Adoption</b>	438	3.50%

## Leavers

### HDUHB Leavers by Pregnancy & Maternity/Adoption Leave

	Headcount	%
Staff on Maternity & Adoption Leave	2	0.17%

## Employee Relations Cases

There were no employees on pregnancy and maternity leave involved in grievance or disciplinary procedures during the reporting period.

# Section 6

## Religion & Beliefs



## Religious Beliefs Positive Actions

The Strategic Partnership, Diversity and Inclusion team has developed a partnership with the hospital libraries, to purchase books on diversity and inclusion issues and create displays for events such as Black History month and Neurodiversity week. The joint awareness raising and book displays has prompted enquiries from staff who have requested further information and support on a variety of subjects such as being neurodivergent and supporting someone who is Transgender. Most recently the team worked with the Chaplaincy and Local Public Health teams to develop information for staff on celebrating Ramadan during the pandemic. This included an information leaflet to explain how staff can support both their colleagues and patients. The Strategic Partnership, Diversity and Inclusion Team also worked with a member of the Advisory Group to raise awareness of Diwali.

The Advisory Group's commitment to raising awareness and listening to staff has also been evident. In December members of the Advisory Group and Network participated in a national conference on Workplace Equality and are using this learning to stimulate local actions.

The Organisational Development Team introduced a programme of reverse mentoring for Board and Executive Team members. Each of these actions is driving forward our commitment to promoting equality diversity and inclusion in the workplace and is evidence of our commitment to our Strategic Equality Plan objectives – Leadership By All.

Calendars were distributed to all 10,000+ staff, volunteers and new recruits

Global emails  
Facebook posts regularly shared to celebrate and raise awareness of significant dates

The Health Board published a Celebrating Diversity Calendar 2021 in December 2020 and a copy was issued to each of our 10,000+ members of Health Board staff, as well as new recruits, including volunteers and those on bank contracts. The calendar was given to staff as a gift of thanks following a challenging year, where staff had responded to the pandemic with such courage and compassion, caring for our patients, our communities and each other, often at great personal sacrifice. The calendar has also been used proactively to celebrate key dates including religious festivals and non-religious awareness raising days. Significant events are highlighted each month, along with inspirational quotes and additional information on selected topics. These events are also being shared with staff via Health Board wide emails and via our social media accounts including our closed Facebook pages, public pages and Twitter. The calendar has helped staff to learn more about what is important to colleagues and patients and to raise awareness of the impact on others of, for example, the fasting month of Ramadan, sensory loss and promoting good mental health. Staff have commented positively on receipt of the calendar and these are being proudly displayed in offices and departments across the Health Board and in areas which are visible to patients and their families who visit.



Improve how we attract, recruit and retain employees with a wide range of religious beliefs by researching best practise through lived experience

Decrease the % of staff choosing not to disclose information on ESR

Improve how we provide support to staff of all faiths

Continue to raise awareness generally

"Diversity is the mix,  
Inclusion is making the mix  
work"

**"D**ifferent, **I**ndividuals, **V**aluing &  
Accepting **E**ach other, **R**egardless of  
**S**kin, **I**ntellect, **T**alent or **Y**ears"  
- Christine

**The following section provides a summary of conclusions drawn from analysis of statistics in relation to religious beliefs, together with an outline of intended aims and future positive action.**

### **Conclusions following the analysis of data:**

Compared to 31<sup>st</sup> March 2020 the percentage of staff identifying as having a specific religion or belief has risen by 3.55% as at 31<sup>st</sup> March 2021.

The percentage of staff identifying as having other religious belief has also risen by 0.80% for the reporting period.

The percentage of staff choosing not to disclose this information has fallen by 0.35%. Those staff whose records are not recorded on ESR has fallen by 4%. 1,994 employees do not have their religious belief recorded on ESR which makes data analysis more challenging and less accurate in drawing conclusions.

Around 60% of the Hywel Dda population are Christian, 2% would be of other religion, around 30% would have no religion and 9% would prefer not to state their religion. Compared to the workforce profile of Hywel Dda, around 41% are Christian, 24% would be of other religion, around 19% preferred not to say. 16% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

42% of candidates offered employment recorded their religious belief as Christianity. This compares to 60% of the Hywel Dda population. It is important to note that we do appoint several new employees from outside the Hywel Dda population and overseas.

For the fourth consecutive year there has been no grievances submitted by those who identify as Buddhist, Hindu, Muslim, Jewish or Sikh. This is unsurprising given that these religions make up a small proportion of the workforce – 0.93% when combined.

The percentage of those submitting grievances who identify as Christian has slightly decreased from 39.81% last year to 36.51% this year, but remains in line with the profile of the Health Board (41.04%). Due to the overall decrease of staff involved in grievances for this period, this equates to a decrease of 42 individuals in 2019/20 to 13 individuals this year. Similarly, the percentage of Atheists submitting grievances has decreased from 8.33% last year to 6.90% this year, and in terms of headcount, this is a decrease from 9 people to 2 people.

Christians continue to remain by far, the largest group of those with an identified religion who are subject to disciplinary proceedings at 36.5%. This is in line with the profile of the Health Board which is 41.04% Christian. Buddhists and Hindus make up 3.17% of all disciplinary cases for this year. This is four times the percentage of Buddhists and Hindus within the Health Board (0.88% combined). There were no disciplinary cases for those whose religion is Islam, Judaism or Sikhism.

## Religious Beliefs

### Headcount

	Headcount	%
Atheism	1,673	13.36%
Buddhism	49	0.39%
Christianity	5,141	41.04%
Hinduism	62	0.49%
Islam	114	0.91%
Judaism	4	0.03%
Sikhism	2	0.02%
Other	1,150	9.18%
I Do Not wish To Disclose My Religion/Belief	2,337	18.66%
Not Recorded on ESR	1,994	15.92%
Total	12,526	100%

### Pay by Staff Group

Staff Group	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam
Add Prof Scientific and Technic	£38,204	£38,890	£42,181	£0	£39,095	£38,669
Additional Clinical Services	£19,943	£20,540	£20,203	£18,185	£20,298	£19,680
Administrative and Clerical	£27,832	£22,092	£28,578	£21,512	£27,625	£20,950
Allied Health Professionals	£33,931	£0	£37,712	£32,271	£38,417	£27,747
Estates and Ancillary	£19,439	£18,552	£20,041	£18,185	£19,505	£18,944
Healthcare Scientists	£35,044	£0	£39,930	£32,127	£38,404	£29,168
Medical and Dental	£74,253	£71,139	£75,674	£80,664	£64,012	£59,861
Nursing and Midwifery Registered	£32,146	£33,643	£34,720	£32,188	£35,324	£34,831
Students	£0	£0	£33,779	£0	£0	£0
Total	£28,236	£44,208	£30,490	£66,364	£35,396	£52,314

Staff Group	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Grand Total
Add Prof Scientific and Technic	£0	£0	£37,084	£0	£40,434	£40,367
Additional Clinical Services	£0	£0	£20,200	£0	£21,466	£20,386
Administrative and Clerical	£0	£62,001	£24,510	£38,890	£30,262	£28,278
Allied Health Professionals	£0	£45,753	£34,981	£0	£43,357	£37,922
Estates and Ancillary	£0	£0	£19,770	£0	£20,372	£19,960
Healthcare Scientists	£0	£0	£36,804	£0	£41,434	£38,960
Medical and Dental	£77,270	£0	£89,890	£69,894	£95,924	£73,055
Nursing and Midwifery Registered	£30,615	£27,416	£33,420	£0	£37,038	£34,637
Students	£0	£0	£0	£0	£0	£33,779
Total	£62,570	£41,592	£27,304	£54,392	£34,509	£31,902

## Religious Beliefs

### Recruitment

	Report Category	Applications		Shortlisted		Offered	
		HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %
	Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
Religion or Belief	Atheism	6,588	19.5%	2,476	20.7%	947	21.1%
	Buddhism	316	0.9%	86	0.7%	30	0.7%
	Christianity	14,810	43.7%	5,360	44.8%	1,901	42.3%
	Hinduism	1,030	3.0%	159	1.3%	35	0.8%
	Islam	2,928	8.6%	491	4.1%	116	2.6%
	Jainism	20	0.1%	5	0%	0	0%
	Judaism	15	0%	5	0%	0	0%
	Sikhism	55	0.2%	21	0.2%	0	0%
	Other	4,097	12.1%	1,544	12.9%	538	12.0%
	Undisclosed	4,011	11.8%	1,811	15.1%	926	20.6%

### Leavers

HDUHB Leavers by Religion or Belief

	Headcount	%
Atheism	175	14.72%
Buddhism	9	0.76%
Christianity	336	28.26%
Hinduism	5	0.42%
Islam	17	1.43%
Other	86	7.23%
Judaism	1	0.08%
I Do Not Wish To Disclose My Religion/Belief	366	30.78%
Not Recorded on ESR	194	16.32%
Total	1,189	100%

# Religious Beliefs

## Training Attendance

	Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Jainism	Sikhism	I Do Not Wish To Disclose My Religion/Belief	Other	Not Recorded on ESR	Total
Attendance/ Courses Completed	11,842	263	31,324	467	787	30	24	4	12,574	7,190	7,456	71,961

## Staff involved in Grievance

HDUHB Headcount by Religion		
	Headcount	%
Atheism	2	6.90%
Christianity	13	44.83%
Islam	1	3.45%
Other	2	6.90%
I Do Not Wish To Disclose My Religion/Belief	5	17.24%
Not Recorded on ESR	6	20.69%
Total	29	100%

## Staff involved in Disciplinary Procedures

HDUHB Headcount by Religion		
	Headcount	%
Atheism	21	16.67%
Christianity	46	36.51%
Buddhism	3	2.38%
Hinduism	1	0.79%
Other	11	8.73%
I Do Not Wish To Disclose My Religion/Belief	24	19.05%
Not Recorded on ESR	20	15.87%
Total	126	100%

## Employee Relations Cases

Christians continue to remain the largest group of those with an identified religion who are involved in raising a grievance (44.83%) and subject to disciplinary proceedings (36.51%). This is not surprising given that the majority of Health Board employees identify as a Christian (41.04%).

Due to the overall reduction of staff submitting grievances when compared to the previous year, the figures equate to a reduction of 30 individuals this year.

The percentage of Atheists submitting grievances has decreased for the second year in a row to 6.90% from 8.33% the previous year and 15.94% in 2018/19.

The number of employees who identify as Atheist involved in disciplinary proceedings has increased from 15 cases last year, to 21 cases this year.

Buddhists and Hindus make up 3.17% of all disciplinary cases for this year. While this equates to an increase from 3 cases to 4 cases, the percentages continue to be higher than the Health Board profile, which is 0.88% combined.

For the fourth consecutive year there has been no grievances submitted by those who identify as Buddhist, Hindu, Muslim, Jewish or Sikh. This is not surprising given that these religions only make up a small percentage of the Health Board's workforce (0.93% combined).

Similarly, there were no disciplinary cases for those whose religion is Islam, Judaism or Sikhism for the fourth year in a row.

# Section 7

## Ethnicity



In Spring 2020 evidence emerged about how Covid-19 was impacting on individuals from Black, Asian and Minority Ethnic communities. The Health Board Chair, Maria Battle, wanted to proactively demonstrate commitment to our workforce and the diverse range of faiths and cultures by establishing a Black, Asian and Minority Ethnic Advisory Group, reporting directly to the Board. In order to encourage engagement from the workforce two Vice-Chairs were appointed – Mr Baba Gana and Mr Hashim Samir - both of whom hold Consultant posts within the Health Board and are representative of the Black, Asian and Minority Ethnic workforce.

The Chair's commitment to action ensured that a forum was established to listen to the voices and feedback from staff and to be able to work together to respond to their needs. Update reports on the activity of the Advisory Group are on the agenda at each Board meeting, which ensures that the work of the group is visible and understood by the wider Board of Independent Members and the Executive Team.

The Chair wrote a personal message to each staff member who had identified their ethnicity as belonging to a minority ethnic group and invited them to participate in a Staff Network. Over 75 members of staff have signed up and the Network will be formally launched on 7<sup>th</sup> June 2021. Over the past nine months Network members have had the opportunity to participate in creating a video to promote the Health Board values and speak out against unconscious bias and have been invited to contribute to task and finish groups.

The Advisory Group drew on national evidence which showed the impact of the pandemic and how it has disproportionately affected Black, Asian and Minority Ethnic staff throughout the NHS, and in wider communities. The Advisory Group reviewed this alongside the Workforce Equality Report 2020 in order to gain a deeper understanding of the profile of our own workforce. It stimulated significant discussion and a realisation that we had data gaps and most importantly a commitment to carry out additional analysis of workforce data to enrich our understanding. The Workforce Team also drove forward a renewed effort to encourage staff members to record their ethnicity within the electronic staff record by writing to all staff who had not yet recorded this.

A "Bullying and Harassment within the BAME Ethnic Group Task and Finish Group" has been developed to scope a number of issues relating to the management of Bullying and Harassment in the Health Board within the BAME ethnic group. Whilst Medical and Nursing professions have a higher proportion of Black, Asian and Minority Ethnic staff, the Advisory Group have also reached out to staff working across all Health Board teams and departments. Each of the staff groups. Terms of Reference approved and regular meetings are being held. Minutes of the meetings are shared with the BAME Advisory Group;

During the pandemic, details of webinars related to Black, Asian and Minority Ethnic communities (e.g. uptake of vaccinations, health inequalities) were shared with staff and staff feedback was extremely positive. Staff were invited to attend a conference on Race, Anti Racism and Intersectionality, organised by EYST. In the next reporting period, Race Equality First are delivering training 'How to provide culturally appropriate care' and training on being an active bystander is planned.



BAME Staff Network has been established, with 75 members. Communication channels through Teams and Outlook have been established, so that network members could be kept up to date with news, information and training opportunities

Further analysis work for BAME colleagues through Staff Survey results completed and reviewed by the BAME steering Group.

Ongoing projects include:

Active Bystander training pilot;  
Reverse mentoring;

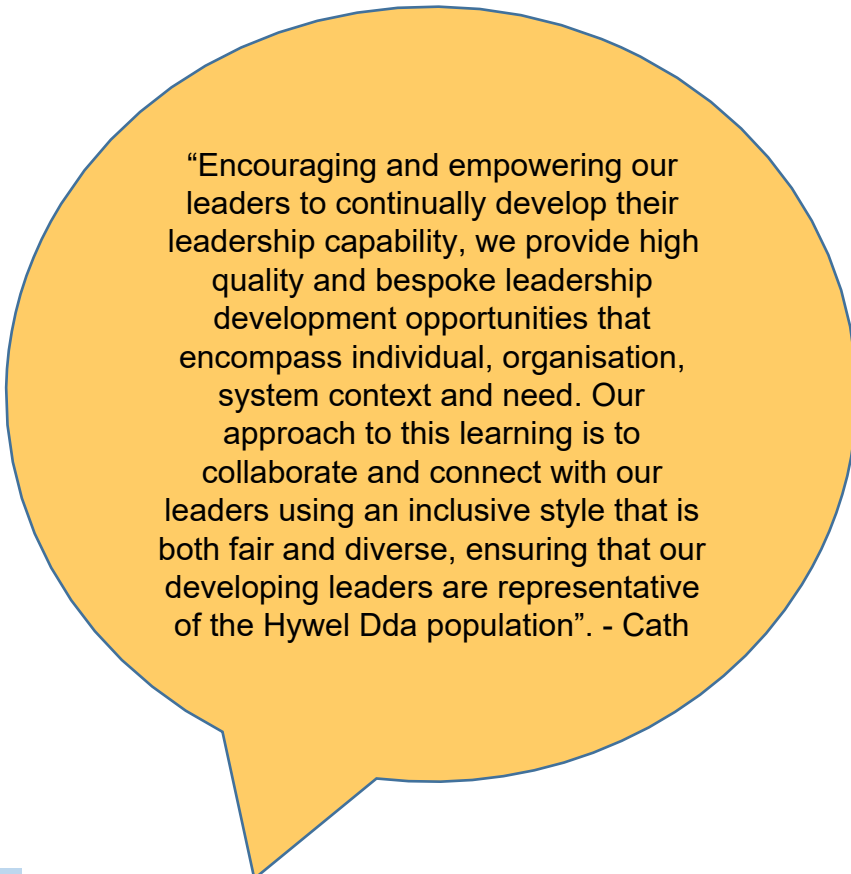
Official launch of the BAME staff network;

Scrutiny and analysis of data on disciplinary proceedings, to see if any cohorts are disproportionately affected.

A Buddy process was established, reviewed and updated for the Medical/Dental staff group in including recruits onboarding due to join the Health Board

All recruits within the Medical and Dental staff group now receive the offer of a Buddy to support them settling in to their new environment.

Buddy Posters have been designed and distributed to service and appointing managers to promote the Buddy system available.



“Encouraging and empowering our leaders to continually develop their leadership capability, we provide high quality and bespoke leadership development opportunities that encompass individual, organisation, system context and need. Our approach to this learning is to collaborate and connect with our leaders using an inclusive style that is both fair and diverse, ensuring that our developing leaders are representative of the Hywel Dda population”. - Cath

## Ethnicity Future Aims

An official launch of the BAME network is planned for 30<sup>th</sup> July 2021, when a terms of reference and the remit of the network will be agreed with members. Details will be provided in the next reporting period.

Further promotion and engagement with ongoing projects:

Active Bystander training pilot;

Reverse mentoring;

Scrutiny and analysis of data on disciplinary proceedings, to see if any cohorts are disproportionately affected.

The further analysis work for BAME colleagues through Staff Survey results completed and reviewed by the BAME steering Group will be followed up by OD attending a further BAME group meeting to discuss findings in more depth.

Deliver BAME Cultural Competency training to staff at all levels conducted by people with lived experiences.

Ongoing promotions / reminders about the Buddy scheme to raise awareness.

Deliver 'inclusive recruitment' training to include guidance on the equality principles and use of discriminatory words in job descriptions and person specifications.

Ensure analysis of survey data in relation to BAME staff is brought to the attention of the Advisory Board for review and action planning.

"As a non-religious white female, the likelihood of experiencing discrimination in the workplace was slim to begin with and I did not experience any of this throughout my time here. I think as we are now experiencing more attention and awareness into the Black Lives Matter movement recently, I think, as a health board ensuring that HDUHB supports future health research for the BAME community is paramount in collaboration with raising awareness and support for BLM internally for staff/patients. I think more time should be spent ensuring that when we treat a patient with religious beliefs that we are given the fundamental training and support into better understanding those beliefs to ensure we can support them. Does the care, nutritional advice or support reflect a true understanding of someone's individual religious beliefs? Or is it too generalised? Continuing working to support LGBTQ+ is also important and I see regular updates through Global Emails" - Anon

**The following section provides a summary of conclusions drawn from analysis of statistics in relation to ethnicity, together with an outline of intended aims and future positive action.**

### **Conclusions following the analysis of data:**

Compared to 31<sup>st</sup> March 2020 the percentage of staff identifying as White has risen by 2.48% by 31<sup>st</sup> March 2021.

The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.07%.

The percentage of staff identifying as Asian or Asian British rates decreased by 0.25%. The percentage of staff identifying as having Mixed ethnicity has increased by 0.18% for the same period.

The percentage of staff identifying as from Any Other Ethnic Group has fallen by 0.04%. Those staff whose records are not recorded on ESR has decreased 2.44%. 580 employees do not have their ethnicity recorded which makes data analysis and comparisons less accurate.

Around 98% of the Hywel Dda population are from a white background and 2% from a other backgrounds. 86% of our employees have recorded their ethnicity as White. The mean annual salary is higher for other ethnic minority groups when compared to the ethnic group of White.

A higher proportion of candidates who are White are offered employment when compared to the % of candidates who apply from other ethnic minority groups.

A slightly higher proportion of employees whose ethnicity is Black or Black British, Asian or Asian British or Any Other Ethnic Group left the employment of the Health Board when compared to the profile of the workforce.

The proportion of employees who are White who attended training (90%) broadly compares to the workforce profile (87%).

White ethnicity continues to make up the largest proportion of employees raising grievances within the Health Board (79.31%). This is a minor decrease from the previous year (79.62%) and is lower than the Health Board profile of 88.70%. Asian staff members account for 10.34% of all grievances raised during the reporting period, which is higher than the Health Board profile of 3.67%, but is not surprising given that this is the second largest known ethnic group of Hywel Dda employees.

White ethnicity makes up 84.13% of those subject to disciplinary proceedings, which is slightly higher than the previous year's figure of 81.82%. Asian and Mixed ethnicity staff members account for 2 disciplinary cases each this year, with Black ethnicity accounting for 1 case.

## Ethnicity

## Headcount

HDUHB Headcount by Ethnicity

	Headcount	%
White	11,110	88.70%
Black or Black British	123	0.98%
Asian or Asian British	460	3.67%
Mixed	83	0.66%
Any Other Ethnic Group	170	1.36%
Not Recorded on ESR	580	4.63%
Total	12,526	100%

## Pay by Staff Group

Staff Group	White	Black or Black British	Asian or Asian British	Mixed	Any Other Ethnic Group	Not Recorded on ESR	Grand Total
Add Prof Scientific and Technic	£40,735	£38,890	£37,214	£27,761	£34,678	£37,010	£40,367
Additional Clinical Services	£20,387	£19,052	£23,041	£19,355	£19,622	£20,981	£20,386
Administrative and Clerical	£28,338	£23,563	£24,757	£25,584	£24,850	£29,107	£28,278
Allied Health Professionals	£37,769	£31,410	£43,862	£49,082	£29,284	£46,271	£37,922
Estates and Ancillary	£20,029	£18,185	£24,233	£18,929	£19,357	£19,569	£19,960
Healthcare Scientists	£39,058	£32,878	£41,188	£33,176	£33,779	£45,147	£38,960
Medical and Dental	£78,161	£58,395	£85,932	£68,873	£68,277	£63,442	£73,055
Nursing and Midwifery Registered	£34,589	£31,111	£43,058	£33,122	£32,221	£40,222	£34,637
Students	£33,779	£0	£0	£0	£0	£0	£33,779
Total	£30,387	£43,843	£64,283	£33,444	£41,571	£36,557	£31,902

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2021.

# Ethnicity

## Recruitment

	Report Category	Applications		Shortlisted		Offered	
		HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %
Ethnicity	Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
	WHITE – British	22,987	67.9%	9,614	80.4%	3,555	79.0%
	WHITE – Irish	157	0.5%	65	0.5%	24	0.5%
	WHITE – Any other white background	1,492	4.4%	407	3.4%	120	2.7%
	ASIAN or ASIAN BRITISH – Indian	1,721	5.1%	302	2.5%	66	1.5%
	ASIAN or ASIAN BRITISH – Pakistani	1,057	3.1%	163	1.4%	36	0.8%
	ASIAN or ASIAN BRITISH – Bangladeshi	254	0.7%	51	0.4%	11	0.2%
	ASIAN or ASIAN BRITISH – Any other Asian background	662	2.0%	167	1.4%	57	1.3%
	MIXED – White & Black Caribbean	69	0.2%	21	0.2%	5	0.1%
	MIXED – White & Black African	445	1.3%	71	0.6%	16	0.4%
	MIXED – White & Asian	173	0.5%	51	0.4%	18	0.4%
	MIXED – Any other mixed background	210	0.6%	44	0.4%	18	0.4%
	BLACK or BLACK BRITISH – Caribbean	64	0.2%	18	0.2%	6	0.1%
	BLACK or BLACK BRITISH – African	2,551	7.5%	226	1.9%	49	1.1%
	BLACK or BLACK BRITISH – Any other black background	125	0.4%	6	0.1%	0	0%
	OTHER ETHNIC GROUP – Chinese	61	0.2%	17	0.1%	0	0%
	OTHER ETHNIC GROUP – Any other ethnic group	966	2.9%	161	1.3%	46	1.0%
	Undisclosed	876	2.6%	574	4.8%	466	10.4%

## Leavers

HDUHB Leavers by Ethnicity		
	Headcount	%
White	971	81.67%
Black or Black British	24	2.02%
Asian or Asian British	65	5.47%
Mixed	6	0.50%
Any Other Ethnic Group	25	2.10%
Not Recorded on ESR	98	8.24%
Total	1,189	100%

# Ethnicity

## Training Attendance

	White	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Mixed - any other mixed background	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Bangladeshi	Any Other Asian Background	Black or Black British - Caribbean	Asian or Asian British - Any Other Asian Background	Black or Black British - African	Any Other Black Background	Chinese Black British - Any Other Black Background	Any Other Ethnic Group	Not Recorded on ESR	Total
Attendance/ Courses Completed	64,487	53	140	184	154	1,278	280	48	689	105	624	95	95	943	2,786	71,961	

## Staff involved in Grievance

H DUHB Headcount by Ethnicity		
	Headcount	%
White	23	79.31%
Asian or Asian British	3	10.34%
Any Other Ethnic Group	1	3.45%
Not Recorded on ESR	2	6.90%
Total	29	100%

## Staff involved in Disciplinary Procedures

H DUHB Headcount by Ethnicity		
	Headcount	%
White	106	84.13%
Black or Black British	1	0.79%
Asian or Asian British	2	1.59%
Mixed	2	1.59%
Any Other Ethnic Group	4	3.17%
Not Recorded on ESR	11	8.73%
Total	126	100%

## Employee Relations Cases

For the seventh consecutive year of this report, White ethnicity continues to make up the largest proportion of employees both raising grievances and involved in disciplinary proceedings within the Health Board (79.31% and 84.13% respectively). Both of these figures are lower than the Health Board's workforce profile of 88.70%.

Asian staff members account for 10.34% of all grievances submitted during the reporting period. Although the percentage is higher than the previous year (5.56%), it equates to half the number of employees. This is due to the large reduction in staff members raising grievances overall.

White ethnicity makes up 84.13% of those subject to disciplinary proceedings and continues to remain similar to previous year's figures (81.82% last year and 82.56% in 2018/19).

There are a small number of disciplinary cases in which employees are of Asian, Black and Mixed ethnicities.

# Section 8

## Disability





Meeting with Trac/NHS Wales Shared Services Partnership arranged to discuss management of Talent Pool functionality – Initial trials within Nursing and Midwifery staff group

Promoted Deaf Awareness week and online information sources were shared with staff via Global emails and the staff Facebook page

Training sessions by RNIB, Sight Cymru and BDA were offered to all staff, designed to help understand the barriers faced

This is Hywel Dda campaign to promote positive action

Global message inviting staff to join the armed forces network

Positive Action page launched on the HB internet page

Vacancies in recruitment team to manage 'talent pools'

Staff identifying themselves as having a Disability provided testimonials of their positive experience with the HB & why those identifying as having a disability should choose HDUHB as an employer of choice.

"Hidden disabilities are those that are not immediately apparent but can have a major impact on people's lives. My illness is chronic, debilitating and lifelong. My bladder condition and stoma need constant care and sometimes needs to be emptied up to 15 times a day. This may not be immediately obvious to anyone who did not know I have the condition. I feel safe and valued in my job, I am encouraged to explain my difficulties and be open about my disability. The best way to help someone who is living with an invisible disability - is to ask them what helps them. I have been supported with open and ongoing discussion about any adjustments and support that I may need to help me succeed in my job" - Eleri

"working full time with a chronic health condition is tough but it has never been an issue for me within Hywel Dda. The organisation has always been supportive in granting any adjustments necessary to overcome my disability and allow me to meet my full career potential" – James

"Being dyslexic - being granted more interview time was welcomed" - Anon

Achieve the "The Disability Confident" Level 2 badge which will promote an inclusive working environment and demonstrate that the Health Board recognises the skills and qualities each individual can bring to our Health Board.

Commence work on 'Alternative talent pools' ensuring that the Health Board thinks about the obstacles that many people face in entering or returning to the world of work.

Create 'Paid jobs' for people with learning disabilities following Board support for the vision set out in "My Charter – People with learning disabilities want the same things as everyone wants".

Produce a Disability Pay Gap report to identify disparities and help us work towards mitigating or eliminating them.

"I have Cerebral Palsy, which I have had since birth. This means that I walk with crutches. Hywel Dda are very supportive as an employer and are always willing to adapt and adjust to my individual needs. They give me a chance to fulfil my potential. I am only disabled because of the world I choose to live in and the Health Board make that world accessible for me. Working in St David's also means I am close to home and family" - Nia

**The following section provides a summary of conclusions drawn from analysis of statistics in relation to disability, together with an outline of intended aims and future positive action.**

## **Conclusions following the analysis of data:**

Compared to 31<sup>st</sup> March 2020 the percentage of staff identifying as not disabled has increased by 5.37% by 31<sup>st</sup> March 2021.

The percentage of staff identifying as having a disability has decreased in the reporting period by 0.48%. As at 31 March 2021, 2.20% of staff identified as having a disability. The percentage of staff preferring not to answer has remained the same since 2019/20, (reported as 0.02%).

Those staff whose records are not recorded on ESR has fallen by 4.89%. 23% of the Hywel Dda population have a limiting long term illness or disability. This compares to 2.20% of the workforce. 24% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

The mean average salary of those recorded as not disabled is £30,812 compared to £28,672 for those who are disabled.

Of a total 33,870 applications submitted for vacancies 4.1% of candidates declared themselves as having a disability. 2.6% of those were offered employment. This indicates that many of the candidates identifying as disabled were offered posts, 2.6% chose not to disclose whether they had a disability or not at the time of application.

2.27% of those leaving the Health Board had a disability compared to 2.20% of the workforce identifying as having a disability. This indicates that the proportion of disabled employees leaving the Health Board is higher than the percentage of disabled employees within the Health Board.

1.27% of the workforce identifying as having a disability attended training courses compared to 2.20% of the workforce identifying as having a disability.

For the year 202/21 staff with disabilities do not make up any of the grievances. This is a decrease from the previous year (5.56%).

Although the number of staff with disabilities who are subject to disciplinary proceedings has remained the same as that reported in 2019/20 - 3 cases, the percentage (2.38%) remains in line with the Health Board profile (2.20%).

## Disability

### Headcount

	Headcount	%
Disabled	276	2.20%
Not Disabled	9,258	73.91%
Prefer Not To Answer	3	0.02%
Not Recorded on ESR	2,989	23.87%
Total	12,526	100%

### Pay by Staff Group

Staff Group	Not Disabled	Prefer Not To Answer	Not Recorded on ESR	Yes	Total
Add Prof Scientific and Technic	£40,204	£0	£40,857	£40,751	£40,367
Additional Clinical Services	£20,061	£18,185	£21,461	£20,381	£20,386
Administrative and Clerical	£27,669	£21,142	£30,378	£26,450	£28,278
Allied Health Professionals	£36,629	£0	£42,555	£35,719	£37,922
Estates and Ancillary	£19,516	£0	£20,748	£20,105	£19,960
Healthcare Scientists	£36,995	£0	£41,501	£33,932	£38,960
Medical and Dental	£66,647	£0	£87,182	£64,752	£73,055
Nursing and Midwifery Registered	£33,868	£38,890	£37,536	£32,381	£34,637
Students	£33,779	£0	£0	£0	£33,779
Total	£30,812	£27,105	£35,359	£28,672	£31,902

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2021.

### Recruitment

Report Category	Applications		Shortlisted		Offered	
	Totals	%	Totals	%	Totals	%
Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
Disability: Yes	1,379	4.1%	480	4.0%	119	2.6%
Disability: No	31,613	93.3%	10,854	90.8%	3,899	86.7%
Disability: Undisclosed	878	2.6%	624	5.2%	480	10.7%

## Disability

### Leavers

	Headcount	%
Disabled	27	2.27%
Not Disabled	851	71.57%
Not Recorded on ESR	311	26.16%
Total	1,189	100%

### Training Attendance

	Disabled	Not Disabled	Not Recorded on ESR	Prefer Not To Answer	Total
Attendance/Courses Completed	914	32,051	38,988	8	71,961

### Staff involved in Grievance

	Headcount	%
Yes	0	0%
No	19	65.52%
Not Recorded on ESR	10	34.48%
Total	29	100%

### Staff involved in Disciplinary Procedures

	Headcount	%
Yes	3	2.38%
No	88	69.84%
Not Recorded on ESR	35	27.78%
Total	126	100%

### Employee Relations Cases

There were no staff with disabilities that raised a grievance during the reporting period. This is a decrease from 6 cases the previous year and 1 case in 2018/19. The number of staff with disabilities who are subject to disciplinary proceedings remains the same as the previous year (3 cases).

# Section 9

## Age



## Age Positive Action

Apprenticeship Academy recruitment started it's promotion for the 2021 Apprenticeship career pathways in January 2021.

In a bid to raise awareness various external stakeholders and partner organisations were engaged with across the Health Board three counties including: schools, job centres, parents, educators and FE College to further promote apprenticeship opportunities.

Various social media platforms were used to engage the public. The reach and engagement (including reach, likes, shares and comments) across the Swyddi Hywel Dda Jobs platforms for the Apprenticeship Schemes exceeded half a million.

A task and finish group identified that the language in Band 2 Job Descriptions was not appropriate for young people. These were reviewed and reworded to make more attractive

The Department of Work & Pensions funded Kick-Start Scheme, provides a unique opportunity for HDUHB, to increase their engagement with our local communities, specifically amongst young people aged between 16 and 24 and in receipt of Universal Credit, who are at risk of long-term unemployment. Engagement with the Scheme supports our corporate social responsibility by investing in the local population, strengthening our links with communities and building our future workforce. This is aligned to the Wellbeing of Future Generations act 2015 and the health and social care strategy 'A Healthier Mid and West Wales Our Future Generations Living Well'.

The work to introduce 30 Kick-Start vacancies across the Health Board is under way

"Having the 2019 cohort of apprentices within the workforce starting from the age of 16 -34 is a absolute joy. I cant wait to meet the successful 2021 cohort of apprentices" - Dawn

The Apprenticeship  
Governance Group  
continue to meet to  
discuss  
apprenticeship  
pathways and will  
continue with the  
introduction of  
apprentice  
opportunities

Identify the  
characteristics of  
work that are  
important to people  
aged 24 and under  
and explore actions  
the health board  
can take to attract  
and retain young  
workers

Continue to  
grow/develop  
relationships various  
external stakeholders  
to promote  
opportunities and  
increase accessibility

Identify the  
characteristics  
of work that  
are important  
to people aged  
50 and over  
and explore  
actions the  
health board  
can take to  
attract and  
retain older  
workers

“Attracting apprentices of all  
ages from across our  
communities has been one of  
the highlights of my career” -  
Amanda



**The following section provides a summary of conclusions drawn from analysis of statistics in relation to age, together with an outline of intended aims and future positive action.**

## **Conclusions following the analysis of data:**

Compared to 31<sup>st</sup> March 2020 the percentage of staff identifying within the age profile for the ages of 55 and below has decreased by 0.45% at 31<sup>st</sup> March 2021.

Age profiles for the ages of 55 and above has increased by 0.45% for the period.

The mean annual salary is at its lowest for the under 20 years age bracket. This is to be expected as younger members of the workforce commence their careers on the lower pay bands.

The % of posts offered to candidates above 60 is lower than the younger age groups. However, 202 offers of employment were made to candidates over 60.

The age profile of those leaving the employment of Hywel Dda does not align to the workforce profile. For example 15.56% of leavers were from the 26-30 age bracket compared to 10.23% of the workforce being in this age bracket. 5.05% of leavers were from the 46-50 age bracket compared to 12.37% of the workforce being in this age bracket. 13.96% of leavers were from the 56-60 age bracket compared to 12.21% of the workforce being in this age bracket. Further analysis is needed to review exit interview information to identify reasons for leaving in these specific age ranges.

Around 47% of leavers are in the age bracket 16-35, 15% are in the age bracket 36-50, 33% are in the age bracket 51-65 and 15% in the age of 61 and above.

Training days accessed broadly aligns to the workforce profile with the exception of age brackets 61 years and above.

In relation to age, the majority of grievances were submitted by those aged 46 to 50 and 51 to 55 (27.59%). For the previous year the majority of grievances came from those aged 46 - 50 (23.15%). It is also significantly higher than the workforce profile, as 12.37% of Health Board employees are aged 46 to 50. When combined, 41.38% of all grievances came from those aged 51 to 60. This is higher than last year (37.03%), but is not as high as in 2017/18 when 47% of all grievances were raised by staff members in this age group.

Those employees aged 46 to 50 also account for the highest proportion of disciplinary cases by age group (19 cases). This has reduced from the year previous (23 cases). Similarly, disciplinary proceedings for those aged 36 to 40 has reduced from 17 cases last year to 11 cases, while cases for those aged 51 to 55 has increased from (12 cases to 18 cases). A rise was seen in the under 25 age group from 5 cases to 14 cases.

## Headcount

	Headcount	%
<= 25 years	1,324	10.57%
26 to 30	1,281	10.23%
31 to 35	1,403	11.20%
36 to 40	1,390	11.10%
41 to 45	1,281	10.23%
46 to 50	1,549	12.37%
51 to 55	1,658	13.23%
56 to 60	1,531	12.21%
61 to 65	834	6.66%
66 to 70	209	1.67%
>= 71 years	66	0.53%
Total	12,526	100%

## Pay by Staff Group

Staff Group	<=20 Years	21-25	26-30	31-35	36-40	41-45
Add Prof Scientific and Technic	£0	£31,253	£36,176	£38,165	£41,269	£39,979
Additional Clinical Services	£17,247	£19,330	£19,885	£20,261	£20,542	£20,482
Administrative and Clerical	£18,221	£20,064	£21,908	£24,961	£29,238	£31,272
Allied Health Professionals	£0	£27,292	£31,888	£35,302	£39,079	£40,862
Estates and Ancillary	£18,198	£18,609	£19,315	£20,073	£20,979	£19,883
Healthcare Scientists	£0	£29,441	£31,703	£34,558	£39,653	£39,389
Medical and Dental	£0	£31,019	£34,233	£44,618	£65,153	£79,235
Nursing and Midwifery Registered	£24,907	£26,217	£29,033	£31,612	£33,833	£35,108
Students	£0	£0	£0	£33,779	£0	£0
Total	£17,689	£22,487	£26,051	£28,781	£32,677	£34,647

Staff Group	46-50	51-55	56-60	61-65	66-70	>=71 Years	Grand Total
Add Prof Scientific and Technic	£43,189	£45,027	£44,997	£37,436	£46,850	£37,890	£40,367
Additional Clinical Services	£21,159	£21,136	£20,932	£20,810	£20,678	£21,086	£20,386
Administrative and Clerical	£32,708	£29,655	£28,521	£26,169	£24,668	£26,130	£28,278
Allied Health Professionals	£41,676	£45,662	£43,083	£44,284	£42,850	£37,890	£37,922
Estates and Ancillary	£19,990	£20,091	£20,207	£20,852	£19,420	£19,257	£19,960
Healthcare Scientists	£41,747	£42,185	£44,623	£40,896	£46,876	£0	£38,960
Medical and Dental	£89,448	£94,091	£94,461	£93,700	£96,520	£97,462	£73,055
Nursing and Midwifery Registered	£36,331	£37,723	£38,721	£36,063	£34,990	£37,890	£34,637
Students	£0	£0	£0	£0	£0	£0	£33,779
Total	£36,110	£34,685	£33,997	£32,156	£37,391	£36,670	£31,902

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2021.

# Age

## Recruitment

Report Category	Applications		Shortlisted		Offered	
	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %	HDUHB Totals	HDUHB %
Total applications reported on	33,870	100.0%	11,958	100.0%	4,498	100%
Age Under 20	1,642	4.8%	784	6.6%	371	8.2%
Age 20-24	5,222	15.4%	1,694	14.2%	706	15.7%
Age 25-29	7,383	21.8%	1,979	16.5%	703	15.6%
Age 30-34	5,782	17.1%	1,637	13.7%	640	14.2%
Age 35-39	3,795	11.2%	1,329	11.1%	523	11.6%
Age 40-44	2,670	7.9%	1,106	9.2%	387	8.6%
Age 45-49	2,663	7.9%	1,189	9.9%	360	8.0%
Age 50-54	2,160	6.4%	963	8.1%	319	7.1%
Age 55-59	1,706	5.0%	810	6.8%	286	6.4%
Age 60-64	683	2.0%	364	3.0%	149	3.3%
Age 65+	152	0.4%	97	0.8%	53	1.2%
Undisclosed	12	0.0%	6	0.1%	0	0.0%

## Leavers

	Headcount	%
<=25 years	234	19.68%
26 to 30	185	15.56%
31 to 35	139	11.69%
36 to 40	67	5.63%
41 to 45	54	4.54%
46 to 50	60	5.05%
51 to 55	106	8.92%
56 to 60	166	13.96%
61 to 65	117	9.84%
66 to 70	44	3.70%
>=71 years	17	1.43%
Total	1,189	100%

Age

Training Attendance

	<=25 years	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	>=71 years	Total
Attendance/ Courses Completed	11,821	8,200	8,046	7,561	7,087	8,444	8,628	7,692	3,745	602	126	71,961

Staff involved in Grievance

HDUHB Headcount by Age		
	Headcount	%
Under 35	2	6.90%
36 – 40	2	6.90%
41 – 45	5	17.24%
46 – 50	8	27.59%
51 – 55	8	27.59%
56 – 60	4	13.79%
Total	29	100%

Staff involved in Disciplinary Procedures

HDUHB Headcount by Age		
	Headcount	%
Under 25	14	11.11%
26 to 30	17	13.49%
31 to 35	12	9.52%
36 to 40	11	8.73%
41 to 45	15	11.90%
46 to 50	19	15.08%
51 to 55	18	14.29%
56 to 60	12	9.52%
61 to 65	8	6.35%
Total	126	100%

## Age

### Employment Relations Cases

More than half of all grievances were submitted by those aged 46 to 55 (55.18%). This is broadly similar to the previous year (42.59%) but is significantly higher than the age profile of the Health Board's workforce, as 25.61% of employees are aged 46 to 55.

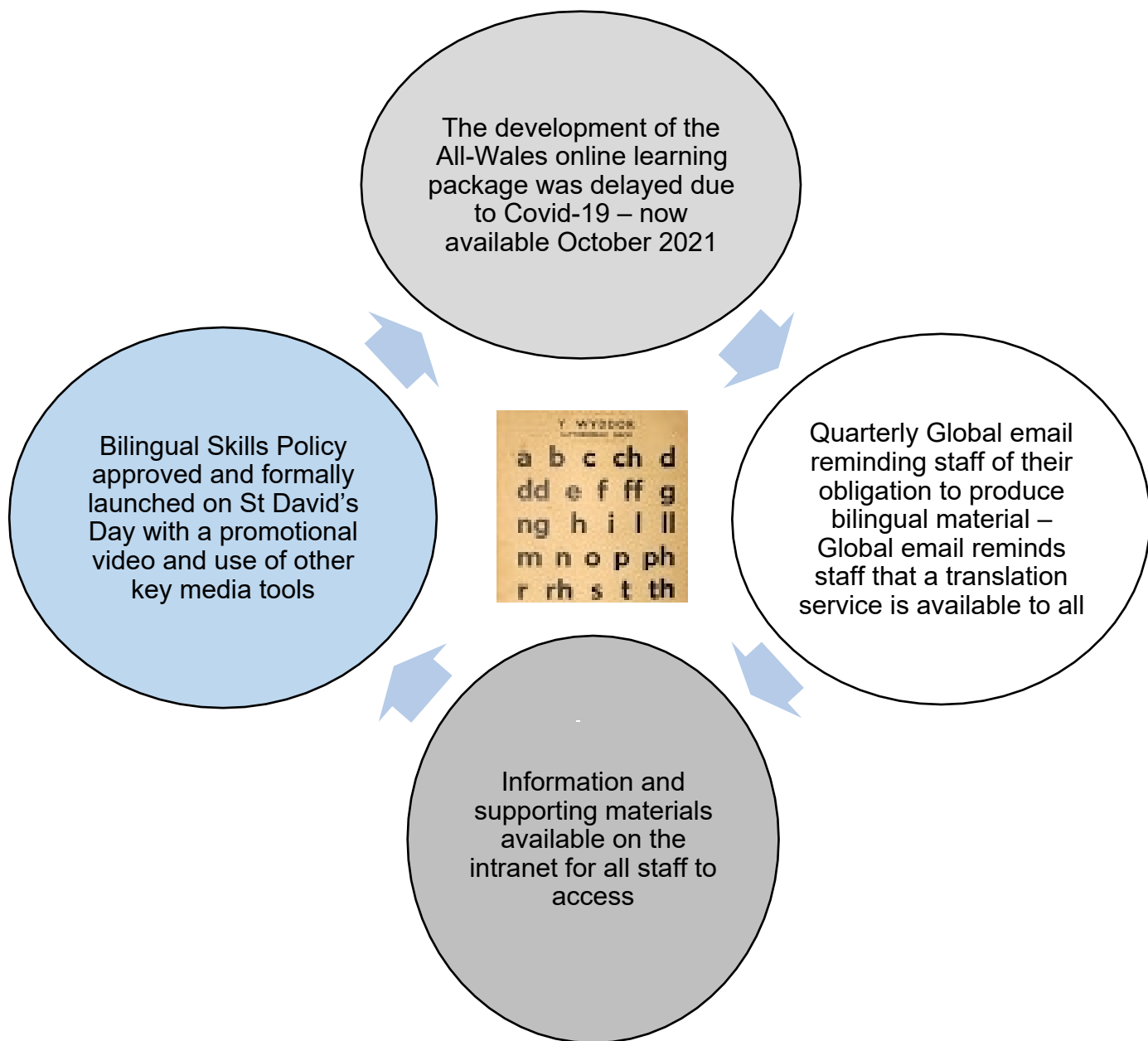
Though the percentages of those involved in disciplinary proceedings by age remain broadly in line with the Health Board's workforce profile, the number employees in the under 25 age bracket has nearly tripled when compared to last year (5 cases to 14 cases).

Those employees aged 45 to 49 account for the highest proportion of disciplinary cases by age group for the second consecutive year (19 cases), while cases for those aged 35 to 39 has decreased (17 cases to 11 cases).

# Section 10

## Welsh Language





“Join the Hywel Dda UHB as an employee and have the right in law as do all public sector workers in Wales to be given time to learn Welsh. Enjoy Welsh lessons and residential courses in places like the beautiful Nant Gwrtheyrn. I have worked with the Welsh Language Commissioner to ensure that the use of the Welsh language is maximized in the health service. As a hospital Pharmacist I understand how vital language is to communicate important information about medicines. Many patients naturally prefer to speak in Welsh. Learning Welsh is rewarding. Join us and make a difference.” Steffan

## Welsh Language Future Aims

The University Health Board wants to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). The University Health Board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace, and aims to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. We have approved a new Bilingual Skills Policy, which aims to ensure we deliver a bilingual healthcare service to the public and support staff to use Welsh naturally within the workplace. It details how we will improve the quantity and quality of data held on our workforce system, strengthen the Welsh language skills of our workforce and provide practical support for managers. We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website.

Develop a vision across the Health Board regarding embracing Welsh culture including the Welsh language.

Increase the number of adverts for posts where the ability to speak Welsh is essential, clearly defining the language levels required.



Further analysis of data associated with leavers, training attendance, pay, employee relations procedures for employees who are Welsh speakers.

Deliver management training sessions on the Welsh Language Standards.



The following section provides a summary of conclusions drawn from analysis of statistics in relation to welsh language, together with an outline of intended aims and future positive action.

## Conclusions following the analysis of data:

Those staff whose Welsh Language Skills are not recorded on ESR is 12% (1,510 employees). This is 1% higher than that reported in 2019/20. This makes data analysis and comparisons less accurate. Significant progress had been made to increase the number of employees whose skills had been recorded but the position has deteriorated since the mass exercise to recruit employees at the end of March 2020 due to Covid-19 service demands.

26% of the workforce have skills at Intermediate level or higher. 31% of the workforce have no skills. Both of these percentages were the same as that reported in the 2019/20 report. The Welsh Language Use Survey 2018 reported that 46% of the population in Hywel Dda were able to speak Welsh.

## Headcount

Staff Group	0 - No eSkills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Not recorded on ESR	Grand Total
Add Prof Scientific and Technic	113	92	34	19	40	78	14	390
Additional Clinical Services	824	691	267	262	261	359	369	3,033
Administrative and Clerical	603	649	222	203	183	182	139	2,181
Allied Health Professionals	205	178	72	44	64	92	35	690
Estates and Ancillary	460	290	120	104	108	200	231	1,513
Healthcare Scientists	55	42	15	13	30	29	10	194
Medical and Dental	375	83	22	14	6	22	465	987
Nursing and Midwifery Registered	1,212	765	339	268	279	427	247	3,537
Students	0	0	0	0	0	1	0	1
Grand Total	3,847	2,790	1,901	927	971	1,390	1,510	12,526
%	31%	22%	9%	7%	8%	11%	12%	100%

# Section 11

## Marriage and Civil Partnerships



## Marriage and Civil Partnerships Future Aims

Decrease the % of unknown/unspecified records on ESR.

Ensure that relevant policies are applicable to same sex couples and are advertised to staff as such.

Ensure that relevant training provided is inclusive of same sex couples.

**The following section provides a summary of conclusions in relation to marriage and civil partnership, together with an outline of intended aims and future positive action.**

### Conclusions following the analysis of data:

Compared to 31<sup>st</sup> March 2020 the percentage of staff detailing marital status information has increased by 0.25% by 31<sup>st</sup> March 2021.

Those staff whose records are not recorded on ESR has decreased by 0.25% for the period.

The mean average salary of those identifying themselves as married is slightly higher than the other categories.

The marital status of employees leaving during the year broadly aligns to the workforce profile.

The percentage of married employees involved in grievance procedures has increased from 50.93% to 55.17% this year, despite the headcount decreasing from 55 employees to 16 employees. This can be explained by the decrease in the number of people involved in grievances this year (69 people to 29 people). The number of single staff members involved in grievances has fallen from 32.41% last year to 31.02% this year, which is now in line with the percentage of single people working within the Health Board (34.36%). The number of divorced staff members involved in grievance cases has increased to 13.79% from 8.33% last year.

The number of staff who are married or in a civil partnership involved in disciplinary proceedings has decreased to 38.89%, last year it was 48.76%. The number of divorced and legally separated employees involved in disciplinary proceedings increased from 10 cases to 15 cases. Widowed staff involved in disciplinary proceedings remained at 1 case. The number of those who have not recorded a marital status also remained the same at 8 cases.

## Marriage and Civil Partnerships Future Aims

### Employment Relations Cases

Married staff members make up over half of all those involved in raising a grievance at 55.17%. This figure is slightly higher when compared to the previous year (50.93%) and when compared to the Health Board profile of 49.70%.

There were no grievances raised by those employees who are widowed or legally separated. The number of staff who are married or in a civil partnership involved in disciplinary proceedings has decreased for the first time in four years to 38.89%.

Conversely, the number of single employees involved in disciplinary proceedings has increased substantially to 46.03%. This equates to an increase from 38 cases last year to 58 cases this year. Widowed staff involved in disciplinary proceedings remains the same as the previous year, accounting for 1 case.

**End**

**Hywel Dda University Health Board**

**Workforce Annual Equality Report**

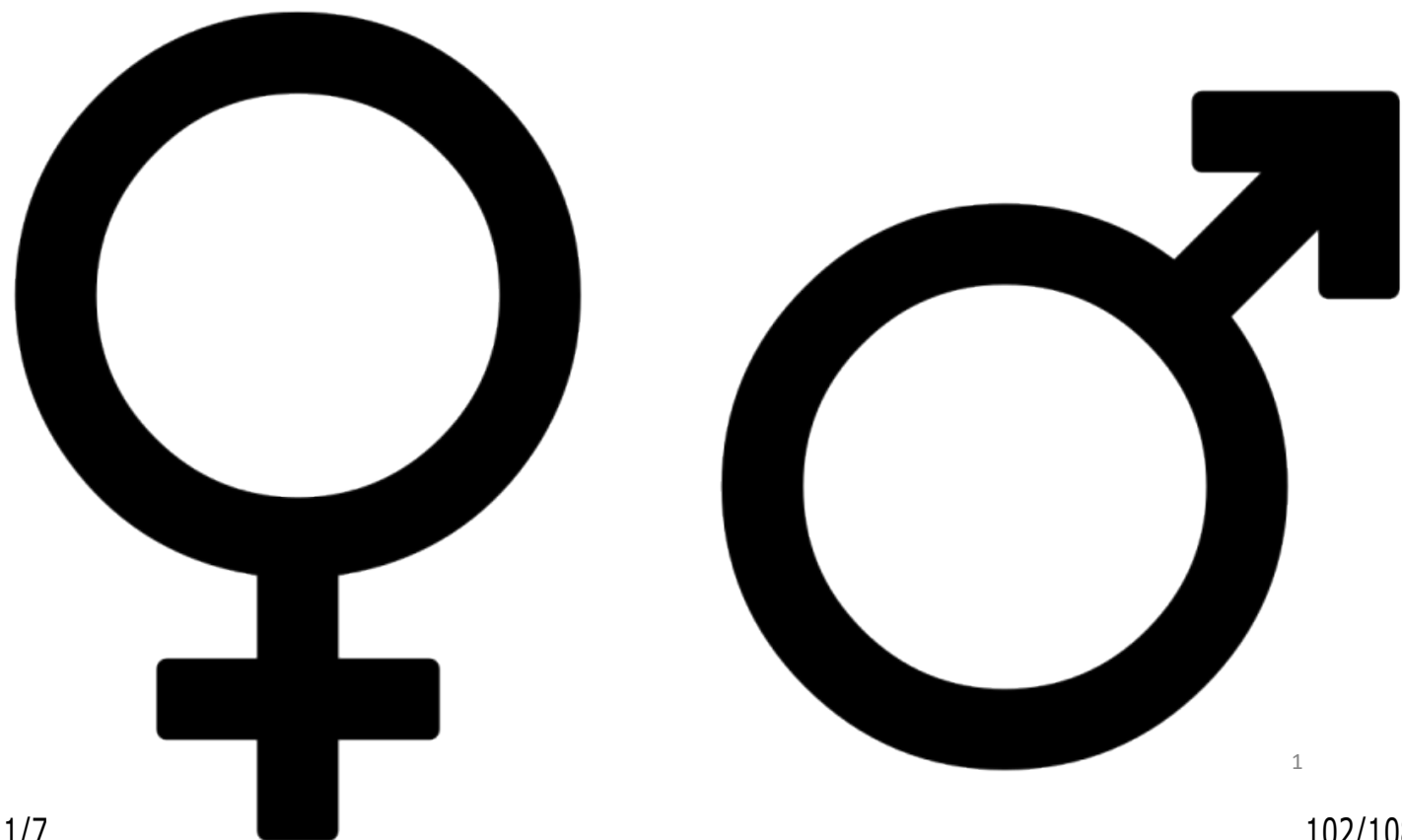
**Reporting Period 1 April 2020 - 31 March 2021**



# **Hywel Dda University Health Board**

## **Gender Pay Gap Report**

**Reporting Period 1 April 2020 - 31 March 2021**



# 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 gender equality is considered throughout the employee life cycle.

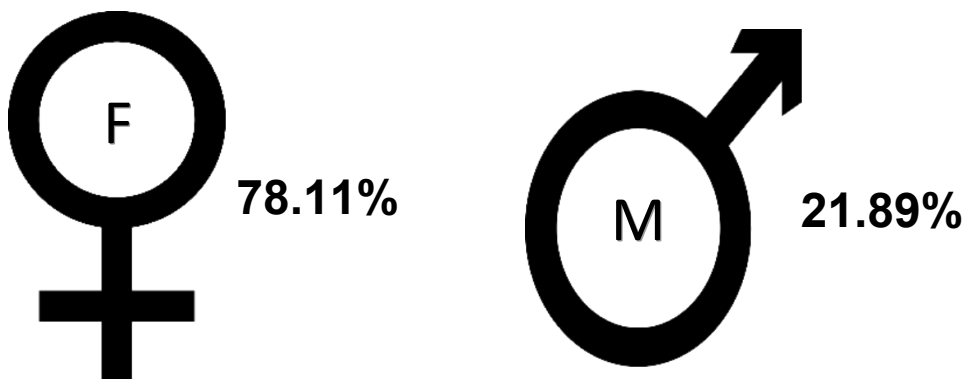
The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force 6 April 2017, and requires employers with more than 250 employees to publish annual data on their gender pay gaps. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using reports designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. The gender pay gap shows the difference in average pay between men and women.

Hywel Dda University Health Board is committed to ensuring that our pay practises are transparent fair and equitable.

## Our Workforce

Agenda for Change and Medical and Dental 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. Analysis of our internal equality data indicates our gender split is:

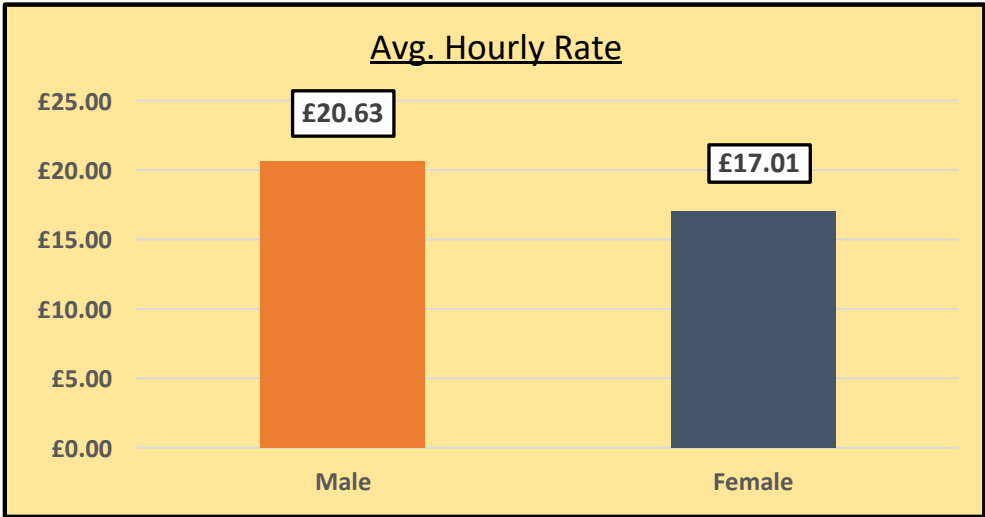


# Gender Pay Gap

This report was produced using the ESRBI report. The report includes all employees (those with a contract of employment). 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 Gender Pay Gap dashboards via the ESR Business Intelligence report. 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.

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



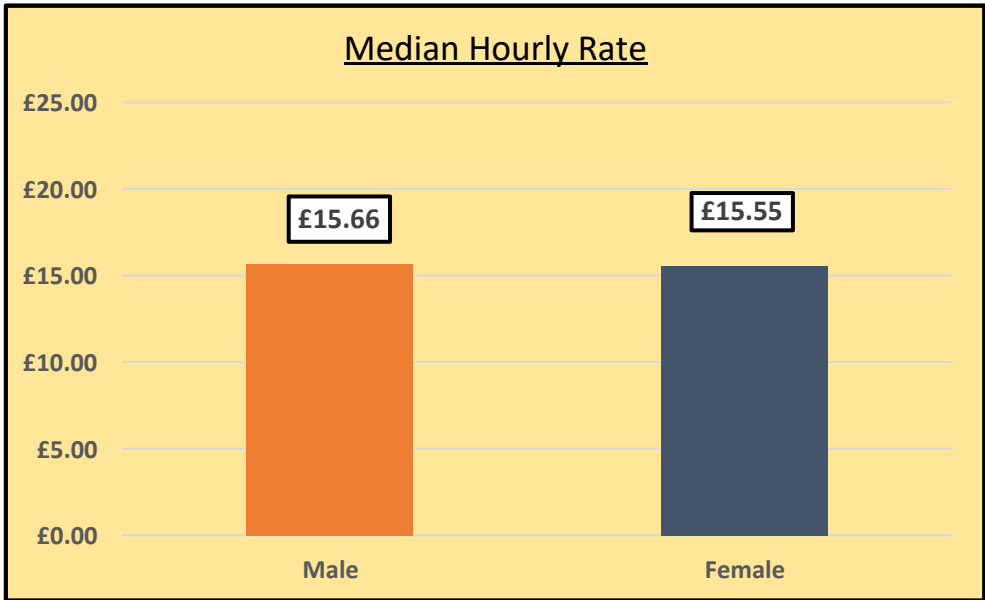
**Mean Pay Gap:**  
**£3.62 (17.6%)**

**2010: 22.95%**

\*Includes Bank Workers  
\*Excludes Agency Workers

The mean gender pay gap is the difference between the average hourly earnings of men and women.

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



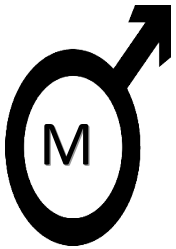
**Median Pay Gap:**  
**£0.11 (0.69%)**

**2019: 8.37%**

\*Includes Bank Workers  
\*Excludes Agency Workers



## Gender Pay Gap by Staff Groups



Males have a higher hourly rate in every staff group except Nursing and Midwifery, with Administrative & Clerical having the highest gender pay gap of **£4.74, or 25.7%**.

Medical and Dental have a gender pay gap of **£2.72**.

## Bonus Gap

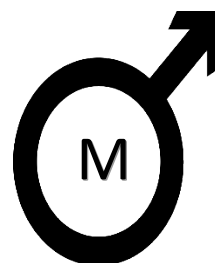
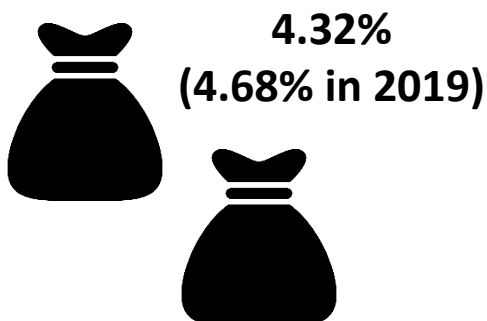
Consultants receive payments called 'Clinical Excellence Awards'. Although contractual these are classed as a bonus. Male bonus pay as an average was **£3,118.29** higher than females (compared to £2,425.7 in 2019) and median bonus pay was **£3,334.08** higher than females (compared to £3,081.74 in 2019). Out of the employees who were paid a bonus by gender: 50 were female and 111 were male (compared to 49 and 106 respectively in 2019).

## Bonus Pay Gap



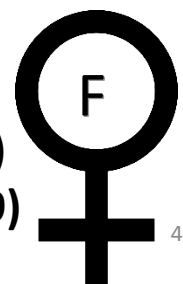
**Mean 37%**  
**Median 50%**

## Staff Receiving a Bonus

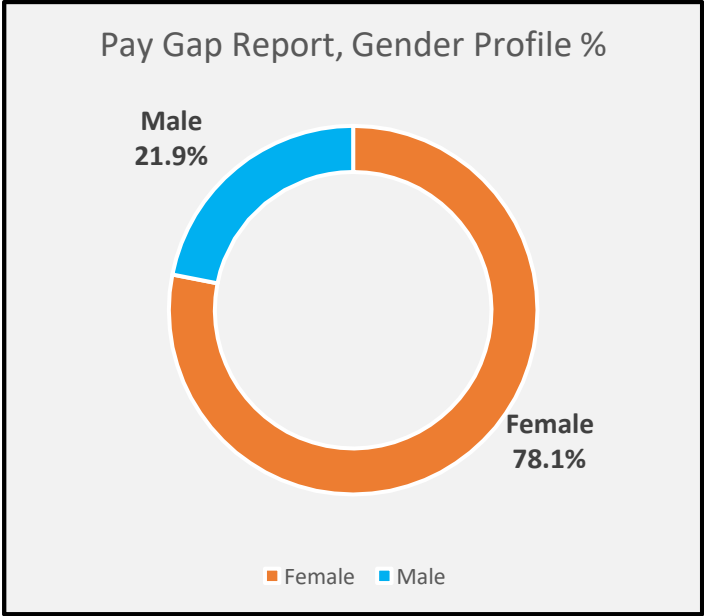


**3.81% (111 HC)**  
**(4.13% in 2019)**

**0.51% (50 HC)**  
**(0.55% in 2019)**



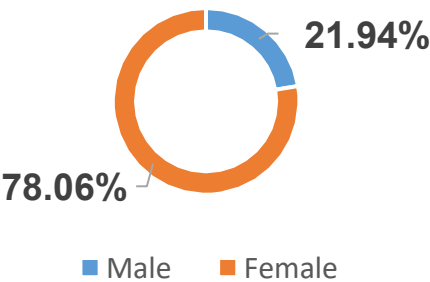
# Pay Quartiles



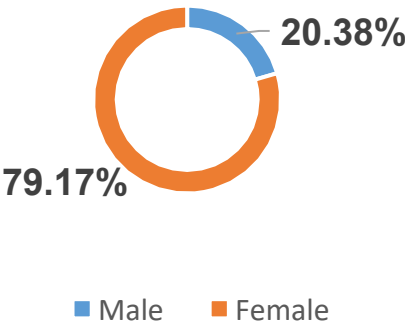
Our workforce mirrors NHS Wales as a whole (source NHS Wales Annual Equality Report) showing that our workforce profile is reflective of the national workforce. The infographics below shows the proportion of men and women divided into four pay band quartiles. Females were underrepresented in the first and fourth quartiles compared to the proportion of women in the workforce (78.1%).

## Pay Quartiles Split

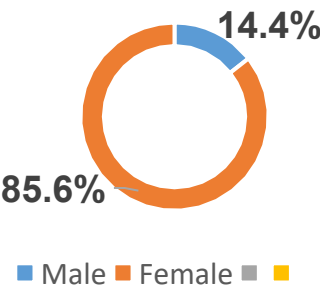
Lower Quartile



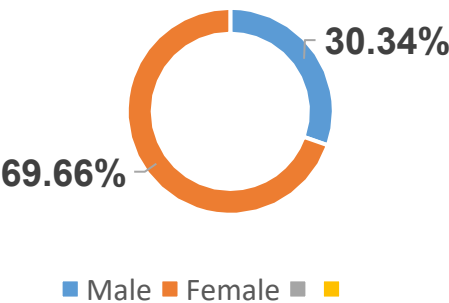
Lower Middle Quartile



Upper Middle Quartile



Upper Quartile



# Closing the gap

We aim to achieve a gender balance across our workforce as a whole. Although a gender pay gap is still present in the Health Board, it is smaller than last time we reported in 2019. The average pay gap has reduced from £4.61 p/h (23%) in 2019 to 3.62 p/h (17.6%) this year. The median pay gap has reduced from £1.27 p/h (8.37%) in 2019 to £0.11p p/h (0.69%) this year.

As per the Hywel Dda Strategic Equality Plan 2020 – 2024:

The Workforce and Organisational Development Department and Strategic Partnerships, Diversity and Inclusion Team will work closely to identify and resolve issues and will work collaboratively to create a fair and inclusive working environment. Within the theme of being an employer of choice and the associated objective, we will include actions to identify and address Gender Pay Gap issues. Over time, we will also seek to identify and address pay gap issues relating to additional single or multiple protected characteristics where they might exist.

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

- Audit of the HDdUHB's 'Top Quartile' earners to review rationale and conclusions for determination of each remuneration;
- Ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments (including Clinical Excellence Awards);
- Review how well the HDdUHB manages women's career progression after employment breaks such as maternity leave, creating interventions as necessary;
- Active promotion of current policies on flexible and family-friendly working for all genders;
- Exploring how we can better promote our vacancies in senior positions to women and organisations that support women;
- Exploring how we can better support female talent. Encourage the next generation of female leaders by setting up an internal task and finish group to explore how we can better support women into middle and senior management roles;
- Exploring opportunities for more flexible or alternative shift working across the organisation and explore how this could be introduced into a wider range of roles;
- Working with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities;
- Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor.

**End**

**Hywel Dda University Health Board**

**Gender Pay Gap Report**

**Reporting Period 1 April 2020 - 31 March 2021**

