

## NHS Wales Performance Framework 2024-2025

### 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

<b>Organisation</b>	<b>Hywel Dda</b>	<b>Date of Report</b>	<b>April 2025</b>	<b>Report Prepared By</b>	<b>Welsh Government WRES Team</b>
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The [Anti-racist Wales Action Plan \(2022\)](#) (ARWAP) commits to improve the collation, sharing and use of data in relation to race, ethnicity and intersectional disadvantage to level inequalities in the health workforce. To identify areas to improve and provide assurances that NHS Wales is an anti-racist and safe environment for staff and patients.

The [Workforce Race Equality Standard \(WRES\)](#) is a priority action in the ArWAP and will provide an evidence base to make and measure targeted structural change within NHS Wales organisations. This assessment measures the progress that NHS organisations have made in using the WRES indicators to inform anti-racism strategic plans and work practices.

This report will provide specific assurance supporting to ArWAP commitments, and ensuring compliance with the Well-being of Future Generations Act 2015, the Socio-Economic Duty 2020, the Equality Act 2010.

**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) (pre-populated from 1-2-1 discussions for checking)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025) - update for 1st Oct 2024 – 31<sup>st</sup> March 2025 in [blue text](#)

**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.**

Measure	Evidence	Risks to delivery and proposed mitigation
<p>1. Data submission- Evidence of support for data collection against the Workforce Race Equality Standard (WRES) indicators for directly employed staff by April 24</p>	<p>Data submitted was by the 01 April 24 to support the WRES report year. We are pleased to report that all organisation submitted WRES data within the acceptable parameters to meet the reporting requirements</p> <p>HEIW confirmed WRES analysis was signed off through agreed mechanisms with Data information managers for inclusion in the final local analysis and national report.</p> <p><a href="#">Workforce Intelligence staff are already in the process of ensuring the data is ready to submit for April 2025.</a></p> <p><a href="#">A focus for 2024, was improving NHS staff survey response rates. This included an extensive communications plan and roadshows across the Hywel Dda sites. Tablets were made available to staff during the roadshows, so that those with limited online access could complete the survey. The response rate for 2024 was 20%, which is a significant increase from 12% for 2023.</a></p> <p><a href="#">The Diversity and Inclusion team and Workforce Intelligence team supported Wales Shared Services Partnership in their development of a bilingual</a></p>	<p><b>Data Quality</b> - low response level in staff survey and collection rates for protected characteristic data in ESR. Action required to improve data quality for year two reporting.</p> <p><b>Mitigation:</b> Resources (short animations) will shortly be available to encourages staff to share ethnicity data in ESR and to reassure that data collected via Staff Surveys will be anonymous and confidential: <a href="#">Workforce Race Equality Standard - NHS Wales</a></p> <p><b>Please note:</b> Data on indicator 7 (completion of anti-racism training) was not collected for 2024 report. Module now available via ESR and Learning@Wales and data on completion will be reported in 2025 data collection.</p> <p><b>Data quality</b> – a significant amount of work has been carried out to improve NHS Staff survey response rates and reporting of protected characteristic data on ESR, which has seen improvements, but the work will carry on to ensure that those improvements continue year on year to provide greater</p>

	<p>animated video, to encourage NHS staff to provide their protected characteristic data on ESR. Communications that have included the video have been shared with staff.</p>	<p>accuracy and conclusions from the WRES results.</p>
<p>2. Scrutinise WRES data to implement targeted anti-racist workforce actions in response to evidence base.</p> <p>(Areas of action identified from local WRES analysis in this reporting period)</p>	<p><b>Summary areas for action 1-2-1 02/09/24</b></p> <p><i>Lisa Gostling, Anna Bird, Helen Sullivan, RG, AE</i></p> <p>There was a discussion about Gypsy, Roma, Traveller community in NHS Wales and the absence of disaggregation of that data. Unfortunately, the survey response rate for that group was so small that it was not possible to produce granular detail.</p> <p><u>Areas for action:</u></p> <p><b>Participation NHS Staff Survey:</b> Plans are underway in HDUHB to stop the rounds of local survey, to initiate work with trade union colleagues to increase staff confidence, and to investigate using a response platform which allows non-computer owners to participate.</p> <p>After a successful promotion and communication campaign, NHS survey responses have increased from 12% to 20% so will provide more accuracy and</p>	<p><b>NHS Staff Survey response rates</b> – there is a risk that a higher response rate may result in poorer results but, with greater accuracy, areas that require action will be highlighted, that might have otherwise been missed. There is also a risk that response rates plateau or go down.</p>

therefore confidence with the WRES report that will be published in 2025.

**Progression:** There was ambition to work and compare the promotion and progression experience of newly-qualified UK nurses and newly-arriving international educated nurses (IENs). HDUHB already hold some data on this and are investigating case studies to tackle inequity for this staff group. The currently missing medical appointment data will be made available for the next data collection.

Progression will be an action for the Equality Diversity and Inclusion Task Force (see update below).

**Flexible working/sickness absence** HDUHB are exploring flexible rostering, and measuring sickness absence rate among IENs in relation to some exploratory data suggesting that this may be related to beliefs about being home at times of menstruation.

**Disciplinary / Capability** HDUHB currently run a buddy system for their international medical graduates which they feel has had an impact on reducing disciplinary and capability referrals for that staff group – they plan to extend that to IENs.

The buddy system has been extended to all staff and, in addition, 'wrap-around' support including pastoral care, preventing isolation and linking in with staff

**Mitigation** – promotion and communication plans will continue each year, for the equality information on ESR and the NHS staff survey.

networks is provided to international staff who join the Health Board.

**Exemplar areas:**

There is good ethnicity self-declaration data at HDUHB, which could be a model for other organisations. This was based on separate campaigns run linked to armed forces, carers and neurodiversity, during which self-declaration was encouraged. HDUHB have produced an animation about inclusion culture for staff.

**Other considerations:**

1. [Good practice/evidence base for actions](#)
2. Recommendations from Diverse Cymru Audit should be prioritised as part of anti-racism action identification as outlined in email sent by Judith Paget 29.7.24.

Recommendations from the Diverse Cymru audit have been implemented, such as encouraging staff to speak up through the Speaking Up platform for the Health Board and the Work in Confidence anonymous feedback facility. Training is provided on cultural intelligence, unconscious bias and active bystander as well as anti-racism (which was commissioned by the Health Board and was in addition to the mandatory e-learning module), disability awareness, religion and belief. Leadership programmes include training on being an inclusive manager.

**Risk training**– non-attendance at training

**Mitigation** – a process is in place to send reminders and monitor attendance at training and all training attended is recorded on staff ESR records and monitored to ensure all staff have equal opportunity to undertake CPD and training.

	<p>The Black, Asian and Minority Ethnic staff network regularly organises their own events and celebrations.</p> <p>The Equality Impact Assessment process has been strengthened and fully imbedded in committee and Board processes to ensure all change is assessed for impact and that negative impacts are mitigated and positive impacts are maximised. Engagement with our staff, patients and local population is carried out to ensure those who are marginalised have a voice in everything that the Health Board does.</p> <p>Work is ongoing within People Development, to drill deeper into understanding the take-up rates of non-mandatory training and CPD and whether this is equitable, particularly for staff from Black, Asian and Minority Ethnic backgrounds.</p>	<p><b>Engagement</b> – there is a risk of marginalised communities not engaging.</p> <p><b>Mitigation</b> – the Health Board engages across the three counties, with communities and all information is available in a range of languages and formats. The Health Board’s Community Development Outreach Team have developed strong, trusted links with local communities and have supported communities to engage that would have been reluctant to do so previously, such as local Traveller communities.</p> <p><b>Risk</b> - although we are able to access a snapshot of training accessed across the Health Board, there are a number of challenges in achieving a true picture of the current engagement with all CPD due to a number of factors:</p> <ul style="list-style-type: none"><li>- Not all CPD is recorded through ESR. Medical and Dental staff use a system called Intrepid for their CPD, with a large proportion of Black, Asian and Minority Ethnic colleagues working in this area, any data shared will not reflect this which would impact on how overall engagement with CPD would appear.</li></ul>
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	<p>The WRES data was fully scrutinised and used at a Board seminar in December 2024, as evidence to highlight where workforce actions need to be taken. Additional data from ESR, pay gap reports, recruitment and promotion data, the NHS staff survey and exit interviews was used. Case studies, showing real life experiences of staff, along with supporting WRES data were used for table discussions.</p> <p>Issues highlighted included:</p> <p><b>Under-representation</b> The national WRES report highlighted that there is under-representation of Black, Asian and Minority Ethnic staff above Band 5. The data was used to highlight that the Health Board has no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8b, 8d and 9.</p>	<p><b>Mitigation</b> – To work with colleagues in Medical Education to use the Intrepid data in the same way as the ESR training data.</p> <p><b>Risk</b> - Not all CPD offered within the HB is recorded on ESR, there is a lot of independently arranged CPD across the Health Board that is not linked at this time.</p> <p><b>Mitigation</b> - This is currently being looked at and eventually all training will be fed through ESR.</p>
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**Bullying, harassment and discrimination** The WRES report showed that our Black colleagues are most likely to experience bullying, harassment and discrimination from patients, relatives, other staff and managers/leaders and other colleagues, higher than the national figures. Under the category of mixed/other, discrimination by managers/leaders and other colleagues is also higher than the national figure. Our Black colleagues are up to 5 times more likely to experience harassment and discrimination from patients and their relatives than their White colleagues and 3 times more likely to experience discrimination from their manager/leader or other colleagues when compared to their White colleagues.

**Progression** Our Black staff did not answer the question on whether they believe the Health Board provides equal opportunities for progression, yet 66.7% said that they have sought/would consider seeking progression opportunities. While response rates to the staff survey were low (12%) and it is hard to make any conclusions, we hope that the 2024 staff survey provides greater confidence in the results as the response rate was 20%. Even with low response rates, there may be a disparity, especially for our Black staff, in wanting to progress and believing that the Health Board provides equal opportunities to do so.

The Board seminar session showed that action needed to be taken to remove discrimination and inequity as a result of what was highlighted (above) so, to enable the

	<p>Health Board to do this, an Equality Diversity and Inclusion task force has been established.</p> <p>This Task Force has the sponsorship of the Board and aims to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation, ensuring that every voice is heard and respected, and we all have a sense of belonging.</p> <p>The Task Force has been established to:</p> <ul style="list-style-type: none"> <li>• Ensure that all individuals, regardless of their background or identity, have equal access to education and training, recruitment, promotion and support in the workplace.</li> <li>• Ensure policies and practices to prevent discrimination, harassment and bullying in the workplace are in place and all policies are viewed through the EDI lens as part of development and review.</li> <li>• Encourage a diverse workforce that reflects the community it serves and valuing the unique contributions of individuals from different backgrounds.</li> <li>• Create a work environment where everyone feels valued, respected, has a sense of belonging.</li> </ul> <p>Participants will have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Build this work collaboratively with ambition and purpose</li> </ul>	<p><b>Risk</b> – that the EDI Task Force will be a talking shop and won't result in meaningful action/change.</p> <p><b>Mitigation</b> – With the support of the Health Board's Quality Improvement team, a quality improvement and theories of change approach will be used, to ensure that the evidence is used to identify the problems and develop, test, implement and measure change.</p> <p><b>Risk</b> – we have under-representation on the Task Force.</p> <p><b>Mitigation</b> – as well as ensuring representation from each staff group and Directorate, members of the Task Force will be representative of our workforce.</p>
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	<ul style="list-style-type: none"> <li>• Develop and implement strategies to promote equality and diversity</li> <li>• Participate in meaningful discussions and decision-making processes</li> <li>• Contribute to creating a more inclusive workplace culture</li> <li>• Take learning back into their own services</li> </ul>	
<p>3. <b>Primary Care Data:</b> prepare to facilitate and support data collection for GMS contracted staff</p>	<p>NWSSP will liaise with HB workforce data information managers during Autumn 2024 to support data collection process for indicators 1 and 2 for GMS contracted staff [Leadership and Representation indicators]</p>	<p>Data submitted and reports recently made available</p>