

## Strategic Equality Plan – Equality Objectives: a) Identify objectives, b) Review and assess progress against objectives prioritised in SEP during the reporting period

<b>Organisation</b>	Hywel Dda University Health Board	<b>Date of Report</b>	April 2025	<b>Report Prepared By</b>	Business, Partnerships, and Inclusion Team
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The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. As a listed body in Wales under the Public Sector Equality Duty (Equality Act 2010), NHS organisations are required to draw up a Strategic Equality Plan (SEP) at least every 4 years which describe and document the steps being taken to tackle inequality and barriers to access to improve the health outcomes and experience of patients, their families, and carers.

The SEP should include equality objectives to meet the General Duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation.

Distinct action plans for several Protected Characteristics (PCs) have been published since 2022, these currently include the Anti-Racist Wales Action Plan (ARWAP 2022) and the LGBTQ+ Action Plan (2023). Each NHS organisation's SEP should act as a support platform for current and future plans, linking the distinct plans which have their own actions, and not override them.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

**Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery.**

**Please attach a copy of your organisation's SEP and Annual Equality Report.**

<b>Black text</b>	<b>1<sup>st</sup> April 2024 – 30<sup>th</sup> September 2024 update</b>
<b>Blue text</b>	<b>1<sup>st</sup> October 2024 – 31<sup>st</sup> March 2025 update</b>

**Notes:**

*This Policy Assurance Assessment should be read in conjunction with a number of supporting documents which provide additional detail about Hywel Dda University Health Board's progress to implement our strategic equality plan and duties. The supporting documents are:*

- **HDdUHB Review of progress against SEP objectives April 2024 – September 2024**
- **HDdUHB Strategic Equality Plan 2024-2028**
- **HDdUHB Strategic Equality Plan Annual Report 2023-2024**

Measure	Evidence	Risks to delivery
<p>The steps taken to fulfil your equality objectives in the SEP this period.</p>	<p>Following thorough engagement with both our communities and staff towards the end of 2023 (details of which can be found in our previous submission), Hywel Dda University Health Board released their Strategic Equality Plan (SEP) for 2024-2028 in April 2024. Our Strategic Equality Plan (SEP) 2024-2028 builds on the objectives recorded in our previous SEP and sets out how we continue to be 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.</p> <p>Our SEP highlighted four key equality objectives:</p> <ul style="list-style-type: none"> <li>• Leadership by all - Staff at all levels, including Board Members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation.</li> <li>• 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.</li> <li>• Improving Health and Wellbeing 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.</li> <li>• 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.</li> </ul> <p>To ensure we are achieving the desired outcomes aligned to each objective, the Health Board's SEP also sets out a detailed action plan of the actions we intend to take during the first two-years. We plan to carry out a mid-point review at the end of 2025, to set actions for the final two years, building on the progress that we make and any new or emerging priorities.</p> <p>The action plan clearly establishes:</p> <ul style="list-style-type: none"> <li>• what actions are required</li> <li>• when are these actions required to be completed,</li> </ul>	<p><b>Risk to Delivery:</b></p> <p>A risk would be that actions are not carried out and Health Board makes limited progress against key objectives.</p> <p>The Health Board continues to face a challenging financial situation and is being asked to reduce/limit spending wherever possible. Therefore, we may not be able to allocate the required support/resource needed to fully meet the outlined actions/overarching objective.</p> <p><b>Mitigation:</b></p> <p>To ensure the Health Board is achieving the desired outcomes</p>

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• who is responsible/lead on each action,</li> <li>• what other policy drivers/legislation is the action linked with</li> <li>• what success looks like.</li> </ul> <p>The Business, Partnerships and Inclusion team coordinate the gathering of evidence to demonstrate progress. In addition to this being consolidated in the statutory annual report, papers are also presented and considered at Health Board assurance committees. Please see the attached document 'HDdUHB - Review of progress against SEP objectives March 24 – September 24' where an update on progress made over the last 6 months has been recorded against key actions.</p> <p>The Health Boards Strategic Equality Plan 2024-2028 and Annual Equality report have also been submitted alongside this document.</p> <p>During this reporting period, the 'EDI Implementation Group' has met on three separate occasions. This group now has an accepted 'Terms of Reference' and an established membership.</p> <p>The purpose of the EDI Implementation Group is to provide assurance to the People Organisational Development and Culture Committee (PODCC) that the requirements of the Equality Act and Public Sector Equality Duty are being met and that equality, diversity and inclusion is being embedded in everything the Health Board does, promoting the values of inclusivity and treating staff, patients, their families/carers and the wider population living within Hywel Dda with respect and dignity.</p> <p>The EDI Implementation Group is required to:</p> <ul style="list-style-type: none"> <li>• Contribute to the development and continue to identify actions to shape and support the delivery of the HDdUHB Strategic Equality Plan 2024-2028.</li> <li>• Share information and work collaboratively in the implementation of the Equality Act and the Public Sector Equality Duty.</li> <li>• Provide content, for an Annual Report that demonstrates progress of Health Board actions that contribute to the delivery of the HDdUHB Strategic Equality Plan objectives.</li> </ul> <p>The EDI Implementation Group will also be ensuring that our Strategic Equality Plan (SEP) objectives and associated action plans remain a priority. The EDI Implementation Group will continuously monitor the progress being made, ensuring that we are constantly making progress towards our goals. For detailed updates on relevant action under our SEP objectives for this</p>	<p>aligned to each objective, specific actions have been identified and recorded in an action plan. Each action has also been assigned to a specified department. All actions have been considered and included in the SEP action plan with a consideration as to whether they are achievable and therefore shouldn't be unattainable.</p> <p>The Business, Partnerships and Inclusion team also facilitate an EDI Implementation Group that meets quarterly. This group specifically analyses the progress made against each of the actions listed in the action plan for each objective in the SEP 2024-2028. If progress is not being made against certain actions, then further</p>

Measure	Evidence	Risks to delivery
	<p>reporting period, please refer to the attached document titled '<a href="#">HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25</a>'.</p> <p>The following section of this report contains a comprehensive breakdown of the various internal and external training sessions provided by the Health Board during the reporting period. These training sessions are designed to support the Health Board in achieving its SEP objectives. By participating in these sessions, staff members are better equipped to contribute to our equality and diversity goals, fostering an inclusive environment within the Health Board.</p>	<p>support/resource (where possible) can be attributed to ensure that actions are delivered.</p> <p>In order to work within our financial remits, the Health Board does provide a number of in-house training sessions/programmes, the upcoming Trans awareness training being one example. The Health Board will also prioritise external training based on greatest need, examples of training currently being prioritised include anti-racism and disability awareness training.</p>
<p>Eliminating discrimination and promoting equality of opportunity.</p>	<p><b>Hywel Dda University Health Boards Strategic Equality Plan 2024-2028 also includes a specific action plan for each of our objectives. The action plan breaks down each objective into individual actions. A progress update on each of these actions can be found in the attached document <a href="#">HDdUHB - Review of progress against SEP objectives March 24 – October 24</a>.</b></p> <p>Hywel Dda University Health Board also has several mechanisms in place to actively eliminate discrimination and promote equality of opportunity. These include:</p>	<p><b>Risk to Delivery:</b></p> <p>There is a risk that the Health Board continues to face a challenging financial situation and is being asked to reduce/limit spending wherever possible. Whilst all decision making is</p>

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	<p data-bbox="383 105 1659 172"><b>1. An annual programme of diversity and inclusion training which includes both mandatory and non-mandatory modules.</b></p> <p data-bbox="383 213 1749 245">Mandated training aims to improve the quality and safety of services to our patients and our staff.</p> <p data-bbox="383 252 1794 284">The following table includes the completion rates of Equality, Diversity and Inclusion related training:</p> <table border="1" data-bbox="383 312 1805 903"> <thead> <tr> <th data-bbox="383 312 1126 376">Topics</th> <th data-bbox="1126 312 1245 376">Apr-24</th> <th data-bbox="1245 312 1357 376">May-24</th> <th data-bbox="1357 312 1469 376">Jun-24</th> <th data-bbox="1469 312 1581 376">Jul-24</th> <th data-bbox="1581 312 1693 376">Aug-24</th> <th data-bbox="1693 312 1805 376">Sep-24</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 376 1126 488">100 LOCAL Paul Ridd Learning Disability Awareness - No Specified Renewal General</td> <td data-bbox="1126 376 1245 488">87.01%</td> <td data-bbox="1245 376 1357 488">87.24%</td> <td data-bbox="1357 376 1469 488">87.76%</td> <td data-bbox="1469 376 1581 488">88.91%</td> <td data-bbox="1581 376 1693 488">90.35%</td> <td data-bbox="1693 376 1805 488">89.99%</td> </tr> <tr> <td data-bbox="383 488 1126 600">NHS CSTF Equality, Diversity and Human Rights - 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Continued commissioning will depend on the availability of non-pay budgets when balanced against the existing Health Board financial recovery plan.</p> <p data-bbox="1834 959 2152 1382">During this reporting period, the Health Board has removed training promotion from its global email and is encouraging the use of alternative communication channels so that the global email can be reserved for urgent</p>
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	NHS MAND Autism Awareness - Level 1 - No Renewal	87.51%	88.70%	88.70%	89.31%	89.86%	90.08%	<p>updates. Initially, this led to a reduction in the number of staff members signing up for our training sessions. However, as time has progressed and staff have become accustomed to this different promotional approach, attendance has started to increase and, in some instances, surpassed previous attendance numbers.</p> <p>The Diversity and Inclusion team are finding that Staff capacity to attend training, particularly non-mandatory training is becoming more and more difficult due to the time pressures being experienced across the board. A risk could develop where staff feel that they do not have the time available to attend</p>
	NHS MAND Carer Awareness	82.84%	84.43%	84.43%	85.23%	85.87%	86.18%	
	NHS MAND Dementia Awareness - No Renewal	94.89%	95.02%	95.02%	95.17%	95.24%	95.27%	
	<p>In addition to mandatory training, an annual programme of non-mandatory diversity and inclusion training is delivered as outlined below:</p> <p><b>Person Centred Approach training</b>  This course offers a brief overview of person-centred care, taking into account equality related legislation and human rights. Staff will gain a basic understanding of equitable treatment of people with protected characteristics, carers and vulnerable groups as well as an understanding of how to provide equitable services while treating people fairly, with dignity and respect.</p> <p>In this session, staff also explore unconscious bias, stereotypes and the impact this could have upon how we treat the people around us. It also provides an introduction to the work of the Business, Partnerships and Inclusion Team who can offer advice and support to staff across the Health Board.</p> <p>The Health Board strives to be a diverse and inclusive organisation and treating people fairly is one of its core values. This course sets out the expectation for staff to apply this principle in their roles and offers guidance on best practice and signposts to further information and training.</p> <p>The Person-Centred Approach module is included as part of the induction process, and as such all new members of staff are expected to attend this session, and this module is widely promoted and is available to all staff. Attendance on the module is recorded for each attendant via ESR.</p> <p>During the reporting period 6 Person Centred Approach sessions have taken place with 66 members of staff having successfully completed the programme.</p> <p>During this reporting period, a further 6 Person-Centred Approach sessions have taken place, with an additional 110 members of staff successfully completing the session.</p>							

Measure	Evidence	Risks to delivery
	<p>Over the course of this financial year, 12 Person-Centred Approach sessions will have been delivered as part of the induction process (although attendance is not restricted to new members of staff only) to a total of 176 members of staff.</p> <p>In addition to delivering the Person-Centred Approach sessions as part of the induction process, the Diversity and Inclusion team have also delivered bespoke Person-Centred Approach sessions as part of the overseas nurses' programme. During this financial year, the Diversity and Inclusion team have delivered Person-Centred Approach sessions to 5 cohorts of internationally educated nurses, consisting of 102 members of staff (sessions delivered between September 2024 and February 2025).</p> <p>The Person-Centred Approach programme is evaluated after each session as feedback from attendees is vital in ensuring the programme is effective and that the learning objectives are being achieved. 95% of attendees answered the question 'How often will you apply what you have learned in the workplace with an answer of 'everyday' while the other 5% answered 'Occasionally. Here are some examples of the feedback received from the programme:</p> <ul style="list-style-type: none"> <li>• Very good and informative session - refreshed unconscious bias</li> <li>• Very engaging and informative - Made me think about my approach to people</li> <li>• A very informative session</li> </ul> <p><b>Active Bystander training</b> Hywel Dda University Health Board facilitate a rolling programme of Active Bystander training, providing staff with the skills and confidence to call out discrimination and inappropriate behaviour. The provision of Active Bystander is also recorded as a key action within the Health Boards Anti-racist Local Action Plan. The training is supported at Board level and staff are provided with the sources of support that are available within the Health Board.</p> <p>During the reporting period 2 Active Bystander Training Sessions have been delivered to 55 Health Board Staff members. Further information on the progress made with Active Bystander training during the reporting period can be found on the attached document '<b>HDdUHB - Review of progress against SEP objectives March 24 – October 24</b>'.</p> <p>During this reporting period, a further 4 Active Bystander sessions have been delivered, with an additional 96 members of staff successfully completing the session.</p>	<p>certain non-mandatory training.</p> <p>Due to the same time pressures mentioned above there is a risk that staff will simply get through e-learning as quickly as possible rather than digesting the information included in the modules – this risk has been fed back to the Diversity and Inclusion team via one of our evaluation forms. This is particularly relevant to online training modules.</p> <p><b>Mitigation:</b></p> <p>Whilst having training delivered by those with lived experience is preferable, alternate ways to ensure training is delivered is being explored. This includes the Diversity and Inclusion team building on their own</p>

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	<p>Over the course of this financial year 6 Active Bystander sessions have been delivered to a total of 151 members of staff.</p> <p>The Active Bystander sessions are evaluated after each session and feedback from attendees is used to ensure the course is effective and that the learning objectives are being achieved. 73% of attendees highlighted that they would you like to attend further training on this subject and 95% indicated that they would recommend the session to others. Here are some examples of the feedback received from the programme:</p> <ul style="list-style-type: none"> <li>• this was certainly a thought-provoking session, and I would encourage my whole team to attend future training opportunities. It was delivered well, thank you</li> <li>• I really enjoyed the session and thought it very thought provoking. some of the scenarios were familiar to me. Personally, I was reluctant to put my thoughts/'answers' in the chat when I knew that I could be asked to explain my answer/thought. for me, I'd have been more comfortable to be able to add my comments to the chat and listen to the feedback.</li> <li>• A well-structured format excellently delivered - very useful. I would like refresher training if available in the future.</li> <li>• I just wanted to say the session was fantastic. It was the most engaging online training I've attended, and I think an amazing job was done engaging with participants. Thank you so much!</li> </ul> <p><b>Making a difference Programme</b></p> <p>The Making a Difference programme creates an opportunity to use the learning from the staff experience report to support our workforce, providing opportunities to rest, recover and recuperate, whilst being away from their working environment and providing an opportunity to socially connect. The programme will:</p> <ul style="list-style-type: none"> <li>• Explore ways to create positive interactions with Hywel Dda customers, our patients, families, and visitors</li> <li>• Promote effective communication</li> <li>• Provide tools to manage conflict</li> <li>• Highlight the impact of incivility in the workplace</li> <li>• Embed the Hywel Dda Values and Behaviours</li> <li>• Help to establish Healthy Working Relationships</li> <li>• Promote staff wellbeing</li> </ul>	<p>specialist knowledge and skills in order to deliver a broader range of awareness training sessions internally, as well as bite size videos and the recording of sessions which can be accessed at a later date.</p> <p>Essential training has been identified and funds made available to ensure delivery continue (this includes Active Bystander training).</p> <p>Where possible the Diversity and Inclusion team either record its training session, source the training material (power point slides etc) or produce our own learning resource. These resources are then saved on our SharePoint page so that staff can access</p>

Measure	Evidence	Risks to delivery
	<p>During the reporting period 20 Making a difference sessions have taken place with 165 members of staff having successfully completed the programme.</p> <p>Since the introduction of the programme, there have been a total of 1518 applicants who have completed Making a Difference training across the Health Board, with 866 in Carmarthen, 448 in Pembrokeshire and 204 in Ceredigion. Through course evaluation, 100% of those attending would recommend Making a Difference to colleagues.</p> <p>The aim of the Making a difference Programme is to provide staff with the tools and skills to implement great customer service. It is hoped that by the end of the programme, staff will be able to:</p> <ol style="list-style-type: none"> <li>1. Create positive interactions with Hywel Dda customers, our patients, families, and visitors</li> <li>2. Demonstrate use of tools provided to manage conflict and establish positive working relationships.</li> <li>3. Identify a variety of support mechanisms to promote health, well-being and empower individuals to fulfil their potential.</li> </ol> <p>During this reporting period (Oct 24 – March 25) the Health Board has continued to offer the Making a Difference Programme, where 7 additional sessions have taken place with a further 70 members of staff successfully completing the programme. Therefore, over this financial year, 27 Making a Difference sessions have been delivered to a total of 235 members of staff.</p> <p><b>Leading with Cultural Intelligence training/workshop</b>  Wrap around support is being provided by the OD Relationship Manager service and ongoing training is being developed by Learning &amp; Development. The learning objectives of the training programme include:</p> <ul style="list-style-type: none"> <li>• Exploring Culture and its relevance to Inclusion and Belonging.</li> <li>• Introducing Cultural Intelligence and Cultural Value Dimensions – How do our Cultural Preferences inform our behaviour, attitudes and how we lead and engage others.</li> <li>• Exploring 3 Cultural Value Dimensions - High Power/low Power Distance, High Context/Low Context, Expressive Neutral/Expressive Affective – How do these inform the way we behave and the way we relate to others.</li> <li>• Managing and mitigating our biases and negative stereotypes in the way we engage and lead.</li> </ul>	<p>when time allows – therefore reducing the risk of training being missed due to alternative time pressures.</p> <p>To mitigate the risk of staff rushing through online training modules the Diversity and Inclusion team regularly facilitate related virtual (Teams session) training sessions which often incorporate breakout rooms and real life/lived experience scenarios. This requires greater learner participation and ensures appropriate time is allowed for training. The Diversity and Inclusion team will consider this when identifying training modules suitable for the next financial year.</p>

Measure	Evidence	Risks to delivery
	<p>During the reporting period 3 Leading with Cultural Intelligence training/workshops have taken place with 30 members of staff having successfully completed the programme.</p> <p>During the second half of this financial year (Oct 24 – March 25) the Health Board has continued to offer the Leading with Cultural Intelligence training/workshop Programme, with 3 additional sessions having taken place during this reporting period, where a further 41 members of staff successfully completed the programme. Therefore, over the course of the year 5 Leading with Cultural Intelligence training/workshop have been delivered to a total of 71 members of staff.</p> <p><b>2. Inclusive recruitment and training and resources for managers, to recruit inclusively.</b>  One of the Health Board’s strategic equality objectives is to continue to be an employer of choice to ensure our people are happy, engaged and supported in work which will also further stabilise our services. The Health Board is well aware of the positive benefits that having a diverse workforce can have on the wider organisation. The Health Board has a number of actions/programmes that provides our existing diverse staff members with opportunities to progress, therefore also encouraging staff retention. A specific action plan is also included in our SEP which breaks down this objective into individual actions, progress on each of these actions can be found in the attached document <b>HDdUHB - Review of progress against SEP objectives March 24 – October 24.</b></p> <p>Further progress against the relevant actions can be found on the updated '<b>HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25</b>'.</p> <p><b>3. Learning and development programmes for new and aspiring leaders and senior leaders include topics such as cultural awareness, unconscious bias training and being an inclusive leader.</b></p> <p><b>STAR Programme</b> – This leadership development programme brings together senior sisters and charge nurses from across the Health Board, including all acute sites, and the diversities/challenges they face within their roles forms an important element for the cohorts collective learning.</p> <p>Regrettably, there has been limited progress in resuming the delivery of the STAR programme during this reporting period. The programme is currently suspended due to the Corporate Nursing Department being under targeted intervention and presently unable to allocate the necessary funds to operate the programme. Additionally, there have been staffing challenges, particularly a vacancy in the Lead Nurse for Professional Standards position, which is crucial for facilitating this</p>	<p><b>Risk:</b></p> <p>There is a risk that the recruitment process does not attract a more diverse pool of applicants applying for the role.</p> <p><b>Mitigation:</b></p> <p>Work is currently underway to look at how the Health Board (including their job adverts) can encourage a more diverse pool of applicants applying for roles. Some of these actions have been included in the attached document '<b>HDdUHB - Review of progress against SEP objectives March 24 – September 24</b>'.  Further progress against the relevant actions can be found on the updated</p>

Measure	Evidence	Risks to delivery
	<p>programme. Efforts are currently underway to appoint a Lead Nurse for Professional Standards, which will enable the reinstatement of the STAR programme.</p> <p><b>LEAP Programme</b> – this innovative and progressive leadership development programme is for senior leaders and focuses on compassionate, collective and inclusive leadership. The programme includes a diversity and inclusion session ‘Creating an environment where everyone can flourish and thrive.’</p> <p>The LEAP programme covers 5 key themes:</p> <ul style="list-style-type: none"> <li>• Leading Self</li> <li>• Leading with Compassion and Kindness</li> <li>• Leading with a Coaching Style</li> <li>• Leading Strategically</li> <li>• Leading for the Future</li> </ul> <p>The programme is supported by boost sessions and a reflective workbook. Each delegate is supported by a personal navigator during their time on the programme. The LEAP programme is continuously evaluated and adjusted to reflect organisational context and feedback from delegates and stakeholders. Demand for the programme is high from leaders (B7 to 8C) and will continue until at least 2027.</p> <p>During the reporting period 6 cohorts of staff have actively been progressing through their LEAP programmes (programme usually runs for just short of a full calendar year) which have consisted of a total of 92 members of staff (2 cohorts started their LEAP programmes during this reporting period consisting of 30 delegates).</p> <p>During the second half of this financial year (Oct 24 – March 25) the Health Board has continued to offer the LEAP leadership development Programme, to all our senior leaders. 2 additional cohorts have taken place during this reporting period where a further 37 members of staff have undertaken the training. Therefore, over the course of the year 4 LEAP cohorts have been established, consisting of a total of 67 members of staff.</p> <p>Having evaluated the evidence, feedback and data gathered around LEAP so far it is clear that LEAP is successfully achieving its original aims by equipping leaders to meet the challenges they face, building on their current strengths, supporting their development needs, helping them to think</p>	<p><b>'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25'.</b></p>

Measure	Evidence	Risks to delivery
	<p>differently, building their leadership confidence, strengthening collaboration, decision making and systems thinking, and establishing shared leadership qualities and behaviours.</p> <p>LEAP enables delegates to create a network of peers from across the organisation and has helped them to understand their role in delivering the organisation's vision.</p> <p>Delegates have described the impact of LEAP as follows:</p> <ul style="list-style-type: none"> <li>• “LEAP has changed my life. I can see and feel myself changing on a daily basis and becoming a better leader.”</li> <li>• “LEAP is the programme for all leaders. Learning the right ways to lead and aid development I feel is crucial for the health board.”</li> <li>• “LEAP exceeded expectations. Being able to work with colleagues, share real stories, support each other. I have found it powerful.”</li> <li>• “Before I would have never thought about the impact of incivility. It was such a lightbulb moment for me. “</li> <li>• “Thanks to LEAP, I now promise to always be true to my values and behave as I would expect of others.”</li> </ul> <p><b>New Consultant Development Programme</b> (7-day programme) - is an extension of their induction as a new consultant and covers a range of topics from leadership with a compassionate lens, to human factors and recruitment. <a href="#">The New Consultant Development Programme was created to enable new consultants to learn more about HDUHB as an organisation, while simultaneously establishing a network of peers from across all sites.</a> There are 20 participants included in this year's cohort for the New Consultant Development Programme.</p> <p>Both the LEAP and New Consultant Development Programme have made a significant difference not only to those who attended the programmes but also to their teams and service users. Feedback from delegates and stakeholders confirms that both development programmes have positively impacted our leaders' approach to leadership. This has been achieved by fostering the qualities and behaviours the organisation wishes its leaders to exhibit, enhancing their skillsets and knowledge, and developing networks that will support them personally and facilitate more efficient and effective collaboration between individuals and teams.</p>	

Measure	Evidence	Risks to delivery
	<p><b>The Hywel Dda Management Programme</b> - This is a programme designed for people managers working in posts graded at bands 3-7. It focuses on the day-to-day skills of being an effective communicator, a supportive and encouraging manager, and a motivational leader. The programme includes the following themes:</p> <ul style="list-style-type: none"> <li>• Demonstrating the Hywel Dda values</li> <li>• Values in team culture</li> <li>• Managing Yourself</li> <li>• Managing Others</li> <li>• Coach Approach</li> <li>• Inclusive recruitment</li> <li>• Being an inclusive manager</li> </ul> <p>The programme includes a diversity and inclusion session called ‘Being an Inclusive Manager.’ Through the completion of the Hywel Dda Management Programme, managers will be well equipped to ensure staff are treated fairly, be aware of the steps they can take to ensure discrimination and bias is removed and as a result staff will hopefully feel valued and remain with the Health Board. The Hywel Dda Management Programme will be reviewed regularly to ensure delivery is meeting the needs of our managers.</p> <p>During the reporting period 3 cohorts have made a start on their Hywel Dda Management Programme which consisted of 57 members of staff.</p> <p>During the second half of this financial year (Oct 24 – March 25) the Health Board has continued to offer the Hywel Dda Management Programme. 5 new cohorts have started on their Hywel Dda Management Programme which consisted of 100 members of staff. Therefore, over the course of the year 8 different cohorts or 157 members of staff have started the Hywel Dda Management programme journey.</p> <p>Evaluation of the session over this period has shown that 75% of attendees on the Hywel Dda Management Programme indicated that their knowledge on being an Inclusive Manager had increased ‘a lot’ as a result of the ‘Inclusive manager’ session.</p> <p><b>Additional training</b></p>	

Measure	Evidence	Risks to delivery																																								
	<p>The Health Board also offer bitesize training through the INFORM suite of resources for leaders which include examples of Equality, Diversity and Inclusion (ED&amp;I) best practice throughout. Our INFORM suite of resources are designed to be accessed as and when required by staff. These resources include workshops, webinars, pre-recorded content, and guidelines, all carefully curated by our subject matter experts here at Hywel Dda.</p> <table border="1" data-bbox="383 320 1789 1134"> <thead> <tr> <th data-bbox="383 320 775 523">INFORM Course</th> <th data-bbox="775 320 1028 523">Attendance April 24 – Sept 24</th> <th data-bbox="1028 320 1245 523">Number of Session Delivered</th> <th data-bbox="1245 320 1547 523">Attendance October 24 – March 25</th> <th data-bbox="1547 320 1789 523">Number of Session Delivered</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 523 775 587">Change Management</td> <td data-bbox="775 523 1028 587">42</td> <td data-bbox="1028 523 1245 587">4</td> <td data-bbox="1245 523 1547 587">17</td> <td data-bbox="1547 523 1789 587">2</td> </tr> <tr> <td data-bbox="383 587 775 651">Effective Communication</td> <td data-bbox="775 587 1028 651">93</td> <td data-bbox="1028 587 1245 651">6</td> <td data-bbox="1245 587 1547 651">52</td> <td data-bbox="1547 587 1789 651">5</td> </tr> <tr> <td data-bbox="383 651 775 715">Unconscious Bias</td> <td data-bbox="775 651 1028 715">70</td> <td data-bbox="1028 651 1245 715">6</td> <td data-bbox="1245 651 1547 715">38</td> <td data-bbox="1547 651 1789 715">5</td> </tr> <tr> <td data-bbox="383 715 775 820">Developing Yourself and Others</td> <td data-bbox="775 715 1028 820">83</td> <td data-bbox="1028 715 1245 820">6</td> <td data-bbox="1245 715 1547 820">33</td> <td data-bbox="1547 715 1789 820">4</td> </tr> <tr> <td data-bbox="383 820 775 884">Presentation Skills</td> <td data-bbox="775 820 1028 884">43</td> <td data-bbox="1028 820 1245 884">4</td> <td data-bbox="1245 820 1547 884">6</td> <td data-bbox="1547 820 1789 884">2</td> </tr> <tr> <td data-bbox="383 884 775 948">Cultural Intelligence</td> <td data-bbox="775 884 1028 948">30</td> <td data-bbox="1028 884 1245 948">3</td> <td data-bbox="1245 884 1547 948">41</td> <td data-bbox="1547 884 1789 948">3</td> </tr> <tr> <td data-bbox="383 948 775 1134">The Hywel Dda Induction journey explained (Inducting new staff for first 6 months)</td> <td data-bbox="775 948 1028 1134">20</td> <td data-bbox="1028 948 1245 1134">2</td> <td data-bbox="1245 948 1547 1134">10</td> <td data-bbox="1547 948 1789 1134">2</td> </tr> </tbody> </table> <p data-bbox="383 1174 1756 1246">Work is also being undertaken to develop an 'Include' page which will focus on Equality, Diversity and Inclusion, as a part of our 'INFORM' management and leadership SharePoint pages.</p> <p data-bbox="383 1286 1783 1393">During this reporting period the Business, Partnerships and Inclusion team has also arranged the delivery of several additional training sessions, to address the learning needs identified through our staff network members, queries or complaints that have been raised directly with the team or which</p>	INFORM Course	Attendance April 24 – Sept 24	Number of Session Delivered	Attendance October 24 – March 25	Number of Session Delivered	Change Management	42	4	17	2	Effective Communication	93	6	52	5	Unconscious Bias	70	6	38	5	Developing Yourself and Others	83	6	33	4	Presentation Skills	43	4	6	2	Cultural Intelligence	30	3	41	3	The Hywel Dda Induction journey explained (Inducting new staff for first 6 months)	20	2	10	2	
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Measure	Evidence	Risks to delivery																								
	<p data-bbox="383 105 1731 172">have been highlighted as learning needs in our action plans (Anti-racist Wales local action plan, LGBTQ+ etc.).</p> <table border="1" data-bbox="383 212 1805 959"> <thead> <tr> <th data-bbox="383 212 1111 316">Course title</th> <th data-bbox="1111 212 1451 316">Attendance Oct – March</th> <th data-bbox="1451 212 1805 316">Number of Session Delivered</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 316 1111 379">Trans Awareness Training</td> <td data-bbox="1111 316 1451 379">130</td> <td data-bbox="1451 316 1805 379">2</td> </tr> <tr> <td data-bbox="383 379 1111 443">Menopause Q&amp;A</td> <td data-bbox="1111 379 1451 443">30</td> <td data-bbox="1451 379 1805 443">1</td> </tr> <tr> <td data-bbox="383 443 1111 547">EYST - Anti-Racism for practitioners</td> <td data-bbox="1111 443 1451 547">72 (sessions capped at 25)</td> <td data-bbox="1451 443 1805 547">5</td> </tr> <tr> <td data-bbox="383 547 1111 651">EYST - Religion and Belief Training</td> <td data-bbox="1111 547 1451 651">41 (sessions capped at 25)</td> <td data-bbox="1451 547 1805 651">2</td> </tr> <tr> <td data-bbox="383 651 1111 754">EYST - Working with Minority Ethnic Children, Young People and Families</td> <td data-bbox="1111 651 1451 754">42 (sessions capped at 25)</td> <td data-bbox="1451 651 1805 754">3</td> </tr> <tr> <td data-bbox="383 754 1111 858">Disability Awareness</td> <td data-bbox="1111 754 1451 858">37 (sessions capped at 16)</td> <td data-bbox="1451 754 1805 858">3</td> </tr> <tr> <td data-bbox="383 858 1111 959">Making Reasonable Adjustments</td> <td data-bbox="1111 858 1451 959">42 (sessions capped at 16)</td> <td data-bbox="1451 858 1805 959">3</td> </tr> </tbody> </table> <p data-bbox="383 999 1715 1106">Feedback from these additional training sessions facilitated by the Business, Partnerships and Inclusion team have been overwhelmingly positive. Staff have fed back comments such as the following via our training evaluation forms:</p> <ul data-bbox="427 1114 1776 1374" style="list-style-type: none"> <li data-bbox="427 1114 1776 1220">• I found it really interesting and it will give me confidence in the future. The links provided will also help with anymore information that I may require. Thank you for a really interesting morning.</li> <li data-bbox="427 1225 1776 1294">• I liked the lived experience stories. Good to have breakout rooms and opportunity to ask questions and to contribute.</li> <li data-bbox="427 1299 1776 1374">• The training was very beneficial and allowed me to broaden my knowledge on the subject. Very engaging training run by warm and friendly people.</li> </ul>	Course title	Attendance Oct – March	Number of Session Delivered	Trans Awareness Training	130	2	Menopause Q&A	30	1	EYST - Anti-Racism for practitioners	72 (sessions capped at 25)	5	EYST - Religion and Belief Training	41 (sessions capped at 25)	2	EYST - Working with Minority Ethnic Children, Young People and Families	42 (sessions capped at 25)	3	Disability Awareness	37 (sessions capped at 16)	3	Making Reasonable Adjustments	42 (sessions capped at 16)	3	
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	<ul style="list-style-type: none"> <li>• It challenges ideas and helps to find ways forward to be an anti-racist organisation and make the changes needed.</li> <li>• Extremely informative, really well presented and has motivated me to be more pro-active in tackling racism not just in work but in all aspects of life.</li> <li>• I've gained knowledge and insight into how our attitudes as individuals and as an organisation need to continue to be challenged, this course has made me feel that I am better able to speak out if I encounter any racist behaviour/attitudes within my workplace.</li> </ul> <p><b>4. Ensuring that equality impact assessments are completed.</b></p> <p>Equality Impact Assessments (EqIAs) and/or Equality and Health Impact Assessments (EHIA's) are used to support the scrutiny process of policies and procedures, service change or development proposals by identifying the impacts of key areas of action and suggesting possible mitigation before any final decisions or recommendations are made.</p> <p>Both the Health Boards EqIA's and EHIA's capture the potential impacts based on each of the 9 protected characteristics, but also addresses the impacts from a Welsh language, socio-economic disadvantage, and Armed Forces Covenant Duty perspective. The Health Board continues to use available data sets and engagement activity to inform its EqIA's and EHIA's, these data sets include Local Assessments of Well-being, Population Assessment, Census data 2021 and Regional Pharmaceutical Needs Assessment among others.</p> <p>Over the last 6 months the Diversity and Inclusion team have further developed resources to better support Health Board staff complete a comprehensive and high quality EqIA. The team have developed a guided EqIA template, as well as an updated EqIA screening template and are currently in the process of finalising a new guidance document to act as a prompt, providing 'examples to consider' (which highlights the impacts that the author should be considering for each protected characteristic) as well as a video resource. All of which is expected to help staff navigate the EqIA process and improve the quality of EqIA's submitted. The Diversity and Inclusion team will also continue to provide guidance to all Health Board staff tasked with completing an EqIA on a case-by-case basis.</p> <p>During September 2024 the Business, Partnerships and Inclusion team also led on the revision of the Health Board Equality Impact Assessment Policy and Procedure documentation. The policy had minor amendments made but is now a fully comprehensive document which outlines the need to pay</p>	<p><b>Risk to delivery:</b></p> <p>There is a risk that the quality of EqIAs are not robust enough to support decision making at Board level.</p> <p>As a result of the work undertaken by the Diversity and Inclusion team to review and fully embed the EqIA process, the completion of EqIA's is essential for all service change and development and receives scrutiny at Board and Committee level, to enable better, more informed decision making. This does however present a risk, as the Diversity and Inclusion element of the Business, Partnership and Inclusion team is relatively small, but the volume of work</p>

Measure	Evidence	Risks to delivery
	<p>due regard for all 9 protected characteristics, the Welsh language, socio-economic disadvantage and the Armed Forces/veteran status.</p> <p>The Diversity and Inclusion team continues to provide regular training and advice on EQIA to Health Board staff and promote the need and benefits of completing EqIA's across all service areas. Over the last 6 months the Diversity and Inclusion team have developed an automated EqIA log, which will help ensure an accurate record of the progress being made for each EqIA, and will ensure that records are easily accessible, ensuring better business continuity. The new log system will also be invaluable to ensure all EqIA's have been quality assured.</p> <p>Throughout 2023-2024 the Diversity and Inclusion team supported and provided guidance to managers on the development/completion of 203 EQIA's. The EDI team further supported 45 EqIA's during Quarter 1, and 44 EqIA's during quarter 2 of this financial year (a total of 89 EqIA's in the reporting year to date).</p> <p>At least one member of the Diversity and Inclusion team regularly attends the Clinical Written Control Documentation Group which monitors policies for approval. This helps provide assurances that each policy has an accompanying EQIA of sufficient quality. A member of the Diversity and Inclusion team also attends steering groups for large-scale service redesign projects to ensure that all associated service change proposals will be assessed accordingly to consider their impact and remove disadvantage.</p> <p>The Health Board continues to use software such as Engagement HQ and Tractivity to improve communication and engagement activities. These systems allow the Health Board to easily identify community groups with a protected characteristic, and plan for future engagement activity. During public consultations and engagement activity, actions are taken to ensure that the voices of our diverse population are heard.</p> <p>During this reporting period, the Diversity and Inclusion team have finalised the EqIA guidance document, which includes a frequently asked questions section and a comprehensive step-by-step breakdown of what is required at each stage of the EqIA process. The Diversity and Inclusion team have also developed a 'considerations document' to further support individuals completing an EqIA, which provides prompts and suggestions of possible impacts under each protected characteristic that they may need to incorporate into their EqIA. Additionally, we have developed an EqIA guidance video that delivers a similar message to that included in the guidance document. Feedback on the</p>	<p>continues to grow. Therefore, a risk would be that the team struggle to meet the demands placed upon it.</p> <p><b>Mitigation:</b></p> <p>In order to cope with the increasing demands being placed on the Diversity and Inclusion team (increased number of EqIA's being submitted for quality assurance or greater level of involvement developing large scale EqIA's) the Diversity and Inclusion team have developed a number of mechanisms to ensure effective processing. One such example is the creation of a central 'Lists' document to capture all submitted EqIA's – this ensures that all elements of the EqIA are kept together, and status updates are visible to all members</p>

Measure	Evidence	Risks to delivery
	<p data-bbox="376 103 1809 172">EqIA format and supporting documents has been very positive, and the consensus within the team is that the quality of EqIAs has improved, as a result of this additional support and guidance.</p> <p data-bbox="376 212 1809 395">The Diversity and Inclusion team have also developed a new scoring matrix for EqIA's so that it captures both likelihood and impact/opportunity, providing a more meaningful scoring system. The new scoring matrix will also provide further emphasis on the positive impacts and identify opportunities to further promote equality of opportunity. This new scoring matrix will also improve the robustness of the EqIA, allowing a clearer source of information for decision makers</p> <p data-bbox="376 435 1809 762">During this reporting period, the Diversity and Inclusion team have delivered several EqIA-specific training sessions across the Health Board. These include delivering a session to our A Healthier Mid and West Wales workstream, which leads on some of the Health Board's large-scale service change and improvement programmes, as well as several department and team-specific sessions (notably Paediatrics, Physiology, Mental Health, amongst others). The Diversity and Inclusion team will also begin delivering EqIA training as part of the Health Board's Enabling Quality Improvement in Practice (EQIIP) programme, where candidates develop their knowledge and skills in comprehensive improvement methodology and associated managerial and leadership attributes, whilst delivering a 'real work' improvement project.</p> <p data-bbox="376 802 1809 906">During this reporting period, the Diversity and Inclusion team has quality assured an additional 177 EqIAs. Combined with the data from our previous submission, this brings the total number of quality assured EqIAs to 222 for the 2024-2025 financial year.</p>	<p data-bbox="1832 103 2168 319">of the team. This allows better joint working amongst members of the Diversity and Inclusion team.</p> <p data-bbox="1832 375 2168 965">Work has been undertaken by the Diversity and Inclusion team to develop our EqIA templates. This work should improve the standard of EqIA being submitted to the Diversity and Inclusion team as a first draft, and therefore reduce the time required by members of the Diversity &amp; Inclusion team to improve those EqIA's.</p> <p data-bbox="1832 1021 2168 1380">The EqIA Policy and Guidance has recently been updated and a video and supporting training is being finalised. This will ensure greater understanding and awareness of what an EqIA is, why they're</p>

Measure	Evidence	Risks to delivery						
		completed and how to access support.						
<p>Progress made against national action plans (e.g. Anti-racist Wales Action Plan, LGBTQ+ Action Plan etc.).</p> <p><i>Welsh Government may request feedback on progress made against the EDI standards within the reporting period, such as:</i></p> <ul style="list-style-type: none"> <li><i>The All Wales Standards for Accessible Communication for People with Sensory Loss</i></li> <li><i>The Workforce Race Equality Standard</i></li> </ul>	<p><b>ArWAP</b></p> <p>The Health Board’s Black, Asian and Minority Ethnic Advisory group supports the Health Board’s work to mainstream equality, diversity and inclusion and has ownership and oversight of the work to meet the requirements of the Anti-racist Wales Action Plan. The group has also identified and developed its own local action plan.</p> <p>When it was launched, the Anti-racist Wales Action Plan initially covered the period June 2022 – June 2024, and the priority actions for the health sector were intended to act as a catalyst for the development of a local action plan, which shows how the Health Board is contributing to the vision of Wales becoming an anti-racist nation by 2030. The local action plan continues to evolve in response to emerging evidence and local issues, including the analysis of workforce equality information, and the results of the NHS Staff survey and Workforce Race Equality Standard annual reports.</p> <p>The local action plan sets out the actions based on the six overarching themed areas outlined in the national Anti-racist Wales Action Plan. An update for each themed area is provided below. Highlighted in the table are some of the key steps which have been identified as a priority for further work:</p> <table border="1" data-bbox="383 932 1789 1370"> <thead> <tr> <th data-bbox="383 932 806 973">Priority theme</th> <th data-bbox="806 932 1789 973">Priority actions</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 973 806 1134">People’s experience of racism in everyday life</td> <td data-bbox="806 973 1789 1134">The Black, Asian and Minority Ethnic Advisory Group would like to see the Health Board adopt an anti-racist pledge, to demonstrate its commitment to being an anti-racist organisation that promises to remove discrimination and will not tolerate racism of any kind.</td> </tr> <tr> <td data-bbox="383 1134 806 1370">People’s experience of racism when accessing services</td> <td data-bbox="806 1134 1789 1370">Specialist training will be delivered by the end of March 2025 in order to increase the knowledge and understanding of our staff on the following topics: <ul style="list-style-type: none"> <li>Working with Minority Ethnic Children, Young People and Families</li> <li>Religion and Belief</li> </ul> </td> </tr> </tbody> </table>	Priority theme	Priority actions	People’s experience of racism in everyday life	The Black, Asian and Minority Ethnic Advisory Group would like to see the Health Board adopt an anti-racist pledge, to demonstrate its commitment to being an anti-racist organisation that promises to remove discrimination and will not tolerate racism of any kind.	People’s experience of racism when accessing services	Specialist training will be delivered by the end of March 2025 in order to increase the knowledge and understanding of our staff on the following topics: <ul style="list-style-type: none"> <li>Working with Minority Ethnic Children, Young People and Families</li> <li>Religion and Belief</li> </ul>	<p><b>Risk to Delivery:</b></p> <p>Anti-racism training is not a mandatory module for NHS staff which may impact on embedding an active bystander culture.</p> <p>Poor completion rates of the NHS staff survey which feeds into the WRES data analysis.</p> <p>Staff members from minoritised ethnic groups not developing or progressing in their careers which may also lead to poor staff retention across the Health Board.</p> <p>Capacity within the Diversity and Inclusion team (3 wte staff) is limited and work to support service and financial recovery has increased the need for</p>
Priority theme	Priority actions							
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Measure	Evidence		Risks to delivery
		<ul style="list-style-type: none"> <li>Anti-racism (which will complement the new Anti-racism e-learning module on ESR)</li> </ul> <p>A breakdown of the contents and learning objectives of these specialist training sessions can be found further on in this report (page 24 and 25).</p>	<p>guidance and support in Equality Impact Assessments.</p> <p>Unable to appoint a chair with lived experience to the Enfys staff network. <a href="#">This risk has now been addressed; details included further on in this submission.</a></p> <p><b>Mitigation:</b></p> <p>The anti-racism e-learning module is being promoted by the Diversity and inclusion team. Initial promotion has been aligned to work undertaken for Black History month and will continue throughout the year. The Health Board is currently working on adding the Anti-racism module to the L&amp;D course catalogue to increase visibility and support continued promotion. <a href="#">Compliance rates for the Anti-racism</a></p>
People's experience of being part of the workplace		<p>The workforce equality data and pay gap reports were presented at the Health Board's meeting in September, along with the findings of the intersectional analysis. A Board development day will be scheduled to scrutinise the data and further agree the areas of action the Board would like to see progressed and monitored during the first two years of the next SEP reporting period (2024-2026).</p> <p><a href="#">Further information on the Board Development Day can be found further down in this section of the report (see page 37).</a></p>	
People's experience of gaining jobs and opportunities		<p>The Recruitment team will focus on ensuring equitable, fair and unbiased recruitment processes. A task and finish group will be established to undertake a deep dive into the recruitment data and the discrepancy in the proportion of minority ethnic applicants being offered posts.</p> <p>The EDI Team have committed to work with the Prince Philip senior management team who have raised a concern about the diversity of their senior team. The work will involve colleagues from recruitment and culture and focus on working with recruiting managers, to ensure our diverse workforce are given equal opportunities to progress and develop and that recruitment practices are fair and unbiased.</p> <p><a href="#">Following on from the Board seminar session held with Board members in December 2024 the Business, Partnerships and Inclusion team have received a request for a similar session to take place with our Medical Leadership Forum (which includes the Prince Philip senior management team). This session has been</a></p>	

Measure	Evidence		Risks to delivery
		<p>scheduled for the 30<sup>th</sup> of May 2025, and will allow us to take the first steps in addressing the concern highlighted by the PPH senior leadership team around the lack of diversity within our senior teams. This work is likely to combine with the work of the Equality, Diversity, and Inclusion (EDI) Task Force – details of which can be found further on in this report (see page 37).</p>	<p>module have been included in this submission.</p>
	<p>People’s experience of when they lack visible role models in positions of power</p>	<p>As part of the Anti-racist Wales Action Plan, Welsh Government committed to the development of an Aspiring Board members programme. The first cohort to join the programme are expected to start in May 2025. It is recognised that Boards need to be representative of their workforce and diversity of membership draws on wider lived experiences and provides a greater understanding of under-represented groups. The aim of the programme is to create a robust pipeline of diverse applicants but, as well as non-executive Director positions, the programme is intended to help individuals recognise the wider opportunities that exist within Health.</p> <p>Applications for the first cohort of the Aspiring Board Leadership Programme have recently been promoted across the Health Board with messages being promoted within our Black Asian and minority Ethnic staff network and to our local population through local media channels.</p>	<p>A comprehensive communication plan is in place to encourage staff to complete the NHS staff survey for 2024 with the aim of increasing completion rates compared to last year (12%). This commenced in advance of the survey going live and will continue for the 8-weeks with regular posts on the new Viva-Engage system which is available to all members of staff.</p> <p>Update – staff survey response rates for 2024 increased to 20% as a result.</p>
	<p>People’s experience of racism as a refugee or asylum seeker</p>	<p>The Health Board will continue to work through the Community Development Outreach Team to engage with and support refugee and asylum seekers to access health and care services. This will involve working closely with regional and local community cohesion teams and promoting staff awareness of the needs of refugees and asylum seekers through training and awareness raising activities.</p> <p>A comprehensive breakdown of the work our CDOT team have carried out during this reporting period can be found on the</p>	<p>The Diversity and Inclusion team are promoting the ENFYS staff network chair position and are facilitating ENFYS staff networks until a</p>

Measure	Evidence	Risks to delivery
	<p data-bbox="815 102 1787 220" style="text-align: right;"><a href="#">supporting 'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25'</a>.</p> <p data-bbox="376 288 1794 676">In addition to local analysis, the Health Board has recently received the first Workforce Race Equality Standard (WRES) Organisational Report 2024. This report draws data from the Electronic Staff Record, TRAC and the NHS Staff Survey. Areas which have been flagged for further review include issues relating to recruitment and career progression, as well as the low levels of responses to the NHS Staff Survey which limits the understanding of staff perception and experience. The report also highlighted that the levels of undeclared ethnicity of Executive and Non-Executive Board members are 15.38% and 55.5% respectively which contribute to WRES Indicator 1 – percentage difference by ethnicity between the organisation’s Board executive and non-executive membership and its overall workforce. Our local Anti-Racism Action Plan will be updated to identify actions to address the areas which the data highlighted.</p> <p data-bbox="376 707 1794 858"><a href="#">Further detail on how the insights from the WRES data have been used to highlight areas for action can be found in the WRES update ‘Qualitative report detailing progress made by NHS organisations in using the Workforce Race Equality Standard (WRES) indicators to inform anti-racism strategic plans and work practices’ that is submitted with this form.</a></p> <p data-bbox="376 888 1182 922"><b>Theme: People’s experience of racism in everyday life</b></p> <p data-bbox="376 962 1742 1027">As requested by Welsh Government, Diverse Cymru were asked to carry out an audit on workforce policies. Some of the actions included:</p> <ul data-bbox="427 1038 1794 1369" style="list-style-type: none"> <li>• Not using the acronym BAME any longer – The Health Board uses Black, Asian and Minority Ethnic and minoritised communities generally and, the individual ethnicity is used when referring to a specific community, such as Traveller, Chinese or Indian.</li> <li>• Improving the culture to provide staff with an understanding of micro-aggressions and acknowledge where racism exists – cultural intelligence training is offered to all staff and attendance at Active Bystander training remains popular and provides staff with the knowledge and confidence to challenge inappropriate and racist behaviour. <a href="#">Further information on the delivery of both courses during the reporting period can be found earlier on in this report, see Pages 7-10.</a> An all-Wales e-learning module on anti-racism has just been launched which all</li> </ul>	<p data-bbox="1832 102 2168 580">chair is confirmed. Work is also ongoing to consider how a time-off arrangement, similar to Trade Union agreements, could be established moving forward in order to address a barrier about lack of protected time to undertake Chair or Vice-Chair responsibilities.</p> <p data-bbox="1832 639 2168 890"><a href="#">Update – A Chair for the Enfys LGBTQ+ staff network has now been appointed and a vacancy for vice-chair has been advertised to network members.</a></p> <p data-bbox="1832 949 2168 1423">The Diversity and Inclusion team have conducted a prioritisation activity to ensure that actions with the greatest need are prioritised and afforded the appropriate resource. <a href="#">In order to provide further mitigation, the Business, Partnerships and</a></p>

Measure	Evidence	Risks to delivery							
	<p>staff will be encouraged to complete. <a href="#">Compliance rates across HDUHB for the all-Wales e-learning module on anti-racism during this reporting period can be found below:</a></p> <table border="1" data-bbox="450 209 1738 244"> <tr> <td>100 LOCAL Anti Racism - 3 Years General</td> <td>0.00%</td> <td>21.75%</td> <td>39.10%</td> <td>51.57%</td> <td>59.70%</td> <td>64.19%</td> </tr> </table> <ul style="list-style-type: none"> <li>Race Equality Networks should be supported to have a voice and run activities themselves - The Black, Asian and Minority Ethnic Staff Network are invited to be members of the Black, Asian and Minority Ethnic Advisory Group and have been encouraged and supported to organise events such as Diwali celebrations, activities for Black History Month and set up interest groups such as a book club.</li> </ul> <p><a href="#">During this reporting period our Black, Asian and Minority Ethnic staff network organised and facilitated a Health Board wide Diwali celebration event (information for which you can find later in this report). As this event coincided with our internationally educated nurses joining the Health Board, we were able to promote the event as part of their induction and as a result had several internationally educated nurses in attendance. Our Black, Asian and Minority Ethnic staff network in tandem with the Business, Partnerships and Inclusion team also promoted several events throughout Black History Month and Ramadan, as well as other relevant events and celebrations throughout the year.</a></p> <p>During July and August, the UK saw racist riots and demonstrations so the Health Board shared a statement that racism and mistreatment of staff would not be tolerated and provided staff with sources of support. Despite their own feelings of concern about the riots and racist opinions being shared publicly and via social media, members of the Black, Asian and Minority Ethnic staff network were keen to be a point of contact for colleagues and to signpost to other sources of support if necessary. As outlined above, the Black, Asian and Minority Ethnic Advisory Group would like to see the Health Board adopt an anti-racist pledge, to demonstrate its commitment to being an anti-racist organisation that promises to remove discrimination and will not tolerate racism of any kind.</p> <p><a href="#">Initially, the Health Board intended on introducing an anti-racist pledge. However, with the establishment of the Equality, Diversity, and Inclusion (EDI) Task Force, it has been decided that the development of a more comprehensive pledge would better demonstrate how the Health Board will address all forms of discrimination and unacceptable behaviour. Progress on this will be included in our next submission.</a></p>	100 LOCAL Anti Racism - 3 Years General	0.00%	21.75%	39.10%	51.57%	59.70%	64.19%	<p><a href="#">Inclusion team will conduct a number of planning sessions at the beginning of the financial year in order to ensure that activities are scheduled to the best of our ability, allowing us to identify potential issues in the future.</a></p>
100 LOCAL Anti Racism - 3 Years General	0.00%	21.75%	39.10%	51.57%	59.70%	64.19%			

Measure	Evidence	Risks to delivery
	<p><b>Theme: People’s experience of racism when accessing services</b></p> <p>During June, the Community Development Outreach team delivered lunch and learn sessions on health barriers for Gypsy, Roma and Traveller communities and supporting refugees in our care. For NHS Equalities week, they delivered a session to NHS colleagues across Wales on health inequalities in rural areas, which included the health inequalities experienced by minoritised communities. During each session, the importance of using interpretation and translation services was highlighted as ineffective communication is a patient safety issue so it is essential that patients and carers who don’t speak English or Welsh are able to communicate in their preferred language.</p> <p><u>Next steps</u> – specialist training will be delivered by the end of March 2025 on the following topics:</p> <ul style="list-style-type: none"> <li>• Working with Minority Ethnic Children, Young People and Families</li> <li>• Religion and Belief</li> <li>• Anti-racism</li> </ul> <p>Attendance figures for each of these sessions can be found on page 15 of this report.</p> <p><b>Working with Minority Ethnic Children, Young People and Families</b></p> <p>The aim of the Working with Minority Ethnic Children, Young People and Families training was to gain knowledge of Black Asian Minority Ethnic communities, explore cultural differences and respecting diversity. The training covered how to:</p> <ul style="list-style-type: none"> <li>• Understand the difference between religion, culture and identity</li> <li>• Understand discrimination and inequality experienced by different minority ethnic groups in Wales</li> <li>• Explore the barriers in accessing services</li> <li>• Identify the needs of minority ethnic communities</li> <li>• Explore best practice to meet the needs of minority ethnic communities</li> <li>• Understand the importance of providing inclusive support services</li> <li>• Understand the importance of partnership working</li> </ul> <p><b>Religion and Belief</b></p> <p>The aim of the Religion and Belief session was to better understand the challenges faced by religious individuals within the workplace and how to be a better ally to your colleagues. The training covered how to:</p> <ul style="list-style-type: none"> <li>• Understand the differences between religion, culture and identity</li> </ul>	

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• Understand discrimination and inequality experienced by different religious groups in the workplace</li> <li>• Create a safe environment in workplace</li> <li>• Understand the importance of providing inclusive support.</li> </ul> <p><b>Anti-Racism for Practitioners Training</b></p> <p>The aim of the Anti-Racism for Practitioners Training was to gain knowledge of anti-racism in relation to Wales and how to be more inclusive when supporting minority ethnic community members and individuals.</p> <p>The training included:</p> <ul style="list-style-type: none"> <li>• Learn about racially diverse population of Wales</li> <li>• Learn about Anti-racist Wales Action Plan</li> <li>• Discuss racism in work settings and impacts of racism</li> <li>• Discuss supporting minority ethnic patients/clients/individuals</li> <li>• Cultural differences in understanding psychology, in particular mental health</li> <li>• How to be a more inclusive advocate and best practice in relation to supporting minority ethnic communities and individuals.</li> </ul> <p>Below are examples of comments staff members recorded on the evaluation forms for these training sessions, these comments were recorded against the question - how will the information included in this training be useful?</p> <ul style="list-style-type: none"> <li>• Reviewing organisations and services. Review of translation services being used. Recognising the enormity of understanding different cultures and linking with those who have these lived experiences to inform this</li> <li>• Inform my professional practice and supporting my overseas colleagues.</li> <li>• I will reflect on my teams' support for overseas recruitment retention... Calling out racism ... policies quality if education.</li> <li>• It will help me introduce some of the issues with my team and has raised awareness of some of the issues experienced which i would not have been aware of due to white privilege.</li> <li>• Helps understand, recognise and report racism.</li> </ul> <p><b>Theme: People's experience of being part of the workplace</b></p> <p>While the Health Board has ways for staff to raise issues of concern that they're experiencing such as Speak Up Safely and the Working in Confidence platform, the NHS staff survey showed that 7% of</p>	

Measure	Evidence	Risks to delivery
	<p>respondents had experienced discrimination at work from colleagues and 7% said they had experienced discrimination at work from patients, their relatives or members of the public. While the response rate to the staff survey was very low, at 12%, even one incident of discrimination will not be ignored, and a Bullying and Harassment task and finish group is being re-established to explore and address these issues.</p> <p>Wrap around support is being provided by the OD Relationship Manager service and ongoing training is being developed by Learning &amp; Development. Leading with Cultural Intelligence training/workshops include:</p> <ul style="list-style-type: none"> <li>• Exploring Culture and its relevance to Inclusion and Belonging.</li> <li>• Introducing Cultural Intelligence and Cultural Value Dimensions – How do our Cultural Preferences inform our behaviour, attitudes and how we lead and engage others.</li> <li>• Exploring three Cultural Value Dimensions - High Power/low Power Distance, High Context/Low Context, Expressive Neutral/Expressive Affective – How do these inform the way we behave and the way we relate to others.</li> <li>• Managing and mitigating our biases and negative stereotypes in the way we engage and lead.</li> </ul> <p>Cultural Intelligence training is available to all staff and explores culture and its relevance to inclusion and belonging, introduces cultural value dimensions and how they inform behaviour and attitudes, and provides strategies to manage and mitigate biases and negative stereotypes.</p> <p>Every directorate across the Health Board is supported by an OD Relationship Manager (ODRM), who focuses on promoting and providing proactive and responsive support across the Health Board through engaging with services to facilitate an understanding of what makes the greatest difference in improving the experiences of their staff. They work collaboratively to build a true picture based on the interpretation of qualitative and quantitative intelligence from various workforce data sources, including a bespoke culture survey that was designed in line with the Health Board’s cultural themes. This informs the co-creation of strategically aligned People Culture Plans.</p> <p>This year, we undertook intersectional analysis of our workforce equality and pay gap data, in recognition that many people will have more than one protected characteristic. Certain aspects of who we are, for example our race, gender, faith and socio-economic status can increase our positive experiences, but could also contribute to negative experiences made worse by the combined effects of multiple discrimination, barriers and challenges. The analysis highlighted potential systemic issues which will require further investigation:</p>	

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• <b>Ethnicity and Recruitment:</b> The data showed that of all job applications received 70.5% (n=31,178) were from racially minoritised groups. It should be noted that some applicants are screened out prior to shortlisting if they do not meet the correct visa/right to work status, or do not hold the relevant professional registrations required for the post e.g. NMC registration. However, our data shows that 21.4% of shortlisted applicants were from racially minoritised groups, and of the 3,016 positions offered only 16.2%, or 490 applicants, had ethnicity recorded as Black, Asian or other minority ethnic group.</li> <li>• <b>Ethnicity, Pay Gap and Career Progression:</b> The intersectional analysis looking at multiple characteristics showed that there are no racially minoritised staff (male or female) at pay bands 8b, 8d and 9.</li> </ul> <p>Further analysis of 544 newly qualified nurses who gained registration in 2022, 2023 and 2024 (to date) has revealed that 51 staff have progressed from Band 5 to Band 6, and 1 staff member has progressed to Band 7. However, of the 51 newly qualified staff progressing to Band 6, only 3 (5.8%) are recorded on ESR as representing minoritised ethnic groups, and none have been promoted to Band 7 during the period being reviewed.</p> <p><u>Next steps</u> – The workforce equality data and pay gap reports were presented at the Health Board’s September Board meeting, along with the findings of the intersectional analysis. A Board development day will be scheduled to scrutinise the data further and to agree the areas of action the Board would like to see progressed and monitored during the first two years of the next SEP reporting period (2024-2026).</p> <p><a href="#">A comprehensive breakdown of the Board development day (Board seminar) can be found further on in this report (page 37)</a></p> <p><b>Theme: People’s experience of gaining jobs and opportunities</b></p> <p>There has been increased participation in under-represented groups within the Health Care Apprenticeship Programme and support has been given to the new apprentices including information on prayer spaces and introduction to colleagues who are members of the Black, Asian and Minority Ethnic staff network.</p>	

Measure	Evidence	Risks to delivery
	<p>Over the past six months, there has been a focus on improving data capture to allow the recording, monitoring, and evaluation of the uptake of training and learning opportunities. By digitalising these systems, it allows access to equality data through ESR. Training opportunities are being promoted through underrepresented groups, to widen awareness, increase diversity and provide opportunities for all.</p> <p>The Diversity and Inclusion team are now delivering 'Being an inclusive manager' sessions as part of LEAP and the Hywel Dda Manager programmes. The data from our Workforce Equality reports is being used to highlight inequities, especially for our Black, Asian and Minority Ethnic and female workforce, and generating case study discussions with managers attending development programmes, as a way of showing the inequity that they are probably not aware of and what they can do, in their own sphere of influence to make a difference.</p> <p>Our new process to recruit to leadership positions at Band 8C and above is an opportunity for a greater range of selection aspects to be introduced, beyond an interview, where individuals have the chance to reveal their talent through psychometrics and showcase themselves amongst a wider group of stakeholders. This reduces unconscious bias and the halo effect and challenges appointing panels to consider several sources of evidence beyond just the interview panel questions.</p> <p>This should lead to the access portal to senior positions becoming wider and more diverse over time, addressing issues of career progression for minoritised groups too.</p> <p><u>Next steps</u> – The Recruitment team will focus on ensuring equitable, fair and unbiased recruitment processes. A task and finish group will be established to undertake a deep dive into the recruitment data and the discrepancy in the proportion of minority ethnic applicants being offered posts.</p> <p>The EDI Team have committed to work with the Prince Philip senior management team who have raised a concern about the diversity of their senior team. The work will involve colleagues from recruitment and culture and focus on working with recruiting managers, to ensure our diverse workforce are given equal opportunities to progress and develop and that recruitment practices are fair and unbiased.</p> <p><b>Theme: People's experience of when they lack visible role models in positions of power</b></p>	

Measure	Evidence	Risks to delivery
	<p>Further to the actions for recruitment and opportunities outlined in the previous section, work is underway to increase the diversity of applicants, for the Assistant Director talent pool, which is part of the Health Board’s talent management and succession planning approach, that aims to develop staff and create a sustainable leadership pipeline.</p> <p><u>Next steps</u> - As part of the Anti-racist Wales Action Plan, Welsh Government committed to the development of an Aspiring Board members programme. The first cohort to join the programme are expected to start in May 2025. It is recognised that Boards need to be representative of their workforce and diversity of membership draws on wider lived experiences and provides a greater understanding of under-represented groups. The aim of the programme is to create a robust pipeline of diverse applicants but, as well as non-executive Director positions, the programme is intended to help individuals recognise the wider opportunities that exist within Health.</p> <p><a href="#">The launch of the Aspiring Board Leadership Programme has recently been promoted across the Health Board with messages being promoted through our Black Asian and minority Ethnic staff network as well as local media posts, to promote this opportunity to our local population.</a></p> <p><b>Theme: People’s experience of racism as a refugee or asylum seeker</b></p> <p>One of the main ways that the Health Board continues to support refugees and asylum seekers is through the work of the Community Development Outreach team who support refugees and asylum seekers by removing barriers to accessing services, working in partnership with colleagues in Unscheduled Care, Primary Care, Public Health, Local Authorities, and Third Sector organisations such as EYST.</p> <p><u>Next steps</u> - The Health Board will continue to work through the Community Development Outreach Team to engage with and support refugee and asylum seekers to access health and care services. This will involve working closely with regional and local community cohesion teams and promoting staff awareness of the needs of refugees and asylum seekers through training and awareness raising activities.</p> <p><a href="#">A summary of the work our CDOT team have carried out during this reporting period can be found on the supporting 'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25'.</a></p>	

Measure	Evidence	Risks to delivery
	<p><b>LGBTQ</b></p> <p>Actions demonstrating the progress being made against the LGBTQ+ action plan have been captured throughout this document.</p> <p>The Business, Partnerships and Inclusion team continue to facilitate and promote relevant training sessions where a need had been identified in the action plan. During this reporting period the team have facilitated several specific LGBTQ+ training sessions. In May we arranged for Stonewall to deliver both their First Steps to trans Inclusion training session, where 32 members of staff attended. Stonewall also delivered their First Steps to LGBTQ+ Inclusion where 45 members of staff attended. To ensure that the staff that were unable to attend the session could also improve their knowledge the Business Partnerships and Inclusion team have also developed LGBTQ+ resources that are accessible at any time to all staff members, via the Business Partnerships and Inclusion team's SharePoint page. These resources have been and will continue to be shared throughout the year in line with related events highlighted within our Diversity Calendar.</p> <p>Looking forward, the team have arranged two in house 'Trans Awareness Training' sessions that will be delivered by our gender service specialist nurse. This training has been arranged as a result of the increased requests the team have received from colleagues in relation to this topic and supporting patients and staff who are trans. The 'Trans Awareness Training' sessions are currently being offered to all staff across the Health Board, details of which will be included in our next submission. The programme of training links in with an action recorded within our LGBTQ+ local action plan where the desired outcomes are to ensure 'staff have the training, knowledge and understanding to support LGBTQ+ patients, their families/carers as well as other colleagues that they work with'.</p> <p><a href="#">Please see page 40, for an update and further details of the Trans Awareness training</a></p> <p>The Health Board continues to facilitate and support its Enfys LGBTQ+ staff network, although due to several staff moving on to other organisations we have experienced a number of new network Chairs over the last 18 months. The Enfys staff network Chair position is currently vacant, and expressions of interest are being sought. Once a chair has been appointed work can progress as to how the network can help support the progression of actions within the Health Boards LGBTQ+ local action plan.</p>	

Measure	Evidence	Risks to delivery
	<p>Since our previous submission a new chair has been appointed to our Enfys staff network and we are also in the process of appointing a vice chair to further support and promote the network.</p> <p>Due to the recent turnover of staff, which has adversely affected the Enfys staff network (with previous chairs having left the position for career opportunities outside the Health Board), it was deemed an opportune moment to revitalise the Enfys staff network. Consequently, in addition to appointing a new chair and an imminent new vice chair, the Terms of Reference have been reviewed and amended, placing greater emphasis on the role and responsibilities of the staff network moving forward. Efforts are also underway to ensure that the Enfys staff network plays a more active role in the development of the Health Board's local LGBTQ+ action plan.</p> <p>The new chair is eager to engage with other LGBTQ+ staff networks in other Health Boards, as well as local staff networks from external organisations within the Hywel Dda area and we have reached out to try and establish these connections.</p> <p>Additionally, an in-person/hybrid Enfys staff network session has been scheduled for May 2025, where both the Health Board's CEO and Chair will be in attendance. This session has been arranged by the Enfys chair to provide network members with an opportunity to share their experiences of being part of the LGBTQ+ community and working for Hywel Dda Health Board.</p> <p>The Business, Partnerships and Inclusion team continues to collaborate with LGBTQ+ communities, particularly our Enfys Staff Network, to develop messaging on key themes, topics, issues, and celebrations throughout the year to support LGBTQ+ communities, patients, and staff. These messages and promotional materials are disseminated across the Health Board through various communication channels, including VIVA Engage, staff social media pages, and SharePoint.</p> <p>Planning is currently underway to ensure that the Health Board is represented at numerous Pride events across the Hywel Dda area, to show support and engage with LGBTQ+ communities on their experiences of using NHS services as well as promoting the Health Board as an employer of choice.</p>	
Information obtained that demonstrates achieving the	As outlined above, to ensure we are achieving the desired outcomes aligned to each objective, the Health Board's SEP also sets out a detailed action plan of the actions we intend to take during the first two-years. We plan to carry out a mid-point review at the end of 2025, to set actions for the final two years, building on the progress that we make and any new or emerging priorities. Both our	<b>Risk to Delivery:</b> Alternative priorities or the delivery of clinical services, prevent

Measure	Evidence	Risks to delivery
<p>equality objectives in the SEP and what does it indicate.</p>	<p>stakeholders and members of the EDI Implementation Group will play a key role in identifying the actions for the final 2 years of our SEP action plan (further information on the EDI Implementation group can be found in the 'Action to be taken as a result of the information gathered' section of this report).</p> <p>The current SEP action plan clearly establishes:</p> <ul style="list-style-type: none"> <li>• what actions are required,</li> <li>• when are these actions required to be completed,</li> <li>• who is responsible/lead on each action,</li> <li>• what other policy drivers/legislation is the action linked with</li> <li>• what success looks like.</li> </ul> <p>Further breakdown of progress made for each activity over the last 6 months can be found on the attached document '<b>HDdUHB - Review of progress against SEP objectives March 24 – October 24</b>'. The action plan included in the SEP also outlines what success looks like, so we are able to measure the true outcome of each activity against these criteria.</p> <p><a href="#">Further progress made during this reporting period for each of the actions recorded under each SEP objective can be found on the attached updated 'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25'.</a></p> <p>In addition, the Health Board has recently had the results of the NHS Staff survey 2023. The staff survey offers a snapshot in time of how our people are experiencing working in Hywel Dda. The staff survey's strength is in capturing a national picture alongside our own local detail, enabling us to examine staff experiences across all areas and work towards necessary improvements. While this data has only recently been made available to the Health Board, it will be used to influence our approach to the SEP action plan, following further analysis and discussion on priorities.</p> <p>Analysis already undertaken on the staff survey results shows that 7% of staff had indicated that they had experienced discrimination at work from colleagues and 7% said they had experienced discrimination at work from patients, their relatives or members of the public. While the response rate to the staff survey was very low, at 12%, even one incident of discrimination will not be ignored, and a Bullying and Harassment task and finish group is being re-established to explore and address these issues. This task and finish group will be an additional measure to the Health Boards existing</p>	<p>departments from achieving the specific actions that they committed to undertake within the SEP Action Plan.</p> <p>Staff do not complete "pulse" surveys or the NHS Wales staff survey, and feedback remains limited or anecdotal. Actions to improve processes and support available for staff do not evolve based on lessons learnt.</p> <p><b>Mitigation:</b></p> <p>An EDI Implementation Group has been set up and will meet on a quarterly basis to ensure progress reports are provided regularly and that issues around task completion and timescale can be assessed (more information on the EDI</p>

Measure	Evidence	Risks to delivery
	<p>ways for staff to raise issues and concerns (namely the Speak Up Safely and the Working in Confidence platform).</p> <p>Additionally, following the relatively low completion rate of the NHS staff survey 2023 by Hywel Dda University Health Board staff, a comprehensive communications plan has been launched this year to increase the completion rate of the staff survey. Staff can complete the survey electronically or by paper copy and drop-in sessions are being held across the Health Board, where staff can ask questions and use a hand-held device to take part in the survey.</p> <p>In addition to the data available from the staff survey, every directorate across the Health Board is supported by an OD Relationship Manager (ODRM), who focuses on promoting and providing proactive and responsive support across the Health Board through engaging with services to facilitate an understanding of what makes the greatest difference in improving the experiences of their staff. They work collaboratively to build a true picture based on the interpretation of qualitative and quantitative intelligence from various workforce data sources, including a bespoke culture survey that was designed in line with the Health Board’s cultural themes. This informs the co-creation of strategically aligned People Culture Plans.</p> <p>Following a particularly low response rate of 12% for the 2023 Staff Survey, a significantly higher response rate was achieved in the 2024 Staff Survey. A total of 2,396 responses were recorded across HDdUHB, representing 20% of our workforce. This is our highest response rate for a national survey to date. This increase can be attributed to a focused communication and promotion plan that ran alongside the survey, ensuring maximum reach across the Health Board. The Staff Survey was also promoted across all our staff networks, with members of our culture team attending multiple staff network sessions to emphasise the importance of completing the survey.</p> <p>Early results from the Staff Survey highlighted notable improvements in patient safety, with more staff feeling confident to speak up about concerns and trust that actions will be taken. This is a positive step towards creating a safer working environment for all staff and better outcomes for patients. It reflects the progress we have made in encouraging open dialogue and ensuring that every voice matters in shaping a culture of safety and learning. However, the Health Board recognises that we are currently working in challenging times, and staff experience is not where we would want it to be, so there is still more to be done. The Health Board acknowledges that listening must go beyond the survey and has launched its ‘Speak Up and Make Meaningful Change’ platform, which is our ongoing commitment to hearing staff feedback, acting on it, and ensuring that all staff</p>	<p>Implementation group can be found in the ‘Action to be taken as a result of the information gathered’ section of this report).</p> <p>The EDI Implementation Group members as well as other stakeholders can be consulted to ensure that priority is given to those emerging themes with the greatest need.</p> <p>Following the low completion rate of the 2023 staff survey in Hywel Dda Health Board, discussions have taken place to promote staff engagement with future surveys/ feedback mechanisms (including the 2024 staff survey) and a comprehensive communication plan was developed in advance of the survey “go live” date, and</p>

Measure	Evidence	Risks to delivery
	<p>have a safe and accessible way to raise ideas, concerns, and solutions. Members of the Health Board's culture team have attended several of our staff networks to ensure all network members are aware of the 'Speak Up and Make Meaningful Change' platform and feel comfortable raising/reporting any issues.</p> <p><b>Next steps:</b> Once the responses have been processed by an external provider, we will receive detailed reports which will then be shared across the organisation. To ensure that the information collected via the Staff Survey results in real change, the Health Board will adopt a hybrid approach to action planning that focuses on accountability and shared ownership.</p> <p><b>Organisational Priorities:</b> The Health Board will focus on key themes identified from the survey feedback that apply across the entire organisation. These priorities will reflect the areas that matter most to our staff.</p> <p><b>Local Actions:</b> Alongside these organisational priorities, individual directorates will receive their own results. Each directorate will be tasked with reviewing their specific feedback to identify and address challenges and opportunities within their teams</p>	<p>regular promotion is underway.</p>
<p>Action to be taken as a result of the information gathered.</p>	<p>The Health Board continues to work in collaboration with our partners and stakeholders to drive continuous improvements for those who are most vulnerable and who have been most affected by the impact of external societal factors beyond their control.</p> <p>To ensure all actions are progressing in line with the time frame outlined in the action plan for each objective of our new SEP, an 'EDI Implementation Group' will meet quarterly, so that monitoring and reporting on progress can be carried out. This group will also be tasked with progressing and reporting on the:</p> <ul style="list-style-type: none"> <li>• Anti-racist Wales Action Plan (local action plan)</li> <li>• Workforce Race Equality Standard</li> <li>• LGBTQ+ action plan (local action plan)</li> <li>• Sensory Loss Standards</li> </ul> <p>In addition, the group will be able to raise 'opportunities and challenges' and identify any risks that may prevent an action being accomplished.</p>	<p><b>Risks to Delivery:</b></p> <p>There is a risk that actions within the SEP Action Plan may not be accomplished, and warning might not be given early enough for appropriate action to be taken.</p> <p>Poor attendance from Health Board staff at LGBTQ+ training sessions. <b>This has not been the case, and the training sessions facilitated by the Diversity and Inclusion</b></p>

Measure	Evidence	Risks to delivery
	<p>During this reporting period, the Business, Partnerships and Inclusion team drafted the Health Boards Strategic Equality Plan Annual Report 2023-24. The annual report also included additional appendices, including the Workforce Equality report, Workforce Equality action plan, as well as the Pay Gap report. This was accompanied by a short video to highlight some of the work which had been undertaken to meet the strategic equality objectives and this has been promoted widely. Although the Health Board traditionally publishes an annual workforce equality report, pay gap report, and undertakes analysis including comparisons with the previous year's data and available Census data alongside its Annual report, this year we sought to use an intersectional approach to understand the experiences of our staff, and most importantly, to identify action that could be taken to remove disadvantage and ensure that we as an employer don't create barriers. Through carrying out this intersectional approach we were able to identify some key themes within our workforce equality data. This data and the themes drawn from the data indicate to the Health Board where the greatest need may be and what actions are required by the Health Board to address them.</p> <p>The data shows that the percentage of female staff is higher, overall, across the workforce and remains the same for senior pay bands 8a and 8b. However, the percentage of female staff starts to decrease for pay bands 8c and 8d, with pay band 9 showing a significantly higher percentage of males (63%) compared to females (37%).</p> <p>An analysis of the workforce data by ethnicity and gender showed that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with the exception of band 5, where the percentage of females (8%) is higher than males (2%) and is similar to the gender split overall for the Health Board. However, there are no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8b, 8d and 9.</p> <p>During September's public board meeting, the Strategic Equality Plan annual report 2023/24 was presented to the Health Board's board members. The Health Boards Director of Workforce and Organisational Development and Interim Deputy Chief Executive introduced the annual report, and emphasised, that although the report did highlight a number of areas where progress had been made, it also highlighted potential areas of concern. Four areas that were of particular concern were highlighted during the meeting. These areas were as follows:</p> <ul style="list-style-type: none"> <li>• The disproportionate number of Black, Asian and Ethnic Minority individuals that have progressed from the application stage to the offer stage when compared to white applicants.</li> </ul>	<p>team have to date been well attended.</p> <p>Staff don't feel that they are able to raise issues during their culture workshops sessions.</p> <p>The low numbers of staff completing the 2023 staff survey meant that there may not have been enough data to capture the true picture across the Health Board. The response to the 2024 staff survey have increased from 12% to 20%.</p> <p><b>Mitigation:</b> An EDI Implementation Group has been established and sessions will be held regularly to discuss any 'opportunities and challenges' so that risks to delivery can be flagged at the earliest stage possible.</p>

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• Career progression, the Health Boards Director of Workforce and Organisational Development and Interim Deputy Chief Executive explained that during August’s People, Organisational Development and Culture Committee (PODCC) session, we had celebrated the success of one of our internationally educated nurses, who had received a promotion within two years of joining the Health Board. Unfortunately, when looking into promotion opportunities further, it become evident that during the same period of time 51 of 544 newly qualified nurses had been promoted.</li> <li>• Low representation of Black, Asian and Minority Ethnic as well as women at senior levels across the Health Board.</li> <li>• A significant reduction in the number of successful recruitments of disabled applicants.</li> </ul> <p>During the public board meeting the Health Boards Director of Workforce and Organisational Development and Interim Deputy Chief Executive also outlined some actions that were currently being explored to improve some of these areas of concerns. These include:</p> <ul style="list-style-type: none"> <li>• Work ongoing to carry out further analysis of the data around the disproportionate number of Black, Asian and Ethnic Minority individuals that have progressed from the application stage to the offer stage when compared to white applicants.</li> <li>• Work underway looking at a specific vacancy ‘journey’ from every staff group and monitor the application process all the way through to see what is happening in terms of those applicants.</li> <li>• Work progressing with our internationally educated nurses to understand barriers in the Health Boards recruitment process, and how the Health Board can better support our internationally educated nurses to apply for jobs.</li> <li>• Our OD team are looking at our leadership development program to see what we can do to attract more people onto those programs, and what more can the Health Board do to support and attract people to apply for senior Positions.</li> <li>• There is a new recruitment process for all our leadership roles at Pay Band 8C and above, which we hope we mitigate against any unconscious bias that could be in our recruitment process. The OD team and the recruitment team will be involved in evaluating this new recruitment process.</li> <li>• Work is also underway to significantly improve the numbers of people who are accessing training opportunities.</li> </ul> <p>Due to the importance of these issues the Chair of the Health Board proposed that the Board arrange a specific board development session to allow adequate time to analyse the data in greater</p>	<p>All training sessions are promoted widely across the Health Board using several communication channels to ensure maximum attendance. The training session itself may be recorded (if permission is granted by attendees, and any external presenters) and resources from training sessions will be accessible to all staff members from the Business, Partnerships and Inclusion SharePoint page (on the intranet).</p> <p>The Health Board has a specific “Speak Up” platform that staff can use to raise concerns and complaints anonymously – this will be further promoted during the culture workshops. <a href="#">The “Speak Up” platform has been promoted across</a></p>


Measure	Evidence	Risks to delivery
	<p>detail, before agreeing on ways to address the issues highlighted. Further details on the outcome of the board’s development session will be included in our next submission.</p> <p>The Board seminar (development session) was undertaken on December 12<sup>th</sup> 2024. During the session a ‘call to action’ was issued to the Board members. The importance of recognising the systemic nature of inequalities and intersectionality were highlighted, with an emphasis on the Health Boards performance in this area. Themes captured in the annual SEP report and the profile of EDI in Board discussions were also discussed. The expectations placed upon Board members were highlighted, both from an individual perspective and that of a collective. Honest and often uncompromising data on gender, discrimination, race, disability was presented to the Board members to paint a picture of the issues occurring across the Health Board. This data was further supported by comments and reflections from individuals with lived experience.</p> <p>Board members were asked to share their reflections with each other and build a conversation which included:</p> <ul style="list-style-type: none"> <li>• How do these experiences impact upon our vision for the future?</li> <li>• What do we need to do as a Board to change the course of our organisation?</li> <li>• What questions does the Task and Finish Group need to tackle first?</li> </ul> <p>The Board seminar challenged the Board members to think about some uncomfortable truths and challenged their thinking as to how we could improve the situation across the Health Board. The case studies used were powerful and generated some difficult conversations but did raise the status of critical issues that need to be addressed for the organisation to grow.</p> <p>An Equality, Diversity and Inclusion Task Force has been created to progress this work and has the support of the Board and will report to the People, Organisational Development and Culture Committee (PODCC).</p> <p>The Task Force will take a Quality Improvement approach, with the support of the Health Board Quality Improvement team. Progress of the EDI Task Force will be included in the next report.</p> <p>In recent months the Health Board also received the results of the 2023 Staff survey. As explained earlier in this report, whilst only 12% of Hywel Dda University Health Board staff participated, there were concerning levels of feedback from staff who had experienced discrimination at work from</p>	<p>several of our staff networks already and plans are underway to ensure that it is promoted across all of our staff networks during 2025.</p> <p><b>Risks to Delivery:</b> It has been identified that the Health Boards</p>

Measure	Evidence	Risks to delivery
	<p>colleagues and had experienced discrimination at work from patients, their relatives or members of the public, as well as sexual harassment. Discussions are underway to ensure the Health Board understands more about the Staff survey data, with several culture workshops scheduled to take place across all directorates in the Health Board (details of which will be included in our next submission). Digging deeper into the data and capturing additional qualitative information will enable the Health Board to instigate initiatives to tackle these issues and ensure staff, patients and the public understand that these behaviours won't be tolerated.</p> <p>The following steps have been implemented to try and address some of the concerns staff had raised within the survey feedback:</p> <p><b>Enhancing Our Speak Up Culture</b></p> <p>The Health Board understands that a safe and supportive work environment is fundamental to our collective success. Recent initiatives have focused on refining our communication strategies and establishing clearer pathways for reporting concerns. This includes everything from simplifying the process of raising concerns, to ensuring that every voice is heard and acted upon without fear of reprisal. Our goal is to foster an environment where all team members feel empowered to speak up about any issue, whether it's related to clinical practice, making improvements or workplace dynamics.</p> <p>Members of the Health Board's culture team have attended several of our staff network sessions, and there are plans for them to attend further sessions in the future to promote the Speak Up platform. Speak up is an online platform designed to provide a secure and anonymous way for staff to raise concerns within the workplace. It offers a private and safe channel for communication when other methods have been exhausted and the issue remains unresolved. Further support is offered through Speak up guardians. The role of a speak up guardian is to support anyone who wants to speak up/raise a concern. They provide a safe listening space, allow staff to discuss their issue and advise on next steps. The culture team were able to reassure members of our Black, Asian and Minority Ethnic staff network that some of the Health Boards Speak Up guardians were also from a minority ethnicity, therefore network members could discuss their queries with a guardian who may have had similar lived experiences to them. The culture team were also keen to recruit members of our Black, Asian and Minority Ethnic staff network as speak up guardians to ensure greater representation is available.</p> <p><b>Health and Wellbeing Focus</b></p> <p>In response to concerns raised about workplace stress and personal wellbeing, the Health Board</p>	<p>Enabling Quality Improvement in Practice (EQIiP) programme is currently missing an EDI element and that projects won't consider the impact on protected characteristics and meet the requirements of the Public Sector Equality Duty.</p> <p><b>Mitigation</b> - All EQIiP coaches will receive EDI awareness training, and the Equality and Diversity team will deliver a specific EDI session to all programme teams, ensuring that projects included in the EQIiP programme will be aware of the requirement to undertake EqIA's.</p>

Measure	Evidence	Risks to delivery
	<p>has intensified its collective efforts to support mental and physical health across the board. A prime example of this is our Recovery in Nature Ecotherapy program, which has been specifically tailored to reduce burnout and enhance mental wellness. This initiative reflects the Health Boards commitment to not only listen, but actively respond by creating programs that directly address the issues impacting our working lives. By participating in this therapeutic outdoor activity, staff have reported significant improvements in mental health, demonstrating positive outcomes.</p> <p>Due to the nature of the Recovery in Nature Ecotherapy programme sessions were held during the summer months, therefore no sessions were held during the reporting period. 6 Recovery in Nature Day dates were facilitated throughout 2024 where a maximum of 12 participants were able to attend on each Day. Although evaluation for the 2024 cohort is not yet available, evaluations of the 2023 cohort included feedback as follows:</p> <ul style="list-style-type: none"> <li>• "This was truly an enjoyable and beneficial experience and one that I would whole heartedly recommend to others"</li> <li>• "Welcoming, open and accepting of suffering which was held and recognised in a kind, safe and compassionate way. Reflective and progressive in providing/promoting a personally meaningful journey of being/existing on this planet, with nature and with other people"</li> <li>• "It was brilliant, really helpful to me in my own wellbeing journey. The surroundings were beautiful and peaceful, it was lovely to meet other people, and the facilitators were just lovely"</li> </ul> <p><b>Recognition and Wellbeing</b></p> <p>The feedback received in previous staff surveys has also reinforced the importance of recognition in creating a positive work environment. Our Chair’s Commendation Awards and Hywel’s Applause Staff Awards are more than just ceremonies; they are our way of celebrating the incredible dedication and care each member of our team provides. These initiatives have evolved to become more inclusive and impactful, ensuring that they celebrate the diverse contributions of all Health Board staff. The response has been overwhelmingly positive, with many staff members saying that these recognitions make them feel truly valued and appreciated.</p> <p>The Health Board continued to promote its recognition initiatives throughout this reporting period and frequently promotes success stories on its work-based social media platform VIVA engage.</p> <p>In addition, there are some further actions planned, these include:</p> <p><b>Developing a Bullying and Harassment Framework:</b> from the feedback gathered from the Staff</p>	

Measure	Evidence	Risks to delivery
	<p>survey, the Health Board is setting up a dedicated group to tackle bullying and harassment issues head-on, ensuring a safe and respectful workplace.</p> <p><b>Retention and Wellbeing Enhancements:</b> the Health Board’s focused efforts are on retaining our valued staff and enhancing staff’s well-being through targeted support.</p> <p>Many of these mechanisms have been promoted across our staff networks, through members of the Health Boards culture team attending staff network sessions to outline the systems in place, and to reassure network members that they are able to raise concerns anonymously.</p> <p>Building on the update/information included in our previous submission regarding LGBTQ+ training, we previously reported that issues had been raised, and there was a need to find appropriate resolutions to some complex situations involving gender diverse patients. Providing healthcare advice and treatment to gender diverse service users has been a new concept for many of our staff, and as a result they have been keen to learn more about how they can continue to provide quality healthcare services to gender diverse individuals. In response to this growing need, during this reporting period the Business, Partnerships and Inclusion team have facilitated several specific LGBTQ+ training sessions, which included ‘First Steps to trans Inclusion’ and ‘First Steps to LGBTQ+ Inclusion’ (numbers of staff that attended can be found earlier in this report). The Business, Partnerships and Inclusion team also regularly promote and share LGBTQ+ resources that are accessible at any time to all staff members via the Business Partnerships and Inclusion SharePoint page. Looking forward, the Business Partnerships and Inclusion team have arranged two further in house ‘Trans Awareness Training’ which will be delivered by our gender service specialist nurse.</p> <p>Both the external First Steps to Trans Inclusion and First Steps to LGBTQ+ Inclusion training covered the following topics:</p> <ul style="list-style-type: none"> <li>• Understand and explore LGBTQ+ Language and Terminology</li> <li>• Understand and explore Language and Terminology about the trans community</li> <li>• Understand and explore identities, including intersectional identities, and how our identities impact our experiences</li> <li>• Explore LGBTQ+ experiences both globally and in the UK</li> <li>• Understand the legislation around LGBTQ+ Inclusion in the workplace (Equality Act 2010 and Gender Recognition Act 2004)</li> </ul>	<p><b>Risks to delivery</b> – that spaces are limited on external training that is commissioned by the Health Board</p> <p><b>Mitigation</b> – where possible, in-house subject specialists have delivered training, which has</p>

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• Explore the impact of an inclusive workplace and steps to take to build an inclusive workplace.</li> </ul> <p>In addition, two in-house Trans Awareness Training sessions (delivered by our gender specialist nurse) were delivered and attended by 129 members of staff. The training was very well attended but to ensure maximum reach, recordings have been made available on the Health Board’s Intranet and has been promoted during key events in the LGBTQ+ calendar. The training helped to raise awareness of key issues that staff may come across and has given them the knowledge and awareness to help them provide person-centred care to those who are Trans and be supportive and inclusive of Trans colleagues. The training used real life experiences as a powerful way of educating our staff on the every day experiences of Trans people and, some members of staff even felt confident enough to share their own personal experiences.</p> <p>All three sessions were well received and there is a need to provide further sessions on these topics. Following on from these sessions the Business, Partnerships and Inclusion team have developed their own learning resources, which are available to all staff via our SharePoint page. These resources will be shared across the Health Board in line with events/celebrations highlighted in our diversity calendar.</p> <p>The Health Board has continued to meet other actions within its LGBTQ+ action plan, for example, by demonstrating ‘visible support for LGBTQ+ communities’. The Health Board has done this through:</p> <ul style="list-style-type: none"> <li>• Attending local PRIDE events (during this reporting period the Health Board attended local PRIDE events at each of the 3 counties as well as both Swansea and Cardiff).</li> <li>• Raising flags, such as the Pride and trans flags during key dates throughout the year,</li> <li>• Providing rainbow lanyards for staff ID badges,</li> <li>• Including pronouns on staff ID badges.</li> </ul> <p>During this reporting period the Business, Partnerships and Inclusion team promoted and were scheduled to attend a local winter Pride event. Unfortunately, the event itself was cancelled at the last minute due to concerns around safety expressed by the organisers.</p> <p>The Business, Partnerships and Inclusion team are currently in the process of organising its attendance at Pride events for 2025. The team is planning on having a wider representation of the Health Board at these Pride events, offering a platform for engagement, and support for LGBTQ+</p>	<p>been recorded and saved as a learning resource on the Staff Intranet. Any slides/resources that are available for external training are saved as a learning resource.</p>

Measure	Evidence	Risks to delivery
	<p>staff and service users. Additionally, the Health Board will use these events to provide information to the public about its services, initiatives, as well as the support systems available to their LGBTQ+ staff.</p> <p>The Health Board recognises that digital healthcare will form an essential component of healthcare service delivery now and in the future, with increasing video healthcare appointments, online healthcare support and information, healthcare apps to maintain health and aid recovery, and digital communications. The Health Board digital inclusion team continue to offer digital inclusion advice for both staff and service users on the use of digital technology to support healthcare provision. A breakdown of the type of training offered can be found on the following link:</p> <p> <a href="#">Digital Inclusion Team 2024 Timetable Poster.pdf</a></p> <p>Members of the Business, Partnerships and Inclusion team also attend the Digital Inclusion Steering Group Meeting to ensure the digital requirements of those with a protected characteristic are also considered and to promote translation/interpretation services.</p> <p>The digital inclusion team continue to promote their service across the health board. The digital inclusion team are currently promoting a Digital Health Literacy with Digital Communities Wales! session where they will be exploring digital health tools. They also recently delivered a Digital Inclusion Webinar session: Digital Accessibility in February, where they explored which apps and resources can support those with sensory loss and make being online a better experience for everyone. The digital inclusion team are also encouraging members of staff to become digital champions so that they can help colleagues develop their essential digital skills.</p> <p>Following on from the promising statistics included in our previous submission, where 80% of Health Board staff members had completed the autism awareness session (the highest compliance compared to other Health Boards and Local Authorities). Since then, Hywel Dda University Health Board are the only Health Board in Wales to achieve the "Understanding Autism Certification" awarded by Autism Wales. The autism awareness session continues to be widely promoted across the Health Board Providing awareness training for healthcare staff.</p> <p>Across Wales there are around 116, 270 people with a visual impairment, and around 642,588 people have a hearing impairment. This means that we are likely to have people with sensory loss accessing our services. As a result of these statistics the Health Board has recently put forward an application and been successfully accepted to this year's Bevan Exemplar Programme by the Bevan</p>	

Measure	Evidence	Risks to delivery
	<p>Commission. The Health Board’s Bevan Exemplar project is titled: “Meeting the communication and information needs of people with a sensory loss when accessing our healthcare services”. It is aimed to enable services in Hywel Dda and, potentially, all other Health Boards, to adhere to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. Through this Programme the project team aims to roll-out a Sensory Loss Friendly Checklist to at least three service areas within Hywel Dda and further develop a robust “Sensory Loss Friendly Accreditation Scheme” that will enable all service areas, in particular, hospital wards, outpatient areas, accident and emergency, GP practices and other services provide accessible services for all.</p> <p>This project does not only contribute to the implementation of the Standards but also ensure that the Health Board is putting people at the heart of everything we do and that we deliver equitable services for all and in ways that promote dignity and respect. Whilst this project focuses on the communication needs of people with sensory loss, there is a potential to expand this project to include communication needs of people with other disabilities or language barriers and meet the needs of patients with a range of protected characteristics and in line with the new revised Accessible Standards for Communication and Information when they are launched. This project would also ensure that, as required by the Equality Act (2010), the Health Board is making reasonable adjustments to ensure those with protected characteristics do not experience discrimination when accessing our services.</p> <p><a href="#">Further detail on the progress made on the Health Board’s Bevan Exemplar project during this reporting period can be found on the attached updated 'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25' (page 12).</a></p> <p>Mental Health and Learning Disabilities (MH/LD) teams within Hywel Dda University Health Board have been involved with the Investors in Carers (IiC) scheme for several years. However more recently the MH/LD Quality Safety Experience Group (QSEG) have undertaken a Quality Improvement programme following a report from Health Education Improvement Wales (HEIW). Whilst the report was not Hywel Dda specific the recommendations was for all MH/LD teams and services to ensure that unpaid carers of all ages were identified and supported, as well as the patient. A decision was made that all MH/LD teams needed to engage with the IiC scheme and attain a minimum of bronze level by the end of 2024/25. Those who already held a bronze award were encouraged to work on higher levels of the award including two Older Adult CMHT teams working on their gold level.</p>	

Measure	Evidence	Risks to delivery
	<p>During this reporting period both the Health Board's Community Children Nurses Service, Ty Bryngwyn Hospice (Palliative Care), Bereavement Counselling services and the Business Partnerships and Inclusion Team as well as 2 GP surgeries have achieved the bronze award in the Investors in Carers scheme. To achieve a bronze award, the setting must demonstrate an awareness of carers issues and is able to identify, support and signpost. The Investors in Carers objectives are:</p> <ul style="list-style-type: none"> <li>• Promote a whole-system approach and responsibility for the early identification of unpaid carers and ensure that staff have the knowledge to be able to proactively signpost carers for additional early help and support.</li> <li>• Upskill carer leads and staff across health, social care and 3rd and public sector areas to have an increased awareness of who are carers and their needs and how their services can be adapted to be more accessible and inclusive.</li> <li>• Have a direct impact on unpaid carers to help them be recognised and valued, ensuring that their own health and well-being needs, as well as more holistic needs are addressed so they can continue with their caring role.</li> <li>• Provides a network of Carers Champions to work and collaborate towards improving outcomes for unpaid carers and staff who are also carers in their personal lives.</li> </ul> <p>The Health Board acknowledge the need to help identify and support unpaid carers of all ages as they rely heavily on them to continue caring in the community.</p> <p>During this reporting period 3 GP surgeries and the following Health Board teams achieved the bronze award in the Investors in Carers scheme:</p> <ul style="list-style-type: none"> <li>• Ear Wax/Ambulatory team,</li> <li>• Childrens Disability Health team,</li> <li>• Children and young people ASD Neurodevelopmental team,</li> <li>• Integrated Autism Service &amp; Adult ADHD,</li> <li>• Dementia Wellbeing Teams,</li> <li>• Cancer and Psychological Support Service (CaPS)</li> </ul>	

Measure	Evidence	Risks to delivery
	<p data-bbox="383 102 1668 134">The Adult Eating Disorder team achieved the silver level in the Investors in Carers scheme.</p> <p data-bbox="383 177 1798 762">Over the last 6 months the Diversity and Inclusion team have played a part in welcoming our overseas nurses to the Health Board. The Diversity and Inclusion team have delivered 3 in-person, Person Centred Approach training sessions to 4 cohorts of overseas nurses, consisting of 47 nurses (with a further session planned for October 2024). An outline of the Person-Centred Approach training has been included above, but by conducting this session in person we are able to foster greater discussion and encourage participants to share experiences and concerns that the overseas nurses may have. This session has also been effective in ensuring that new overseas nurses are aware of the support the Business, Partnerships and Inclusion team can provide, where they can access that support/contact the team as well as promoting the various staff networks offered by the Health Board. As part of the Person-Centred Approach training the Diversity and Inclusion team were also able to promote the Health Boards 'Speak Up' (previously known as Working in Confidence) scheme, which allows staff members to raise concerns while maintaining anonymity. It is also hoped that delivering the Person-Centred Approach training to the overseas nurses on a face-to-face basis will also help us progress with one of our local ARWAP actions - Staff feel supported and welcomed into the Health Board and have settled into the area and know where to access information and support.</p> <p data-bbox="383 805 1805 1058">As mentioned earlier on in this report (page 6) the Diversity and Inclusion team have delivered a total of 6 Person centred Approach sessions to 102 internationally educated nurses between September 2024 and February 2025). Not only did delivering these training sessions enable the Diversity and Inclusion team to build a relationship with the international nurses, but it also allowed the team to promote the Black, Asian and Minority Ethnic staff network as well as the upcoming Diwali event held by the Health Board at the start of November 2024, where several of the Health Boards international nurses attended.</p> <p data-bbox="383 1101 1742 1294">On the 10<sup>th</sup> of November 2024, Hywel Dda University Health Board celebrated Diwali in an event organised by the Black, Asian, and Minority Ethnic Staff Network and allies. Recognising the significance of Diwali in the lives of many of our colleagues, the celebration, featuring vibrant decorations, Rangoli, and flickering Diyas lamps, also aimed to promote diversity and inclusivity among Health Board staff members and colleagues.</p>	

Measure	Evidence	Risks to delivery
	<p>Providing an insight into the customs and traditions of the celebration., attendees at the event were captivated by cultural performances, including traditional dances and music as well as several interactive party games and a short quiz.</p> <p>Senior leadership team members were also in attendance at the event and conveyed messages of support and encouragement, wishing attendees health, wealth, and happiness.</p> <p>The celebration reinforced a sense of belonging, demonstrating how embracing cultural diversity can strengthen community bonds and enrich shared experiences.</p> <p>Following up on the feedback from the staff survey carried out in 2023, the Outpatient Services department established a working group to investigate the concerns and barriers faced by staff which were impacting on patient experience, as the needs of patients with sensory loss were not being adequately identified and recorded on our systems. They carried out a quality improvement task through the EQliP Programme (2023/24) that enables staff to identify and use the preferred methods of communication for patients with a sensory loss attending Outpatient services, across the Health Board. Through the EQliP Programme, several change ideas have been successfully implemented to raise awareness among staff members in Outpatients and beyond. The project team have:</p> <p>Undertaken a survey to assess baseline of understanding of the needs of patients with sensory loss and monitoring the usage of sensory loss aids within Outpatients.</p> <p>Developed a “Can we help?” poster to increase awareness among patients, relatives &amp; carers of the available alternative communication formats.</p> <p>Promoted the Sensory Loss Sensory Loss Awareness e-learning module.</p> <p>Promoted the use of WPAS (electronic patient record) drop down facility to record communication and accessibility needs of patients.</p> <p>As part of the assessment of the scope of the project, an audit undertaken by the EQliP project team in late 2023 found that only 7 patients had been identified with a sensory loss on the Welsh Patient Administration System (WPAS). A survey to understand the experiences of frontline staff in recording and meeting the communication needs of people with sensory loss was also undertaken.</p>	

Measure	Evidence	Risks to delivery
	<p>Key themes from the survey include:</p> <p>A standardised approach to asking about the sensory loss needs of patients would be beneficial.</p> <p>Operational pressures and the changing staffing levels in the Outpatients department was resulting in staff ranging from reception desks to consultants missing the opportunity to ask patients about their preferred way of communication.</p> <p>It was difficult to capture information on patients' sensory loss needs due to the lack of specific identifiers for patients with Sensory Loss on WPAS and whilst a comment box is available to capture notes for patients, it is not very user friendly.</p> <p>The Outpatients team also raised awareness among staff members of the Sensory Loss e-learning module that's available on ESR. For the first quarter of this reporting year alone and by the end of the EQliP programme, a total of 18 members of staff within Outpatients Department or 95% on average, have completed the Sensory Loss Awareness Module on ESR.</p> <p>In the last six months, a total of 34 members of staff across the Health Board have completed the e-learning module on ESR. There are now a total of 246 staff recorded to have completed this non-mandatory e-learning course. <a href="#">The total number of Health Board staff that have now completed the Sensory Loss Awareness e-learning module on ESR has increased to 320.</a></p> <p>The Health Board has developed a WPAS Recoding of Sensory Loss staff guide. WPAS (Welsh Patient Administration System) has a sensory loss marker to alert staff if patients have a communication needs and preferred way or method of communication. This guide has been shared widely across the Health Board and in various partnership forums. Since the introduction of the 'Can We Help' poster and the WPAS staff guide in April, staff have been asking and recording patient information including their preferred way of communication or aids to enhance communication. The total number of patients with recorded sensory loss has increased significantly. As of the 15th of September, there are a total of 84 patients with recorded sensory loss in WPAS, an increase by 77 or 1200%. Of the 84 patients recorded, over 60% use hearing aid and 7% lip read.</p> <p><a href="#">As of 15 March 2025, there are a total of 222 patients with recorded sensory loss in WPAS, an increase of 138 (164%) during this reporting period, and an increase of 210 (1750%) since the introduction of the 'Can We Help?' poster in Outpatients and the WPAS Recoding of Sensory Loss staff guide in April 2024. Of the 222 patients recorded, 142 (64%) use a hearing aid and 20 (9%) use</a></p>	

Measure	Evidence	Risks to delivery
	<p>British Sign Language. The remaining 27% of the recorded sensory loss needs include lip reading, Makaton, large print, and easy read.</p> <p>Additionally, sight loss simulation staff training has been carried out in Outpatients across the Health Board to raise awareness of the different sight loss conditions and the barriers experienced by people with sight loss when navigating service areas such as the reception, waiting room, and wards. This simulation training was supported by the <a href="#">“See Like Me”</a> video which allows staff to see day to day activities through the eyes of someone with glaucoma, cataracts, macular degeneration and more.</p> <p>Feedback from patients and staff in Outpatients about the changes and the training implemented were heard. For example, in their engagement, the patients said:</p> <p><i>“The notice boards are a lot easier to read now that the background is in bright yellow with black writing”.</i></p> <p><i>“Staff seem to be aware that patients may not always hear their name being called and try to call names loud and clear”.</i></p> <p>Our staff members also reported positive changes in the workplace. They said:</p> <p><i>“Since the training I've started to notice people's glasses and lenses, to see if this gives any indication to their needs.”</i></p> <p><i>“I feel that my understanding of the concepts of the different visions has dramatically improved.”</i></p> <p><i>“The video showing what the different types of sight loss are and was excellent. I had no idea of what people saw with different conditions. So, it was very useful to apply this when wearing the simulation goggles”</i></p> <p>The Outpatient’s Team were finalists for this year’s NHS Wales Equitable Care Award as recognition of their incredible quality and improvement work, transforming the experience and outcomes for people with sensory loss in Hywel Dda. <a href="#">Our Outpatients Team went on to win the NHS Wales Awards in the category of Equitable Care during this reporting period.</a></p> <p>In line with the Armed Forces Covenant and Welsh Health Circular (2023) 022, also known as Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel, an EQliP</p>	

Measure	Evidence	Risks to delivery
	<p>project was launched in the autumn of 2023 to understand, develop and implement a mechanism that will enable our staff to confidently identify veterans who may be eligible for priority treatment in a timely manner. The EQliP project team worked collaboratively and within the scope and the principles of the EQliP programme has specifically sought to improve the use of the Welsh Patient Administration System (WPAS), the Health Board’s clinical system, to record and manage veteran status and support clinical teams in managing planned care waiting lists. The EQliP Programme concluded in July 2024 but the project team is continuing to meet and work together to progress key actions and see continuous quality improvement in the implementation of the Welsh Health Circular (2023) 022.</p> <p>As part of the EQliP project (see above), the project team carried out a review of the number of veterans we know in our care. Key data and findings from this work include:</p> <ul style="list-style-type: none"> <li>• As of 30 September 2023, a total of 7,022 or 45% of the veteran population living in Hywel Dda have registered in GP practices with veteran status. This number increased to 8,754 (56%) by 30 September 2024, which is an increase of 1,732 (24.7%). This number increased further in the last six months as we continued our work to identify and record patients’ veteran status in GP practices. End of year data is not yet available but will be included in the next submission.</li> <li>• At the start of the EQliP Project, 50 patients with veteran keynotes were recorded in WPAS. There were 139 patients with veteran keynotes recorded as of September 2024, an increase 89 (278%) since changes in the use of WPAS, and the WPAS Recording of Veteran Keynote staff guidance were introduced in June 2024. This continued to increase in the last six months. End of year data is not yet available but will be included in next submission.</li> </ul> <p>Several change ideas/improvements have been carried out because of the EQliP veteran’s project; these include:</p> <ul style="list-style-type: none"> <li>• An increase in the number of patients who have self-identified as veterans.</li> <li>• Development of a guidance document for staff: WPAS Recording of Armed Forces Keynote: A Staff Guide.</li> </ul>	

Measure	Evidence	Risks to delivery
	<ul style="list-style-type: none"> <li>• Enhanced the awareness and action taken by the Waiting List Support Service because of changes to the Call Handler’s script.</li> <li>• Development of a Patients’ Journey Map as a visual representation for staff; and</li> <li>• Identified potential systems changes for the All-Wales WPAS to help simplify the identification and recording of veterans in our care including those who are eligible for priority treatment.</li> </ul> <p>The Assistant Director of BPI Team presented this project and the proposed All-Wales WPAS systems changes to the All-Wales Veterans and Armed Forces Champions meeting in June.</p>	
<p>Feedback from stakeholders of the progress made.</p>	<p>Hywel Dda University Health Board receives feedback from its stakeholders through a variety of different channels, including:</p> <ul style="list-style-type: none"> <li>• Health Board engagement activity</li> <li>• Staff network surveys and staff wellbeing events</li> <li>• Listening Exercises</li> <li>• Surveys of Internationally Educated Nurses and their managers (covering all Wales) through Nursing Now Cymru</li> <li>• Feedback from NHS Nursing Staff Surveys</li> <li>• Results from the Health Board’s Discovery Report</li> <li>• Feedback from the Chief Nursing Officer for Wales Ethnic Minority Nurses and Midwives Advisory Group</li> <li>• Feedback from the All-Wales International Recruitment Welcome to Wales/Croeso I Gymru Group</li> <li>• Staff survey</li> <li>• Speak Up – platform for raising informal concerns.</li> <li>• Consultation as part of the process to review and update the SEP objective for 2024-2028.</li> </ul> <p>Following our recent engagement work while preparing our Strategic Equality Plan 2024-28 the Health Board are aware that our population have concerns around access to care and support. The findings from our Strategic Equality Plan consultation showed that it was believed that access to care and support is worse/has worsened specifically for disabled individuals, and for those that have a minority ethnic background or are from the younger and older ends of the age spectrum. Overall health was considered to be worse/has worsened for disabled people, those that have a minority</p>	<p><b>Risk to Delivery:</b></p> <p>Capacity constraints within the EDI team (3 wte staff) is limited and additional work to support service and financial recovery, as well as large scale Health Board service change has increased the need for guidance and support in Equality Impact Assessments. This has limited the capacity of the team to input or lead some aspects of work.</p> <p>Staff do not complete surveys, and feedback remains limited or anecdotal. Actions to improve processes</p>

Measure	Evidence	Risks to delivery
	<p>ethnic background or are Transgender or older. A greater breakdown of the specific actions recorded under each of our SEP objectives, based on the feedback received during our SEP engagement, as well as the progress made against each of these actions can be found on the supporting document 'HDdUHB - Review of progress against SEP objectives March 24 – September 24'.</p> <p>Further progress made during this reporting period for each of the actions recorded under each SEP objective can be found on the attached updated 'HDdUHB - Review of Progress Against SEP Objectives March 24 – March 25'.</p> <p>As mentioned previously the Business, Partnerships and Inclusion team have recently started to facilitate a working group that will specifically look at the progress made against each of our SEP objectives. 'What does success look like' is one element captured on the action plan and where appropriate will specifically state where feedback on progress can be found. Progress on these objectives will be re-visited at the halfway mark of the 4-year plan and will also be captured annually in our SEP Annual Reports.</p> <p>The Business, Partnerships and Inclusion team are tasked with compiling the Health Boards SEP Annual report, collecting evidence for these biannual reports as well as ensuring that feedback is captured from all aspects of the population. To ensure that robust feedback is gathered we engage through:</p> <ul style="list-style-type: none"> <li>• internal electronic messages (primarily targeting Health Board staff),</li> <li>• our staff networks,</li> <li>• numerous partnership forums which include trade union representatives.</li> <li>• specific community groups (which usually represent particular protected characteristics)</li> <li>• our Community Development Outreach Team – which take a proactive approach to reaching out to our seldom heard populations. Further information on the work carried out by the CDOT team during this reporting period can be found within this document.</li> </ul> <p>The Health Board will also continue to further analyse the results of the national staff survey, population needs assessments, reports such as Is Wales Fairer and local cultural surveys to gather feedback on the thoughts and feeling of both our staff and service users.</p> <p>The Civica experience system is being fully utilised across the Health Board's services. There are a range of feedback mechanisms in place including local surveys, national surveys as well as the</p>	<p>and support available for staff do not evolve based on lessons learnt.</p> <p>Staff do not feel comfortable feeding back negative experiences to the Heath Board.</p> <p><b>Mitigation:</b></p> <p>As highlighted in previous sections, actions are in place to ensure that capacity constraints within the EDI team can be minimised, and time is focused on actions which can make the greatest impact.</p> <p>The Health Board have recently relaunched their Speak Up scheme. Its aim is to support colleagues to speak up about concerns and issues with the way things are done, no matter how big or small. Concerns can</p>

Measure	Evidence	Risks to delivery
	<p>friends and family test. A pilot project is being undertaken with Public Health Wales in GP managed practices. A new people's experience framework is due to be issued to health bodies for implementation from 1st April. This will provide guidance and tools in regard to ensuring opportunities for feedback and facilitation of feedback across the population, including those who find it hard to access health services and have poorer health outcomes. There is evidence of how feedback, including complaints and engagement via surveys has been considered as part of the Clinical Services Plan. Evidence of service improvements as a result of feedback are presented at the Listening and Learning Sub-Committee, Statutory Committees of the Board and reported to each Public Board meeting.</p> <p>The Patient Experience team continue to contact people who have used our services, to ask them for feedback on their experience. Through Civica, a system that provides real-time dashboards providing high level results, response rates and recommendation scores, members of staff from wards and departments can access patient feedback and available data for 'instant' positive and negative themes.</p> <p>The Speak Up Safely continues to offer a platform to all Health Board staff, giving them an opportunity to voice concerns and issues. The Speak Up platform aims to foster an open and transparent culture, ensuring high-quality and safe services through a confident and engaged workforce. By encouraging staff to speak up, the platform helps protect patient safety, improve care quality, and enhance overall experiences for both patients and staff.</p> <p>The Health Board is planning to undertake a period of consultation over the approaching summer months to gain feedback on large scale programmes of work such as Prince Phillip Hospitals MIU department, a Clinical Services Plan as well as several of our community projects that sit within the wider A Healthier Mid and West Wales programme. This consultation will ensure that members of the public and stakeholders will have the opportunity to discuss and highlight potential impacts, which could then be recorded and mitigated against in the relevant EqlAs.</p> <p>The feedback gathered will be instrumental in shaping future initiatives and ensuring that the Health Board's efforts are aligned with the needs and expectations of the community.</p>	<p>be raised anonymously which may therefore encourage staff to raise their concerns.</p>
Equality objectives prioritised during	As the Health Board has developed a detailed Action Plan to accompany the newly published SEP, this means that each SEP objective has a range of defined actions, which set out what is going to be done, by whom and by when, with the intended outcome/impact. Although progress will be expected	

Measure	Evidence	Risks to delivery
<p>the next reporting period.</p>	<p>across all actions, a greater priority may be expected for those actions that are scheduled to be complete with the first year (i.e. the end of the next reporting period).</p> <p>There are also several actions captured within our local ARWAP action plan that have a completion date within the next reporting period.</p> <p>As a result of the themes highlighted in both the staff survey 2023 and the areas of concern highlighted within our SEP annual report (including our Workforce Equality report, Workforce Equality action plan and our Pay Gap report) our objective of being an employer of choice is seen as a priority, with a number of mechanisms in place already to try and address these concerns as well as discussion planned for further action. The commitment of Board members to hold a board development session and further discuss and review the data presented in these reports is also a key priority for the next reporting period.</p> <p>The Health Boards 'Exploring our workforce equality and pay gap data: Action Plan 2024/25' action plan captures the actions the Health Board intend to take during 2024-2025, to demonstrate how we can further understand the workforce equality information that we have and when the data tells us that inequality may exist, what we are going to do to investigate further and take action to remove disadvantage.</p> <p>As highlighted throughout this report, key actions are currently in motion. The next reporting period is expected to see significant progress, particularly with the Equality, Diversity, and Inclusion (EDI) Task Force.</p> <p>The EDI Implementation Group continues to grow and establish itself as a crucial element in ensuring progress against our Strategic Equality Plan (SEP) objectives and associated action plans. Additionally, the EDI Implementation Group will play a vital role in conducting the mid-point review of our SEP towards the end of 2025, as well as in shaping our action plans for the remaining two years of our SEP.</p> <p>The Diversity and Inclusion team is actively working to further develop and promote our staff networks, ensuring that each network has a clear purpose and objectives, providing a platform for sharing and promoting lived experiences while acting as a support for the members themselves.</p>	