



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 September 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Strategic Equality Plan Annual Report 2022/23 (incorporating workforce equality and pay gap reports)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion Michelle James, Head of Resourcing and Utilisation

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Public Sector Equality Duty (PSED) Wales requires that the Health Board produces an annual report by 31 March each year for the preceding year which details the progress made against the Health Board's Strategic Equality Plan (SEP) and objectives. The requirement to publish an annual workforce equality report has been integrated into the SEP Annual Report and statistical information is presented as an Appendix based on staff employed on 31 March 2023, in line with the PSED requirements.

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

The final version of the consolidated reports has been considered by the Black, Asian and Minority Ethnic Advisory Group, Staff Partnership Forum and at the People, Organisational Development and Culture Committee (PODCC). It was agreed in PODCC that a group would be established to review the workforce metrics and consider how further analysis may support a greater understanding of equality actions that may be needed.

The Board is requested to receive the SEP Annual Report 2022-2023, noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010, and agree its publication.

**Cefndir / Background**

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce. We are

working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

The Equality Act 2010 covers discrimination relating to the following nine protected characteristic groups: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation. Public bodies are required to consider needs, by reference to these characteristics, when designing and delivering public services.

As a public sector body, the Health Board must, in its policies and practices, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not;
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

The public sector in Wales has an obligation to fulfil PSED as prescribed in law. These Duties include the development and implementation of a rolling 4year SEP and objectives, and the publication of an annual report detailing the steps taken to meet the objectives in the SEP.

The following 4 SEP objectives were agreed for the Health Board:

- **Objective 1 – Leadership by All**  
Staff at all levels, including Board members, actively promote and facilitate a culture of inclusion and wellbeing across the organisation
- **Objective 2 – Working Together**  
Working with our population, staff, stakeholders and partners, particularly those identified as having worse experiences, will shape the design and delivery of services
- **Objective 3 – Improving health and well-being for all**  
Our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities
- **Objective 4 - Being an employer of choice**  
We will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

## Asesiad / Assessment

The Health Board continues to be committed to working together across the organisation and with our partners to ensure that the services we provide remain accessible and that the health inequalities exacerbated by the pandemic are addressed. During the reporting period (2022/23) progress has been made against each of the 4 SEP Objectives and examples of these are described within the report. Some case studies are used drawing on feedback from staff, patients and members of the community. These have been anonymised and fictitious names have been used to protect the identity of individuals.

Some of the achievements outlined in the report include:

### **Leadership By All**

- Continued visibility and impact of the Black, Asian and Minority Ethnic Advisory Group and Black, Asian and Minority Ethnic staff support network. The Health Board won two awards

at the national Black, Asian and Minority Ethnic Staff in Healthcare Awards hosted by the Royal College of Physicians. The awards were for Community Initiative of the Year; highlighting the impact of the work of the Community Development Outreach Team and the Mental Health Initiative Award, specifically recognising the contributions and work of Dr Akhtar Khan.

- The Diversity and Inclusion Calendar provides teams with the opportunity to identify and cultural or religious events to celebrate and promote diversity within the Health Board. A range of celebrations were organised including a Diwali Celebration, a memorial service and tree planting on Holocaust Memorial Day Celebration and a multi-faith Christmas service including contributions from staff and members of the community representing diverse cultural backgrounds.

### **Working Together**

- Working with local authorities, third sector and Welsh Government, the Health Board has continued to support large numbers of Ukrainians seeking sanctuary in the Hywel Dda area, arranging bespoke interpretation and translation services and ensuring that information was available in a wide range of languages.
- A multi-professional group has worked together to address issues relating to recording sex and gender of service users in medical records and work was also undertaken by the Laboratory Team to establish an electronic tool to record both biological sex and gender. The Health Board also worked with Public Health Wales and the Gender Diverse Student Group at Aberystwyth University to develop several easy read versions of leaflets aimed at gender diverse individuals.
- Establishment of an internship project at Prince Philip Hospital to facilitate and foster the acquisition of jobs by people with disabilities. This forms part of the Independent Living Skills programme to support learners to achieve sustainable paid employment.

### **Improving Health and Wellbeing for All**

- Building on the work of the Enabling Quality Improvement in Practice programme team a sensory loss friendly accreditation scheme has been piloted with three departments successfully completing the assessment.
- The Health Board appointed its first Digital Inclusion Manager in 2022 and continues to develop a small team to promote digital inclusion for staff and service users on the use of digital technology to support healthcare provision.
- Working with Gypsy and Traveller communities and individuals who are homeless or vulnerably housed has directly impacted on addressing inequalities in health.
- The Staff Psychological and Wellbeing Service secured NHS Charities Together funding and delivered a series of Recovery in Nature ecotherapy retreats for staff experiencing high levels of stress and burnout.

### **Being an Employer of Choice**

- The Health Board recognised the skills of Internationally Educated Nurses and the valuable contribution they can make to delivery health care services. 100 IENs were recruited into Hywel Dda from a broad range of home countries, further enhancing the cultural diversity of our workforce.
- As a member of the Stonewall Diversity Champion programme the Health Board also participated in the Workplace Equality Index and was ranked 105<sup>th</sup>, improving its position on the index. The Health Board also adopted the Pride in Veterans standard to demonstrate our commitment to providing an inclusive and welcoming support to LGBTQ+ veterans and their families.
- The Health Board has extended its range of staff support networks and these now a RespectAbility staff network for staff with a physical disability or long term condition or who are neurodivergent.

### **Workforce equality data and pay gap reports:**

It should be noted that the headcount figures in the Pay Gap report and the workforce equality data published in the annual report are different. The figures in the workforce equality data section of the SEP report includes all staff (including bank and locum) whether they have earned money in the year or not, whereas the Pay Gap report will only include staff that have earned money in the year and where an hourly rate can be calculated.

The Pay Gap report presents an analysis of the difference in average earnings between groups of colleagues within the organisation, regardless of what role they are in. The pay gap is useful in measuring pay equality due to its simple calculation; however, it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

The workforce equality data and pay gap reports provide an overview of the characteristics of our workforce. PODCC agreed to establish a group to review the workforce data and consider how further analysis may highlight areas where further action may be required in order to build a more inclusive and equitable workforce experience.

The workforce equality data in particular highlighted:

- The majority of employees aged 16-35 voluntarily resigned or came to the end of their fixed term contracts or training. The main reasons for voluntary resignation included: Relocation, Work Life Balance and Other/Not Known.
- 59% of employees leaving the organisation aged 51-65 were due to retirement, 30% voluntary resigned with the main reasons Other/Not Known, Work Life Balance, Relocation and Health.
- Compared to general population data our workforce is more ethnically diverse with 7.34% of the workforce identifying their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group.
- Only 36% of staff recorded Welsh language skills at foundational level or higher which is low compared to the general population estimate of 48%.

The pay gap report data in particular highlighted:

- A pay gap of 7.90% between disabled and non-disabled colleagues.
- An overall negative pay gap between ethnically diverse and white colleagues, with ethnically diverse colleagues receiving on average £8.86 per hour more. However more detailed analysis shows a pay gap within the Medical and Dental staff group, with white colleagues earning £10.37 per hour more than ethnically diverse colleagues.
- A pay gap of 22.24% between male and female employees with males receiving on average £5.00 per hour more than female colleagues. The analysis of the median hourly pay gap which is the difference between the mid-points in the ranges of hourly earnings (and excludes overtime payments) shows a pay gap of 7.20%.

### **Argymhelliad / Recommendation**

The Board is requested to **RECEIVE** the SEP Annual Report 2022-2023, noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010 and, as endorsed by the People, Organisational Development and Culture Committee, **APPROVE** it for publication.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 2. Culture and valuing people 3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• <a href="#">Equality Act 2010</a></li> <li>• <a href="#">Public Sector Equality Duties (Wales) 2011</a></li> <li>• <a href="#">Health Board's Strategic Equality Plan and Objectives</a></li> </ul>
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<p>An early draft of the report was shared with all the staff networks and their comments have been incorporated into the final version. The report has also been considered at:</p> <ul style="list-style-type: none"> <li>• BAME Advisory Group on 19 July 2023</li> <li>• Staff Partnership Forum on 1 August 2023</li> <li>• People, Organisational Development and Culture Committee on 17 August 2023</li> </ul>

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There will be costs associated with providing specialist training to staff in relation to meeting identified training needs on equality issues where external expertise and/or lived experience is required/recommended. While there is a dedicated budget for Strategic Partnerships, Diversity and Inclusion and some courses will be delivered corporately and through these funds, some external training provided to individuals as an identified training need will need to be met from relevant departmental and corporate budgets.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	There is evidence to show that generally, protected groups are disadvantaged at all stages relating to the planning, development and delivery of public sector services. The development of realistic and deliverable objectives set through an equality lens and underpinned by human rights principles, and positive progress against those objectives, will improve the quality of services delivered and patient care, not just for protected groups but for the population as a whole.
<b>Gweithlu:</b> <b>Workforce:</b>	There is evidence to show that generally, protected groups are disadvantaged when seeking employment and during their careers, facing prejudice and discrimination within exclusive working environments. Also, it is known that staff perform better when they can be themselves in the workplace. Embedding equality into core functions and HDdUHB's value base, setting objectives which engender the recruitment and retention of a diverse workforce, increasing staff knowledge and breaking down barriers faced by protected groups will lead to increased wellbeing amongst staff and can result in lower sickness absence levels, conserving valuable staff and financial resources.
<b>Risg:</b> <b>Risk:</b>	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the health board.
<b>Cyfreithiol:</b> <b>Legal:</b>	Non-compliance with the duties of the Equality Act 2010 risks the issue of a letter of non-compliance by the Equality and Human Rights Commission and legal challenges through judicial review and employment tribunals.
<b>Enw Da:</b> <b>Reputational:</b>	The SEP Objectives are designed to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of staff and service users and taking action to meet the objectives. Producing an annual report on equality objectives is a requirement of the PSED. Non-compliance with the PSED would result in legal challenges and consequent financial and reputational damage to the organisation.

<p><b>Gyfrinachedd: Privacy:</b></p>	<p>Information gathered for equality data monitoring purposes can include details on sensitive personal information, but this data is anonymised in reports and cannot be traced back to the individuals concerned. Information will already be held on Electronic Staff Records and Health Records if individuals have agreed to supply the information on a voluntary basis. An explanation of why the information is being collected and what it will be used for is included on the relevant data collection forms.</p>
<p><b>Cydraddoldeb: Equality:</b></p>	<p>The report describes progress towards meeting the PSED and meeting the health board's stated equality objectives. Publishing the Strategic Equality Plan annual report and Pay Gap reports within the prescribed timescale is one of the specific PSED.</p>





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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Strategic Equality Plan

## Annual Report

2022-2023



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



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# Introduction

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

This annual report is an overview of some of the Health Board's work to promote equality, diversity and inclusion, and should be read alongside other key documents:

- [Hywel Dda University Health Board Annual Report](#)
- [Annual Quality Statement](#)
- [Director of Public Health Annual Report](#)
- [Our 20-year strategy - A Healthier Mid and West Wales: Our Future Generations Living Well](#)
- [Our Well-being of Future Generations Annual Report](#)
- [NHS Charities Together Communities Partnerships Interim Report](#)

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

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

We need to collect and use information about the experiences of our staff and service users to help us work in ways that ensure that we are treating people fairly. It is also important that our services are meeting the needs of all groups of people and that we treat people fairly at work. Within the report we illustrate case study examples. The names used are fictitious in order to protect the identity of the individuals who have shared their stories or feedback.

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

- Siarad Iechyd/Talking Health, our involvement and engagement scheme which gives members of the public an opportunity to have their say on how local health services are planned, developed and delivered;
- Engaging and consulting with staff and our communities at public events and through surveys;
- Data gathered on our patient administration systems;
- Feedback from patients about their experiences of using our services including compliments and complaints;
- Data gathered from staff surveys, as well as our electronic staff record and grievance reports;
- Welsh Government initiatives and national reports, for example those published by the Equality and Human Rights Commission, Older People's Commissioner, Stonewall and others;
- Data collated in the Public Service Board Wellbeing Assessments for each of the three counties.

We are continuously working to improve the collection and reporting of equality data about people who use our services. This includes adapting our existing systems to collect the data, as well as raising awareness about why we need to collect it and how we will use this information to improve services and outcomes for patients. The same applies to the collection of equality data for our staff and we are working with Welsh Government and other NHS Wales Health Boards and Trusts to improve our national information systems.

# About the Hywel Dda Area

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. Here are a few facts, but for more information please see our Health Board Annual Reports and Annual Quality Statements. Links to these documents can be found in the introduction section.

- Our Health Board covers a quarter of the land mass of Wales.
- We work in partnership with our three local authorities as well as colleagues from the public, private and third sectors.
- We employ over approximately 12,500 members of staff and have a growing number of volunteers and apprentices.
- Based on the 2021 Census, we provide healthcare services to around 383,000 residents as well as to large numbers of visitors to our area.
- There are 48 general practices, 47 dental practices, 99 community pharmacies and 44 general ophthalmic practices.
- We have four main hospitals, seven community hospitals and eleven health centres.

We recognise that there are many people within our diverse populations (including many with a protected characteristic) that experience socio-economic deprivation, which is a key factor in poorer health and lack of opportunity to access education and employment, thereby perpetuating the cycle of deprivation. We aim to break this cycle in line with the aspirations of the Well-being of Future Generations (Wales) Act 2015 to create a healthier, more equal Wales of resilient communities, working together towards a better future for all. Information on health and socio-economic factors across the three counties is available from the [Public Health Wales Observatory](#), the [Daffodil Cymru](#) website, [the Welsh Index of Multiple Deprivation](#) and [Stats Wales](#).

Further information can also be found in the following local assessments of wellbeing published by the Public Services Boards in each local authority area:

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

[Carmarthenshire Local Well-being Assessment \(gov.wales\)](#)

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

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

There are high concentrations of Welsh speakers in some areas across the three counties. We strive to learn who are our Welsh speaking service users and we ask our Welsh speaking staff to register their Welsh language skills on their Electronic Staff Record (ESR) and provide an active offer to patients who may wish to receive their services in Welsh. In line with the Welsh Language Standards (No.7) 2018 Regulations, we have an action plan in place to fulfil the requirements of the Standards through our Bilingual Skills Strategy. Further information can be found within our [Welsh Language Annual Reports](#).

Appendix 1 includes information on our Annual Workforce Equality Reports 2022-2023 which illustrates “life in Hywel Dda” across the protected groups. The information is extracted from data held on the Electronic Staff Record’s Business Intelligence database. All Health Board employees are encouraged to record and regularly update their personal data on this system to aid the collection of more complete and accurate information about our workforce as a whole.

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

# Our Strategic Equality Plan Objectives 2020-2024

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

## Our objectives are as follows:

### Objective 1 – Leadership by All

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

### Objective 2 – Working Together

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

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

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

### Objective 4 - Being an employer of choice

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

## Aligning our Strategic Objectives

When implementing our SEP Objectives, the Strategic Partnerships, Diversity and Inclusion Team has been careful to align them with the Health Board's Wellbeing Objectives which link to the Wellbeing Goals of the Wellbeing of Future Generations (Wales) Act 2015.

The Act is central to our approach to longer term planning within the Health Board and the long-term journey that we are on which was articulated in our strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well'. In September 2020 the Health Board established strategic objectives that reflect our vision that 'Together we are building kind and healthy places to live and work in Mid and West Wales'. The objectives relate to our people (staff, service users and communities) and our services:



The examples provided in this report demonstrate how the Health Board is working consciously to embed and promote principles to achieve the best possible health and wellbeing outcomes for all.



# COVID-19 and the Cost of Living Crisis

As the Health Board continues to recover from the impact of the COVID-19 pandemic, the disproportionate impact upon those with a protected characteristic and those who are vulnerable is becoming more evident. The Health Board is working hard to address the worsening health inequalities for people within our communities which have been exacerbated by the current cost of living crisis.

A Health Equity Steering Group has been established and meets monthly to monitor health inequalities for specific individuals and the actions being taken to reduce them and improve individuals' health and wellbeing. 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.

In addition, the Health Board has established a Cost of Living group whose aim is to identify internal actions which could be taken to alleviate the impact of the cost of living crisis for staff.

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



# Spotlight on: Leadership by All

## Our Objective

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

## Anticipated Outcome

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

## What have we done?

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

In 2022-2023, this group encouraged and supported nominations for the National BAME Health & Care Awards. Two of the nominations were successful at a ceremony held in the Royal College of Physicians in June 2022, taking home awards in the following categories:

- Community Initiative of the Year Award - Community Development Outreach Team
- Mental Health Initiative Award - Dr Akhtar Khan

The Health Board was extremely proud of each of the nominees and the breadth of the initiatives and individuals who were nominated has helped to showcase the diversity of Hywel Dda as a rural health board on a national scale.

The Advisory Group met regularly during 2022-2023 and has focused on leading the Health Board's approach to the implementation of Welsh Government's Anti-Racist Wales Action Plan which was launched in June 2022. After consultation with the Advisory Group members, an initial local action plan has been drafted and workshops have been arranged to further develop the Health Board's plans to implement actions to improve the experiences of Black, Asian and Minority Ethnic staff and services users.

# **Bullying and Harassment Task and Finish Group**

During 2022-2023, the Bullying and Harassment Task and Finish Group undertook several listening exercises with Black, Asian and Minority Ethnic Staff where staff had the opportunity to raise concerns and share their experiences of discrimination in the workplace.

The Task and Finish group completed its initial action with the production of a comprehensive Bullying and Harassment action plan earlier in 2022. The Action Plan set out a range of measures and actions to improve the work experience of staff from Black, Asian and Minority Ethnic backgrounds. Actions ranged from improved communications and awareness raising of the support avenues in place to more specific actions centred around improvements to the Health Board's recruitment processes. Members of the Black, Asian and Minority Ethnic Task and Finish group were integral to the development of the actions and will also be involved in the review process. The action plan was presented to the Health Board's Staff Partnership Forum and People, Organisational Development and Culture Committee of the Board.

## **Reverse Mentorship**

A pilot Reverse Mentoring Programme for Board members to focus on equality, diversity and inclusion was commissioned in April 2021 and implemented by the Organisational Development Team. This programme, which concluded in April 2022 is believed to be the first of its kind in NHS Wales and extended beyond traditional intergenerational reverse mentoring to include any situation in which a person with less perceived power, mentors someone in what was perceived to be a more powerful position.

25 Board Members participated and were allocated a staff reverse mentor from minority ethnic groups, the frontline and Generation Z (Under 25 years).

Findings from the post-programme evaluation indicate the programme to have been received positively amongst reverse mentor participants, with 75% of them rating the programme as either very good or excellent. The reverse mentees (The Board) were cited as having a similarly positive experience with 86% of mentee respondents rating the programme as either very good or excellent.

One of the key purposes of the programme was to facilitate conversations about marginalisation, and the experience of staff with protected characteristics and other exceptionalities, and participation has had a broader, more personal impact on the reverse mentors who reported improved general confidence contributing to personal and professional development. The programme also seemed to increase reverse mentees' motivation, willingness to initiate and engage in conversations about race and ethnicity with most mentees reporting more awareness, better insight and more sensitivity to the problems, issues and barriers faced by young staff, frontline staff and minority ethnic staff in the Health Board.

The learning from the implementation of this programme is still creating ripple effects in relation to how the organisation operates; the way it needs to respond and behave in order to facilitate greater inclusivity and foster belonging.

This initiative was shortlisted for the Chartered Institute for Professional Development Wales Annual Awards in the category Best Diversity and Inclusion Initiative Award, an award that recognises an employer that is genuinely dedicated to creating a diverse and inclusive workplace, challenging inequalities, overcoming resistance, breaking down barriers and bias, and making change happen.

## Celebrating Diversity

The Diversity and Inclusion Calendar (produced each year by the Diversity and Inclusion Team) is popular amongst staff. The calendar allows teams to identify any cultural or religious events that they would like to promote to staff and service users. Often the events selected by teams will be relevant to their service area and will help to raise cultural awareness. During 2022-2023, a number of events took place and a selection have been highlighted in this section of the report.

## Diwali Celebration

Staff within the Diversity and Inclusion Team worked with the Black, Asian and Minority Ethnic Staff Network to arrange a Diwali celebration event for staff and their families. This event was supported and attended by the Chair, the Director of Workforce and Organisational Development and the Director of Nursing demonstrating leadership commitment by the Executive Team to creating inclusive and welcoming environments for our Black, Asian and Minority Ethnic Staff.

Staff prepared traditional Hindu dishes to share at the event and brought a selection of traditional Hindu clothing for guests to wear, allowing those who are not Hindu to learn more about Hindu culture and enjoy an immersive experience of Diwali celebrations. Positive feedback was received during and following the event with some new overseas staff expressing their thanks for being invited to a social event that has helped them meet new people and feel welcomed into the Health Board. One of our local GPs described the opportunity to attend events like these as essential for new overseas staff joining the Health Board to help combat feelings of loneliness and isolation, especially for those who do not have family here in Wales.



Pictured above: Health Board staff at the Diwali celebration event for staff and their families

## Holocaust Memorial Day Service

On 27th January 2023 our Senior Chaplain led a memorial service to commemorate Holocaust Memorial Day. This service also remembered victims from other communities whose lives were lost during the Holocaust such as the LGBTQ+ community and the Gypsy, Roma, Traveller community. A guest speaker from a local Gypsy community attended the event to read a poem and a tree was planted at the Health Board Headquarters next to our Veteran's bench outside Hafan Derwen on the St David's Park site. Pictures from the service are below:



## Multi-faith Christmas Service

In December 2022, our Senior Chaplain hosted the first Multifaith Christmas Service for staff, family and friends. The aim of the event was to welcome new staff from overseas into the Health Board by bringing them together with existing staff during a celebratory event. Our staff from overseas can often find Christmas an emotional time, especially when they may be missing family members back home.

Staff from a variety of cultural backgrounds and countries participated in the event where they delivered readings in their mother tongue and spoke about their Christmas traditions. Staff members' talented children showcased their skills as they played instruments in the musical interlude. Another member of staff educated others about old Christmas customs in Wales and sang a traditional Welsh Plygain song, and a member of our Gypsy community recited a poem about Gypsy Christmas culture and tradition.



Pictured above: The Multifaith Christmas Service



## Spotlight on: Working together

### Our Objective

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

### Anticipated Outcome

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

### What have we done?

## Supporting our Ukrainian Communities

In response to the war in Ukraine, Welsh Government set up several welcome centres in Wales as part of their Homes for Ukraine scheme. Several welcome centres were located in the Hywel Dda area, including the largest welcome centre for families in Ceredigion, many of whom have since been rehoused in the Hywel Dda area. The Health Board was quick to establish a health planning steering group to organise the necessary support required to assist new arrivals. This has included providing healthcare assessments and health screening tests to Ukrainians arriving in the area, helping with GP registration, signposting to further healthcare services and providing follow up clinics where appropriate.

Our Community Development Outreach Team were integral to the welcome centre procedures in supporting our Clinical Teams who were undertaking initial healthcare assessments and screening clinics. During this time of crisis, the Community Development Outreach Team provided essential support that included:

- Providing information in Ukrainian, Russian and other languages on accessing healthcare services and vaccine immunisations, making sure that people understood the healthcare assessments and screening services that were being offered to them;



- Delivering health talks through ESOL (English for speakers of other languages) classes and on how to navigate and understand NHS Wales, with particular emphasis on how to use the NHS emergency 999 service, the Wales 111 healthcare advice service;
- Helping residents to register with a GP or dentist;
- Providing information and reassurance on local COVID outbreaks and the national Strep A outbreak;
- Working in partnership with the local authority and local third sector organisations to provide mental health and wellbeing support.



## Case Study - Ali's Story

Ali was fleeing the war in Ukraine with his family, they were staying in an initial welcome centre. He was not a native Ukrainian speaker but needed translation in Arabic. He also needed a Mosque. He was a qualified doctor.

### How did we support Ali?

The Community Development Outreach Team connected Ali and his family with a local Mosque which made a significant difference to the families' wellbeing. The gentleman who was a doctor, was also supported through the use of an Arabic interpreter to apply through the vacancy application process for a clinical attachment within the Health Board.

### Outcome following receipt of support:

1. He is able to rebuild his life with his family.
2. He is able to continue his career.
3. He understands how to access Welsh NHS services.

## Supporting our Gender Diverse Communities

The Diversity and Inclusion Team have worked in partnership with our Medical Records Management Team and the Association for Clinical Biochemistry and Laboratory Medicine to address some of the issues relating to recording sex and gender of service users on medical records. Our Laboratory Team have developed an electronic tool to record both biological sex and gender which also prompts staff to explain to the patient the reasons why this data is needed in order to produce accurate test results to ensure that the most effective and appropriate next steps ensue. This will help to minimise any risks which could arise where biological sex is unknown, for example, when testing blood samples to detect sex-related cancers such as ovarian cancer.

The Diversity and Inclusion Team have also supported Public Health Wales to develop several easy read versions of screening leaflets aimed at gender diverse individuals. These leaflets explain in easy read format what the screening is for, who it is for and what procedures individuals need to follow if the gender registered with their GP is different to their sex assigned at birth.



These leaflets aim to encourage more people to take up offers of routine public health screening to increase early detection of disease and serious health conditions to improve the health and wellbeing of our gender diverse communities.

As gender diverse communities increase, Health Boards must adapt their services to meet the individual needs of service users. Throughout the past year, this has meant finding appropriate resolutions to some complex situations involving gender diverse patients, especially for those who are using our maternity services, breast care unit and mental health services. Providing healthcare advice and treatment to gender diverse service users has been a new concept for many of our staff over the past year and staff have been keen to learn more about how they can continue to provide quality healthcare services to gender diverse individuals.

In order to help staff, the Health Board procured a series of training courses from the Welsh Gender Service who have delivered both a specialist training session to staff within the Mental Health Directorate as well as general training sessions that were available to all staff. The Health Board has GP staff within each of the three counties who have been specially trained to provide advice and support to gender diverse patients.

The Diversity and Inclusion Team, alongside the Community Development Outreach Team, has linked with Aberystwyth University and the Chair of their Gender Diverse Student Group to develop an information leaflet for gender diverse students. The Health Board is mindful that students may be openly exploring their gender identity for the first time since leaving home to attend university and may have questions relating to accessing advice and support. This leaflet encourages students to follow the recommended procedures in registering as a patient with a GP who can refer them onto the Welsh Gender Service or other appropriate services within NHS Wales. It also offers advice on accessing gender services in NHS Wales and NHS England, and signposts to further advice and support available from charitable organisations.

## **Healthcare People Management Association**

The 'Is Wales Fairer' 2018 report highlighted that disabled people's employment rate is less than half that of non-disabled people. As a partner member of the Healthcare People Management Association, the Future Workforce Team have been working on a collaboration to create an internship project in Prince Philip Hospital to foster and facilitate the acquisition of jobs by people with disabilities. This was developed as part of the Independent Living Skills programme to support learners to achieve sustainable paid employment by combining workplace-based learning with a personalised study programme. The focus was to equip the future workforce with relevant skills and learning and offer opportunities to practice and develop the skills within the supported workplace.

A learner's programme begins by considering learner aspirations and interests and converts these into realistic employment possibilities. The employment placement is chosen to match these so that the learner has the skills to progress smoothly into paid or voluntary work. The experiences are meaningful, and the learners comply with real job conditions to appropriately prepare them for paid employment or voluntary work. Employability skills are built in to the programme and support the learners in applying for positions.



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

## Our Objective

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

## Anticipated Outcome

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

## What have we done?

### **Improving Services for Staff and Service Users with Sensory Loss**

The Health Board has continued to build upon the progress already made to meet the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. During 2022-2023, a team of staff successfully completed the Enabling Quality Improvement in Practice Programme and developed an accreditation scheme which can be used by teams across the Health Board who can demonstrate how they are meeting the needs of people with sensory loss. The initial stage of the accreditation scheme is a Bronze Level Award where departments are asked to complete a self-assessment. Three departments successfully completed the assessment and achieved the Bronze Level Award; these were Glangwili Hospital Outpatients Department, Cardigan Integrated Care Centre Outpatient Department and Tregaron Community Hospital. Plans for the continued rolled out to other departments across the Health Board and the development of criteria for silver and gold level awards are planned.

A range of sensory loss training continues to be delivered to staff across the Health Board. In addition to basic awareness training and taster sessions, 10 members of staff successfully completed Level 1 BSL Certificate and 3 staff passed individual modules. Demand for BSL training remains high and the Health Board continues to invest in training for staff, recognising BSL as an important skill for staff, especially those who are working directly with patients in clinical environments. The Health Board continues to support BSL service users by providing professional

BSL interpretation during appointments and consultations and improving staff BSL skills will also help staff to support inpatients who use BSL whilst being cared for on the wards.

## Digital Inclusion Manager Post

The Health Board appointed its first Digital Inclusion Manager in 2022 and continues to develop a small team to promote digital inclusion for staff and service users on the use of digital technology to support healthcare provision. Several information sessions have already been held for staff and service users with future sessions planned for 2023-2024. 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.

## Supporting LGBTQ+ Health and Wellbeing

During 2022, our Sexual Health Teams have used a variety of methods to capture feedback from LGBTQ+ service users, for example, feedback collated at Pride events, via service user questionnaires and national Patient Reported Outcome Measures and Patient Recorded Experience Measures. Information gathered from service user feedback is used to plan future services and implement new actions to improve service provision.

## Staff Psychological and Wellbeing

Work has continued to support the health and wellbeing of our workforce. Our Staff Psychological Wellbeing Service continues to offer and extend the range of initiatives to support the mental health and emotional wellbeing of our staff. This includes the expansion and improvement of the service pages on our staff Sharepoint system which provides easy access to resources and information.

Work has also begun on making these resources available on the Health Board's public facing internet page for staff who are not in work and are unable to access the Health Board's internal systems. Wellbeing at work webinars covering a range of emotional wellbeing and resilience topics are also delivered regularly by the team. These are recorded and can be easily viewed on demand.

“ I love all these webinars, its a chance to really check in with the sometimes obvious, but picking up new techniques/strategies too. ”

The team promote a number of other holistic initiatives to improve staff wellbeing including our Arts in Health Project and our Green Health agenda. With funding from NHS Charities Together, the team have developed and run the first series of Recovery in Nature: Ecotherapy Retreats for staff that are designed to address the needs of employees experiencing high levels of stress and burnout and these will continue in the coming year.

“ This was truly an enjoyable and beneficial experience and one that I would whole heartedly recommend to others. ”

Input on supporting a culture of wellbeing and resilience is provided for a range of staff development and leadership programmes (including junior doctors, newly qualified nurses and new consultants) and the service contributes to the wider Organisational Development team in considering requests for team support and designing and facilitating culture change initiatives.

During 2022-2023, the Health Board renewed its chartered signatory status with Mindful Employer. In addition, a member of our Staff Psychological Wellbeing Team is a Time to Change Wales Champion, the training is part of Welsh Government's funded national campaign to end discrimination and the stigma faced by people with mental health problems. Induction training is provided to all Wellbeing Champions, covering mental health awareness and having good wellbeing conversations. The team also facilitates monthly support sessions for the Wellbeing Champion Network, providing a safe space to reflect on experience and challenges.

The service conducted an organisation-wide survey in 2022 to explore Staff Wellbeing Needs. The findings of this will enable service improvements to be more fully aligned with employee need.

## Autism Wales Awareness Training

In line with the rising diagnosis rates and subsequent demand for support for people with autism, the Learning and Development Team have worked in partnership with Autism Wales to procure training on autism awareness for our staff. Autism Wales have allowed the Health Board to deliver its 'Introduction to Autism' online training session via the Health Board's electronic staff record system and this is now mandatory for all staff.



### Outcomes

We introduced the eLearning module via webinar by introducing the wider concept of neurodiversity and then focusing in more detail on autism. The webinars were co-delivered by Hywel Dda and Autism Wales in January 2023.

- **7x 1-hour** sessions delivered
- **448** people attended the webinars
- Of the 448, **302 (67%)** completed the eLearning module
- **Over 100** of those who attended the training have also expressed an interest in joining Autism Wales's Community of Practice. Involvement in these additional training sessions aim to educate attendees further about autism and more specific topics, for example, Eating Disorders and Autism, and Autism and Mental Health.
- As of 08/06/23, **6,439 people (53.96% of all staff)** have completed the eLearning module.

## **Working with our Gypsy Roma Traveller Communities**

There is a significant Gypsy and Traveller population in the Hywel Dda area and members of the Community Development Outreach Team make regular visits to sites to build relationships with residents and to promote healthcare messages. Easy read information on Strep A was provided to parents at Gypsy and Traveller sites during the national outbreak. Having a regular presence on sites supports people to address barriers that they experience, such as being unable to read or understand letters and confusion surrounding appointments.

In Ceredigion there is a transient site where families spend the summer months. The Community Development Outreach Team visit regularly during this time to ensure people have help to access healthcare if they need this. The Community Development Outreach Team have also extended their support to local fairgrounds and residential show person sites to explain temporary GP registration procedures to visiting families and to ensure that they are aware of how to access healthcare services whilst they are in the area.

In order to strengthen community relationships, two winter wellbeing events were held in partnership with Citizen's Advice, Gypsies and Travellers Wales, Mid and West Wales Fire Service and the Community Immunisation Team. Information was provided on healthy eating, substance and alcohol misuse and general health and wellbeing. 'Warm packs' from Gypsies and Travellers Wales were distributed and referrals were made for support with fuel poverty. The Community Development Outreach Team are currently working with Carmarthenshire Council on plans to open a community room on one Gypsy and Traveller site to enhance the service which can be offered, to include healthcare information sessions on smoking cessation, alcohol misuse and public health screening initiatives.

During 2022-2023 members of the local Gypsy community have worked with members of our Community Development Outreach Team to deliver a series of talks to staff to help raise awareness of the challenges faced by our Gypsy Roma Traveller communities and to help staff have a greater understanding of their different cultures and healthcare needs. The Health Board also celebrated International Romani Day and Gypsy Roma Traveller History Month by flying the Romani Flag across out hospital sites. This generated conversations amongst staff and provided an excellent opportunity for staff to ask questions to learn more and gain a greater understanding of the experiences of Gypsy Roma Traveller communities.

## **Supporting people who are Homeless and vulnerably housed**

Our Community Development Outreach Team have established themselves as a valuable resource to help bridge the gap between the Health Board and vulnerable individuals within our communities. The team were instrumental in arranging COVID vaccinations for homeless people during the pandemic and provide regular support to drop-in services to provide information and advice on accessing health services.

## **Supporting ethnic minority communities**

Following feedback from one Syrian Refugee that she was lonely as she no longer has social connections here in Wales, the Community Development Outreach Team worked with Llanelli Multicultural Network to arrange a wellbeing walk as an opportunity for women to come together to meet other people and talk about health and wellbeing in a safe space. The initiative was so popular that it has continued and is also being initiated across other areas. As a result of the community engagement, some women have been identified as unpaid carers and were able to be signposted to further advice and support. Wellbeing Walks were also offered to Ukrainians living in temporary hotel accommodation; this gave them the chance to explore other places to eat within the local area and helped them to familiarise themselves with their new surroundings. Women with existing clinical skills were signposted to our Future Workforce and Recruitment teams who have been able to offer advice on available opportunities within the Health Board.

## **Children and Young People Transition**

The Children's Community nursing (CCN) team has one lead nurse for transition and a learning disability nurse who supports the three counties. The lead nurse has been working collaboratively with the health board's Learning Disability (Transition) nurse and the 0-25 integrated health and social care team in Carmarthenshire to pilot and develop nurse led clinics for young people with complex health needs. Working closely as a team, the focus has been to ensure every young person on the CCN caseload has a transition plan to promote a smooth transition into adult services. This has been driven by the Welsh Government (2022) guidelines for transition in a bid to standardise quality of care and patient experience. It is hoped that this project can be spread and scaled up to ensure all children and young people experience robust transitional care.

## **Learning Disability Nurse**

The Children's Community Nursing Team have strengthened their service with the successful recruitment of a Learning Disability Nurse to support the children and young people within their caseload.

Offering advice and support, this post aims to reduce health inequalities for children and young people identified as having a learning disability. It also supports the holistic assessment of children and young people who may be referred for Children's Continuing Care.

## **Paediatric Palliative Care**

The Paediatric Palliative Care Team has been supported via Hywel Dda Charitable Funds investment to pilot a Family Counsellor role.

This role has been introduced to support children, young people and their families in their anticipatory grief journey. It is aimed to reduce inequalities for both siblings and parents who may be adopting a carer role and reduce the health inequalities of children and young people living with a life-limiting illness.

## Paediatric Long term Conditions/Specialist Nurses

The Childrens Community Nursing Service has been bolstered by the introduction of Long Term Conditions Nurses for Epilepsy, Cardiac Conditions, Respiratory and Attention Deficit Hyperactivity Disorder (ADHD). These roles ensure that children and young people with an identified long term condition may have equal opportunities to their peers through health advice, education and health promotion. This framework should enable them to develop the skills to self-care and manage their condition, positively benefiting them to access education and hobbies whilst offering additional support to those who care for them.

Paediatric outpatients questionnaires and feedback have been developed, all of which have been introduced health board wide in all children's outpatient settings as a Pilot. This has helped us measure how well we interact in consultation clinics with our children and families and to identify any areas to improve. In the evaluation of the feedback, they proved a valuable source of feedback directly from patients, services users and we have been able to make changes in the environment.

## Neonates

The introduction of the Peri Prem passport, is optimising the perinatal period for all preterm babies, depending on gestation.

This is a systematic approach to ensuring that all babies born preterm have optimised care. The approach is to discuss the perinatal period and how parents / mothers can help support this time by being proactive and involved in their babies care. This includes promoting breast milk as "medication", as part of the passport for babies to receive breastmilk within 6 hours of life. Preterm birth risk factors are increased by socio economic circumstances, and this approach ensures that all families and mothers are treated equally.

The MatNeo safety support Programme, looks at safety, experience and outcomes of maternal and neonatal care. The aim is to deliver a high quality healthcare experience for all pregnant people, babies and families across maternity and neonatal settings, across Wales. Leah Andrew is our safety Champion and has recently been involved in presenting one of our "Bright Spots" in Cardiff, with other Health Boards, as part of a collaborative approach to learning and sharing across Wales for improved quality. Our bright spot was on Family integrated care (FI Care) which again offers a systematic approach to caring for these babies and families, promoting equality to all who are admitted to our Special Care Baby Unit (SCBU).



Pictured above: The MatNeo Group





# Spotlight on: Being an employer of choice

## Our Objective

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

## Anticipated Outcome

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

## What have we done?

### Future Workforce Initiatives

The pandemic and its lasting impact upon healthcare services has forced the Health Board to review its future workforce capacity in order to ensure that sufficient plans are in place to retain and upskill the existing workforce and attract and recruit suitable skilled staff to meet the demands of healthcare service delivery in the next ten years and beyond. Part of this work has focussed upon capitalising on the invaluable contribution and support from volunteers and apprentices.

Pathways to bridge the transition from volunteer to employee have been put in place to help and training has also been made available to volunteers to help them increase their skills and knowledge of working within healthcare. Links between the Volunteer Manager, the Bank Staff Manager and the Recruitment Team ensure that volunteers are supported to make applications for paid employment opportunities.

Recognising the need for our volunteers and apprentices to be representative of our diverse population, the Future Workforce Team has begun to capture information about the diversity of volunteers and apprentices, including data on the age, gender and disability status. Other support initiatives have also been introduced to support volunteers who are Refugees and Asylum Seekers.

## Talent Management Opportunities

A major factor of our future workforce plans includes the development of our existing staff. In addition to our extensive ongoing training programmes for continuing professional development to ensure that staff are suitably skilled to deliver safe and quality healthcare, the Health Board also supports career progression for those who wish to develop their skills and qualifications further.

During 2022-2023, Organisational Leadership Development colleagues worked in partnership with the Diversity and Inclusion Team and other key teams across the Health Board to develop a new leadership programme. Managers will need to be able to model behaviours that reflect the values of the Health Board that are fair to staff and service users. They must also be able to manage situations in the workplace in line with the Public Sector Equality Duty, some of which can be controversial and challenging in relation to equality, diversity and inclusion. The Diversity and Inclusion Team will deliver a module as part of the programme that is designed to give participants a more in-depth knowledge of equality legislation along with practical problem-solving tasks where they will be asked to deal with real workplace scenarios which have occurred within the healthcare setting. The programme will help them to learn more about the challenges that could present in the workplace and how to respond as a manager. These could include examples such as tackling racial discrimination against staff, gender discrimination, balancing ethical care decisions for children and young people, supporting staff with a disability, managing rotas to accommodate staff religious requirements and so on.

## Recruitment of International Nurses

Recognising the skills of Internationally Educated Nurses (overseas nursing staff) and the valuable contribution they can make to delivering healthcare services in 2022-2023 NHS Wales participated in an ambitious and ethical International Nurse Recruitment Project to recruit 430 experienced Internationally Educated Nurses (IENs) into Wales. 100 of these IENs were recruited into Hywel Dda. The Nurses have relocated from a variety of countries including India, Philippines, Zimbabwe, Egypt & Jamaica and have settled in well to the local communities across west Wales.

Our International Recruitment Project Team and Culture and Workforce Experience Team/Workforce and Organisational Development Team have been working closely with these cohorts of new staff, providing holistic support in addition to being a point of contact for them to raise any issues they may face in their new roles and surroundings.

Newly qualified IENs will be supported in their new roles through preceptorship and will also have the opportunity to further develop their career progression should they wish to do so by engaging with our continuing professional development schemes and taking advantage of our post-graduate support initiatives.

Nurses have been placed across all four acute sites so far and work in a variety of specialty areas including: General Surgery, Medicine, Theatres and Intensive Care Unit. The project has moved at pace to ensure the swift relocation, training and integrating of the nurses and to date, retention has been 100%. The Health Board has now entered Phase 2 of the international recruitment project which hopes to welcome a further 140 IENs recruited into Hywel Dda by March 2024.

International recruitment helps to fill gaps in our clinical workforce to provide essential healthcare services, and also provides the Health Board with opportunities to increase diversity in its workforce.

## **Supporting our LGBTQ+ staff**

The Health Board is a member of the Stonewall Diversity Champion programme and in February 2023 was ranked as 105th on the Workplace Equality Index.

Our Enfys LGBTQ+ staff network continued to meet quarterly and have increased activities and training opportunities for members during 2022-2023. In April 2022, the Health Board invited Dyfed Drug and Alcohol Services to offer one-to-one advice sessions to staff as part of their campaign to tackle the disproportionate levels of substance and alcohol misuse amongst LGBTQ+ communities.

After the restrictions of the pandemic in previous years, the Health Board was pleased to see the return of Pride events. The Health Board's Enfys LGBTQ staff network represented the Health Board at several local Pride events, including Swansea, Carmarthen and Llanelli. At these events, The Diversity and Inclusion Team were joined by network members, the Chief Executive, the Director of Public Health, the Director of Finance and the Assistant Director of Strategic Partnerships to promote the Health Board's commitment to LGBTQ+ communities both as an employer and as a healthcare provider.

During Pride events members of the public were able to provide feedback, discuss any matters of concern and seek advice from our Sexual Health Team, Immunisations and Vaccinations Team and our Smoking Cessation Team.

In order to provide as much support as possible to our diverse workforce and communities the Health Board has chosen to partner with the national LGBT+ charity 'Fighting with Pride' to offer additional support to our LGBT+ veterans, both staff and service users, especially those who were affected by the ban on homosexuality and gender diversity within the Armed Forces prior to it being lifted in January 2000. In November 2022, the Health Board was successful in its submission to the Pride in our Veterans Standard, a Standard awarded to organisations who have demonstrated their commitment to providing inclusive and welcoming support to LGBT+ veterans and their families.

## **Armed Forces Covenant**

The national census data of 2021 has confirmed that the Hywel Dda area has higher numbers of veterans than other parts of Wales and the UK meaning that it is more likely that veterans will be seeking employment within the Health Board and that there may be higher demand for specialist health care services from our veteran communities.

The Armed Forces Staff Network is now firmly established and during 2022-2023, members of the network, with the support of the Strategic Partnerships and Inclusion Manager arranged for 5 memorial benches to be placed at various hospital sites across Hywel Dda.

During June 2022, multiple services were held to unveil the new benches which staff, patients and visitors can now enjoy.

The Health Board is also involved in a range of recruitment initiatives to actively promote the Health Board as an employer of choice and supports the guaranteed interview scheme for Veterans and their families. This supports members of the Armed Forces community into the workplace as they transition into civilian life.

## **Menopause Café**

The Health Board's Menopause Café continues to go from strength to strength supporting staff who are impacted by menopause. During 2022-2023, membership has steadily increased where staff have had the opportunity to join quarterly online support sessions. The All Wales Menopause Policy for NHS Wales has also been adapted for use within Hywel Dda University Health Board which aims to support managers and staff who are impacted by menopause in the workplace. This includes advice on absence in the workplace, reasonable adjustments such as flexible and hybrid working and providing specialist light-weight uniforms.

## **Staff Networks**

The Diversity and Inclusion Team continue to facilitate a range of staff support networks:

- Armed Forces
- Black, Asian and Minority Ethnic
- Enfys (LGBTQ+)
- Menopause
- Unpaid Carers

A new staff network has been established in 2022-2023 to support staff with a disability as defined by the Equality Act 2010. The RespectAbility staff network has two sub-groups; one for staff with a physical disability or long term condition, and another for staff who are neurodivergent. The group has modelled itself on other established networks and is slowly increasing in membership. Several guest speakers have been invited to share information with the network members about the Health Board's Staff Psychological and Wellbeing Service and the Work in Confidence Platform. The network will become fully established in the forthcoming year.

The Organisational Development Relationship Managers also identified the need to establish a support network for staff who are aged over 50. Recognising the difficulties in retaining staff in this age bracket, the 50 plus café was established to provide support to staff in the workplace. The first of these information sessions has been scheduled for April 2023.

## **Unpaid Carers**

Unpaid carers of all ages play an important role in supporting family members who could not otherwise manage without their help, for example because of a disability, long-term condition or due to their age. As a large employer, we work proactively to support our employees with caring

responsibilities in their personal lives. The majority of unpaid carers are female, and our workforce is also predominantly female, however we ensure that our male colleagues are not excluded.

The Health Board is a member of the Carers Wales Employers for Carers Scheme and is actively involved in looking at how we can further support staff with caring responsibilities. The Health Board achieved the Carer Confident level 2 Accomplished award which demonstrates the Health Board's work to create a positive and inclusive workplace for staff who are, or will become, unpaid carers.

## Equality, Diversity and Inclusion (EDI) Training

The Diversity and Inclusion Team continue to offer a range of specialist equality, diversity and inclusion training to staff across the Health Board to help them develop a better understanding of the challenges faced by people with a protected characteristic and people who are vulnerable.

During 2022-2023 over 86 training sessions were provided to staff with 279 recorded attendees (A number of training sessions don't have a number of attendees as we don't have access to how many attended the session). Examples of the training delivered include gender awareness training, Gypsy, Roma, Traveller history awareness, menopause training for men, information on migrants rights and public services, how to embed anti-racism practice, and many more.

As mentioned previously in this report, the Health Board is keen to develop equality, diversity and inclusion training for staff at all levels and has been working on developing a rolling training programme which aims to underpin the Health Board's core values. This includes:

- Person-Centred Care – introductory EDI sessions delivered monthly which is aimed at new staff within the first 6 months of joining the Health Board;
- Active Bystander Training – currently being rolled out to staff at all levels to increase staff confidence in recognising discrimination and taking appropriate action;
- Leadership EDI Training – currently being developed to be rolled out during 2023-2024 and aimed at managers Band 7 and above who wish to develop senior leadership skills to help them create and manage inclusive and cohesive teams; and
- Cultural Sensitivity Training – in the final stages of development with plans to be rolled out to teams where cultural differences have presented challenges for staff.

“ I enjoyed the Equality, Diversity and Inclusion Awareness Training on Teams as it really got me thinking about how I can ensure that everyone is treated as an individual. We all know that we are all different and have various needs, however, we need to follow the lead of the person we come into contact with to truly give person centred care. ”

“ I walked into your session this morning wondering if I was wasting my time, I left believing that your sessions should be compulsory for all staff. It was a total awareness session, an eye opener showing just how easy it is to say or think the wrong thing. A session that all staff should attend. Thank you. ”

Active Bystander training continues to be one of the most popular training sessions amongst staff and is rolled out on a quarterly basis. This training is extremely important in the Health Board's ambition to create fair and inclusive environments for staff, service users and visitors.

“The Active Bystander training was helpful to me as a member of the LGBTQ+ community in learning how to support the wider community around me whilst also tying in other elements such as racism. This was put on by the health board over a number of sessions and I felt it was an interactive session that even made me consider my role in future situations where someone is being discriminated against.”

The Diversity and Inclusion Team have also been developing a new learning resources library on the Strategic Partnerships, Diversity and Inclusion intranet page for staff. Recordings of MS Teams training sessions, YouTube videos, links to online webinars and information are categorised by protected characteristic in the new online library with the aim to make information easily accessible to staff as and when required.

## **Inclusive Recruitment Training**

The Health Board's Recruitment Teams have developed a suite of training sessions targeted at appointing managers within the Health Board to encourage fair and inclusive recruitment practices. Training includes Recruitment Best Practice, Interview Skills Training and Trac Recruitment Training. Inclusive Recruitment Training looks at understanding the duty of the Equality Act 2010 to provide reasonable adjustments to staff and applicants. The Workforce Equality, Diversity and Inclusion Advisor has also developed written recruitment guidance for appointing managers to explain disability and reasonable adjustments, sexual orientation and gender identity, both are easily accessible via the 'Working for Us' pages of the intranet.

## **Equitable Access to Training**

The People Development Team undertook a study during 2022-2023 to ascertain the extent of the concerns from staff, that access to training is not equitable, and whether our workforce feel they have the opportunity to develop. Findings highlighted that 40% of the workforce do not feel they have an opportunity to develop and 41% are unable to complete mandatory training within their role, impacting Core Skills Training Framework compliance. The research recognised the scale of inequity that exists from a training perspective and identified a number of recommendations relating to funding, application processes and the promotion of development opportunities. In addition, it was identified that results were not consistent across all services, bands or demographics and deeper investigation of this data is needed, to facilitate targeted interventions.

## **Equality Impact Assessment**

The Diversity and Inclusion Team continues to provide regular one-to-one advice on Equality Impact Assessment (EQIA) to staff and promotes EQIA across all service areas. In 2022-2023, the Team have provided:

- Guidance and assisted in the completion of 125 EQIAs
- Advice and support on 53 open EQIAs

A member of the Diversity and Inclusion Team continues to attend the Clinical Written Control Documentation Group which monitors policies for approval. This also provides assurance that each policy has evidence of sufficient EQIA.

The EQIA materials have been updated to take account of the Armed Forces Covenant Duty to ensure that impacts on Veterans and the Armed Forces community are considered in decisions made by the Health Board.

In line with our duty to comply with Welsh language regulations and the Socio-economic Duty, this also extends to people who are living with socioeconomic disadvantage within our communities and people who speak Welsh. In 2022-2023, the Health Board has also incorporated the requirements of the Armed Forces Covenant Duty into our equality and health impact assessment procedures.

## **Consultation and Engagement during 2022-2023**

During 2022-2023, the Health Board has progressed its consultation and engagement for a new urgent and planned care hospital. The Diversity and Inclusion Team are supporting the Capital Planning Team and the Communications and Engagement Team to ensure that robust equality and health impact assessments are undertaken during the planning stages of large-scale projects. This is to ensure that any impacts, both negative and positive, upon people with a protected characteristic, along with socio-economic disadvantage, are taken into consideration before final approval is granted to the plans.

The Health Board has also worked closely with the Consultation Institute and other key stakeholders and partners to identify potential land sites for the new hospital. This has involved extensive consultation and engagement with staff, service users, stakeholders and the general public. Online meetings and an online survey are also available for those unable to attend the events in person. Detailed equality monitoring of attendees, both in person and online will be undertaken to ensure that the Health Board has engaged with individuals and groups within the community who have a shared protected characteristic and people who may be reluctant or find it difficult to engage with the Health Board. The Diversity and Inclusion Team are helping to facilitate conversation and engagement with individuals who share a protected characteristic and minority communities within the local area. This is to ensure that they are given the opportunity to voice their opinions on the proposed plans and are included in the decision-making process of the Health Board.



# Workforce Equality Information

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

In this section of the annual report we present an overview of our workforce equality information; the detailed data is included as Appendix 1 to this report. It should be noted that disability, ethnicity, religious belief and sexual orientation are self-reported categories on the Electronic Staff Record. As staff can reserve the right to decline the opportunity to complete equality data monitoring, we acknowledge that the data presented may not fully reflect the demographic profile of the workforce.

This section outlines comparisons between workforce equality data published as at 31 March 2023 against data published at 31 March 2022. At the time of preparing this report the most recently available Census information from 2021 has also been highlighted. Where possible, comparisons are drawn with March 2023 workforce data although much of the Census information reports for people of all ages, not just those of working age.

The health board has separately published pay gap reports on disability, ethnicity and gender which can be found in a separate section of this report and in Appendix 2. It is important to note that the data within the pay gap reports reflect individuals who received payment during the year whilst the workforce equality data is based on all staff engaged as workers (including locum and bank staff).

## Age Profile

The 2021 Census identified between 57-60% of the population across the three counties being of working age (16-65 years). Of those being of working age, around 54% of the population are currently in employment.

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

Source: Office for National Statistics, Census 2021

## Hywel Dda Total:

382,732



## Ceredigion\*

Age Range	% of the population	Difference
0-15 years	14%	10.1%
16-64 years	60%	12.2%
65+ years	26%	17.2%

\*Ceredigion had the biggest population decrease in Wales – down 5.8%. Under 15yrs decreased by 10.1%, which was the largest decrease in Wales.

## Pembrokeshire

Age Range	% of the population	Difference
0-15 years	17%	5.5%
16-64 years	57%	4.9%
65+ years	26%	20.6%

## Carmarthenshire

Age Range	% of the population	Difference
0-15 years	17%	0.8%
16-64 years	58.5%	2.5%
65+ years	24%	18.9%

On 31 March 2023 the majority of the workforce were aged between 31–60 years which accounted for approximately 71% of staff. Compared to 2022, workforce information data on 31 March 2023 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has decreased by 0.29%.
- The percentage of posts offered to candidates above 60 years is lower than the younger age groups. 117 offers of employment were made to candidates over 60 years old. However, in comparison to the number of applications received from these age groups, candidates aged above 60 have a better success rate (19%) compared to those aged Under 24 (12%).
- Around 35% of leavers are in the age bracket 16-35, 20% are in the age bracket 36-50, 38% are in the age bracket 51-65 and 6% in the age of 66 and above.
- Analysis of the reasons why employees left the organisation shows:
  - The majority of employees aged 16-35 voluntarily resigned or came to the end of their fixed term contracts or training. The main reasons for voluntary resignation included: other/not known, relocation and work life balance.
  - The highest proportion of those aged 36-50 voluntarily resigned 51% of leavers in this category were shown as other/not known 16% left the organisation because of work life balance.
  - Around 47% of leavers aged 51-65 were of retirement age. Around 7% opted for early retirement.

## Disability

At 31 March 2023, the Health Board employed 491 staff who identified as Disabled, which accounted for 3.73% of our workforce. 16% of staff had not recorded their response to this characteristic on their ESR record. Based on 2021 Census data for Carmarthenshire, Ceredigion and Pembrokeshire, between 21-23% out of 100 people in each county declared a limiting long-term illness or disability. Whilst workforce data reflects those of working age, it is important to note that Census data captures people of all ages.

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

Source: Office for National Statistics, Census 2021

Compared to 2022, workforce information data on 31 March 2023 showed:

- The percentage of staff identifying as not disabled has increased by 2.86%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.89%.
- The percentage of staff preferring not to provide this information has increased since that reported in 2021/22 by 0.23%
- It should be noted that since 2021/22 the number of employees having not recorded their disability status on ESR has fallen by 3.98%.
- Of a total 41,489 applications submitted for vacancies, 1.90% (791) of candidates declared themselves as having a disability. Of those 791 applicants, 181 (22.88%) were offered employment, which is 4.59% of all offers made. 0.73% of applicants chose not to disclose whether they had a disability or not at the time of application.
- 2.93% of those leaving the Health Board identified as having a disability. Their reasons for leaving included:
  - Voluntary Resignation due to other/not known
  - Voluntary Resignation due to relocation
  - End of fixed term contract
  - Work life balance

## Ethnicity

At 31 March 2023 the Health Board employed 964 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic group. This accounted for 7.33% of our workforce and an increase of 103 staff compared with 2021 data. Overall, 87.56% of our employees have recorded their ethnicity as White. 671 employees (5.10%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

Based on 2021 Census data for Carmarthenshire and Pembrokeshire, over 2% of the population identified as being a minority ethnic group, whereas in Ceredigion, around 3% of the population identified as being a minority ethnic group.

Compared to 2022, workforce information data on 31 March 2023 showed:

- The percentage of staff identifying as White has fallen by 1.07%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.12%.
- The percentage of staff identifying as Asian or Asian British rates increased by 0.33%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.03%.
- The percentage of staff identifying as from Any Other Ethnic Group has risen by 0.11%.
- Those staff whose records are not recorded on ESR has increased by 0.48%.
- A higher proportion of candidates who are White are offered employment when compared to the % of candidates who apply from other ethnic minority groups.
- A higher proportion of employees whose ethnicity is Black or Black British, Asian or Asian British left the employment of the Health Board when compared to the profile of the workforce.
- The main reasons given by Black Asian and Minority Ethnic employees leaving the organisation include:
  - Voluntary Resignation – other/not known
  - Relocation
  - End of Fixed Term Contract
  - Retirement age

## Sex

At 31 March 2023, the Health Board employed 13,149 staff of which 78.29% identified as female and 21.71% identified as male. Census data for 2021 showed the following male/female percentages:

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

Source: Office for National Statistics, Census 2021

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

Of a total 41,489 applications submitted for vacancies during the year 39.44% (16,364) were from male candidates compared to 60% (24,994) from females. 0.32% chose not to disclose their gender. Of the 10,471 applicants shortlisted 24% were male applicants and 75% were female applicants. Of the total offers of employment (3,940 jobs), 22% (868) were male compared to 77% (3,034) of females. This shows that females were more successful in their applications at shortlisting and in offers of employment.

73% of those leaving the Health Board were female compared to 27% who were male. Reasons for voluntary resignation included:

- Other/not known
- Retirement

- Relocation
- Work life balance
- End of fixed term contract

## Gender Identity

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

County	Non Binary	Trans Man	Trans Woman	Different to registered at birth (not specified)
Ceredigion	0.23%	0.06%	0.12%	0.14%
Pembrokeshire	0.04%	0.06%	0.06%	0.12%
Carmarthenshire	0.04%	0.06%	0.06%	0.14%

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

Source: Office for National Statistics, Census 2021

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

## Marital Status

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

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

Source: Office for National Statistics, Census 2021

However, compared to 2022, workforce information data on 31 March 2023 showed:

- The percentage of staff detailing marital status information has decreased by 0.90%.
- A higher number of ‘Married’ employees left because of ‘Retirement Age’ compared to those who are single.
- More ‘Single’ employees left the organisation compared to the others, 75% of the single employees that left were 35 years old or younger; with the main reasons recorded were voluntary resignation – Other/Not known, Relocation and end of fixed term contract.

## Maternity & Adoption

No pregnancy and maternity data was collected in the 2021 Census. However, the number of employees recorded as taking maternity and adoption leave is 524, which is 3.99% of the workforce. This is an increase of 0.32% on the data reported on 31 March 2022.

## Religious Beliefs

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

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

Source: Office for National Statistics, Census 2021

The percentage of staff identifying a specific religion or belief has risen by 0.54% compared to data reported on 31 March 2022. The workforce profile of Hywel Dda highlights that 42% are Christian, 12% are of other religion, 16% reported as atheists and 19% preferred not to say. 10% of the workforce have not recorded their religion or preferences on ESR.

## Sexual Orientation

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

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

Source: Office for National Statistics, Census 2021

At 31 March 2023 Health Board data showed that 2.30% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is an increase of 0.27% from 31 March 2022.

Compared to 2022, workforce information data on 31 March 2023 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 2.00%
- The percentage of staff choosing not to disclose this information has increased by 0.44%.
- Those staff whose records are not recorded on ESR has fallen by 2.77% to 10.46%.
- Of a total 41,489 applications submitted for vacancies 3.20% of candidates identified themselves as lesbian, gay or bisexual (LGB) whilst 3.40% chose not to disclose their sexual orientation at the time of application. 4.10% of those offered employment identified as LGB were offered employment.

## Welsh Language

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

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

Source: Office for National Statistics, Census 2021

At 31 March 2023, Health Board data recorded that:

- 35.6% of the workforce have Welsh language skills at foundational level of higher, whilst it shows a slight decrease of 0.57% there is an increase in headcount of an additional 23 employees at foundation level and above.
- 38.3% of the workforce have recorded their ability as having no Welsh language skills which has increase by 1.1% from the previous year.
- Those staff whose Welsh Language Skills are not recorded on ESR is 2.7% (319 employees).

## Respect and Resolution & Disciplinary data

In giving consideration to the trends identified in the Equality data for both Respect and Resolution (formally identified as Grievances) and Disciplinary cases below, it should be noted there has been a considerable increase in the numbers of both cases within the reference period in comparison to the 2021/22 period.

### Respect & Resolution:

Disciplinary cases have increased from 86 cases to 119, and Respect & Resolution cases have increased from 71 to 145. This trend has been noted within the wider HR community across all sectors and whilst the reasons for the overall increase in such cases remains the subject of further study and debate, there is little doubt that this is both significant and important for wider employee relations strategies.

The following points should be noted when comparing the case data with the corresponding data for headcount arising within the reference period as follows:

- The higher proportion of staff between the age of 51 – 55 raising concerns under the Respect & Resolution process continues the theme from the previous 2021/22 Equality Report, and further analysis will be undertaken to understand this better to explore if there are some identifiable trends and/or underlying reasons. The overall percentage of staff in this age group is 11.86% and yet they represent 23.44% of the respect and resolution cases.

- There were no discernible trends in the information provided on ethnicity and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- The information relating to gender is broadly comparable with the Health Board's overall gender headcount.
- The information on Marital Status (Marriage and Civil partnerships) is broadly comparable with the Health Board's overall marital status information and there have been no cases within the reference period which have referenced marital status as a contributing factor.
- There were no discernible trends in the information provided on Religion and Belief which suggested a disproportionate impact upon any groups of staff, and it was noted that religion and belief was referenced as a potential issue in a very small number of the overall number of Respect & Resolution cases.
- We were unable to discern any trends in relation to sexual orientation on the basis of the information supplied. Employee relations cases within the reference period however, did not reference sexual orientation as being an issue which contributed to the concern itself that had been raised.

### **Disciplinary cases:**

- There appears to be an increase in staff between the age of 26 – 30 subject to disciplinary procedures in comparison to the 21/22 Equality Report. The figures also suggest that the percentage of staff in this age group who are subject to a disciplinary process is disproportionately greater than the overall percentage of staff within this age group across the Health Board.
- There appears to have been a decrease in the overall percentage of staff reporting as Asian or Asian British ethnicity subject to a disciplinary process in comparison to the 21/22 Equality Report. There were no discernible trends in the information provided on ethnicity and the information is broadly comparable with the Health Board's overall ethnicity headcount figures.
- The information relating to gender suggests there has been a significant increase in the proportion of male staff subject to disciplinary processes in 2022/23 in comparison to the Equality report for 21/22, with an approximate increase of 18% (from 22 to 52 cases) This is particularly significant given that these percentages do not reflect the broader gender headcount within the Health Board. One potential trend has been identified and action is being taken to raise awareness and implications of such actions.
- The information on Marital Status (Marriage and Civil partnerships) is broadly comparable with the Health Board's overall marital status information although there does appear to have been a small increase in the proportion of staff who identify as single who have been subject to a disciplinary process in 2022/23.
- There were no discernible trends in the information provided on Religion and Belief which suggested a disproportionate impact upon any groups of staff, and it was noted that religion and belief was not referenced as an issue in any disciplinary cases.
- We were unable to discern any trends in relation to sexual orientation on the basis of the information supplied and the information remained broadly comparable with that reported in the 2021/22 Equality Report.



# Looking forward to 2023/2024

As the four-year period for our Strategic Equality Plan comes to a close at the end of March 2024, the Health Board will undertake a final analysis during the next year to assess to what extent we have been able to achieve our Strategic Equality Objectives over the past four years. From the information already presented in this year's Annual Report and those of previous years, we are confident that significant progress has been made but we also recognise that there is more that needs to be done to realise our ambition to become a truly inclusive organisation which is free from discrimination.

The Health Board will be required to publish a Strategic Equality Plan and Objectives for 2024-2028 to demonstrate how it will build upon the existing progress to achieve its goal to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. As part of its review, the Health Board has established a regional steering group between public sector organisations across the Hywel Dda and Powys area. The steering group will undertake an engagement activity with the public to assess the views and needs of people within the local area. This will ensure that the public will not be asked to participate in several engagement activities for separate organisations. This collaborative approach worked well previously, and provided a more detailed analysis of people's experiences in accessing public services.

Following a period of public consultation and engagement, the Health Board will look to develop a new draft Strategic Equality Plan and Objectives that will go out for further consultation in the autumn before undergoing scrutiny and approval at the Health Board's Executive Committees. The final Strategic Equality Plan and Objectives for 2024-2028 will be published in line with the requirements of the Public Sector Equality Duty by 31st March 2024.

# Appendix 1 – HDUHB Workforce Equality Data 2022-23

## Age

### Our Workforce

#### 1.1 Headcount

	Headcount	%
<= 20 years	323	2.46%
21 to 25	882	6.71%
26 to 30	1,353	10.29%
31 to 35	1,551	11.79%
36 to 40	1,488	11.31%
41 to 45	1,479	11.24%
46 to 50	1,515	11.51%
51 to 55	1,693	12.87%
56 to 60	1,561	11.86%
61 to 65	978	7.48%
66 to 70	254	1.93%
>= 71 years	72	0.55%
<b>Total</b>	<b>13,149</b>	<b>100%</b>

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Prof Scientific and Technical	1	20	56	71	65	65	43	44	26	12	5	7	415
Additional Clinical Services	186	403	440	418	352	276	282	332	326	199	46	13	3,273
Administration and Clerical	20	109	179	247	249	305	332	425	342	204	57	14	2,483
Allied Health Professionals	0	72	110	106	127	111	92	68	75	46	8	2	817
Estates and Ancillary	116	93	90	82	90	111	112	150	187	152	50	18	1,251
Healthcare Scientists	0	11	21	28	19	43	22	26	25	12	4	0	211
Medical and Dental	0	4	145	161	153	125	125	108	102	66	35	10	1,034
Nursing and Midwifery Registered	0	170	312	438	433	443	507	540	478	287	49	7	3,664
Students	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>Total</b>	<b>323</b>	<b>882</b>	<b>1,353</b>	<b>1,551</b>	<b>1,488</b>	<b>1,479</b>	<b>1,515</b>	<b>1,693</b>	<b>1,561</b>	<b>978</b>	<b>0</b>	<b>72</b>	<b>13,149</b>

## 1.2 Analysis of Pay

	<= 20 years	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	>= 71 years	Total
Band 1	0	1	0	0	0	1	2	1	1	4	1	0	11
Band 2	210	404	383	345	288	253	261	324	397	286	90	28	3,269
Band 3	41	85	157	174	140	152	147	195	201	121	38	9	1,460
Band 4	10	64	93	124	118	124	147	189	128	81	12	6	1,096
Band 5	2	227	247	285	239	229	234	252	241	157	36	9	2,158
Band 6	0	70	218	277	283	256	283	264	219	137	22	8	2,037
Band 7	0	7	83	118	175	196	192	213	163	84	13	0	1,244
Band 8a	0	0	16	51	57	91	70	63	52	22	1	1	424
Band 8b	0	0	1	6	21	27	21	36	19	5	1	0	137
Band 8c	0	0	1	0	6	14	16	30	11	2	0	1	81
Band 8d	0	0	0	0	0	1	8	8	8	3	0	0	28
Band 9	0	0	0	0	2	3	2	3	6	2	0	0	18
Consultant	0	0	0	2	32	50	76	60	55	36	15	7	333
Speciality Doctors	0	0	5	30	57	40	27	21	15	11	5	0	211
Other Doctors in Training	0	3	106	100	35	17	4	4	4	3	1	0	277
Hospital Practitioners & Clinical Assistants	0	0	0	0	0	0	0	0	0	1	0	0	1
Other Medical and Dental Staff	0	0	0	1	4	3	7	9	12	7	5	1	49
Other	60	21	43	38	31	22	18	21	29	16	14	2	315
<b>Total</b>	<b>323</b>	<b>882</b>	<b>1,353</b>	<b>1,551</b>	<b>1,488</b>	<b>1,479</b>	<b>1,515</b>	<b>1,693</b>	<b>1,561</b>	<b>978</b>	<b>254</b>	<b>72</b>	<b>13,149</b>

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
>=20 years	£23,949	£14,604	£21,312	£0	£20,200	£0	£0	£0	£0	£16,250
21 to 25	£32,346	£21,101	£23,941	£29,040	£21,075	£31,580	£32,440	£28,585	£0	£24,959
26 to 30	£40,472	£22,179	£25,618	£35,231	£21,593	£34,047	£38,632	£32,064	£0	£28,891
31 to 35	£41,840	£22,128	£27,263	£39,550	£23,004	£37,693	£50,836	£34,296	£0	£31,446
36 to 40	£44,624	£22,681	£31,904	£41,309	£23,771	£40,895	£73,188	£36,832	£0	£35,792
41 to 45	£46,199	£22,774	£35,590	£43,832	£22,847	£42,707	£86,399	£38,196	£0	£38,417
46 to 50	£43,403	£23,081	£33,507	£44,822	£22,507	£43,018	£95,595	£39,495	£0	£39,013
51 to 55	£51,472	£23,466	£33,888	£44,719	£22,890	£44,262	£99,025	£40,734	£0	£38,256
56 to 60	£53,991	£23,016	£30,080	£50,215	£22,296	£46,373	£100,913	£41,534	£0	£37,026
61 to 65	£39,797	£22,771	£29,279	£44,780	£22,476	£43,028	£100,153	£41,002	£0	£35,043
66 to 70	£38,552	£22,293	£27,805	£43,557	£21,584	£48,923	£103,368	£34,984	£0	£37,627
>= 71 years	£53,174	£22,874	£26,000	£40,588	£21,417	£0	£107,745	£35,278	£0	£38,022
<b>Total</b>	<b>£44,126</b>	<b>£22,137</b>	<b>£31,044</b>	<b>£40,849</b>	<b>£22,450</b>	<b>£41,062</b>	<b>£82,645</b>	<b>£37,523</b>	<b>£0</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 1.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
<= 20 years	185	7	0	0	131	323
21 to 25	569	85	1	0	227	882
26 to 30	993	112	87	0	161	1,353
31 to 35	1,250	94	83	0	124	1,551
36 to 40	1,268	70	51	0	99	1,488
41 to 45	1,304	65	33	0	77	1,479
46 to 50	1,357	67	15	3	73	1,515
51 to 55	1,554	65	10	0	64	1,693
56 to 60	1,372	62	16	4	107	1,561
61 to 65	783	82	15	1	97	978
66 to 70	179	15	10	4	46	254
>= 71 years	44	4	5	0	19	72
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
<= 20 years	136	187	323
21 to 25	489	393	882
26 to 30	773	580	1,353
31 to 35	805	746	1,551
36 to 40	774	714	1,488
41 to 45	828	651	1,479
46 to 50	935	580	1,515
51 to 55	1,007	686	1,693
56 to 60	703	858	1,561
61 to 65	291	687	978
66 to 70	52	202	254
>= 71 years	6	66	72
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

## 1.4 Recruitment

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

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
<= 20 years	1,006	2.4%	398	3.8%	183	4.6%
20 to 24	4,108	9.9%	1,225	11.7%	468	11.9%
25 to 29	13,185	31.8%	1,643	15.7%	631	16.0%
30 to 34	8,799	21.2%	1,618	15.5%	614	15.6%
35 to 39	5,014	12.1%	1,301	12.4%	524	13.3%
40 to 44	3,303	8.0%	1,213	11.6%	481	12.2%
45 to 49	2,357	5.7%	1,027	9.8%	344	8.7%
50 to 54	1,905	4.6%	1,031	9.8%	313	7.9%
55 to 59	1,182	2.8%	692	6.6%	265	6.7%
60 to 64	528	1.3%	281	2.7%	101	2.6%
>= 65 years	93	0.2%	37	0.4%	16	0.4%
Undisclosed	9	0.0%	5	0.00%	0	0.0%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,940</b>	<b>100%</b>

## 1.5 Leavers

	Headcount	%
<= 20 years	26	2.54%
21 to 25	104	10.15%
26 to 30	117	11.41%
31 to 35	113	11.02%
36 to 40	98	9.56%
41 to 45	57	5.57%
46 to 50	52	5.07%
51 to 55	109	10.63%
56 to 60	168	16.39%
61 to 65	117	11.41%
66 to 70	47	4.59%
>= 71 years	17	1.66%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

## 1.6 Training Attendance

	Attendance / Courses Completed	%
<= 20 years	3,337	3.77%
21 to 25	8,349	9.44%
26 to 30	10,048	11.37%
31 to 35	11,020	12.47%
36 to 40	9,354	10.58%
41 to 45	9,157	10.36%
46 to 50	9,962	11.27%
51 to 55	10,387	11.75%
56 to 60	9,914	11.22%
61 to 65	5,608	6.34%
66 to 70	1,114	1.26%
>= 71 years	149	0.17%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

## 1.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
21 to 25	8	5.52%
26 to 30	12	8.28%
31 to 35	11	7.59%
36 to 40	11	7.59%
41 to 45	17	11.72%
46 to 50	16	11.03%
51 to 55	34	23.44%
56 to 60	19	13.10%
61 to 65	10	6.90%
66 to 70	6	4.14%
>= 71 years	1	0.69%
<b>Total</b>	<b>145</b>	<b>100%</b>

## 1.8 Staff Involved in Disciplinary Procedures

	Headcount	%
<= 20 years	4	3.36%
21 to 25	6	5.04%
26 to 30	18	15.13%
31 to 35	12	10.08%
36 to 40	13	10.93%
41 to 45	14	11.77%
46 to 50	10	8.40%
51 to 55	13	10.93%
56 to 60	10	8.40%
61 to 65	13	10.92%
66 to 70	5	4.20%
>= 71 years	1	0.84%
<b>Total</b>	<b>119</b>	<b>100%</b>

# Disability

## Our Workforce

### 2.1 Headcount

	Headcount	%
Disabled	491	3.73%
Not Disabled	10,512	79.95%
Prefer Not to Say	36	0.27%
Not Recorded on ESR	2,110	16.05%
	<b>13,149</b>	<b>100%</b>

	Disabled	Not Disabled	Prefer Not to Say	Not Recorded on ESR	Total
Prof Scientific and Technic	17	337	0	61	415
Additional Clinical Services	103	2,769	13	388	3,273
Administrative and Clerical	118	1,980	10	375	2,483
Allied Health Professionals	43	639	0	135	817
Estates and Ancillary	37	918	0	296	1,251
Healthcare Scientists	6	141	1	63	211
Medical and Dental	11	772	3	248	1,034
Nursing and Midwifery Registered	156	2,955	9	544	3,664
Students	0	1	0	0	1
<b>Total</b>	<b>491</b>	<b>10,512</b>	<b>36</b>	<b>2110</b>	<b>13,149</b>



## 2.2 Pay by Staff Group

	Disabled	Not Disabled	Prefer Not to Say	Not Recorded on ESR	Total
Band 1	1	3	0	7	11
Band 2	87	2,726	4	452	3269
Band 3	67	1,159	6	228	1460
Band 4	40	821	8	227	1096
Band 5	107	1,730	7	314	2158
Band 6	102	1,614	2	319	2037
Band 7	42	992	4	206	1244
Band 8a	15	355	0	54	424
Band 8b	4	116	0	17	137
Band 8c	2	65	0	14	81
Band 8d	1	21	0	6	28
Band 9	0	17	0	1	18
Consultant	4	225	1	103	333
Speciality Doctors	2	165	0	44	211
Other Doctors in Training	1	240	1	35	277
Hospital Practitioners & Clinical Assistants	0	0	0	1	1
Other Medical and Dental Staff	0	26	0	23	49
Other	16	237	3	59	315
<b>Total</b>	<b>491</b>	<b>10512</b>	<b>36</b>	<b>2110</b>	<b>13149</b>

	Disabled	Not Disabled	Prefer not to Say	Not Recorded on ESR	Total
Prof Scientific & Technical	£44,784	£44,364	£0	£42,363	£44,126
Additional Clinical Services	£21,361	£21,942	£23,566	£23,500	£22,137
Admin & Clerical	£29,280	£30,831	£28,062	£32,898	£31,044
Allied Health Professionals	£37,607	£40,290	£0	£44,842	£40,849
Estates and Ancillary	£22,594	£22,386	£0	£22,590	£22,450
Healthcare Scientists	£29,836	£39,762	£43,806	£45,285	£41,062
Medical & Dental	£98,696	£78,659	£73,518	£93,678	£82,645
Nursing & Midwifery Registered	£35,354	£37,386	£34,098	£39,136	£37,523
Students	£0	£0	£0	£0	£0
<b>Total</b>	<b>£31,847</b>	<b>£34,185</b>	<b>£31,279</b>	<b>£38,682</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

## 2.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Disabled	425	28	3	0	35	491
Not Disabled	8,516	636	260	10	1,090	10,512
Prefer Not to Say	31	4	0	0	1	36
Not Recorded on ESR	1,886	60	63	2	99	2,110
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
Disabled	278	213	491
Not Disabled	5,501	5,011	10,512
Prefer Not to Say	25	11	36
Not Recorded on ESR	995	1,115	2,110
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

## 2.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	791	1.9%	615	5.9%	181	4.6%
Disability: No	40,394	97.4%	9,576	91.4%	3,610	91.6%
Disability: Undisclosed	304	0.7%	280	2.7%	149	3.8%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,940</b>	<b>100%</b>

## 2.5 Leavers

	Headcount	%
Disabled	30	2.93%
Not Disabled	777	75.80%
Prefer Not to Say	1	0.10%
Not Recorded on ESR	217	21.17%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

## 2.6 Training Attendance

	Attendance / Courses Completed	%
Disabled	1,765	2.00%
Not Disabled	38,325	43.35%
Prefer Not to Say	94	0.11%
Not Recorded on ESR	48,215	54.54%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

## 2.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Yes	5	3.45%
No	111	76.55%
Not Recorded on ESR	29	20.00%
<b>Total</b>	<b>145</b>	<b>100%</b>

## 2.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Yes	9	7.56%
No	90	75.63%
Not Recorded on ESR	20	16.81%
<b>Total</b>	<b>119</b>	<b>100%</b>

# Ethnicity

## Our Workforce

### 3.1 Headcount

	Headcount	%
Asian or Asian British	527	4.01%
Black or Black British	149	1.13%
Mixed	91	0.69%
White	11,514	87.56%
Any Other Ethnic Group	197	1.51%
Not Recorded on ESR	671	5.10%
<b>Total</b>	<b>13,149</b>	<b>100%</b>

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific and Technic	6	3	4	382	3	17	415
Additional Clinical Services	69	18	25	3,035	26	100	3,273
Administrative and Clerical	21	13	16	2,344	12	77	2,483
Allied Health Professionals	16	16	5	753	3	24	817
Estates and Ancillary	31	1	3	1,130	12	74	1,251
Healthcare Scientists	6	3	2	190	1	9	211
Medical and Dental	274	71	15	400	76	198	1,034
Nursing and Midwifery Registered	104	24	21	3,279	64	172	3,664
Students	0	0	0	1	0	0	1
	<b>527</b>	<b>149</b>	<b>91</b>	<b>11,514</b>	<b>197</b>	<b>671</b>	<b>13,149</b>

### 3.2 Pay by Staff Group

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Band 1	1	0	0	9	0	1	11
Band 2	69	13	18	3,028	31	110	3,269
Band 3	11	4	14	1,370	10	51	1,460
Band 4	30	5	5	1010	6	40	1,096
Band 5	84	22	10	1,871	43	128	2,158
Band 6	36	23	11	1,873	20	74	2,037
Band 7	19	6	13	1,164	9	33	1,244
Band 8a	3	2	2	403	2	12	424
Band 8b	0	0	0	135	0	2	137
Band 8c	0	0	2	78	0	1	81
Band 8d	0	0	0	27	0	1	28
Band 9	0	0	0	18	0	0	18
Consultant	97	15	5	161	16	39	333
Speciality Doctors	72	18	3	48	22	48	211
Other Doctors in Training	59	30	6	91	27	64	277
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	1
Other Medical and Dental Staff	17	2	0	20	3	7	49
Other	29	9	2	207	8	60	315
<b>Total</b>	<b>527</b>	<b>149</b>	<b>91</b>	<b>11,514</b>	<b>197</b>	<b>671</b>	<b>13,149</b>

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific & Technical	£37,388	£42,375	£44,912	£44,465	£39,724	£39,530	£44,126
Additional Clinical Services	£22,737	£20,045	£21,780	£22,096	£22,765	£23,006	£22,137
Admin & Clerical	£28,974	£27,433	£30,196	£31,160	£26,698	£29,594	£31,044
Allied Health Professionals	£39,851	£35,084	£47,861	£40,930	£32,197	£43,451	£40,849
Estates and Ancillary	£21,348	£0	£21,318	£22,511	£21,658	£22,155	£22,450
Healthcare Scientists	£38,416	£38,916	£31,059	£41,204	£40,588	£43,676	£41,062
Medical & Dental	£82,019	£67,966	£70,394	£96,113	£72,248	£72,651	£82,645
Nursing & Midwifery Registered	£32,974	£34,757	£37,658	£37,886	£34,344	£35,582	£37,523
Students	£0	£0	£0	£0	£0	£0	£0
<b>Total</b>	<b>£54,737</b>	<b>£49,265</b>	<b>£38,786</b>	<b>£33,177</b>	<b>£44,963</b>	<b>£39,707</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 3.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Asian or Asian British	381	60	64	0	22	527
Black or Black British	94	35	10	1	9	149
Mixed	70	11	2	0	8	91
White	9,674	552	151	5	1,132	11,514
Any Other Ethnic Group	148	21	20	0	8	197
Not Recorded on ESR	491	49	79	6	46	671
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
Asian or Asian British	362	165	527
Black or Black British	112	37	149
Mixed	58	33	91
White	5,808	5,706	11,514
Any Other Ethnic Group	124	73	197
Not Recorded on ESR	335	336	671
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

### 3.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	9704	23.4%	895	8.6%	266	6.8%
Black or Black British	11,100	26.7%	428	4.1%	78	2.0%
Mixed	1607	3.9%	182	1.7%	59	1.5%
White	16,327	39.4%	8,540	81.6%	3,343	85.0%
Any Other Ethnic Group	2,177	5.2%	197	1.8%	59	1.5%
Undisclosed	574	1.4%	229	2.2%	127	3.2%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,932</b>	<b>100%</b>

Note: The figure shown as 3,932 (rather than the overall total of 3,940) of the Total Number of Applicants Offered was due to protecting confidentiality any reported number with a value less than 5 has been rounded down to zero.

### 3.5 Leavers

	Headcount	%
Asian or Asian British	58	5.66%
Black or Black British	26	2.54%
Mixed	18	1.76%
White	822	80.20%
Any Other Ethnic Group	20	1.95%
Not Recorded on ESR	81	7.89%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

### 3.6 Training Attendance

	Attendance / Courses Completed	%
Asian or Asian British	3,676	4.16%
Black or Black British	1,324	1.48%
Mixed	841	0.95%
White	75,461	85.36%
Any Other Ethnic Group	1,478	1.67%
Not Recorded on ESR	5,619	6.36%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

### 3.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Asian or Asian British	5	3.45%
Black or Black British	2	1.38%
Mixed	1	0.69%
White	121	83.45%
Not Recorded on ESR	16	11.03%
<b>Total</b>	<b>145</b>	<b>100%</b>

### 3.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Asian or Asian British	2	1.68%
Black or Black British	4	3.36%
White	103	86.56%
Any Other Ethnic Group	5	4.20%
Not Recorded on ESR	5	4.20%
<b>Total</b>	<b>119</b>	<b>100%</b>

# Gender

## Our Workforce

### 4.1 Headcount

	Headcount	%
Female	10,294	78.29%
Male	2,855	21.71%
	<b>13,149</b>	<b>100%</b>

	FTE	%
Female	7,850.46	77.63%
Male	2,262.55	22.37%
	<b>10,113.01</b>	<b>100%</b>

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Additional Clinical Services	2,769	26.90%	504	17.65%	<b>3,273</b>	<b>24.89%</b>
Administrative and Clerical	2,029	19.71%	454	15.90%	<b>2,483</b>	<b>18.88%</b>
Allied Health Professionals	638	6.20%	179	6.27%	<b>817</b>	<b>6.21%</b>
Estates and Ancillary	673	6.54%	578	20.25%	<b>1,251</b>	<b>9.51%</b>
Healthcare Scientists	122	1.19%	89	3.18%	<b>211</b>	<b>1.60%</b>
Medical and Dental	354	3.44%	680	23.82%	<b>1,034</b>	<b>7.86%</b>
Nursing and Midwifery Registered	3,388	32.91%	276	9.67%	<b>3,664</b>	<b>27.87%</b>
Prof Scientific and Technic	320	3.11%	95	3.33%	<b>415</b>	<b>3.16%</b>
Students	1	0.01%	0	0.00%	<b>1</b>	<b>0.01%</b>
	<b>10,294</b>	<b>100%</b>	<b>2,855</b>	<b>100%</b>	<b>13,149</b>	<b>100%</b>



## 4.2 Pay by Staff Group

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	6	0.06%	5	0.18%	11	0.08%
Band 2	2,566	24.93%	703	24.62%	3,269	24.86%
Band 3	1,143	11.10%	317	11.10%	1,460	11.10%
Band 4	966	9.38%	130	4.55%	1,096	8.33%
Band 5	1,886	18.32%	272	9.53%	2,158	16.41%
Band 6	1,702	16.53%	335	11.73%	2,037	15.49%
Band 7	1,035	10.05%	209	7.32%	1,244	9.46%
Band 8a	330	3.21%	94	3.29%	424	3.22%
Band 8b	104	1.01%	33	1.15%	137	1.04%
Band 8c	50	0.49%	31	1.09%	81	0.61%
Band 8d	21	0.20%	7	0.25%	28	0.21%
Band 9	6	0.06%	12	0.42%	18	0.13%
Consultants	101	0.98%	232	8.13%	333	2.53%
Specialty Doctors	74	0.72%	137	4.80%	211	1.60%
Other Doctors in Training	96	0.93%	181	6.34%	277	2.10%
Hospital Practitioners & Clinical Assistants	0	0.00%	1	0.04%	1	0.10%
Other Medical and Dental	16	0.16%	33	1.15%	49	0.37%
Other	192	1.87%	123	4.31%	315	2.39%
<b>Total</b>	<b>10,294</b>	<b>100%</b>	<b>2,855</b>	<b>100%</b>	<b>13,149</b>	<b>100%</b>

	Female	Male	Total
Prof Scientific & Technical	£43,440	£46,441	£44,126
Additional Clinical Services	£22,075	£22,428	£22,137
Admin & Clerical	£29,410	£37,670	£31,044
Allied Health Professionals	£40,901	£40,667	£40,849
Estates and Ancillary	£21,510	£23,283	£22,450
Healthcare Scientists	£41,426	£40,586	£41,062
Medical & Dental	£79,634	£84,069	£82,645
Nursing & Midwifery Registered	£37,418	£38,693	£37,523
Students	£0	£0	£0
<b>Total</b>	<b>£32,795</b>	<b>£41,756</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 4.3 Contract Type and Working Pattern

Contract Type						
Assignment Category	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Permanent	8,671	84.23%	2,187	76.60%	10,858	82.58%
Fixed Term Temp	513	4.98%	215	7.53%	728	5.54%
Locum	115	1.12%	211	7.39%	326	2.48%
Non-Exec Director/Chair	5	0.05%	7	0.25%	12	0.09%
Bank	990	9.62%	235	8.23%	1,225	9.31%
<b>Total</b>	<b>10,294</b>	<b>100%</b>	<b>2,855</b>	<b>100%</b>	<b>13,149</b>	<b>100%</b>

Working Pattern						
Employee Category	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,830	46.92%	1,969	68.97%	10,294	78.29%
Part-Time	5,464	53.08%	886	31.03%	2,855	21.71%
<b>Total</b>	<b>10,294</b>	<b>100%</b>	<b>2,855</b>	<b>100%</b>	<b>13,149</b>	<b>100%</b>

### 4.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	24,994	60.2%	7,822	74.7%	3,034	77.0%
Male	16,364	39.5%	2,575	24.6%	868	22.0%
Undisclosed	131	0.3%	74	0.7%	38	1.0%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,940</b>	<b>100.0%</b>

### 4.5 Leavers

	Headcount	%
Female	745	72.68%
Male	280	27.32%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

#### 4.6 Training Attendance

	Attendance / Courses Completed	%
Female	71,779	81.20%
Male	16,620	18.80%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

#### 4.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Female	104	71.72%
Male	41	28.28%
<b>Total</b>	<b>145</b>	<b>100%</b>

#### 4.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Female	67	56.30%
Male	52	43.70%
<b>Total</b>	<b>119</b>	<b>100%</b>

## Marital Status (Marriage and Civil Partnership)

### Our Workforce

#### 5.1 Headcount

	Headcount	%
Civil Partnership	283	2.15%
Divorced	955	7.26%
Legally Separated	128	0.97%
Married	6,488	49.34%
Single	4,411	33.55%
Widowed	144	1.10%
Not Recorded on ESR	740	5.63%
	<b>13,149</b>	<b>100%</b>

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific and Technic	7	16	3	196	161	2	30	415
Additional Clinical Services	116	228	41	1,264	1,423	36	165	3,273
Administrative and Clerical	41	215	23	1,368	684	32	120	2,483
Allied Health Professionals	10	43	6	424	295	6	33	817
Estates and Ancillary	30	96	12	487	519	14	93	1,251
Healthcare Scientists	2	10	1	115	70	1	12	211
Medical and Dental	10	28	7	646	279	2	62	1,034
Nursing and Midwifery Registered	67	319	35	1,988	979	51	225	3,664
Students	0	0	0	0	1	0	0	1
	<b>283</b>	<b>955</b>	<b>128</b>	<b>6,488</b>	<b>4,411</b>	<b>144</b>	<b>740</b>	<b>13,149</b>

## 5.2 Pay by Staff Group

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Band 1	0	0	0	5	3	0	3	11
Band 2	111	239	30	1,212	1,461	48	168	3,269
Band 3	41	121	24	677	522	17	58	1,460
Band 4	16	100	9	590	297	8	76	1,096
Band 5	39	164	17	979	758	30	171	2,158
Band 6	37	143	19	1,107	603	18	110	2,037
Band 7	16	98	15	773	273	12	57	1,244
Band 8a	8	28	3	280	86	2	17	424
Band 8b	0	11	2	93	22	3	6	137
Band 8c	1	7	1	59	7	3	3	81
Band 8d	0	7	0	18	3	0	0	28
Band 9	0	3	0	12	2	0	1	18
Consultant	3	17	3	253	31	1	25	333
Speciality Doctors	2	3	1	155	40	0	10	211
Other Doctors in Training	3	2	0	112	146	0	14	277
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	0	1
Other Medical and Dental Staff	0	1	0	37	7	0	4	49
Other	6	11	4	125	150	2	17	315
<b>Total</b>	<b>283</b>	<b>955</b>	<b>128</b>	<b>6,488</b>	<b>4,411</b>	<b>144</b>	<b>740</b>	<b>13,149</b>

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific & Technical	£42,231	£38,668	£38,751	£48,455	£39,814	£71,268	£44,420	<b>£44,126</b>
Additional Clinical Services	£21,481	£22,844	£22,898	£22,957	£21,109	£22,231	£22,973	<b>£22,137</b>
Admin & Clerical	£28,571	£32,705	£34,095	£32,552	£27,749	£31,568	£30,711	<b>£31,044</b>
Allied Health Professionals	£41,946	£43,923	£41,896	£43,713	£36,676	£43,388	£42,560	<b>£40,849</b>
Estates and Ancillary	£22,245	£22,127	£21,448	£23,145	£21,791	£21,389	£22,442	<b>£22,450</b>
Healthcare Scientists	£47,604	£40,794	£24,353	£42,660	£38,315	£54,619	£41,917	<b>£41,062</b>
Medical & Dental	£88,489	£103,080	£99,504	£86,060	£62,930	£113,781	£93,959	<b>£82,645</b>
Nursing & Midwifery Registered	£34,912	£39,992	£38,542	£39,342	£34,623	£37,552	£33,198	<b>£37,523</b>
Students	£0	£0	£0	£0	£0	£0	£0	<b>£0</b>
<b>Total</b>	<b>£29,358</b>	<b>£34,302</b>	<b>£34,982</b>	<b>£38,440</b>	<b>£29,941</b>	<b>£32,607</b>	<b>£33,972</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 5.3. Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Civil Partnership	230	16	5	0	32	<b>283</b>
Divorced	821	52	7	1	74	<b>955</b>
Legally Separated	111	5	1	0	11	<b>128</b>
Married	5,561	355	148	7	417	<b>6,488</b>
Single	3,368	269	143	1	630	<b>4,411</b>
Widowed	125	6	0	0	13	<b>144</b>
Not Recorded on ESR	642	25	22	3	48	<b>740</b>
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
Civil Partnership	135	148	283
Divorced	478	477	955
Legally Separated	76	52	128
Married	3,165	3,323	6,488
Single	2,421	1,990	4,411
Widowed	54	90	144
Not Recorded on ESR	470	270	740
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

## 5.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	723	1.7%	317	3.0%	113	2.90%
Divorced	1,130	2.7%	576	5.5%	200	5.10%
Legally Separated	172	0.4%	73	0.7%	19	0.50%
Married	17,333	41.8%	4,198	40.1%	1,533	38.90%
Other	1151	2.8%	565	5.4%	237	6.00%
Single	20,357	49.1%	4,400	42.0%	1,656	42.00%
Widowed	145	0.3%	61	0.6%	23	0.60%
Unknown	148	0.4%	127	1.2%	99	2.50%
Unspecified	330	0.8%	154	1.5%	60	1.50%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,940</b>	<b>100%</b>

## 5.5 Leavers

	Headcount	%
Civil Partnership	15	1.46%
Divorced	82	8.00%
Legally Separated	8	0.78%
Married	498	48.59%
Single	373	36.39%
Widowed	11	1.07%
Not Recorded on ESR	38	3.71%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

## 5.6 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Civil Partnership	2	1.38%
Divorced	18	12.41%
Legally Separated	2	1.38%
Married	77	53.10%
Single	35	24.14%
Widowed	2	1.38%
Not Recorded on ESR	9	6.21%
<b>Total</b>	<b>145</b>	<b>100%</b>

## 5.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Civil Partnership	3	2.52%
Divorced	10	8.40%
Legally Separated	2	1.68%
Married	44	36.97%
Single	52	43.70%
Widowed	2	1.68%
Not Recorded on ESR	6	5.05%
<b>Total</b>	<b>119</b>	<b>100%</b>



# Maternity and Adoption (Pregnancy and Maternity)

## Our Workforce

### 6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	524	3.99%

### 6.2 Leavers

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	0	0.00%

## Religion and Belief (Including No Belief)

### Our Workforce

#### 7.1 Headcount

	Headcount	%
Atheism	2,070	15.74%
Buddhism	60	0.46%
Christianity	5,523	41.99%
Hinduism	85	0.65%
Islam	152	1.16%
Jainism	2	0.02%
Judaism	5	0.04%
Sikhism	5	0.04%
Other	1,333	10.14%
I Do Not Wish to Disclose my Religion/Belief	2,540	19.31%
Not Recorded on ESR	1374	10.45%
<b>Total</b>	<b>13,149</b>	<b>100%</b>

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Prof Scientific and Technic	80	2	191	0	57	4	0	0	39	0	42	415
Additional Clinical Services	641	5	1,357	3	530	10	0	0	440	0	287	3,273
Administrative and Clerical	393	7	1,157	5	387	7	0	1	254	1	271	2,483
Allied Health Professionals	141	2	360	4	146	0	0	1	66	1	96	817
Estates and Ancillary	196	3	465	3	218	2	0	0	121	0	243	1,251
Healthcare Scientists	48	1	62	3	38	1	0	0	16	0	42	211
Medical and Dental	30	28	133	57	528	122	1	0	13	1	121	1,034
Nursing and Midwifery Registered	541	12	1,797	10	636	6	1	3	384	2	272	3,664
Students	0	0	1	0	0	0	0	0	0	0	0	1
	<b>2,070</b>	<b>60</b>	<b>5,523</b>	<b>85</b>	<b>2,540</b>	<b>152</b>	<b>2</b>	<b>5</b>	<b>1,333</b>	<b>5</b>	<b>1,374</b>	<b>13,149</b>

## 7.2 Pay by Staff Group

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Jainism	Judaism	Other	Sikhism	Not Recorded on ESR	Total
Band 1	0	0	2	0	1	0	0	0	0	0	8	11
Band 2	601	8	1,354	5	537	10	0	0	407	0	347	3,269
Band 3	230	2	643	1	237	5	0	0	173	0	169	1,460
Band 4	148	3	469	2	171	3	0	0	119	0	181	1,096
Band 5	389	6	974	10	369	5	0	2	229	0	174	2,158
Band 6	351	7	928	4	358	2	0	0	203	2	182	2,037
Band 7	169	2	613	6	191	4	1	1	135	1	121	1,244
Band 8a	77	3	213	0	62	1	0	1	31	1	35	424
Band 8b	24	1	77	0	17	0	0	0	6	0	12	137
Band 8c	8	0	47	0	15	0	0	1	0	0	10	81
Band 8d	3	0	17	0	5	0	0	0	0	0	3	28
Band 9	3	0	9	0	4	0	0	0	1	0	1	18
Consultant	12	10	52	30	128	27	0	0	7	0	67	333
Speciality Doctors	5	10	30	12	102	39	1	0	0	1	11	211
Other Doctors in Training	7	7	27	9	173	50	0	0	1	0	3	277
Hospital Practitioner & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	1
Other Medical and Dental Staff	2	1	10	3	9	2	0	0	1	0	21	49
Other	41	0	58	3	161	4	0	0	20	0	28	315
<b>Total</b>	<b>2,070</b>	<b>60</b>	<b>5,523</b>	<b>85</b>	<b>2,540</b>	<b>152</b>	<b>2</b>	<b>5</b>	<b>1,333</b>	<b>5</b>	<b>1,374</b>	<b>13,149</b>

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Total
Atheism	£42,070	£21,614	£30,873	£38,156	£22,889	£37,100	£85,248	£35,618	£0	£31,405
Buddhism	£39,745	£22,600	£28,917	£38,677	£21,091	£54,619	£77,035	£40,032	£0	£55,749
Christianity	£46,989	£22,039	£31,393	£41,033	£22,570	£41,677	£81,010	£38,067	£0	£33,665
Hinduism	£0	£22,396	£29,755	£40,563	£21,318	£35,887	£89,556	£32,152	£0	£71,764
I do not wish to disclose my religion/belief	£42,256	£22,193	£30,800	£40,967	£22,220	£42,730	£81,688	£37,445	£0	£37,703
Islam	£43,913	£21,709	£23,756	£0	£21,318	£35,572	£65,929	£33,112	£0	£59,969
Jainism	£0	£0	£0	£0	£0	£0	£71,336	£0	£0	£71,336
Judaism	£0	£0	£67,064	£54,619	£0	£0	£0	£34,459	£0	£47,874
Sikhism	£0	£0	£43,806	£0	£0	£0	£75,231	£47,604	£0	£53,561
Other	£38,216	£22,027	£28,540	£39,399	£22,091	£37,708	£106,006	36510	£0	£30,213
Not Recorded on ESR	£42,342	£23,546	£32,577	£45,136	£22,357	£44,887	£101,867	£39,756	£0	£37,589
<b>Total</b>	<b>£44,125.94</b>	<b>£22,137.10</b>	<b>£31,044.08</b>	<b>£40,848.99</b>	<b>£22,450.42</b>	<b>£41,061.71</b>	<b>£82,644.53</b>	<b>£37,523.11</b>	<b>£0</b>	<b>£34,806.70</b>

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 7.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Atheism	1,655	118	3	0	294	2,070
Buddhism	44	13	1	0	2	60
Christianity	4,732	285	13	0	493	5,523
Hinduism	71	6	3	0	5	85
I do not wish to disclose my religion/belief	1,838	193	273	12	224	2,540
Islam	95	38	12	0	7	152
Jainism	1	0	0	0	1	2
Judaism	4	1	0	0	0	5
Other	1,128	64	4	0	137	1,333
Sikhism	3	1	0	0	1	5
Not Recorded on ESR	1,287	9	17	0	61	1,374
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
Atheism	1,162	908	2,070
Buddhism	43	17	60
Christianity	2933	2590	5,523
Hinduism	64	21	85
I do not wish to disclose my religion/belief	1081	1459	2,540
Islam	125	27	152
Jainism	1	1	2
Judaism	3	2	5
Other	694	639	1,333
Sikhism	4	1	5
Not Recorded on ESR	689	685	1,374
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

#### 7.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	4,513	10.9%	2,277	21.7%	933	23.7%
Buddhism	723	1.7%	131	1.3%	39	1.0%
Christianity	20,087	48.4%	4,491	42.9%	1,640	41.7%
Hinduism	2,697	6.5%	208	2.0%	48	1.2%
Islam	7,196	17.3%	521	5.0%	161	4.1%
Jainism	48	0.1%	8	0.1%	0	0.00%
Judaism	14	0.0%	5	0.0%	0	0.00%
Sikhism	111	0.3%	12	0.1%	0	0.00%
Other	2,835	6.8%	1,345	12.8%	488	12.4%
Undisclosed	3,265	7.9%	1,473	14.1%	625	15.9%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,934</b>	<b>100%</b>

Note: The figure shown as 3,934 (rather than the overall total of 3,940) of the Total Number of Applicants Offered was due to protecting confidentiality any reported number with a value less than 5 has been rounded down to zero.

## 7.5 Leavers

	Headcount	%
Atheism	158	15.41%
Buddhism	12	1.17%
Christianity	367	35.81%
Hinduism	16	1.56%
Islam	33	3.22%
Other	100	9.76%
Jainism	3	0.29%
Judaism	1	0.10%
I Do Not Wish to Disclose my Religion/Belief	189	18.44%
Not Recorded on ESR	146	14.24%
<b>Total</b>	<b>1,025</b>	<b>100%</b>

## 7.6 Training Attendance

	Attendance / Courses Completed	%
Atheism	15,947	18.04%
Buddhism	439	0.50%
Christianity	36,969	41.82%
Hinduism	657	0.74%
Islam	1349	1.53%
Judaism	22	0.02%
Jainism	51	0.06%
Sikhism	33	0.04%
I Do Not Wish to Disclose my Religion/Belief	17,515	19.81%
Other	9,496	10.74%
Not Recorded on ESR	5,921	6.70%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

## 7.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Atheism	19	13.10%
Buddhism	1	0.69%
Christianity	49	33.79%
Hinduism	1	0.69%
Islam	2	1.38%
I Do Not Wish to Disclose my Religion/Belief	32	22.07%
Other	22	15.17%
Not Recorded on ESR	19	13.10%
<b>Total</b>	<b>145</b>	<b>100%</b>

## 7.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Atheism	14	11.77%
Christianity	53	44.53%
Hinduism	1	0.84%
Islam	2	1.68%
I Do Not Wish to Disclose my Religion/Belief	24	20.17%
Other	12	10.08%
Not Recorded on ESR	13	10.93%
<b>Total</b>	<b>119</b>	<b>100%</b>

# Sexual Orientation

## Our Workforce

### 8.1 Headcount

	Headcount	%
Bisexual	112	0.85%
Gay or Lesbian	191	1.45%
Heterosexual or Straight	9,906	75.34%
Not Stated – Person Asked but Declined to Provide a Response	1,525	11.61%
Not Recorded on ESR	1,376	10.46%
Other Sexual Orientation Not Listed	24	0.18%
Undecided	15	0.11%
	<b>13,149</b>	<b>100%</b>

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (Declined to Respond)	Other sexual orientation not listed	Undecided	Not Recorded on ESR	Total
Add Prof Scientific and Technic	4	6	329	31	1	1	43	415
Additional Clinical Services	36	55	2,665	217	8	8	284	3,273
Administrative and Clerical	20	40	1,951	187	8	1	276	2,483
Allied Health Professionals	7	15	616	84	3	0	92	817
Estates and Ancillary	15	15	861	120	0	0	240	1,251
Healthcare Scientists	2	3	137	24	0	1	44	211
Medical and Dental	6	3	409	492	1	1	122	1,034
Nursing and Midwifery Registered	22	54	2,937	370	3	3	275	3,664
Students	0	0	1	0	0	0	0	1
<b>Total</b>	<b>112</b>	<b>191</b>	<b>9,906</b>	<b>1,525</b>	<b>24</b>	<b>15</b>	<b>1,376</b>	<b>13,149</b>



## 8.2 Pay by Band and Staff Group

	Bisexual	Gay or Lesbian	Heterosexual or straight	Not Stated (Declined to Respond)	Not Recorded on ESR	Other	Undecided	Total
Band 1	0	0	1	2	8	0	0	11
Band 2	41	48	2,594	233	344	5	4	3,269
Band 3	8	20	1,158	100	170	4	0	1,460
Band 4	13	18	784	97	182	2	0	1,096
Band 5	16	37	1,687	231	176	6	5	2,158
Band 6	14	32	1,624	185	181	0	1	2,037
Band 7	6	16	993	103	121	4	1	1,244
Band 8a	3	11	343	30	35	1	1	424
Band 8b	2	1	111	10	13	0	0	137
Band 8c	0	1	61	9	10	0	0	81
Band 8d	0	0	23	2	3	0	0	28
Band 9	0	1	13	3	1	0	0	18
Consultant	1	3	145	116	68	0	0	333
Speciality Doctors	3	0	96	101	11	0	0	211
Other Doctors in Training	2	0	101	169	3	1	1	277
Hospital Practitioner & Clinical Assistants	0	0	0	0	1	0	0	1
Other Medical and Dental Staff	0	0	21	7	21	0	0	49
Other	3	3	151	127	28	1	2	315
<b>Total</b>	<b>112</b>	<b>191</b>	<b>9,906</b>	<b>1,525</b>	<b>1,376</b>	<b>24</b>	<b>15</b>	<b>13,149</b>

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Declined to Respond)	Other	Undecided	Not Recorded on ESR	Total
Prof Scientific & Technical	£46,132	£33,715	£44,573	£43,613	£27,055	£41,659	£42,164	<b>£44,126</b>
Additional Clinical Services	£20,840	£21,975	£21,897	£23,332	£19,845	£18,736	£23,559	<b>£22,137</b>
Admin & Clerical	£25,435	£35,634	£30,785	£31,422	£29,657	£29,180	£32,475	<b>£31,044</b>
Allied Health Professionals	£35,014	£43,227	£40,175	£41,763	£29,899	£0	£45,302	<b>£40,849</b>
Estates and Ancillary	£21,155	£23,517	£22,514	£22,444	£0	£0	£22,264	<b>£22,450</b>
Healthcare Scientists	£38,080	£47,150	£39,199	£45,266	£0	£27,055	£45,299	<b>£41,062</b>
Medical & Dental	£70,938	£106,824	£78,101	£81,381	£33,135	£0	£102,089	<b>£82,645</b>
Nursing & Midwifery Registered	£35,405	£35,931	£37,499	£36,315	£48,100	£42,307	£39,565	<b>£37,523</b>
Students	£0	£0	£0	£0	£0	£0	£0	<b>£0</b>
<b>Total</b>	<b>£30,778</b>	<b>£33,434</b>	<b>£33,557</b>	<b>£42,777</b>	<b>£28,364</b>	<b>£28,274</b>	<b>£37,703</b>	<b>£34,807</b>

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2023.

### 8.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Bisexual	75	16	1	0	20	<b>112</b>
Gay or Lesbian	160	10	0	0	21	<b>191</b>
Heterosexual or Straight	8,291	562	48	0	1,005	<b>9,906</b>
Not Stated (Declined to Respond)	1009	126	260	12	118	<b>1,525</b>
Not Recorded on ESR	1,294	10	17	0	55	<b>1,376</b>
Other	19	3	0	0	2	<b>24</b>
Undecided	10	1	0	0	4	<b>15</b>
<b>Total</b>	<b>10,858</b>	<b>728</b>	<b>326</b>	<b>12</b>	<b>1,225</b>	<b>13,149</b>

Working Pattern			
	Full Time	Part Time	Total
Bisexual	65	47	112
Gay or Lesbian	126	65	191
Heterosexual or Straight	5,331	4,575	9,906
Not Stated (Declined to Respond)	565	960	1,525
Not Recorded on ESR	690	686	1,376
Other	13	11	24
Undecided	9	6	15
<b>Total</b>	<b>6,799</b>	<b>6,350</b>	<b>13,149</b>

## 8.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	761	1.8%	196	1.9%	72	1.8%
Gay or Lesbian	599	1.4%	260	2.5%	90	2.3%
Heterosexual or Straight	38,508	92.8%	9,464	90.4%	3,545	90.0%
Other	100	0.2%	28	0.3%	14	0.4%
Undecided	111	0.3%	38	0.4%	11	0.3%
Undisclosed	1,410	3.4%	485	4.6%	208	5.3%
<b>Total</b>	<b>41,489</b>	<b>100%</b>	<b>10,471</b>	<b>100%</b>	<b>3,940</b>	<b>100%</b>

## 8.5 Leavers

	Headcount	%
Bisexual	12	1.17%
Gay or Lesbian	18	1.76%
Heterosexual or Straight	717	69.95%
Not Stated – Person Asked but Declined to Provide a Response	128	12.49%
Not Recorded on ESR	146	14.24%
Other Sexual Orientation Not Listed	4	0.39%
<b>Total</b>	<b>1,025</b>	<b>100.00%</b>

## 8.6 Training Attendance

	Attendance / Courses Completed	%
Bisexual	1048	1.18%
Gay or Lesbian	1,555	1.80%
Heterosexual or Straight	69,367	78.47%
Not Stated – Person Asked but Declined to Provide a Response	10,078	11.40%
Not Recorded on ESR	5,852	6.62%
Other Sexual Orientation Not Listed	352	0.40%
Undecided	147	0.17%
<b>Total</b>	<b>88,399</b>	<b>100%</b>

## 8.7 Staff Involved in Respect & Resolution Procedures

	Headcount	%
Bisexual	4	2.76%
Heterosexual or Straight	96	66.21%
Not Stated – Person Asked but Declined to Provide a Response	26	17.93%
Not Recorded on ESR	19	13.10%
<b>Total</b>	<b>145</b>	<b>100%</b>

## 8.8 Staff Involved in Disciplinary Procedures

	Headcount	%
Bisexual	1	0.84%
Gay or Lesbian	4	3.36%
Heterosexual or Straight	86	72.26%
Not Stated – Person Asked but Declined to Provide a Response	14	11.77%
Not Recorded on ESR	13	10.93%
Other Sexual Orientation Not Listed	1	0.84%
<b>Total</b>	<b>119</b>	<b>100%</b>

## Welsh Language

### Our Workforce

#### 9.1 Headcount by Staff Group

	0 – No Skills	1 – Entry	2 – Foundation	3 – Intermediate	4 – Higher	5 – Proficiency	Not Recorded on ESR	Total
Add Prof Scientific and Technic	124	101	33	25	40	78	3	404
Additional Clinical Services	988	606	246	231	226	282	50	2,629
Admin & Clerical	794	720	263	230	195	222	32	2,456
Allied Health Professional	290	180	76	51	62	108	10	777
Estates and Ancillary	456	220	76	66	78	129	17	1,042
Healthcare Scientists	65	45	19	13	31	33	1	207
Medical & Dental	424	83	21	11	5	22	112	678
Nursing & Midwifery Registered	1,309	755	317	250	274	438	94	3,437
<b>Total</b>	<b>4,450</b>	<b>2,710</b>	<b>1,051</b>	<b>877</b>	<b>911</b>	<b>1,312</b>	<b>319</b>	<b>11,630</b>
<b>%</b>	<b>38.3%</b>	<b>23.3%</b>	<b>9.0%</b>	<b>7.5%</b>	<b>7.8%</b>	<b>11.3%</b>	<b>2.7%</b>	<b>100%</b>

#### 9.2 Leavers - Welsh Language Skills 2022/23

	Primary Headcount	%
Not Recorded / NA	118	11.65%
0 – No Skills / Dim Sgiliau	407	40.18%
1 – Entry / Mynediad	206	20.34%
2 – Foundation / Sylfaen	74	7.31%
3 – Intermediate / Canolradd	71	7.01%
4 – Higher / Uwch	58	5.73%
5 – Proficiency / Hyfedredd	79	7.80%
<b>Total</b>	<b>1,013</b>	<b>100%</b>

### 9.3 Hires - Welsh Language Skills 2022/23

	Primary Headcount	%
Not Recorded / NA	457	27.66%
0 – No Skills / Dim Sgiliau	496	30.02%
1 – Entry / Mynediad	271	16.40%
2 – Foundation / Sylfaen	112	6.78%
3 – Intermediate / Canolradd	93	5.63%
4 – Higher / Uwch	93	5.63%
5 – Proficiency / Hyfedredd	130	7.87%
<b>Total</b>	<b>1,652</b>	<b>100%</b>



# Appendix 2

## Pay Gap Report for Disability, Ethnicity & Gender

Reporting Period 01 April 2022 - 31 March 2023

[www.hywelddahb.wales.nhs.uk](http://www.hywelddahb.wales.nhs.uk)

# Introduction

Hywel Dda University Health Board is committed to providing outstanding patient care and we do this by ensuring we have a diverse, talented and high performing workforce.

We are working hard to create an inclusive and compassionate culture and to ensure that equality is considered throughout the employee life cycle.

This report provides an overview of our data but should be read alongside our Strategic Equality Plan Annual Report which includes information on the actions that we have taken to promote diversity and inclusion in the workplace.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 06 April 2017, and requires employers with more than 250 employees to publish annual data on their gender pay gap. Although public sector organisations in Wales are exempt from these regulations, NHS Wales has agreed to work to publish its own gender pay data in line with the regulations using report designed to meet the requirements in Electronic Staff Register Business Intelligence (ESRBI).

Alongside our Gender Pay Gap, we are publishing our Ethnicity and Disability Pay Gap. Hywel Dda University Health Board is committed to ensuring that our pay practices are transparent, fair and equitable.

It should be noted that the data within this report is based on staff who have earned money during the reporting period. The figures may vary from those reported within the Workforce Equality Data chapter of our Strategic Equality Plan Annual Report which includes staff engaged as workers and employees and will include bank and locum staff.



## What is the Pay Gap?

The pay gap is the difference in average earnings between group of colleagues within the organisation, regardless of what role they are in.

The pay gap is useful in measuring pay equality due to its simple calculation, however, it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. It also does not include any of the personal characteristics that may determine a person's pay, such as age.

We aim to look at the pay differences between men and women, our ethnically diverse and white colleagues, and those identified as having a disability and those who do not.

## Gathering the Information

The following data was produced using the ESRBI report. *The report includes all employees (those with a contract of employment) who have earned money in the reporting period whereby an hourly rate can be calculated.* Agency workers and contracted staff are excluded from the report on the basis that they will form part of the headcount of the agency/company that provides them, and not the employer to which they are on assignment.

All pay gap data provided in this report was obtained through the national Pay Gap dashboards via the ESR Business Intelligence report as of 31 March 2023. The data includes staff on Agenda for Change, staff on non-Agenda for Change terms and conditions. Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

## Regulatory Requirements for Gender Pay Gap

According to the Regulations, this report presents the following:

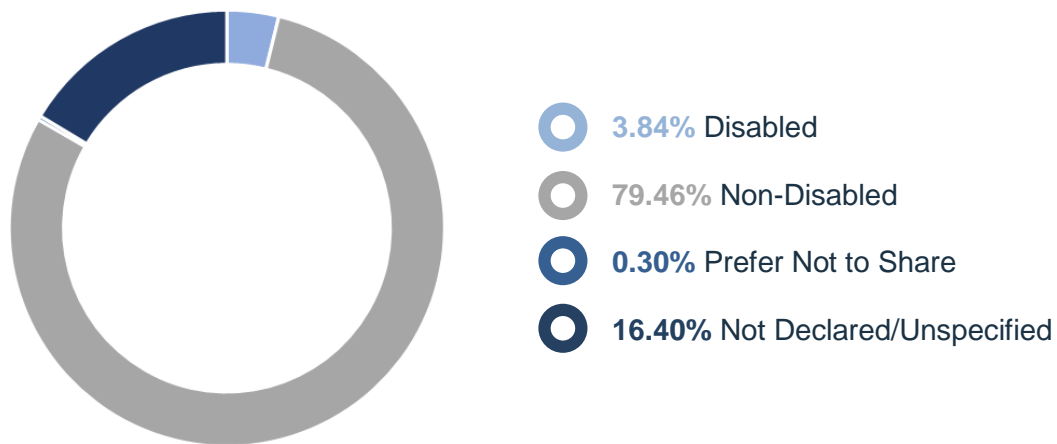
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion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

# Disability Pay Gap

This is the second year that we are voluntarily publishing our information on our disability pay gap. This helps us to be more open and transparent about our people.

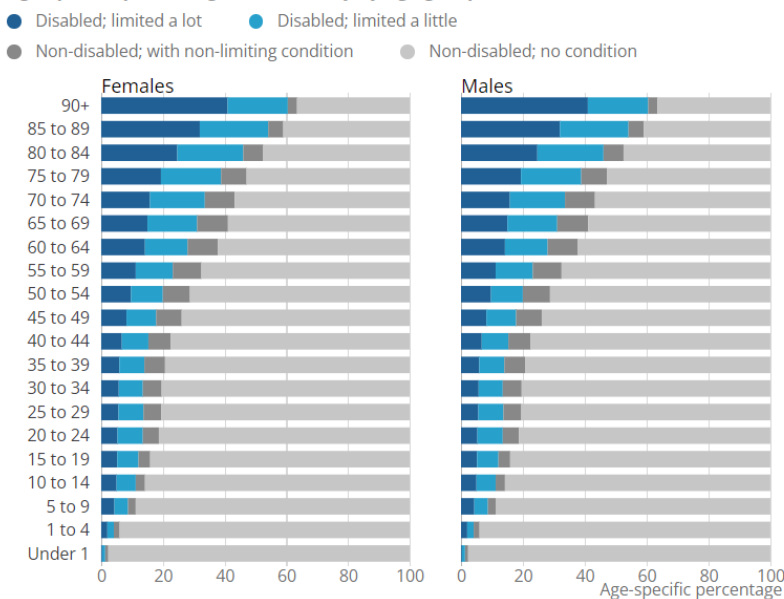
We hope that it will also encourage more people to share their disability information for us to better understand our workforce and remove barriers that may be impacting their day-to-day lives.

According to the Office for National Statistics, around 21% of people in Wales have some form of disability that affects their daily lives, with the percentage of people with some form of disability increasing with age. Analysis of our internal equality data indicates our workforce profile as:



**Figure 2: The percentage of people whose activities were limited a lot increased with age in Wales**

### Age-specific percentages of disability by age group and sex, Wales 2021



Source: Office for National Statistics - Census 2021

Age profile	Disabled; limited a lot (male) Age-specific percentage	Disabled; limited a little (male) Age-specific percentage	Disabled; limited a lot (female) Age-specific percentage	Disabled; limited a little (female) Age-specific percentage
15 to 19	5.2	6.9	4.5	8.9
20 to 24	5.3	8.2	5.1	12.7
25 to 29	5.6	8.1	5.3	11.5
30 to 34	5.7	7.8	6.1	11.3
35 to 39	5.9	8.1	7.1	11.3
40 to 44	6.7	8.6	8.3	11.6
45 to 49	8.2	9.6	10.2	12.3
50 to 54	9.7	10.3	12.4	12.6
55 to 59	11.2	12	14.1	13.5
60 to 64	14.2	13.8	16	14.6

Only 3.84% of our workforce have shared with us that they have a disability which is considerably lower than the Wales average. The percentage of people that preferred not to share this information was 0.30%, and 16.40% of people have not declared this information on ESR.

To get a more accurate understanding of our disability pay gap, we need more colleagues to share their diversity data, and this continues to be an organisational aim. As a result, our pay gap is likely to fluctuate as more people share this information.

## Rates of Pay

The mean disability pay gap is defined as the difference between the average hourly rate of pay of our disabled and non-disabled colleagues.

The average hourly rate of pay is calculated from a specific pay period, in this case March 2023. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

	Average Hourly Rate
Any Declared Disability	£16.78
Non-Disabled	£18.22
Difference	£1.44

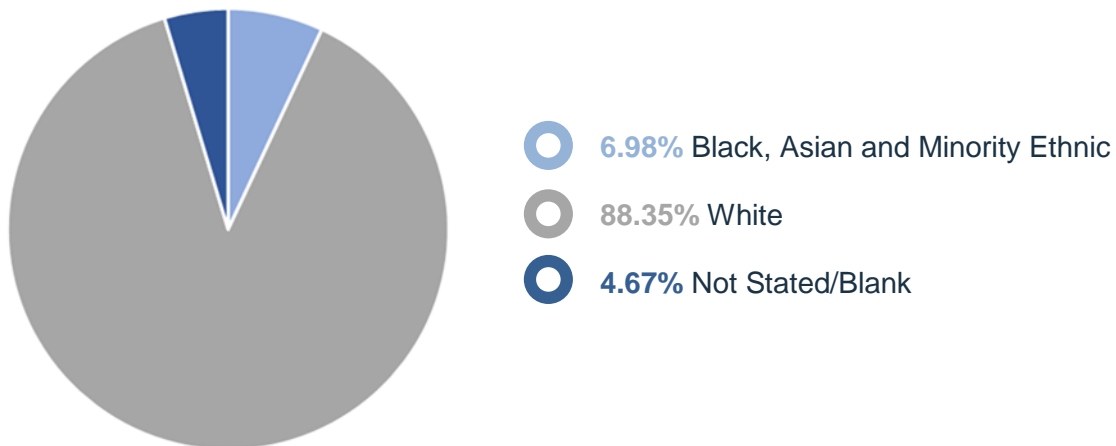


The figures above shows that the mean hourly rate for colleagues identifying as having a disability is £16.78 compared to £18.22 for non-disabled colleagues; our colleagues identifying as having a disability received on average £1.44/hour less than non-disabled colleagues, a pay gap as a mean average of 7.90%.

## Ethnicity Pay Gap

Unequal pay between males and females has been illegal in the UK since 1975, however that is not the case for people from ethnic minority backgrounds. Although not required, reporting pay differences between ethnically diverse colleagues, is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

Based on 2021 Census data for Carmarthenshire and Pembrokeshire, 2% of the population identified as being from a non-white background, whereas in Ceredigion, around 3% of the population identified as being from a Black, Asian and minority ethnic background. Analysis of our internal equality data indicates our workforce profile as:



6.98% of our workforce identify as being from a Black, Asian and minority ethnic background, which is significantly higher than the general population of the Hywel Dda. 4.67% of employees have not provided this information on ESR or have left this section blank.

## Rates of Pay

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

	Average Hourly Rate
Black, Asian and Minority Ethnic	£26.62
White	£17.76
Difference	-£8.86

**2023**

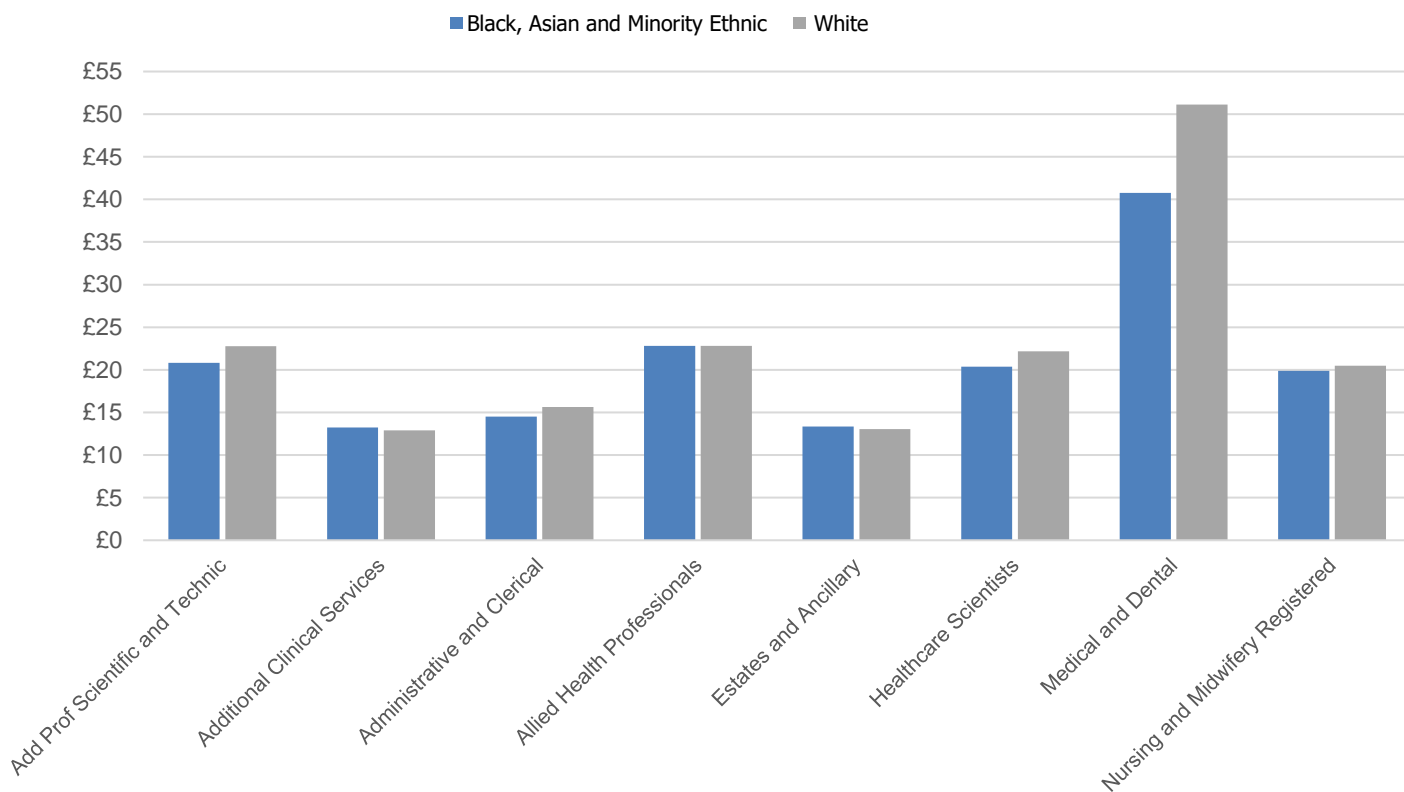
**-49.89%**

**Mean Ethnicity Pay Gap**

The average hourly rate of pay is calculated from a specific pay period, in this case March 2023. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The figures above shows that the mean hourly rate for our ethnically diverse colleagues is £26.62 compared to £17.76 for white colleagues; our ethnically diverse colleagues received on average £8.86/hour more than white colleagues, a negative pay gap as a mean average of 49.89%.

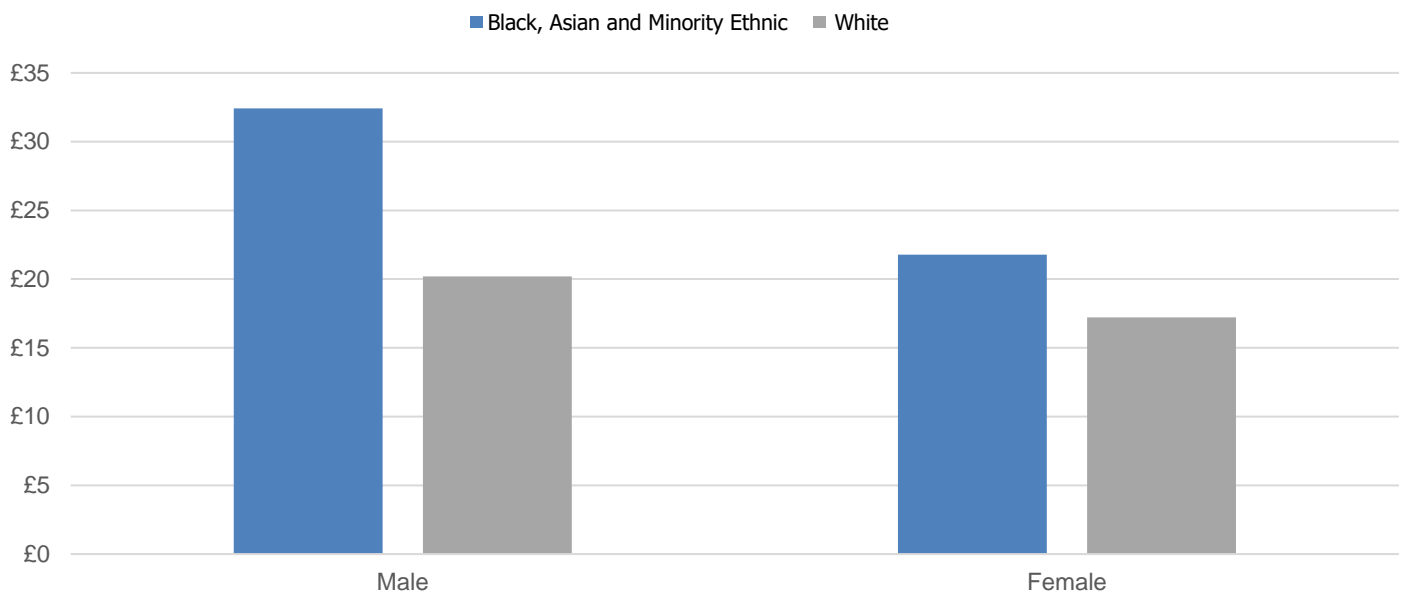
## By Staff Group



Further analysis of the information by staff group has highlighted that there is a negative pay gap for ethnically diverse colleagues working in Additional Clinical Services, Allied Health Professionals, and Estates and Ancillary. This means that ethnically diverse colleagues within these staff groups earn more than white colleagues.

In all other staff groups, there is a pay gap whereby white colleagues earn more than our ethnically diverse colleagues. This is most significant in the Medical and Dental staff group with a pay gap of £10.37 per hour (20.28%).

## By Gender



The figures show that the mean hourly rate for our ethnically diverse male colleagues is £32.41 compared to £20.19 for white male colleagues; our ethnically diverse colleagues received on average £12.22/hour more than white colleagues, a negative pay gap as a mean average of 60.53%.

The mean hourly rate for our ethnically diverse female colleagues is £21.79 compared to £17.21 for white female colleagues; our ethnically diverse colleagues received on average £4.58/hour more than white colleagues, a negative pay gap as a mean average of 26.61%.

# Gender Pay Gap

## Our Workforce

The Health Board uses Agenda for Change and Medical and Dental pay evaluation processes. This ensures that jobs are evaluated and not the post holder, and the evaluation process makes no reference to gender of existing or potential job holders. Some of our employees are appointed on a fixed rate salary such as our apprentices, whilst other staff groups are employed on a band which includes salary progression through a national scale linked to length of service.

The calculations used within this report are based on a total of 11,779 employees as at 31 March 2023. Analysis of our internal equality data indicates our gender split is:



79%  
**Female** Employees  
(9,307)



21%  
**Male** Employees  
(2,472)

## Yearly Comparison of our Mean Gender Pay Gap

Our first Gender Pay Gap report was published in 2019, where there was a difference of 22.90% between the average earnings of male and females. During 2021 this reduced to 17.60%, however over the last two years we have seen an increase in the pay gap which in 2023 is 22.24%.

Year	Average Hourly Rate (Male)	Average Hourly Rate (Female)	Average Pay Gap	% Average Pay Gap
2019	£20.09	£15.48	£4.61	22.90%
2020	£21.06	£15.87	£5.19	24.65%
2021	£20.63	£17.01	£3.62	17.60%
2022	£21.67	£17.56	£4.11	18.95%
2023	£22.49	£17.49	£5.00	22.24%

## Rates of Pay

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

The mean gender pay gap is the difference between the average hourly earnings of females and males.

The average hourly rate of pay is calculated from a specific pay period, in this case March 2023. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The figures below shows that the mean hourly rate for a male is £22.49 compared to £17.49 for female staff members; males received on average £5.00/hour more than females, a pay gap as a mean average of 22.24%, an increase on the pay gap figure reported in 2022.

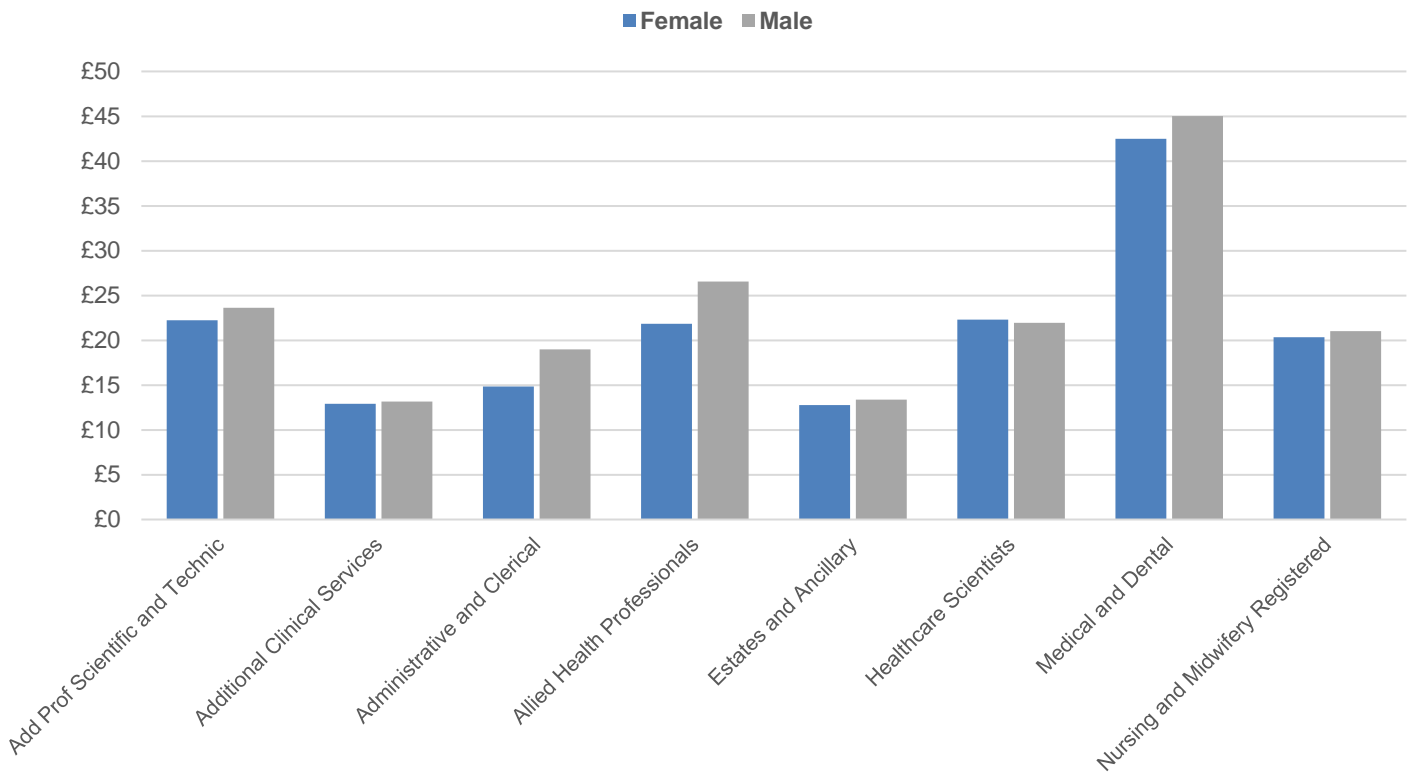
Gender	Average Hourly Rate	Median Hourly Rate
Male	£22.49	£17.12
Female	£17.49	£15.89
Difference	<b>£5.00</b>	<b>£1.23</b>
% Pay Gap	<b>22.24%</b>	<b>7.20%</b>

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

As a median average, males received £1.23/hour more than females, a pay gap at a median of 7.20% (the 2022 figure was 0.86%).



## By Staff Group



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

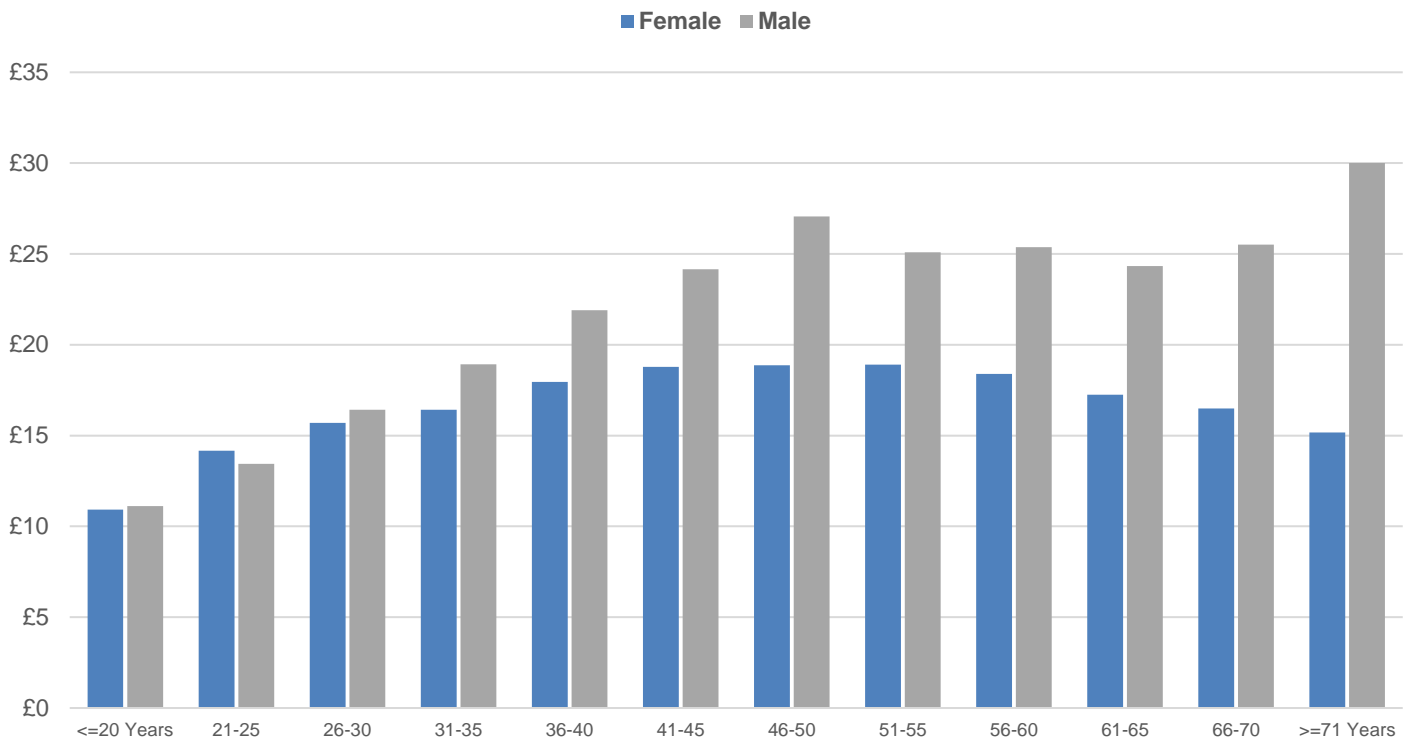
- Additional Professional Scientific and Technical
- Administration and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Medical and Dental
- Nursing and Midwifery
- Additional Clinical Services

Administration and Clerical staff have the highest percentage gender pay gap of 21.91% (£4.16 per hour), followed by Allied Healthcare Professionals with a pay gap of 17.77% (£4.72 per hour).

Healthcare Scientists is the only staff group whereby females have a higher average hourly rate than their male colleagues.

The male average hourly rate for Medical and Dental was £2.53 higher than females (the 2022 figure was £1.78). This is an average hourly pay gap of 5.62%, which is higher than the previous year (the figure was 4.10%).

## By Age Band



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

There is a pay gap of 49.44% (£14.84 per hour) for those aged 71 years and over, followed by a pay gap of 35.31% (£9.01 per hour) for those aged 66 - 70 years old.

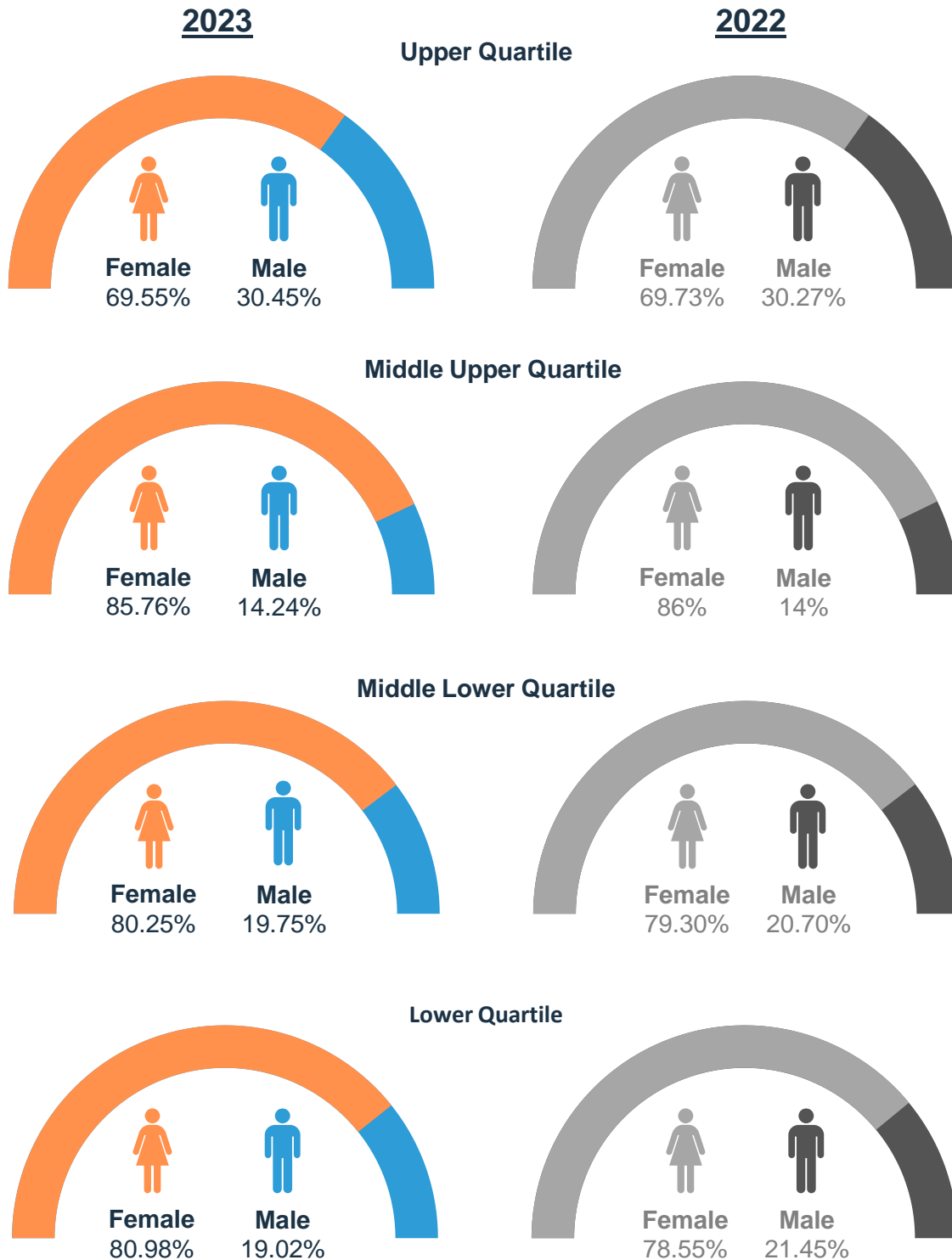
## Pay Quartiles

Quartiles are calculated by ranking pay for all colleagues from lowest to highest, and splitting into four groups, showing the percentage of males and females in each group.

Quartile	Hourly Rate Range	
	(From)	(To)
Upper	£21.24	And over
Middle Upper	£15.04	£21.24
Middle Lower	£11.69	£15.04
Lower	Up to	£11.69

## Pay Quartiles Split

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



Females were over-represented in the first three quartiles (81%, 80% and 86%), and underrepresented in the upper quartile (70%), compared to the proportion of women in the workforce (79%).

## Bonus Payments

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



Bonus pay for males as an average was £3,176.71 higher than females (the 2022 figure was £3,207.55). This equates to 38.44% average bonus pay gap, which is higher than the previous year 36.63%.



Male median bonus pay was £3,334.08 higher than females (the 2021 figure was £3,268.08). This equates to a 50.00% median bonus pay gap, which is higher than the previous year.

## Staff Receiving a Bonus



## Looking Forward: Actions to Support an Inclusive Workplace

Hywel Dda University Health Board is committed to promoting equality, diversity and inclusion. Our Strategic Equality Plan and Objectives 2020-2024 for the Health Board states that we *"will work closely to identify and resolve issues and will work collaboratively to create a fair and inclusive working environment."*

In a bid to become a more inclusive employer, we recognise that we need to ensure that we are providing equal opportunities and we have identified the following actions:

### Recruitment:

- Implementing recruitment practices which include ensuring mixed gender panels for selection and remuneration purposes.
- Continuing to raise awareness through training and improved supported recruitment practice.
- Continually review and monitor policies and processes to ensure there is no bias in the starting salaries of new employees and regularly monitor.
- Strengthen our understanding of the characteristics of work people with a disability look for when applying for roles to help attract, recruit and retain individuals to the Health Board.

### Employee experience:

- Explore opportunities for more flexible or alternative shift working across the organisation and how this could be introduced into a wider range of roles.
- Continue to reinforce our Health Board values through senior leaders and managers, to develop a working environment that fosters diversity and does not tolerate bias towards people with a disability, even if it is unconscious.
- Increase promotion and recognition of the RespectAbility Staff Network for those physically disabled and neurodiverse staff.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their disability and request any organisational support they may need.
- Continue to explore and understand the reasons why our ethnically diverse employees consider leaving/leave the organisation by using the exit interview process.
- Adopt the recommendations given in the Anti-racist Wales Action Plan and Workforce Race Equality Standards and aligning these with our cultural development plan.

## **Career progression:**

- Exploring how we can better support female employees and encourage the next generation of female leaders.
- Continue identifying ways we can encourage people to apply for roles and development opportunities in sectors where there are greater pay gaps.
- Work in conjunction with the Black Asian and Minority Ethnic Staff Network to enhance our understanding of the experiences of staff and the actions which could be taken to support them to enhance and develop their careers.
- Working with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities.