PEOPLE, ORGANISATIONAL DEVELOPMENT AND CULTURE COMMITTEE UPDATE REPORT

Date of last meeting: 20 August 2024

Quoracy: Met

Report by: Chantal Patel, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1]

The People, Organisational Development and Culture Committee wish to **alert** members of the Board that:

- The Committee asks the Board to identify which areas of inequality it wishes to include in its list of priorities as there are a number of issues within the Health Board (such as the gender pay gap) as outlined in the **Strategic Equality Plan (SEP) Annual Report,** which need addressing. The SEP Annual Report is submitted to Board for approval as a separate agenda item.

Advise[2] (to monitor)

The People, Organisational Development and Culture Committee wish to **advise** members of the Board that:

- Although the Committee took assurance on the identified controls and planned actions set out with the **Corporate Risks Assigned to PODCC** report, it is with the caveat that further work would take place as part of risk 1821 – 'Risk to the welfare of Health Board staff due to current demands' to identify the current position with staff well-being (in particular the increase in stress related absences) and outline actions required to improve this.

Assure[3] (to note)

The People, Organisational Development and Culture Committee wish to **assure** members of the Board that:

- Assurance was taken on the **Monitoring of Welsh Health Circulars (WHCs)** report, and that the responses to the WHC have been submitted by the deadlines set by Welsh Government or are on track to be completed ahead of the deadlines.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.
[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- The Committee approved the **PODCC Terms of Reference** for onward ratification by the Board.

- The Committee discussed the governance approach and the areas of work aligned to PODCC under **Targeted Intervention**.

- The control measures being undertaken to reduce variable pay for all staff groups, as outlined in the **Workforce Efficiency Update Report,** were noted, recognising the challenges ahead.

- Assurance was taken that the Health Board is aware of potential changes to **Employment Law** following the change of Government, and is forward looking regarding any impacts and opportunities that may arise.

- The 2023 **Staff Survey Results** were discussed, with assurance provided that lessons are being learnt and further work being undertaken to increase compliance for the 2024 staff survey, which will be launched on 1 October 2024. The Staff Survey action plan was accepted, with the caveat that it would be amended to a two-part plan, setting out actions for the Workforce teams and departmental managers.

- Progress continues against the Health Board's **LGBTQ+ Local Action Plan**. The Committee agreed with the decision to not continue with membership of the **Stonewall Diversity Champion Programme** in 2024/25.

- The Committee was assured by work taking place on the delivery of a **Workforce Education and Development Plan**, which supports the pipeline for staff progression.

- Performance against the **Tritech Institute Key Performance Indicators (KPIs)** was reviewed, with progress made noted.

- Assurance was taken on the **Performance Assurance and Workforce Metrics**. Diverse cultural norms which could affect sickness absences, including the reasons for absences, are being reviewed.

- An update was provided following three Health Education and Improvement Wales **(HEIW) Targeted Visits** to Health Board hospitals, and work undertaken to address recommendations by the HEIW. The Committee was assured by this work, and that plans are in place to self-identify issues.

- The **BAME Advisory Group Terms of Reference (ToR) were approved,** with the caveat that the proposed new name Hywel Dda Anti-Racist Wales Implementation Group would be reconsidered, to provide more of a focus of Hywel Dda University Health Board driven work rather than Wales-wide, and to also consider whether there was enough emphasis on all minority groups.

- The Committee took assurance from the **Research and Innovation Sub-Committee Update Report** which outlines the Research and Innovation activity and the management of its functions and on the Research and Development framework.

- The Committee took assurance from the **Strategic People Planning and Education Group (SPPEG) Update**, and approved the HEIW Glangwili Hospital Trauma and Orthopaedics Visit Report to be monitored by QSEC

- The Committee approved the Early Careers: Preceptorship and Beyond Policy (112) and the All Wales Respect and Resolution Policy (995).

Review of Risks

The Committee reviewed the corporate risks which are aligned to it. As part of its review, the Committee considered the status of each risk and the current scores. The Committee raised concerns regarding Risk 1821 – 'Risk to the welfare of Health Board staff due to current demands', which has been set out in the Advise section.

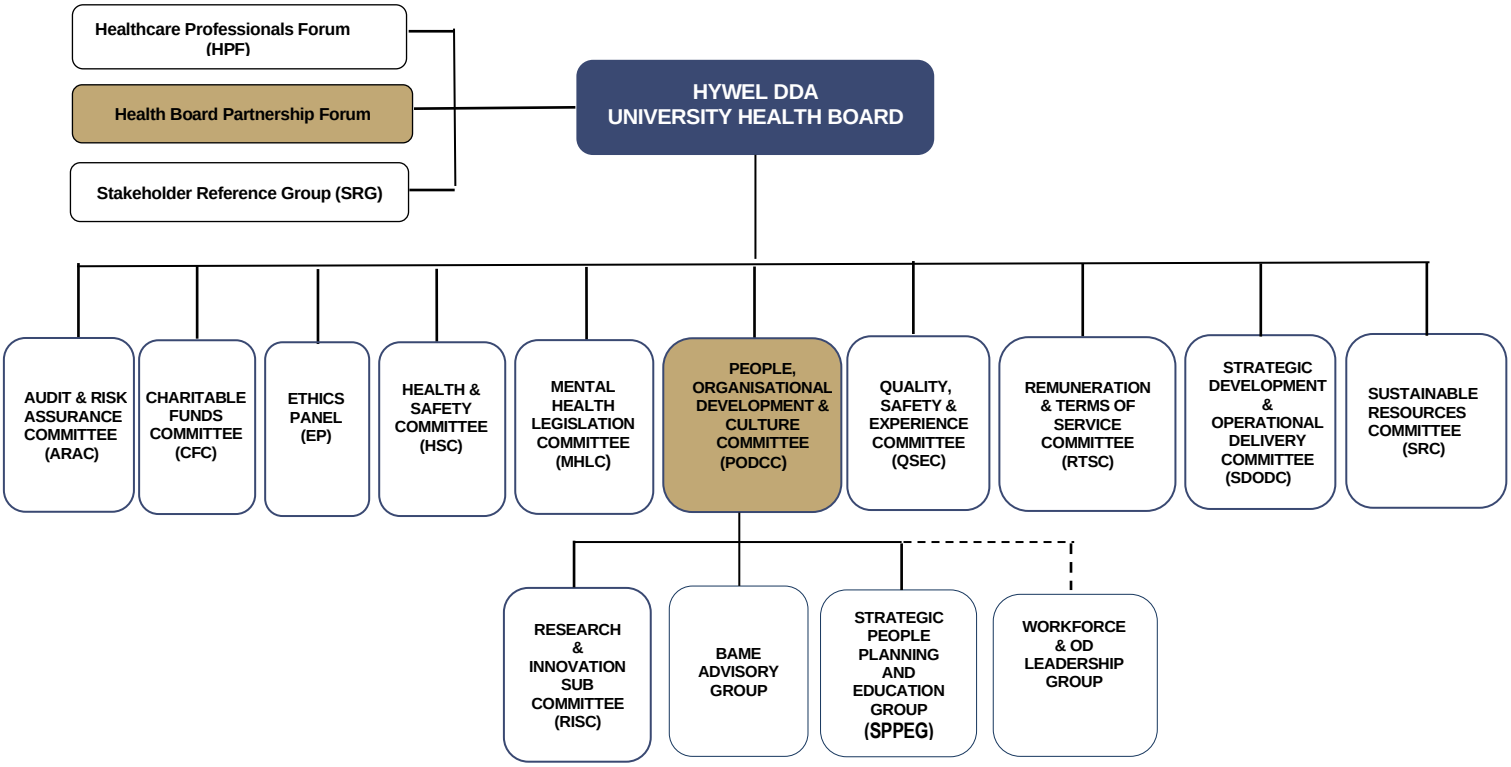
Sharing of learning

Not applicable.

Recommendations

- The Board is asked to respond to the items that they are being alerted to
- The Board is asked to note the items the Committee is advising them of
- The Board is asked to be assured on the items that the Committee is providing assurance on
- The Board is asked to approve the PODCC Terms of Reference (Appendix 1)

Agenda, papers and minutes are available on our website: PODCC 20 August 2024 - Hywel Dda University Health Board (nhs.wales)



PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	PODCC	20.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	PODCC	03.04.2023	Approved
V4	Hywel Dda University Health Board	25.05.2023	Approved
V5	PODCC	19.06.2023	Approved
V6	PODCC	05.07.2023	Approved via Chair's Action
V6	Hywel Dda University Health Board	27.07.2023	Approved
V7	PODCC	15.02.2024	Approved
V7	Hywel Dda University Health Board	28.03.2024	Approved
V8	PODCC	20.08.2024	Approved
V8	Hywel Dda University Health Board	26.09.2024	For Approval

PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

1. Constitution

1.1 The People, Organisational Development & Culture Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 August 2021.

2. Purpose

The purpose of the People, Organisational Development & Culture Committee is:

2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.

2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.

Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, related to leadership, capability and culture (see Appendix 1 for additional detail):

i. Workforce and structure
ii. Leadership and development

2.4 To receive an assurance on delivery against all relevant Planning Objectives falling under Strategic Objectives 1 (*Putting people at the heart of everything we do*), 2 (*Working together to be the best we can be*), 3 (*Striving to deliver and develop excellent services*) and 4 (The best health and wellbeing for our communities) (see Appendix 2~~1~~), in accordance with Board approved timescales, as set out in Health Board's Annual Plan.

2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.

2.6 Provide assurance that there are appropriate arrangements to ensure education and commissioning meets future workforce needs.

2.7 To seek assurance on the management of risks on the Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

2.8 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

2.9 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The People, Organisational Development & Culture Committee shall:

3.1 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Health Board's activities.

3.2 Consider the implications for workforce planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.

3.3 Ensure robust mechanisms are in place to foster a strong and high-performance organisational culture of effective leadership, innovation and continuous improvement, in accordance with the Health Board's values and behaviour framework, future-proofed to ensure their continuity and success.

3.4 Ensure the Health Board is meeting its responsibilities with regard to statutory and mandatory training.

3.5 Seek assurance on delivery against all planning objectives aligned to the Committee, considering and scrutinising the plans, models and programmes that are developed and implemented, including the annual workforce plan and associated commissioning plan, supporting and endorsing these as appropriate.

3.6 Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income.

3.7 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.

3.8 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).

3.9 Approve appointments made by the Advisory Appointments Committee.

3.10 Refer people, culture and organisational development matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.

3.11 Approve the workforce and organisational development policies and plans delegated to the Committee.

3.12 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the People, Organisational Development & Culture Committee and oversee delivery.

3.12 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 Membership must include an Independent Member from the Quality, Safety and Experience Committee.

4.3 The following should attend Committee meetings:

In Attendance
Director of Workforce & Organisational Development (Lead Executive)
Medical Director
Director of Public Health
Director of Nursing, Quality & Patient Experience
~~Director of~~ Communications and Engagement Director
Chair of HDdUHB Staff Partnership Forum
Director of ~~Therapies~~ Allied Health Professionals and Health Sciences

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third (3) of the In Attendance members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the People, Organisational Development & Culture Committee.

5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.

5.9 The Chair of the People, Organisational Development & Culture Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Workforce & OD), at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/relevant Director.

6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

10.1.1 joint planning and co-ordination of Board and Committee business;
10.1.2 sharing of information.

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committees reporting to this Committee are ~~is~~:

10.3.1 Research & Innovation Sub-Committee
10.3.2 Strategic People Planning and Education Group

The management group feeding into this Committee is the:

10.3.3 Workforce & OD Leadership Group

There are also other links to this Committee through the:

10.3.4 Staff Partnership Forum
10.3.5 University Partnerships

The advisory group feeding into this Committee is the:

10.3.6 Black Asian Minority Ethnic (BAME) Advisory Group

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis, to the Board on the Committee's activities. This includes the submission of a committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 – Targeted Intervention areas relating to Leadership, Capability and Culture

The **leadership, capability and culture** whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Workforce and structure
   - Review the scope and breadth of responsibilities, review the effectiveness of the structure to deliver high quality safe care and experience for patients and their families/carers.
   - Review key medical and nursing gaps and capacity for all clinical groups making recommendations for the future.
   - Focus on strategic workforce planning and maximising the skills of its current staff.
   - Ensure that all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery. Empowering effective decision making and a constant focus on performance improvement.
   - Review the clinical leadership arrangements ensuring that job plans are reviewed and updated on an annual basis.
   - Support the development of a policy for job planning for consultants, SAS doctors and where appropriate for other senior clinicians.

2. Leadership and development
   - Ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.
   - Ensure that clinical leadership is visible and effective; there is leadership development support in place and the consultant body as a whole is actively engaged in driving forward service improvement.
   - To have completed a review of clinical leadership at all level/capacity and capability/multi-professional working/empowerment of more junior staff identifying change champions and empower local leadership models.
   - The health board has and is progressing the actions within its strategic equality plan is reviewed annually by the Board.

De-escalation criteria for strategy and planning

1. A full and substantive Executive Director Team, with a clear organisational structure is in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care. (42)
2. Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback. (43)
3. Positive staff engagement in NHS Wales surveys. (44)
4. Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan. (45)

5. *Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies. (46- Aligned to SDODC)*
6. Clinical change is led and driven forward by clinical leaders at all levels of the organisation. (47)
7. *A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback. (48 – aligned to QSEC)*
8. Effective use of data to help demonstrate improvements in leadership. (49)

Appendix 2 - Planning Objectives aligned to Committee

Planning Objective		Lead	Class
1	Workforce stabilisation	Director of Workforce and OD	Critical enabler

~~Strategic Objective~~	~~Domain~~	~~Strategic Goal~~	~~Planning Objective~~	~~Executive Lead~~
~~1~~	~~Our People:~~ ~~We have the people we need to achieve our purpose and strategy~~	~~1. Grow and Train our Workforce~~ ~~We have the right people we need, with the right skills and knowledge~~	~~1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates~~	~~Director of Workforce and OD~~
~~2~~			~~1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.~~	~~Director of Workforce and OD~~
~~1~~		~~2. Support and Retain our Workforce.~~ ~~Our people feel motivated and supported~~	~~2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships~~	~~Director of Workforce and OD~~
~~2~~			~~2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.~~	~~Director of Workforce and OD~~
~~1~~			~~2c Develop and maintain an overarching workforce, OD and partnerships plan~~	~~Director of Workforce and OD~~
~~3~~	~~Our Future:~~ ~~Building a better health care system for future generations~~	~~5: World class infrastructure~~ ~~We are building the infrastructure needed to provide high quality care~~	~~5b Research and Innovation~~	~~Medical Director~~
~~2~~		~~6: Sustainable services~~	~~6c Continuous Engagement -To establish an overarching programme of work for continuous~~	~~Director of Communications and Engagement~~

		Designing and implementing more sustainable services	engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication.	
3	Our Communities: Our population is healthy, and we have a positive impact on the determinants of health	8: Positive impact beyond health As an organisation we have a positive impact beyond health	8d Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words	Director of Communications and Engagement

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 September 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Equality Plan Annual Report 2023/24 (incorporating workforce equality data and pay gap reports)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce and Organisational Development/Interim Deputy CEO
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird, Assistant Director – Strategic Partnerships, Diversity and Inclusion

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 2024, in line with the PSED requirements.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 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 gender pay data. Alongside this, we are publishing our pay gap position for ethnicity and disability.

Cefndir / Background

The Equality Act 2010 establishes 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 Public Sector Equality Duty (PSED) and 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 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. This is a useful way to measure 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. Although not required, reporting pay differences between ethnically diverse and disabled colleagues is encouraged as a means of improving inclusion and to tackle inequality in the workplace.

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 workforce equality data 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.

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 (2023/24) progress has been made against each of the four strategic equality objectives set out in the 2020-2024 Strategic Equality Plan. Examples of these are described within the report and a short video has been developed to highlight some examples which it is hoped can be shared more widely with the public and our staff so that they know a more detailed report is available to read. Some of the key achievements outlined in the report include:

Leadership By All

- Leading the way in Wales with Autism Awareness training, which is mandatory for all staff.
- Delivery of Cultural Intelligence training, which explores culture and its relevance to inclusion and belonging, introduces cultural value dimensions and how they inform behaviour and attitudes, and provides strategies to manage and mitigate biases and negative stereotypes.

Working Together

- Appointment of a Gender Nurse Specialist as part of the local Gender Team to support our gender diverse communities.
- The internship project to facilitate and foster the acquisition of jobs by people with disabilities and additional learning needs, working in partnership with social care and the further education sector.

Improving Health and Wellbeing for All

- Improving the experience of patients with sensory loss attending out-patient departments through our work to develop awareness raising information.
- Working with Gypsy and Traveller communities and individuals who are homeless or vulnerably housed has directly impacted on addressing inequalities in health, and responding to communicable disease outbreaks.

Being an Employer of Choice

- Embedding the range of staff support networks available to staff and encouraging them to participate in policy developments, consultations, awareness raising events and training.
- Celebrating the achievements of our Apprenticeship programmes and the commencement of 34 staff on the nursing pathway during the year.

These are just a few examples of the Health Board's work, and more detail can be found in the full Annual Report. Whilst the Health Board can demonstrate a number of positive initiatives and programmes of work which advance equality, the picture is different if we look more closely at the workforce equality and pay gap data. This year, we undertook some intersectional analysis, in recognition that many people will have more than one protected characteristic. Certain aspects of who we are, for example our race, gender, faith and socio-economic status can increase our positive experiences, but could also contribute to negative experiences made worse by the combined effects of multiple discrimination, barriers and challenges.

The initial intersection analysis has highlighted potential systemic issues which will require further investigation; this means that the Board cannot be assured that there is no discrimination taking place within the Health Board. The analysis highlighted:

- **Ethnicity and Recruitment**: The data (section 3.4 in the Workforce Equality Report) showed that of all job applications received 70.5% (n=31,178) were from racially minoritised groups. It should be noted that some applicants are screened out prior to shortlisting if they do not meet the correct visa/right to work status, or do not hold the relevant professional registrations required for the post e.g. NMC registration. However, our data shows that 21.4% of shortlisted applicants were from racially minoritised groups, and of the 3,016 positions offered only 16.2%, or 490 applicants, had ethnicity recorded as Black, Asian or other minority ethnic group.

- **Ethnicity, Pay Gap and Career Progression:** The intersectional analysis looking at multiple characteristics showed that there are no racially minoritised staff (male or female) at pay bands 8b, 8d and 9. Further analysis of 544 newly qualified nurses who gained registration in 2022, 2023 and 2024 (to date) has revealed that 51 staff have progressed from Band 5 to Band 6, and 1 staff member has progressed to Band 7. However, of the 51 newly qualified staff progressing to Band 6, only 3 (5.8%) are recorded on ESR as representing minoritised ethnic groups, and none have been promoted to Band 7 during the period being reviewed.

- **Gender, Pay Gap and Career Progression:** Whilst the percentage of female staff is higher overall within our workforce, the percentage of female staff starts to decrease for pay bands 8c and 8d, with pay band 9 showing a significantly higher percentage of males (63%) compared to females (37%).

- **Disability and Recruitment:** Of the total 44,211 applications received last year 1,381 (3.1%) declared a disability. Of these 613 were shortlisted, which was 7.6% of the total shortlisted applicants, and subsequently job offers were made to 183 applicants - 6.1% of all total job offers. The success rate for disabled applicants based on the total number of applications received from disabled people was 13.2%. The additional intersectional analysis of newly qualified nurses also showed that 3.9% of staff achieving a band 6 promotion were disabled.

The analysis is time consuming, as it requires the creation of bespoke reports, but it is imperative for the Health Board to understand and identify action that could be taken to remove disadvantage, and ensure that what we do as an employer does not create barriers.

In addition to local analysis, the Health Board has recently received the first Workforce Race Equality Standard Organisational Report 2024. This report draws data from the Electronic Staff Record as well as the NHS Staff Survey. Areas which have been flagged for further

review include issues relating to recruitment and career progression, as well as the low levels of responses to the NHS Staff Survey which limits the understanding of staff perception and experience. The report also highlighted that the levels of undeclared ethnicity of Executive and Non-Executive Board members are 15.38% and 55.5% respectively which contribute to WRES Indicator 1 – percentage difference by ethnicity between the organisation's Board executive and non-executive membership and its overall workforce.

The NHS Staff Survey also highlighted that 7% of respondents had experienced discrimination at work from colleagues, and 7% said they had experienced discrimination at work from patients, their relatives or members of the public. In addition 11% of respondents stated that they had been the target of unwanted behaviour of a sexual nature from members of the public, patients or their relatives and 5% said they had been the target of unwanted behaviour of a sexual nature from colleagues.

The effective use of data is paramount and will contribute to improved experiences of staff and patients, as well as in the way we lead and deliver our services. We must also give a clear message to our staff, our patients, their relatives and the public that we will not tolerate discrimination or harassment, and when it is raised, we will challenge the behaviour and take all appropriate action to protect our staff.

There is a need to identify the areas of work which the Board would like to see prioritised, in order to put in place actions which will contribute to the beginning of a fundamental shift in the inequalities which are being reported and experienced. It is important to note that any changes made in the current year are unlikely to result in short term shifts, but the actions taken will be an investment in a longer-term approach and commitment to reducing discrimination and inequality.

Argymhelliad / Recommendation

The Board is requested to:

- **AGREE** the SEP Annual Report 2023-2024 for publication, noting that this is a consolidated report bringing together all reporting requirements established under the Equality Act 2010.

- **DISCUSS** the findings of the intersectional analysis and advise the People, Organisational Development and Culture Committee (PODCC) on the areas of action the Board would like to see progressed and monitored during the first two years of the next SEP reporting period (2024-2026).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Equality Act 2010 • Public Sector Equality Duties (Wales) 2011 • Health Board's Strategic Equality Plan and Objectives
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	An early draft of the report was shared with all the Staff Partnership Forum at their meeting in May 2024, and Trade Union representatives were involved in discussions related to intersectional analysis of the workforce information and pay gap report. The draft report has also been shared with members of the staff networks and their comments have been incorporated into the final version which was presented at Staff Partnership Forum at their meeting in August 2024. A final draft report was considered at PODCC in August 2024 and it was agreed to recommend to Board that this is approved for publication.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	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.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	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.
Gweithlu: **Workforce:**	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.
Risg: **Risk:**	Challenges from staff or the public in relation equality and human rights can result in financial and reputational damage to the Health Board.
Cyfreithiol: **Legal:**	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.
Enw Da: **Reputational:**	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.
Gyfrinachedd: **Privacy:**	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.

Cydraddoldeb: **Equality:**	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. An Equality Impact Assessment has not been undertaken as this is an Annual Report.

"...Making a difference... We have to see people in the context of their lives and ask what matters to them."

Strategic Equality Plan Annual Report 2023-2024

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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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.

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.

Our work to progress the equality agenda is inter-linked with several pieces of legislation, policy drivers and the findings of key reports including:

- The Welsh Language (Wales) Measure 2011 – National Assembly for Wales
- Well-being of Future Generation (Wales) Act 2015
- The Welsh Language Standards (No.8) Regulations 2022 – Welsh Government
- More than just words – Welsh Government
- The Socio-economic Duty – Welsh Government
- The Armed Forces Covenant Duty – UK Government
- Anti-racist Wales Action Plan – Welsh Government
- LGBTQ+ Action Plan – Welsh Government
- Is Wales Fairer? (2023) – Equality and Human Rights Commission

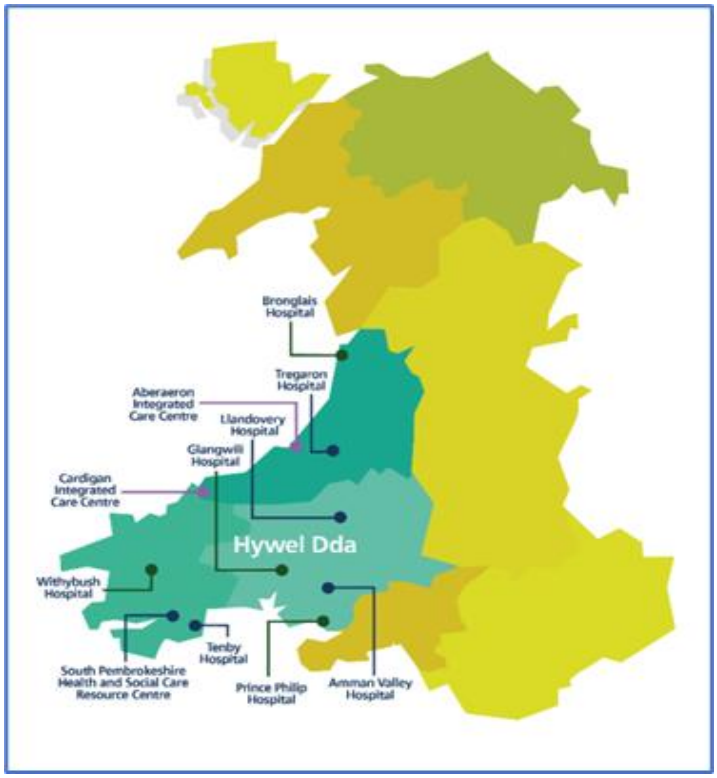
Whilst our annual report is an overview of some of the Health Board's work to promote equality, diversity and inclusion, it should be read alongside other key documents outlined below and hyperlinks are provided to the documents:

- Hywel Dda University Health Board Annual Report
- 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 (2023)

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 Report 2023-2024:

- Our Health Board covers a quarter of the land mass of Wales.
- We employ approximately 13,000 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 work in partnership with our three local authorities as well as colleagues from the public, private and third sectors.



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, 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 Welsh Index of Multiple Deprivation and Stats Wales.

Further information about the characteristics and needs of our population 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 – the Carmarthenshire We Want

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.

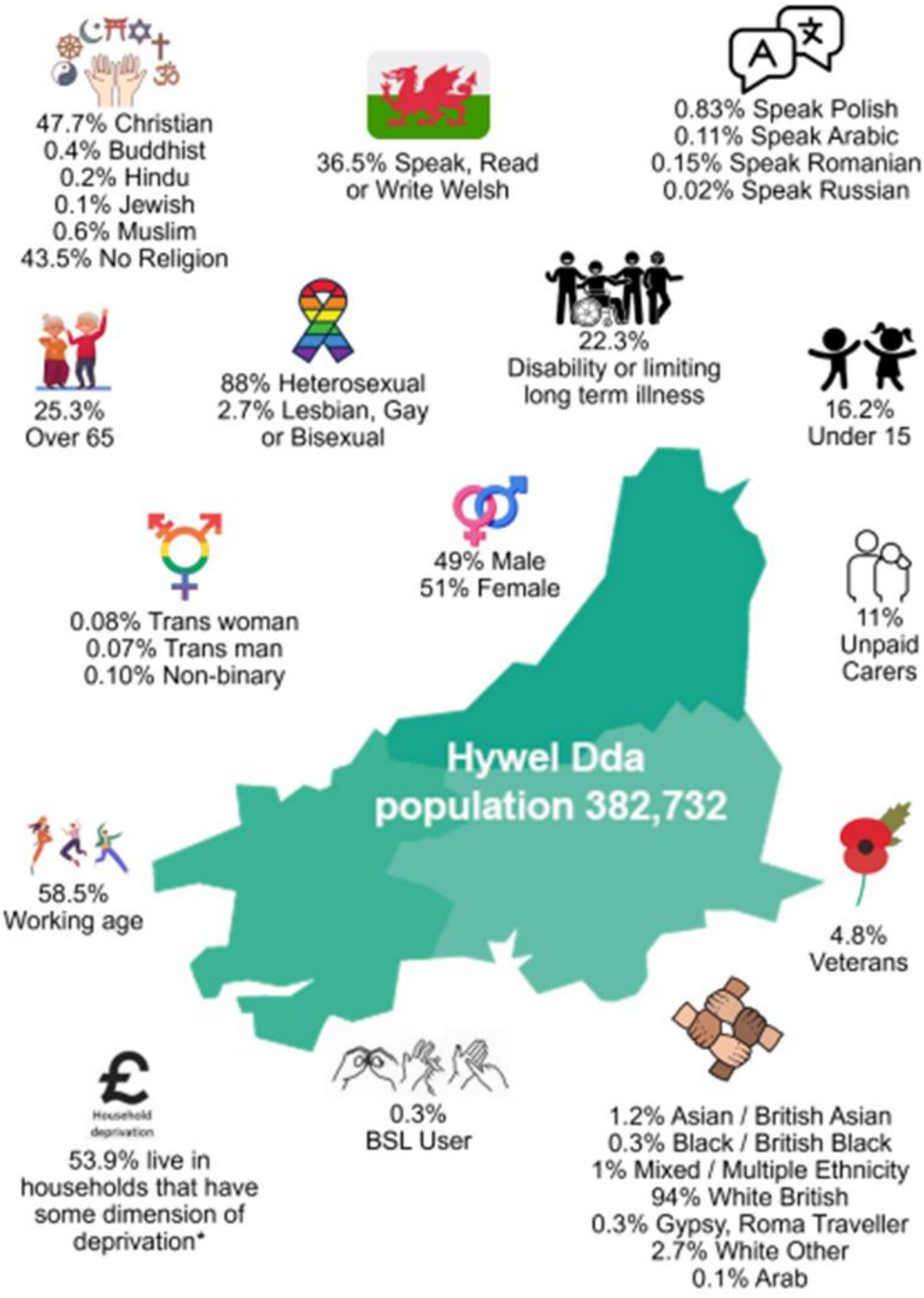
There are high concentrations of Welsh speakers in some areas across the three counties and we strive to provide an active offer to patients who may wish to receive their services in Welsh. We seek to learn who our Welsh speaking service users are and we ask our Welsh speaking staff to register their Welsh language skills on their Electronic Staff Record (ESR). 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 2023-2024 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.

An overview of the population of Hywel Dda University Health Board can be found on the following page.

Our population

The infographic below provides an illustration of the characteristics of the people living in Hywel Dda and is drawn from the averages of the data for each local authority area.



*The dimensions of deprivation used to classify households are indicators based on four selected household characteristics. - Education, Employment, Health & Housing (Household deprivation - Census Maps, ONS). Data provided by ONS Census 2021 https://www.ons.gov.uk/census

Our strategic equality plan and objectives 2020-2024

Our Strategic Equality Plan (SEP) 2020-2024 sets out how we 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. We established four key objectives which 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.

Our SEP Objectives have been aligned with the Health Board's Wellbeing Objectives which in turn link to the wellbeing goals set out in the Wellbeing of Future Generations (WFG)(Wales) Act 2015. The WFG Act is central to our approach to the long-term journey that we are on which was described 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:

Together we are building kind and healthy places to live and work in Mid and West Wales.

The examples provided in this annual 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.

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, BREXIT and the war in Ukraine. There are plans in place for a Health Improvement and Equity Oversight Group to be established in order to monitor health inequalities for specific individuals, to identify actions to reduce those inequalities and to 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. 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 in 2023-24?

Developing our staff

Evidence continues to highlight that the biggest impact on organisational culture is leadership. Following robust research and design work during 2022, the past 12 months saw the launch of three new programmes:

- **LEAP (Leadership Engagement with Awesome People)**
  Leaders at Hywel Dda need to be agile, vibrant, responsive, innovative, diverse, and regenerative. LEAP was created to develop and support leaders to be able to respond and adapt to the challenges both now and in the future. Five cohorts of the new LEAP programme have been delivered over the last 12 months and each cohort consists of between 15 and 20 attendees. The programme empowers staff to build on their own and their teams' strength to develop individual and collective performance, provides challenge and critical awareness of personal approaches to leadership, its impact, and their responsibilities.

  The Strategic Partnerships, Diversity and Inclusion team deliver a 'Creating an environment where everyone can flourish and thrive' session which covers topics such as benefits of diversity and inclusion in the workplace, equality and diversity laws and legislation, discrimination, unconscious bias.

- **Talent Management and Succession Planning**
  To further enhance and develop our senior leadership body, a 'Leading Hywel Dda into the Future' leadership framework was designed. This provides guiding principles for aspiring and current senior leaders, assisting them in

continual assessment and development of competencies and behaviours that are aligned with the Health Board's values.

A leadership development centre was held in July 2023 which was designed to identify, develop, and grow the careers of our talented leaders who wish to progress their leadership career in Hywel Dda. As a result, an aspiring Assistant Director Talent Pool was launched and 6 leaders gained membership. The Talent Management team will continue to meet with members to support and monitor individual progress.

- The Coach Approach
  Coaching in the workplace can result in staff feeling motivated, empowered, and valued. The Coach Approach programme is designed to provide leaders with the principles and skills to develop a coaching style of leadership. Since its launch in the Autumn of 2023, 7 cohorts have been delivered to 86 leaders from across the Health Board. Attendance at this programme is open to all staff, and is not determined by grade or position.

- Management training
  During 2023-2024 the Health Board launched three new sessions, which built on existing inclusive training and unconscious bias sessions. The new sessions – effective communication, managing change and presentation skills - all include examples of equality, diversity and inclusion best practice.

- Making a Difference
  Over 1,000 staff have accessed the "Making a Difference" Customer Service programme which explores ways to create positive interactions with Hywel Dda customers, our patients, families, and visitors. The programme focuses on promoting effective communication, providing tools to manage conflict and incivility and is reinforces the Hywel Dda Values and Behaviours framework.

- Cultural Intelligence training
  The Health Board's Organisational Development Relationship Manager service developed and delivered training in conjunction with the Learning and Development team in order to increase the cultural intelligence skills of managers and leaders. The sessions explore how our cultural preferences inform our behaviour, attitudes and how we lead, behave, relate to and engage others.

- Anti-racism training
  A key action within Welsh Government's Anti-racist Wales Action Plan is that "All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board

members) to meet the vision of an anti-racist Wales". With this action in mind, the Strategic Partnerships, Diversity and Inclusion team arranged for 'No Boundaries', a specialist training and management consultancy, to deliver an anti-racism session to board members in October 2023.

- Autism Awareness training
  In line with the rising diagnosis rates and subsequent demand for support for people with autism, the Learning and Development team worked in partnership with Autism Wales to procure training on autism awareness for our staff. Autism Wales 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. At the end of March 2024, 81.5% of Health Board staff had completed the module; the highest compliance of all Health Boards across Wales. The Health Board will be looking to increase completion rates further, develop further modules and aim to achieve the "Autism Understanding Organisation" certification.

Black, Asian and Minority Ethnic Advisory Group

The Health Board's Black, Asian and Minority Ethnic Advisory Group continued to meet on a regular basis throughout 2023-2024 and provides updates on its work to the People, Organisational Development and Culture Committee. The Advisory Group has ownership and oversight of the Health Board's work to meet the requirements of Welsh Government's Anti-racist Wales Action Plan, and has developed a local action plan to implement actions to improve the experiences of Black, Asian and Minority Ethnic staff and service users.

The Welsh Government's Anti-racist Wales Action Plan (ArWAP) sets out to tackle structural racial inequalities in Wales to make 'meaningful and measurable changes to the lives of Black, Asian and Minority Ethnic people by tackling racism' with an aim of Wales being an anti-racist nation by 2030 (Anti-racist Wales Action Plan | GOV.WALES). The initial focus of the local action plan has been on the experience of career progression for nurses from ethnic minority groups in Hywel Dda. A Working Group led by the Workforce Culture, Diversity and Inclusion Manager is drawing on existing work and learning from and the experiences of nurses from ethnic minority groups has been gathered through a range of local and national sources. As well as career progression, the Working Group focused on recruitment and development culture, and sought to highlight and address any discriminatory practice.

Supporting staff arriving from overseas

Activity has been ongoing to ensure that staff feel welcomed and supported when they join the Health Board, especially when coming to Wales from overseas. There are a number of clinical fellows as well as some specialist, associate specialist and

speciality doctors (SAS doctors) and an increasing number of International Medical Graduates (IMG's) taking up training posts for the first time in the UK, as well as Internationally Educated Nurses, so it's been essential that the recruitment process, including induction provides them with the information they need.

The Black, Asian and Minority Ethnic Advisory Group also identified that staff moving into employment with the Health Board from other countries would benefit from additional support and a pilot scheme was developed focused on supporting overseas doctors. Following review by a small task and finish group it was identified that a Workplace Buddy scheme would be beneficial for all new members of staff. This scheme has now been rolled out across the Health Board for all new starters.

Workplace buddies are colleagues that encourage and demonstrate high quality practice, to promote effective and safe practice and help people settle into their new environment with more comfort and ease. Having support, especially during those first few weeks or months, can make a big difference to a new colleague's experience and will support staff retention.

Celebrating Diversity

The Health Board's Strategic Partnerships, Diversity and Inclusion Team produce an annual Diversity Calendar which 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. The Strategic Partnerships, Diversity and Inclusion Team also produce and share a 'What's on' document for each month as a reminder of cultural or religious events. Both the Diversity Calendar and the 'What's on' documents are shared through various communication channels with Health Board staff members throughout the year. During 2023-2024, several celebration events took place and a selection have been highlighted below:

International Women's Day

To mark International Women's Day a wellbeing event was arranged in partnership with 'People Speak Up', the 'Llanelli multicultural network' and the Health Board's Community Development Outreach Team (CDOT). The event was attended by approx. 130 people from the local community. Health promotion messages were shared by public health midwives, the immunisations and vaccinations team, social prescribers and CDOT provided guidance on healthy eating, smoking cessation, and alcohol reduction in various community languages.

(event poster for International Women's day event 2023)

To further promote International Women's Day the Strategic Partnerships, Diversity and Inclusion team promoted a variety of additional reading resources that staff members could access from the Health Boards library service (see example below).

(Example of the library resources promoted in line with International Women's Day)

Multi-faith Christmas Service

The Spiritual Care Team held a multi-cultural Carol Service providing an opportunity to celebrate together the hope, peace and joy for Christians across the world. The service acknowledged and appreciated the diversity of faiths and beliefs, and affirmed our commitment to equality, inclusion and respect for all. Staff from a variety of cultural backgrounds and countries participated in the event where they delivered readings, prayers, songs and reflections from different Christian traditions and languages.

Case Study - Diwali Celebration Unites Cultures (summary from reflections by Jennie McClymont, Staff Network member)

On the 5th November 2023, in a vibrant display of diversity and cultural harmony, Hywel Dda Health Board hosted a joyous Diwali celebration. The event, organised by the Black, Asian, and Minority Ethnic Staff Network members and allies, offered a glimpse into the rich cultural tapestry of those who call Hywel Dda University Health Board their workplace. The venue was adorned with colourful decorations, traditional Rangoli patterns, and flickering Diya, creating an ambience that resonated with the spirit of Diwali. The festival, widely celebrated by the Hindu community, transcended cultural boundaries. The Black, Asian, and Minority Ethnic Staff Network, recognising the significance of Diwali in the lives of many of their colleagues, organised an inclusive event that would not only celebrate the festival but also foster a sense of community and understanding.

One of the highlights of the celebration was a multicultural feast, where attendees had the opportunity to savour a wide array of delicious homemade dishes brought to the event by attendees from various cultural backgrounds. In addition, messages of encouragement and well wishes were shared by the senior leadership team to all in attendance hoping health, wealth and happiness would be their experience. In the spirit of Diwali, the event concluded with the symbolic lighting of candles, signifying the triumph of light over darkness and the unity that can be found in diversity. The celebration left a lasting impact on the participants, creating a sense of belonging and reinforcing the idea that cultural differences can be a source of strength and enrichment.

(Picture of staff at the Diwali event 2023)

Supporting Pride events

Members of the Strategic Equality, Diversity and Inclusion team alongside members of the Health Board's Enfys LGBTQ+ staff network represented the Health Board at several local Pride events, including Swansea, Carmarthen, Llanelli, Pembrokeshire

and Aberystwyth. See collage of Health Board staff and colleagues at various Pride events during 2023.

The Director of Workforce and Organisational Development, and the Assistant Director of Strategic Partnerships, Diversity and Inclusion also attend some Pride events to promote the Health Board's leadership commitment to LGBTQ+ communities both as an employer and as a healthcare provider. During Pride events members of the public were able to access health promotion information and discuss any matters of concern and seek advice from community midwives, sexual health and smoking cessation staff.

(Collage of Health Board staff and colleagues at various Pride events during 2023)

Black History Month

The Health Board celebrated Black History Month in October 2023. As well as a number of awareness raising events, Winston Weir, Independent Board member and Chair of the Black, Asian and Minority Ethnic Advisory Group shared some reflections on his own cultural heritage and his ambitions for the future of the Advisory Group and the Black, Asian and Minority Ethnic Staff Network. This information was shared via global emails across the Health Board and directly with Advisory Group and Staff Network members as part of the Health Boards action to provide visible leadership.

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 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 in 2023-24?

Supporting our diverse populations
The Community Development Outreach Team (CDOT) work in the community to gather information about the needs of our diverse populations and where needed provide information, advice and support to enable individuals and families to access health care services. In general, the CDOT team:

- Meet and talk with people in the community and encourage participation in public engagement events
- Share important public health messages
- Empower people to access healthcare services and promote vaccine uptake
- Connect people with other agencies
- In partnership, plan and attend community events to bring communities and services together to celebrate diversity and inclusion; and
- Support health staff to use interpretation services to ensure patients have access to interpreter services when needed and to improve patient/clinician experiences.

The CDOT have been working in partnership with Citizen's Advice, Gypsy and Traveller Wales, Pembrokeshire Association of Volunteers (PAVs), Travelling Ahead, the Fire Service and the Community Immunisation Team to deliver well-being events for members of the Gypsy and Traveller communities. Many people were struggling because of the cost-of-living crisis, especially household bills, such as heating. Over forty people attended the events, strengthening community relationships and enabling people to understand what was available to them. People were able to make sure they had the right benefits with the help of Citizens Advice and apply for winter fuel grants to help with the cost of living. There were also opportunities to sign

up for the Period Poverty delivery scheme and to register as an unpaid carer which is something that affects many people in the Gypsy and Traveller communities.

The CDOT have worked in partnership with 'The Goods Shed' in Llanelli to hold a number of well-being events bringing together various organisations and Health Board teams to support wellbeing in the Tyisha Ward which is an area of socio-economic disadvantage in Llanelli. The team also regularly refer individuals to foodbanks, as well as visiting the foodbanks themselves to engage with those that attend, and visit drop in events for people that are homeless and vulnerably housed or are socio-economically disadvantaged, to share health messages and promote community vaccination opportunities, signpost and refer to organisations that could support.

Supporting asylum seekers and refugees

In response to the requirement for widening dispersal, the Health Board worked with the Local Authorities and Clearsprings to ensure that new arrivals had the information they need in order to access health care. This includes those who came to Wales under the resettlement schemes from Afghanistan, Ukraine and Syria as well as asylum seekers from other countries. Our CDOT team were integral to the process, providing support by:

- Providing information in Ukrainian, Russian and other languages on accessing healthcare services;
- Delivering health talks through ESOL (English for speakers of other languages) classes and 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;
- Working in partnership with the local authority and local third sector organisations to refer to wellbeing support;
- Liaising with Public Health Midwives to ensure patients accessed pregnancy information and support.

Case Study – Access health services

Martha, an Asylum seeker, needed to attend an appointment but was unable to speak or read English/Welsh. The language barrier was making it difficult for Martha to navigate her way to the appointment and find her way around the hospital grounds. The Community Development Outreach Team were able to arrange for a hospital volunteer to meet Martha and escort her to the appointment, and arranged for an interpreter to be available at the appointment. As a result of this support, Martha is able to get to appointments independently and is also that she can ask for support from an interpreter.

Supporting our Gender Diverse Communities

As gender diverse communities continue to increase across the three counties, the Health Board must adapt its services to meet the individual needs of service users. Providing healthcare advice and treatment to gender diverse service users has been a new experience for many of our staff. 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.

In September 2023 the Health Board appointed its first Gender Nurse Specialist as part of the local Gender Team which supports patients living in Hywel Dda. Part of the role of the Gender Nurse Specialist will be to support primary care services with the delivery of care to the local trans community.

Working with further education partners

The 'Is Wales Fairer' 2023 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 created an internship project. Initially, the project was set up in Prince Philip Hospital to foster and facilitate the acquisition of jobs by people with disabilities in Carmarthenshire. The internship project has since been expanded so that further education students with additional learning needs from both Carmarthenshire and Pembrokeshire (Coleg Sir Gar and Pembrokeshire College) have the opportunity for extended work experience with the Health Board. Talks are currently ongoing with Coleg Ceredigion for the same model to be replicated in Bronglais General Hospital.

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 informed by local needs, improve access and reduce inequalities.

Anticipated Outcome
Staff have access to training and development opportunities to enable feedback received from out 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 in 2023-24?

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. Evidence shows that patients with sensory loss in Hywel Dda have experienced delayed and cancelled appointments due to lack of communication support. Several patients have also reported that their sensory loss needs, including the need for a guide dog on health premises, are often overlooked by staff due to lack of awareness of their communication and support needs.

To address issues and promote equality of opportunity, the Health Board has started work on developing a visible marker on patients notes that would support staff in outpatients and wards to identify and use the patients' preferred way of communication. Whilst this project focuses on communication needs of people with sensory loss, it is expected that this marker mechanism will include the facility for other communication needs such as foreign language and easy read needs to be recorded. It therefore has the potential to meet the needs of patients with a range of protected characteristics.

As a result of this work a 'Can we help?' poster will be displayed throughout the Health Board which will encourage patients to share their preferred form of communication and prompt staff to enquire about any communication needs. The poster will support staff to provide an equitable service, and to improve the patient experience for those with sensory loss.

BSL Lunch Club

In May 2023 the Health Board launched the British Sign Language (BSL) Lunch Club for staff working in Glangwili General Hospital and the Carmarthen area. The club was set up as a safe space for staff to sign and dine and to practice and share their BSL skills with colleagues and friends. Based on the feedback and experiences in Glangwili Hospital the Strategic Partnerships, Diversity and Inclusion team hope to support the roll out of the BSL club in all acute hospital sites across the Health Board. A virtual BSL Club was also developed and launched in September 2023 to ensure staff from all service areas are able to join the club. Since the launch of the BSL Lunch Clubs, a total of seven face-to-face sessions and six virtual sessions have been held.

Staff Sensory Loss training

The Enabling Quality Improvement in Practice (EQIiP) Sensory Loss Project Team reviewed the numbers of staff who had completed the NHS Wales Sensory Loss e-learning module. The e-learning module is not a mandatory module so increasing the completion rate within the Health Board has been aligned to a number of quality improvement actions, including being linked to the piloting of the Sensory Loss Friendly Assessment checklist. The e-learning module and a number of awareness raising training sessions were widely promoted during the 'It Makes Sense' Campaign in November 2023 and over the course of 2023/24 data has shown that 44% of those who completed the sensory loss e-learning module did so during November 2023 demonstrating that on-going awareness raising and promotional information is effective.

Digital Inclusion

The Health Board's Digital Inclusion team continued to promote various information sessions throughout 2023-2024 to support the workforce to develop their digital skills and confidence and to offer access to digital resources. 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.

A Digital Services project aimed to both help improve communication with patients and reduce the financial and environmental burden of paper letters has been ongoing throughout the year. The project aim, once fully implemented, is to improve the quality of service provided to patients by:

- Increasing and improving patient choice by providing patients with the option to "opt in" to digital letters and other formats such as text reminders.
- Providing letters in an accessible Formats (Braille, Easy Read, Large Font, Text to Audio, Yellow Paper)
- Improving the speed that communication is sent and received by the patient.

Staff Psychological and Wellbeing Support

The Staff Psychological Wellbeing Service plays a central role in supporting and promoting the mental health and emotional wellbeing of all our staff. A stepped care model ensures that work continues to support cultural and systemic change; to equip leaders, managers and staff with the skills, knowledge and resources needed for good mental health at work; as well as to provide appropriate therapeutic interventions and referral pathways for teams and staff who are struggling.

The Staff Health and Wellbeing Gateway was launched in May 2023, bringing the full range of staff support services together into one place making it easier for staff to know what is available and how to access it when needed. Printed promotional material with QR codes that would enable staff to access the Gateway with their own devices without needing to be on the Hywel Dda system is in development.

The service offers regular events, webinars and input into a range of programmes across different professional groups to support emotional literacy, mental health awareness and strategies for staying well. Recordings of webinars are available to provide easy access and each one is evaluated to capture feedback and identify potential improvements.

> Without exaggeration, I would say the counselling provided has been life changing. People have remarked how well I seem to have got through the past few years, and I consider that largely down to the support I was given.

Staff have access to a range of one-to-one therapeutic support services both internal and external, and these are regularly promoted. Feedback from staff on this aspect of our service remains very positive and demonstrates an impact on mental health as well as helping staff to remain in work and to return successfully after being on sick leave. The Recovery in Nature Programme supported by NHS Charities Together was run very successfully and evaluation demonstrates significant impact on mental health and functioning with themes of personal transformation through reconnection with self, others and nature.

> Thank you beyond words for a truly thought provoking and encouraging experience, I loved every minute of it.

The 2022 Staff Wellbeing Needs Survey provided the focus for a workplan around five main themes: Improving Awareness; Rest and Recovery; Early Mental Health Check-ins, Addressing Stigma and System Solutions. The team have focused on ensuring equity of service access and Hywel Dda remains a signatory of the Mindful Employer Charter and work is underway to review participation in the Time to Change Wales campaign.

Improving the health of veterans

Of the 382,000 people living in Hywel Dda 4.08% have previously served in the UK Armed Forces according to 2021 Census data. The Armed Forces Staff Network have worked in conjunction with the Strategic Partnerships, Diversity and Inclusion team to strengthen local implementation of the priority treatment referral pathways, ensuring processes are in place to record veteran status when patients register with the practice, and create a shared understanding of the numbers of veterans in Hywel Dda. In addition, since November 2023 a multi-disciplinary Enabling Quality Improvement in Practice (EQIiP) project group has been working to develop and implement a robust mechanism to support our staff to confidently identify veterans who are eligible for priority treatment in a timely manner.

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 (CDOT) make regular visits to sites to build relationships with residents and to promote healthcare messages. Easy read information on Strep A and measles 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.

Case Study: Protecting the health of minority ethnic communities

Following a measles outbreak elsewhere in the UK, there was concern that children on a Traveller site in Hywel Dda may have missed their vaccinations. The CDOT arranged for the Community Immunisation team to visit the site with the Traveller Liaison Officer and the Traveller Achievement (Education) Service to check immunisation status. It was found that whilst most of the children were up-to-date with their MMR vaccination, there were other vaccinations that children and adults living on the site had missed. The Community Immunisation team were able to give immunisations and vaccinations including HPV (Human papillomavirus) which in some communities is considered taboo as it is a “sex” vaccination (Condon, 2023). The team was able to answer questions the community had, and the outreach session was considered successful as a broad range of immunisations were given, protecting individuals and families living in the community. The immunisations that were given to the community included:

Vaccination Given	Vaccinations Received
Td/IPV BOOSTERIX - In pregnancy	1
QIVc flu - In pregnancy	1
Shingles	1
Pneumoccocal (pneumovax) - 65yr +	1
QIVr - Flu vaccine for 65yr +	1
Td / IPV Revaxis	18
MenACWY Meningococcal A,C,W,Y groups	17
HPV Human papillomavirus	11
Nasal flu	18
MMR, Measles, Mumps and Rubella	1

Supporting people who are Homeless and vulnerably housed

The Strategic Partnerships, Diversity and Inclusion team coordinated the Health Board's Homeless and Vulnerable Groups Health Action Plan (HaVGHAP) through a multi-disciplinary Partnership Forum that ensures the implementation and adherence to legislation related to homeless and vulnerable groups.

The Health Board has continued to work in partnership with colleagues in local authorities and the third sector and one aspect of work has been to develop guidance for health staff to improve timely hospital discharge for people who are homeless or at risk of homelessness. A one-page poster was developed and is being promoted widely to all staff members across the Health Board to help our health colleagues signpost the homeless and those who are threatened with homelessness to the right local housing support gateways. Information on homeless and housing support gateways were shared with staff during a lunch and learn session on World Homeless Day.

The Community Development Outreach team continue 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. The team frequently visit homeless and vulnerably housed drop-ins to develop relationships with the attendees and have made several referrals to housing partners and the community dental service.

Supporting refugees and asylum seekers

The Health Board continued to have an active role in various local partnership forums for supporting refugees and asylum seekers. The CDOT team has continued working with the local authority support workers to support Ukrainian families and collaborated with the Community Immunisation team to explain what vaccines and immunisations are available where the vaccination programme in Ukraine may differ. Information is shared by CDOT in a range of community languages.

Case Study: Supporting refugees and asylum seekers

The Community Development Outreach Team engaged with an English for Speakers of other Languages (ESOL) class and met six Ukrainian refugees. Two of the learners were new to the area so did not know how to access local health care services. The team promoted the availability of interpretation and translation services, access to healthcare and demonstrated the NHS111 and Hywel Dda websites showing the learners how to use the translation and Recite functions. As a result of the visit, the learners know what to do in an emergency and have interpretation cards to be able to ask for interpretation services when needed. This will improve their health outcomes and they feel more empowered to manage their own health and wellbeing and to ask for help.

Supporting our Faith Groups

The Spiritual Care department work proactively throughout the year to support the health and wellbeing of staff, patients and families of all faiths and none.
The Community Development Outreach Team (CDOT) regularly attend Friday prayers at local Mosques throughout Hywel Dda to engage with the community to share health messages, interpretation and translation information and discuss how to access healthcare services. The CDOT also attend church services and events to meet with people to discuss topics such as: healthy eating, cancer screening, unpaid carers services, alcohol reduction and smoking cessation.

Supporting unpaid carers

The most recent national Census in 2021 gathered information about unpaid carers in West Wales and reported that:

- 40,535 people identified themselves as carers
- 1/3rd of carers of all ages provide over 50 hours of care per week
- 51% of the over-65 population provide over 50 hours of care per week.

The Health Board commission specific support for unpaid carers of all ages, in line with the statutory duties set out in the Social Services and Well-being (Wales) Act 2014. Improving the involvement and experience of unpaid carers while the person they care for is in hospital, and especially at the point of discharge has been a continued priority within the Health Board, with the aim of ensuring that the unpaid carer is involved in the hospital discharge planning process. Carers officers are employed via the third sector to support staff and unpaid carers in each general and community hospital. The Carer Officers also measure wellbeing outcomes during their 'what matters to me' conversations. During the course of 2023/24 718 unpaid carers have been supported directly by the Carers Officers based in our hospitals, and in addition 1185 information packs were distributed to carers to support them in meeting their caring needs.

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 in 2023-24?

Future Workforce Initiatives
Development of a workforce for the future remained a key priority throughout 2023-24. During the year the Health Board established a Strategic People Planning and Education Group to coordinate, oversee and consider collective approaches to work streams in education and training to provide added value to enhance the education provision. Collaboration between Powys Teaching Health Board and Hywel Dda University Health Board has supported the effectiveness of development opportunities and resources. The Health Board are also promoting innovative learning approaches, moving towards inter-professional education and simulation-based learning, including a partnership with Swansea University towards creation of a Virtual Reality Simulation Project.

During the 2023/2024 financial year, 83 Internationally Educated Nurses passed their Objective Structured Clinical Examination (OSCE), contributing to the reduction in nursing agency usage and contributing to the cultural diversity of our workforce. Recognising the importance of creating a future pipeline, collaboration with schools, colleges, training providers, the Job Centre and Department of Work and Pensions continued to provide:

- Programmes to support further education students with additional learning needs;
- Masterclasses and 'meet the profession' days for those considering a range of health care professions;
- Delivery of over 140 bilingual school engagement sessions across all three counties;

- Support for those not in employment, education, or training to understand employment opportunities and providing employability skills, including application processes;
- Greater recognition of volunteers through celebration events and encouraging greater activities to create a volunteer community.

Apprenticeship pathways

Departments across the Health Board take part in yearly apprenticeship recruitment events. The Hywel Dda Apprenticeships are open to all but do attract mostly younger candidates under the age of 25. However, other seldom heard groups such as the unemployed and those not in education, employment or training are engaged with as part of recruitment activities. Several improvements have been made to the apprentice induction process to support retention and improve participant experience, which now includes a greater focus on wellbeing, professional behaviours, and bereavement. 34 Healthcare Apprentices are now on a nursing pathway.

Working in conjunction with the Health Board's Iechyd Da Youth Health Liaison Team, the STAR programme (a leadership development programme that brings together senior sisters and charge nurses from across the Health Board) has been enhanced and includes information on emotional health topics (confidence, anger management, coping techniques, dealing with stress and anxiety), healthy relationships, substance misuse, gender stereotyping and perceptions. The input from Iechyd Da has been well received with the 2023 apprentice cohort being the first to pilot the newly designed induction programme. Additional personal support is provided by the Iechyd Da team for individual apprentices between the ages of 16-25, based on a referral process.

With the introduction of Engagement Officers on each acute site, Future Workforce participants (apprentices, volunteers, and work experience candidates) can access pastoral support and signposting.

The Joint Apprenticeship Programme

In addition to the Health Board apprentice programme a Joint Apprenticeship Programme has been developed with local authority partners. This provides the local population with employment opportunities and experience of different roles within Health and Social Care settings. Apprentices have had the opportunity to work with a variety of population groups which included people with dementia, people with learning difficulties including neurodevelopmental and people with emotional and mental health wellbeing needs. The project also contributed towards the support of children and young people with complex needs by providing an apprenticeship opportunity to an individual experiencing homelessness and someone who has been in the care system.

There are a range of development options for those who complete the Joint Apprenticeship Programme. For example, they could progress to Social Services Pathways, Management in Care and Clinical Nursing. The main objective of the programme was to create a sustainable pipeline of local people to enter the health and care sector.

Of the 10 apprentices who enrolled on the programme, all were female and 50% of the candidates were school leavers under the age of 18, and the Joint Apprenticeship Programme was their first full-time position. These 5 apprentices successfully completed the programme. 20% of the Joint Apprentices disclosed that they had a disability on their application form and this enabled the Apprenticeship Academy to work with training providers and placement managers to ensure individual needs were met. Additional individual support was provided during study days in college, as well as allowing for extra time and support during assessments and exams. Occupational Health were able to support reasonable adjustment recommendations such as time off to attend appointments or allowing for additional short rest breaks when required.

Case Study: Apprentice pathways

Apprentice X joined the Joint Apprenticeship programme with a history of low academic achievement and was living in homeless accommodation, having previously been in the care system. They applied for the programme with the aspiration to progress into the Social Care employment sector and with a personal outcome to grow in confidence, succeed in education and to give back to the service that helped them in so many ways.

Talent Management Opportunities

A major factor of our future workforce plans include the development of our existing staff, and some of the staff development work was described earlier in this report (see Objective 1: Leadership for all). In addition to an 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.

A new Talent Pool has been established this year to support our leadership succession talent pipeline. This pool is for those aspiring to be Assistant Directors. In addition, as part of our talent development approach, the Health Board has run 2 cohorts of a new consultant programme during 2023-24 with a total of 37 participants.

Recruitment of International Nurses

The Health Board continues to recognise the skills of Internationally Educated Nurses (IENs) and the valuable contribution they make to delivering healthcare services. In 2023-24 NHS Wales continued with their ethical International Nurse Recruitment Programme. During this reporting period 83 IENs were recruited into Hywel Dda. The Nurses have relocated from a variety of countries including India, Philippines, Trinidad & Tobago, Botswana, Lesotho, Nigeria and Zimbabwe. The Health Board also participated in further All Wales ethical international scoping and recruitment programme, resulting in the recruitment of six Doctors directly from Kerala, including three Psychiatrists.

The International Recruitment Project Team, Culture and Workforce Experience Team and Workforce and Organisational Development team have continued to work 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. IENs have support and guidance and 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. To date, 197 nurses have been recruited and the retention of IENs since the first cohort arrived in 2021 is at 100%.

Inclusive and Centralised Recruitment

In a bid to support our local communities, as well as ensuring improved partnership working, inclusivity and accessibility, the Recruitment team have continued to develop pragmatic approaches to recruitment. This includes the use of shorter or no application forms, as well as offline application pathways, for positions such as Registered Nursing, Health Care Support Workers and Domestic staff. These innovative approaches increased the overall numbers of nursing and midwifery staff to 3,168 whole time equivalents in post and the Health Board received a record number of applications this year.

Staff Networks

The Strategic Partnerships, Diversity and Inclusion Team facilitated a range of staff support networks throughout 2023-2024 including:

- Armed Forces
- Black, Asian and Minority Ethnic
- Enfys (LGBTQ+)
- Menopause
- Respectability (we have two Respectability Staff Networks, one for staff with any disability or long-term condition and another for colleagues who are Neurodivergent)
- Unpaid Carers
- 50+ café

As well as providing a space to develop peer support relationships, the Staff Networks are a place for shared learning and several guest speakers delivered sessions on a variety of topics. These included digital inclusion, staff wellbeing, pension planning, childhood bereavement – the topics are aligned to the interests expressed by members of each network.

Armed Forces Staff Network

The national census data of 2021 confirmed that the areas that make up the Hywel Dda University Health Board 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 has over 80 members. During 2023-2024, members of the network, with the support of the Strategic Partnerships and Inclusion team, were involved in various collaborative meetings and partnership working so that they were able to inform decisions and activities that affect them, for example, in the planning of the Health Board's celebration of Armed Forces Week and Armistice Day and the laying of wreaths during Remembrance Sunday.

Black, Asian and Minority Ethnic Staff Network

Members of the Black, Asian and Minority Ethnic staff Network took a proactive lead in arranging celebratory events throughout the year. As previously mentioned in this report, the Diwali celebration enabled staff members the opportunity to recognise the significance of, and celebrate Diwal, and it fostered a sense of community and understanding amongst colleagues. The Network also promoted awareness raising messages for events such as Black History Month and the Pecha Kucha event.

During 2023/24 a subgroup within the Network introduced a book club to provide a greater opportunity for members to explore books of interest and promote these across the Health Board, seeking to engage with colleagues that are not members of the Network.

In addition, the Network welcomed a guest speaker who discussed their employment journey and their experiences of working within the Health Board, with an emphasis on the barriers some minority ethnic staff experience regarding career progression. The discussion also highlighted the support mechanisms that are available across the Health Board to better support minority ethnic staff if they were keen to progress with their career.

Enfys - LGBTQ+ Staff Network

Members of the Health Board's Enfys LGBTQ Staff Network represented the Health Board at several local Pride and Winter Pride events, including Swansea, Pembrokeshire, Aberystwyth, Carmarthen and Llanelli. Attendance at these events enable members of the public to provide feedback, discuss any matters of concern and seek advice from the Diversity and Inclusion team, Sexual Health team, Immunisations and Vaccinations team, Smoking Cessation team and our Maternity Services team.

The Health Board has continued to partner with the national LGBT+ charity 'Fighting with Pride' and has signed up to their Pride in Veterans Standards (PiVS) to offer additional support to our LGBT+ veterans. The PiVS is a programme developed by Fighting with Pride that ensures veterans support services are committed to being inclusive and welcoming to LGBT+ Veterans, serving personnel and their families. By signing up to PiVS the Health Board is able to visibly demonstrate a commitment to providing an inclusive and welcoming service to LGBT+ Veterans, making the whole veteran community feel confident in accessing our services and support.

Menopause Café

The Health Board's Menopause Café continues to go from strength to strength supporting staff who are impacted by or preparing for menopause. Membership has continued to grow during 2023-2024 and there are now over 170 members. The All-Wales Menopause Policy for NHS Wales has also been adapted for use within the 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.

Respectability Staff Network

Membership of the Health Board's Respectability Staff Networks continued to grow throughout 2023/24. The RespectAbility Staff Network has two sub-groups; one for staff with a physical disability or long-term condition which currently has 74 members, and another for staff who are neurodivergent, currently consisting of 43 members.

During 2023/24 several guest speakers attended the Respectability network sessions and covered topics such as:

- An introduction to the National Neurodivergence Team
- Autistic and ADHD Burnout

Network members also helped facilitate sessions and develop resources for a range of events and celebrations throughout the year e.g. Autism Awareness in April 2023, ADHD week in October 2023 and Neurodiversity week in March 2024.

Unpaid Carers Staff Network

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, the Health Board proactively supports employees who have caring responsibilities and over 120 members of staff have signed up to the staff network.

The Health Board is a member of the Carers Wales Employers for Carers Scheme and currently holds Carer Confident level 2 Accomplished accreditation and is actively involved in looking at how we can further support staff with caring responsibilities.
The Carers Team has worked with key stakeholders on a review of the Carers policy and Carers Passport, taking account of the new Carer's Leave Act 2023. The Carers Leave Act allows staff with caring responsibility to have one week's unpaid leave primarily for planned events to support their caring role and their employment.

50+ Cafe

The Health Board's 50+ Café continues to go from strength to strength predominantly supporting staff towards the later stages of their working lives. Membership has continued to grow during 2023/2024 and there are now over 85 members. During the year members had an opportunity to explore a variety of topics including:

- A digital inclusion session to improve members confidence in using digital technology
- NHS Pensions session from Money Helper to outline the options available to health board staff members.

Staff Network Survey

During 2023/2024 the Strategic Partnerships, Diversity and Inclusion team also conducted a Staff Network Survey. This survey enabled staff to provide feedback on their experiences of the Staff Networks and put forward their views on the direction of travel that they would like to see for the Networks.

The following are some examples of the feedback captured via the Staff Network Survey provides crucial information which helps the Strategic Partnerships, Diversity and Inclusion team plan and develop the future direction of our staff networks, it also ensures that the networks are catering for the support needs of staff members.

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 marginalised communities.

During 2023-2024 forty-nine training sessions were provided or promoted to staff on a broad range of topics including:

- Understanding Hate crime;
- Mental health support in the showman and wider Roma, Gypsy and Traveller Community;
- The challenges of engaging with the unengaged,
- An introduction to trans awareness;
- Sensory Loss awareness;
- Creating an environment where everyone can flourish and thrive.

In addition to ad-hoc awareness sessions, or topics that address areas of need highlighted by staff, the Diversity and Inclusion team also deliver a suite of programmes on a regular basis. These include:

- Person-Centred Care – an introductory session delivered monthly which is aimed at new staff who are in their first 6 months of joining the Health Board. The session provides an introduction to equality, diversity and inclusion;
- Active Bystander Training - staff at all levels can attend to increase staff confidence in recognising discrimination and taking appropriate action;
- Leadership Training – equality, diversity and inclusion training is delivered regularly, for managers working at Band 7 and above who wish to develop senior leadership skills to help them create and manage inclusive and cohesive teams.

Feedback from staff attending Equality, Diversity and Inclusion training

The Strategic Partnerships, Diversity and Inclusion team have also continued to develop a 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 Team deliver a suite of recruitment 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 recruitment guidance developed by the Workforce Equality, Diversity and Inclusion Advisor is readily available on the recruitment ‘working for us pages’ on the intranet.

Equitable Access to Training

The Learning and Development team has developed a system to enable the accurate monitoring of requests for study leave and various courses available to all staff across the Health Board. These monitoring systems will enable the identification of staff groups that are consistently under-represented. This provides opportunities for targeted action, for example through the work of the Organisational Development Relationship Managers who are assisting in addressing cultural barriers to development within teams. Additionally, the Learning and Development team has liaised with Health Education and Improvement Wales (HEIW) to secure funds specifically for Bands 2-4 staff to provide them with development opportunities such as digital skills, minute taking and a basic introduction to project management.

Supporting improved culture and staff experience

The Health Board’s team of Organisational Development Relationship Managers focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures. Put simply, looking after our staff, and improving our culture will, in turn, look after our patients and create a great place to work. As the cornerstone of this work, the team have co-developed a Cultural Jigsaw with our Trade Union colleagues which brings together the seven key themes our staff told us are important to them. The team use the Jigsaw to co-create corporately aligned and locally owned People Culture Plans to improve staff experience across Hywel Dda.

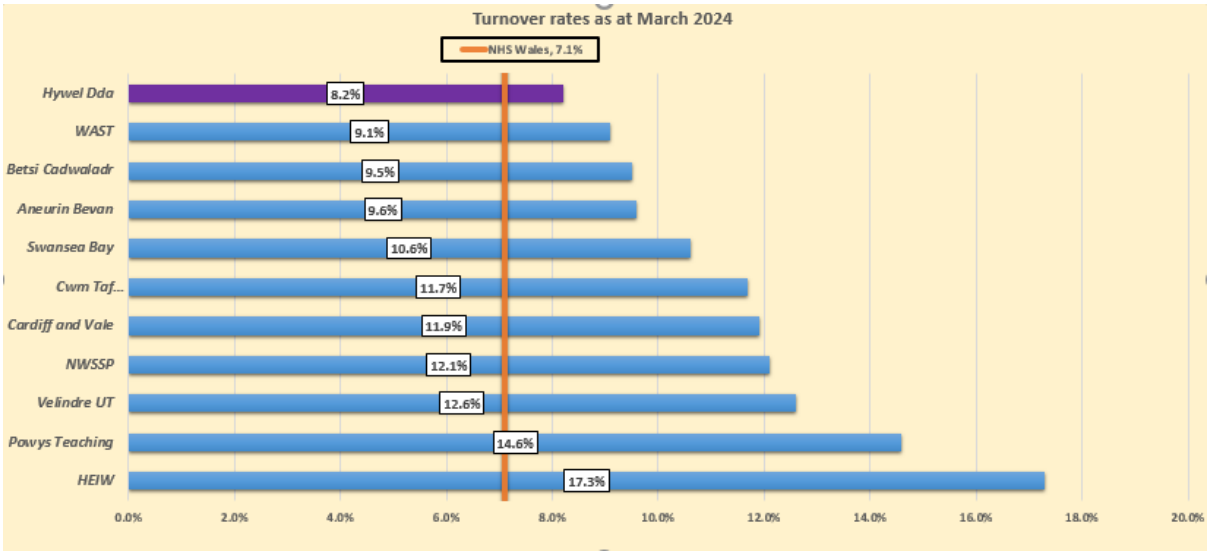
Listening to our staff

The Health Board is committed to listening and learning from our staff experiences. These include:

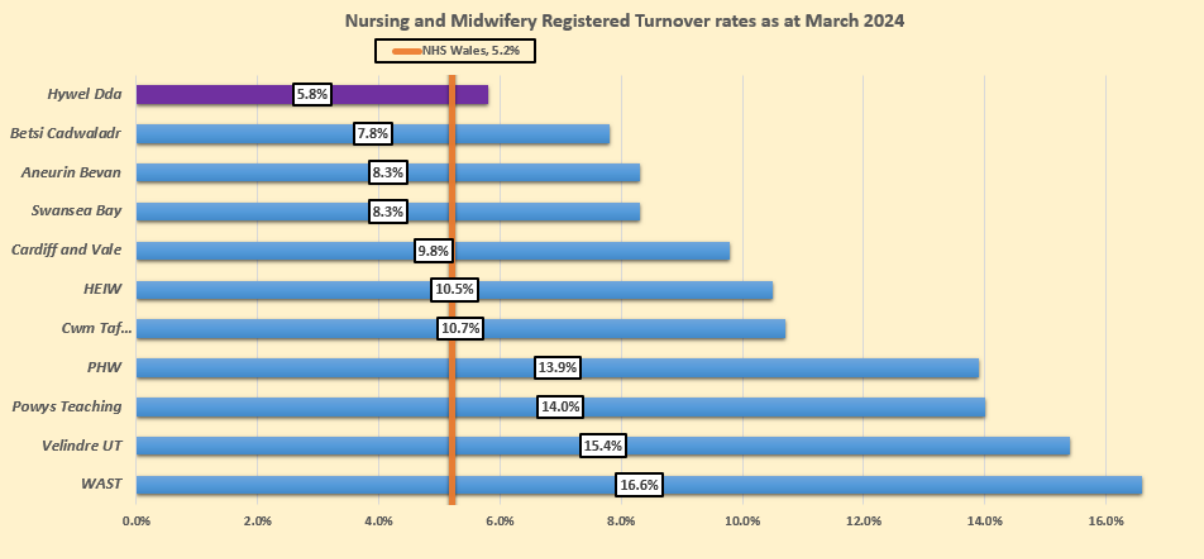
- Access to the national staff survey results;
- A range of local staff surveillance mechanisms to help us deepen our cultural understanding e.g. exit surveys and interviews;
- A monthly Pulse survey of 1/12th of our staff;
- A survey of our Staff Network members to collect views and opinions on the various staff networks offered by the Health Board.

The Culture Workforce Experience team proposed has established a single identity, Speak Up, which staff could easily recognise. This acts as an umbrella for all mechanisms of speaking to sit under, including the Working In Confidence platform, which provides the safety of anonymity in speaking up about concerns. Being able to successfully resolve issues supports staff retention.

One proxy measure of our success in establishing the Health Board as an employer of choice is the use of national staff turnover data gathered from the NHS Wales performance measures. As shown below, Hywel Dda University Health Board has the lowest turnover rates in Wales for all staff, and specifically for registered nurses and midwives. Whilst this data doesn't overlay the experiences of staff in relation to any protected characteristics work is planned to enable an intersectional approach to this analysis in future years.



Source: NHS Wales performance measures



Source: NHS Wales performance measures

Equality Impact Assessment

Equality Impact Assessments (EqIAs) and/or Equality and Health Impact Assessments (EHIA's) are required to be carried out for all Health Board policies, new services and service developments. These are used to support the scrutiny process and identification of the impacts which may occur as a result of procedures, proposals and projects before any final decisions or recommendations are made.

Both the Health Boards EqIA's and EHIA's capture the potential impacts based on each of the 9 protected characteristics and also meet the requirement to comply with Welsh language regulations, the Socio-economic Duty and the Armed Forces Covenant Duty.

The Strategic Partnerships, Diversity and Inclusion team provides regular training and advice to staff and promotes the importance of completing EqIAs across all service areas. In 2023-2024 the Strategic Partnerships, Diversity and Inclusion team have supported and provided guidance to managers on the development/completion of 203 EqIA's.

The Strategic Partnerships, Diversity and Inclusion team also facilitated Equality, Diversity and Inclusion roadshows across ten Health Board locations providing staff with the opportunity to seek advice on equality, diversity and inclusion matters. These events also helped to promote the services the team offer, these include:

- Training – training and resources available on each of the protected characteristics
- Equality Impact Assessment - support on completing Equality Impact Assessments
- Advice – advice on all EDI related concerns and queries

- Interpretation and Translation – help with arranging interpretation and translation services.

Consultation and Engagement during 2023-2024

Throughout 2023-2024, the Health Board continued to work closely with the Consultation Institute and other key stakeholders and partners to progress with its consultation and engagement for a new urgent and planned care hospital and the wider Programme Business Case as outlined in the Healthier Mid and West Wales strategy. This has involved extensive consultation and engagement with staff, service users, stakeholders and the general public both on an in person and virtual platform.

Feedback from the population is critical to the completion of EqIAs, and the Health Board uses software such as Engagement HQ and Tractivity to enhance communication and engagement activities. These systems allow the Health Board to easily identify community groups with a protected characteristic and plan for future engagement activity.

Detailed equality monitoring of attendees, both in person and online were undertaken to ensure that the Health Board had 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 continue to promote and help facilitate conversation and engagement with individuals who share a protected characteristic and marginalised communities within the local area. This is to ensure that everyone is 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 data

An overview of the characteristics of our Staff

In this section we present an overview of our workforce equality information; the detailed data is included as Appendix 1 to this report. As noted previously 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.

Comparisons between workforce equality data published as at 31 March 2024 against data published at 31 March 2023 are provided and where possible comparisons are drawn between the March 2024 workforce data and 2021 Census data. However, it should be noted that the Census reports information for people of all ages, not just those of working age. In order to better understand our workforce data we have also undertaken some intersectional analysis.

This section also includes a summary of analysis undertaken by the Workforce Team in respect of Respect and Resolution and Disciplinary cases.

The Health Board has separately published pay gap reports on disability, ethnicity and gender in Appendix 2 of the Strategic Equality Plan Annual Report 2023-24. 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). The majority of the workforce as at 31 March 2024 were aged between 31-60 years which accounted for approximately 71% of staff.

County	% of the population classed as of working age (16-65 years) Census 2021	% of the population classed as of working ages (16-65 years) Census 2011
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%

Compared to 2023, workforce information data on 31 March 2024 showed:

- The percentage of staff identifying within the age profile for the ages of 55 and below has decreased by 0.65%.
- The percentage of posts offered to candidates above 60 years is lower than the younger age groups. However, in comparison to the number of applications received from these age groups, candidates aged above 60 have a better success rate (15.64%) compared to those aged Under 24 (9.04%). 81 offers of employment were made to candidates over 60 years old.
- Around 34% of leavers are in the age bracket 16-35, 19% are in the age bracket 36-50, 40% are in the age bracket 51-65 and 7% 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. The main reasons for voluntary resignation included: other/not known, relocation and health.
- The highest proportion of those aged 36-50 voluntarily resigned 43% of leavers in this category were shown as other/not known, 12% relocation and 8% left the organisation because of work life balance.

- Around 44% of leavers aged 51-65 were of retirement age. Around 7% opted for early retirement.

Disability

At 31 March 2024, the Health Board employed 583 staff who identified as Disabled, which accounted for 4.39% of our workforce. 13.25% of staff had not recorded their response to this characteristic on their ESR record. Based on 2021 Census data for Carmarthenshire, out of 100 people 23% of the population declared a limiting long-term illness or disability. In Ceredigion 21.9% and in Pembrokeshire 22%. 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 2023, workforce information data on 31 March 2024 showed:

- The percentage of staff identifying as not disabled has increased by 2.01%.
- The percentage of staff identifying as having a disability has increased in the reporting period by 0.66%.
- The percentage of staff preferring not to provide this information has increased since that reported in 2022/23 by 0.13%
- It should be noted that since 2022/23 the number of Employees having not recorded their Disability status on ESR has fallen by 2.80% indicating an increased use of ESR for recording data.
- Of a total 44,211 applications submitted for vacancies, 3.10% (1,381) of candidates declared themselves as having a disability. Of those 1,381 applicants, 183 (13.11%) were offered employment, which is 6.10% of all offers made. 1.11% of applicants chose not to disclose whether they had a disability or not at the time of making their application.
- 5.61% 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
    - Voluntary Resignation due to health
    - Retirement age

Ethnicity

At 31 March 2024 the Health Board employed 1,030 staff who identified their ethnic group as Asian or Asian British, Black or Black British, Mixed, or any other ethnic

group. This accounted for 7.76% of our workforce and an increase of 66 staff compared with 2023 data. 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. Overall, 86.91% of our employees have recorded their ethnicity as White. 710 employees (5.34%) have chosen not to record their ethnicity on ESR which makes data analysis and comparisons less accurate.

Compared to 2023, workforce information data on 31 March 2024 showed:

- The percentage of staff identifying as White has fallen by 0.65%.
- The percentage of staff identifying as Black or Black British has increased between the reporting periods by 0.13%.
- The percentage of staff identifying as Asian or Asian British rates increased by 0.20%.
- The percentage of staff identifying as having mixed ethnicity has increased by 0.12%.
- The percentage of staff identifying as from Any Other Ethnic Group has fallen by 0.03%.
- Those staff whose records are not recorded on ESR has increased by 0.24%.
- The above increases will be influenced by an increase in headcount between the 2022/23 and 2023/24 years of 141 employees.
- A higher proportion of candidates who are White are offered employment when compared to the percentage of candidates who apply from other ethnic minority groups.

The main reasons given by Black, Asian and Minority Ethnic employees leaving the organisation include:

- Voluntary Resignation – other/not known
- Relocation

Sex

At 31 March 2024, the Health Board employed 13,290 staff of which 79.07% identified as female and 20.93% 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 44,211 applications submitted for vacancies during the year 37.70% (15,666) were from male candidates compared to 61.95% (27,389) from females with 0.35% not disclosing their gender. Of the 8,114 applicants shortlisted 25.3% were male applicants and 74.1% were female applicants. Of the total offers of employment (3,018 jobs), 23% (677) were male compared to 77% (2,322) of females. This shows that females were more successful in their applications at shortlisting and in offers of employment.

73.52% of those leaving the Health Board were female compared to 26.48% who were male. Reasons for voluntary resignation included:

- Other/not known – Female 205/Male 97
- Retirement – Female 205/Male 49
- Relocation – Female 67/Male 25
- Health – Female 46/Male 11

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 2023, workforce information data on 31 March 2024 showed:

- The percentage of staff detailing marital status information has decreased by 0.31%.
- The above decrease may be influenced by an increase in headcount between the 2 years of 141.
- 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, due to voluntary resignation - Other/not known, relocation and health.

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 610, which is 4.59% of the workforce. This is an increase of 0.60% on the data reported on 31 March 2023.

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 1.39% compared to data reported on 31 March 2023. The workforce profile of Hywel Dda highlights that 42.61% are Christian, 12.90% are of other religion, 16.53% reported as atheists and 19.26% preferred not to say. 9.11% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

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 2024 Health Board data showed that 2.42% of staff had recorded their sexual orientation as Lesbian, Gay or Bisexual, which is an increase of 0.12% from 31 March 2023. Compared to 2023, workforce information data on 31 March 2024 showed:

- The percentage of staff identifying as heterosexual or straight has increased by 1.95%
- The percentage of staff choosing not to disclose this information has decreased by 0.67%.
- Those staff whose records are not recorded on ESR has fallen by 1.39% to 9.07%.

Of a total 44,211 applications submitted for vacancies 2.70% 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. 4.60% of those offered employment identified as LGB.

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 2024, Health Board data recorded that:

- 35.3% of the workforce have Welsh language skills at foundational level or higher, whilst it shows a slight decrease of 0.03% there is an increase in headcount of an additional 91 employees at foundation level and above.
- 39.7% of the workforce have recorded their ability as having no Welsh language skills which has increase by 1.4% from the previous year.
- Staff whose Welsh Language Skills are not recorded on ESR is 2.4% (290 employees). This has fallen by 29 compared to the headcount reported in 2022/23.

Intersectional analysis

Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges. We seek to use an intersectional approach to understand the experiences of our staff and take action to remove disadvantage, and ensure that what we do as an employer doesn't create barriers.

While the detailed workforce equality data in Appendix 1 is presented by protected characteristic, we have carried out an analysis of the data using an intersectional approach to consider whether staff who have more than one protected characteristic experience greater disadvantage. Some of the key findings are discussed below.

The data shows that the percentage of female staff is higher, overall, across the workforce (Figure one) and remains the same for senior pay bands 8a and 8b (Figure two). However, the percentage of female staff starts to decrease for pay bands 8c and 8d, with pay band 9 showing a significantly higher percentage of males (63%) compared to females (37%).

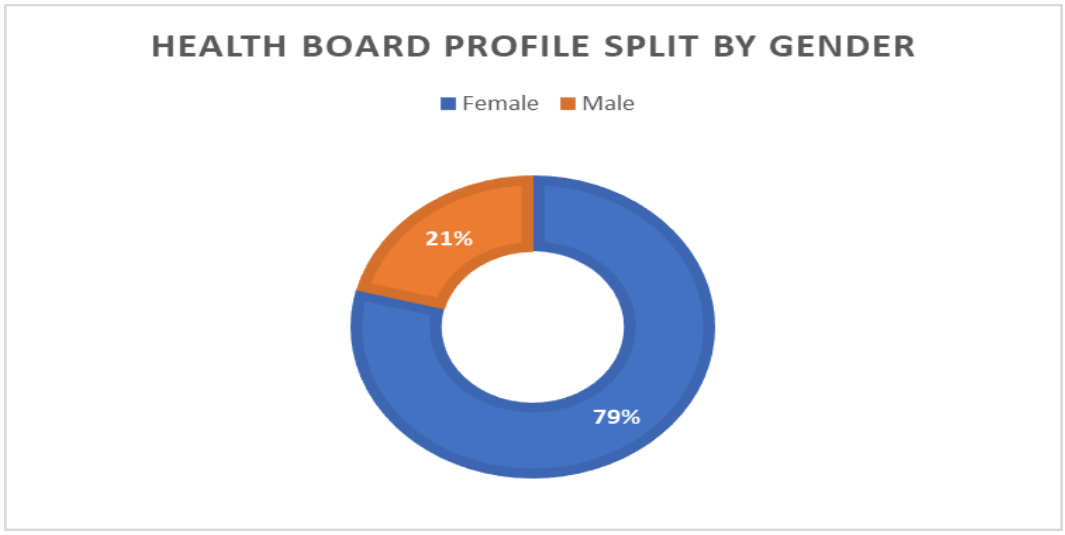


Figure one

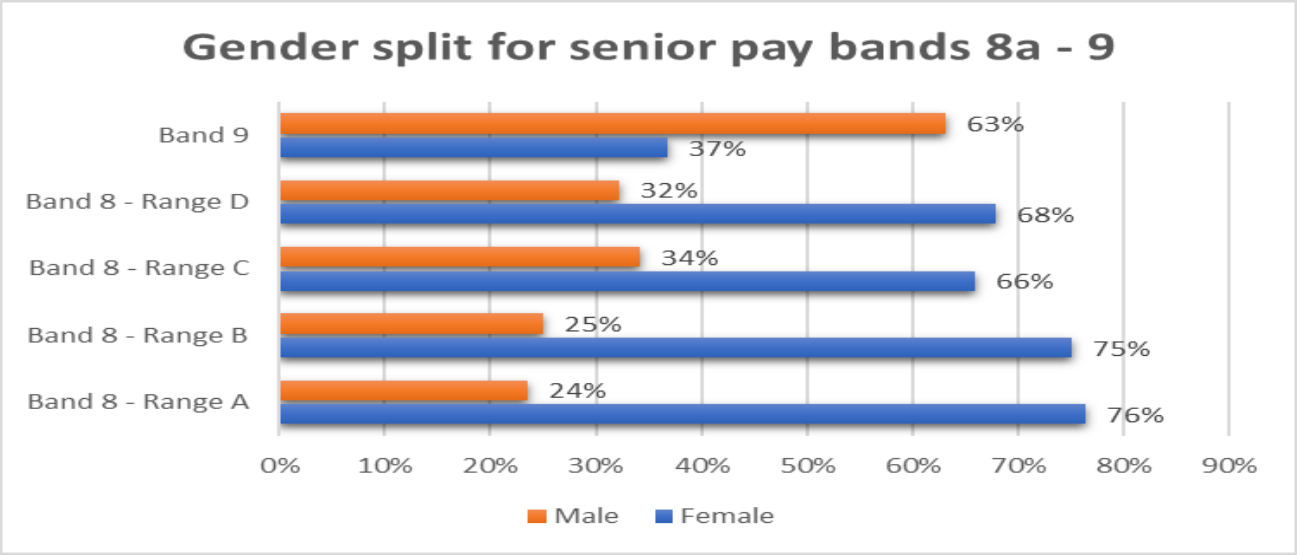


Figure two

The reasons for the absence of female representation at senior levels needs to be explored to better understand the roles and whether there are traditionally held gender biases, and any other contributory factors as opportunities to progress to senior levels should be available to all.

An analysis of the workforce data by ethnicity and gender (Figure three) showed that, for Black, Asian and Minority Ethnic staff, the percentages by gender remained mostly equal, with the exception of band 5, where the percentage of females (8%) is higher than males (2%), and is similar to the gender split overall for the Health Board. However, there are no Black, Asian and Minority Ethnic staff (male or female) at pay bands 8b, 8d and 9.

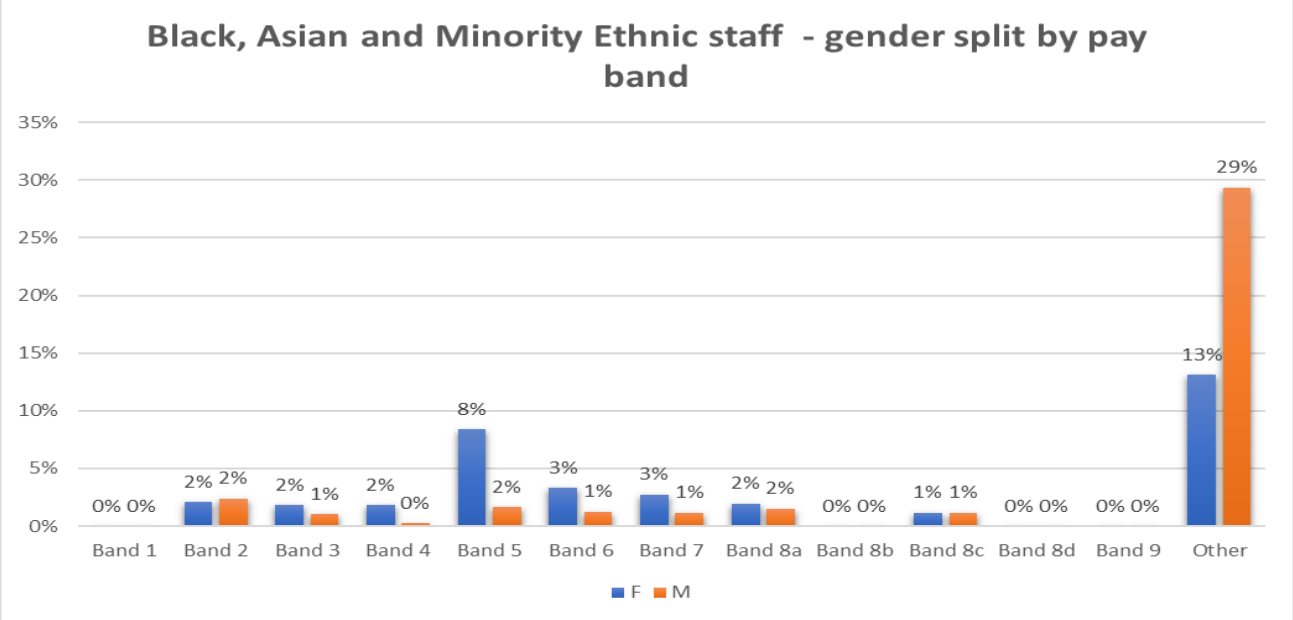


Figure three

It is essential that further analysis is carried out, to investigate the reasons for a lack of representation at senior levels from Black, Asian and Minority Ethnic staff, and this analysis can be incorporated into the work to progress the Health Board's local action plans for the Welsh Government Anti-racist Wales Action Plan and Workforce Race Equality Standard.

Respect and Resolution and Disciplinary case analysis

Analysis has been undertaken of the equality data for both Respect & Resolution (formally identified as Grievances) and Disciplinary cases and a summary has been provided in this section. This year the Health Board has changed the approach to only report on formal cases. This acknowledges that informal reporting is less consistently reported or measured as some managers' deal with these themselves without operational workforce intervention, and others are picked up by the Culture or Organisational Development Relationship team. We also only report to Welsh Government and NHS Employers on our formal cases and this shift of reporting brings all three data sets in line.

Taking the above caveats into account, overall, we have seen the number of formal disciplinary and respect and resolution cases increase this year. The reasons for this increase will be varied and we should not underestimate the impact that the Health Board's approach to encouraging a culture of speaking up will have had on the number of cases progressed. However, circa 75% of all formal disciplinary cases were dealt with via the fast-track process where sanctions available are no greater than a first written warning. Cases brought under the Medical & Dental Upholding Professional Standards in Wales (UPSW) process, which are included in this data set, have also increased since the last reporting year.

This increasing trend has also 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.

Narrative on the protected characteristics in relation to Respect & Resolution:

The following points should be noted when comparing the case data with the corresponding data for headcount:

- The higher proportion of staff between the **age** of 51 – 55 raising concerns under the Respect & Resolution process continues the theme from the previous two annual Workforce Equality Reports, albeit the number of such complaints from the 46-50 age group has also increased this year. The overall percentage of staff in these combined age groups (46 and above) is 46.68% and yet they represent 66.66% of all the formal 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** has seen a shift from broadly comparable in terms of the proportion of male to female complainants (in 2022/2023) to an increase in male complainants for 2023/2024, some of which may be explained by a number of collective complaints received.
- 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.
- 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.

Narrative on the protected characteristics in relation to Disciplinary cases:

- We were unable to discern any trends in relation to **age** this year on the basis of the information supplied.
- 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.
- We were unable to discern any trends in relation to **gender** this year on the basis of the information supplied.
- 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 decrease in the proportion of staff who identify as married who have been subject to a disciplinary process in 2023/2024.
- 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 2022/2023 Workforce Equality Report.

Next steps

As a result of our analysis of workforce equality and pay gap data we have developed an Action Plan for 2024-2025. By monitoring our action plan throughout the year we can demonstrate that we are continuing to develop our understanding of the information that we have about our workforce, and when the data tells us that inequality may exist, what we are going to do to investigate further and take action to remove disadvantage.

Looking forward to 2024-25

This annual report has provided an overview of the breadth of the work which has been taken forward by the Health Board during 2023-24 in order to implement the strategic equality objectives set in the Strategic Equality Plan 2020-2024.

During the course of the year, we engaged with our communities and staff and in April 2024 published our refreshed Strategic Equality Plan and Objectives 2024-2028 which set out our intended direction of travel for the next four years as we seek to continue to advance equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not. Our refreshed plan relates to our role as an employer, as well as in the way in which we provide services to patients, families, carers and our wider population.

Our Equality objectives for the next four years, build on our existing objectives and our overarching objectives are:

Equality Objective 1 - Leadership by all
Equality Objective 2 - Working together to improve health and well-being for all
Equality Objective 3 - Embedding a person-centred approach
Equality Objective 4 - Being an employer of choice.

We are committed to working to continuously engage and involve our communities in supporting equal opportunities for our population and in promoting their health and wellbeing. The responsibility for implementing the strategic equality objectives falls to all employees. This includes our Board members, staff and volunteers, agents or contractors delivering services or undertaking work on behalf of the Health Board. Whilst some action will be taken corporately, it is expected that all service areas within the Health Board will develop action plans aligned with the Health Board's overarching strategic objectives to demonstrate how we will progress implementing our refreshed objectives.

We know that creating a fair and inclusive environment often involves changing cultures, challenging long held practices and breaking down barriers. We will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all.

Appendix one

HDUHB Workforce Equality Data 2023-24

Age

Our Workforce

1.1 Headcount

	Headcount	%
<= 20 years	269	2.02%
21 to 25	884	6.65%
26 to 30	1,294	9.74%
31 to 35	1,554	11.69%
36 to 40	1,565	11.78%
41 to 45	1,521	11.44%
46 to 50	1,488	11.20%
51 to 55	1,729	13.01%
56 to 60	1,582	11.90%
61 to 65	1,030	7.75%
66 to 70	292	2.20%
>= 71 years	82	0.62%
Total	**13,290**	**100%**

	<= 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	0	16	49	70	77	66	52	53	25	11	5	6	**430**
Additional Clinical Services	153	396	419	412	343	308	257	345	327	210	52	14	**3,236**
Administration and Clerical	24	92	172	228	285	298	306	424	363	223	59	19	**2,493**
Allied Health Professionals	0	63	102	126	123	118	99	75	72	45	14	1	**838**
Estates and Ancillary	92	95	78	89	90	112	114	136	191	167	53	22	**1,239**
Healthcare Scientists	0	14	20	25	26	37	30	26	23	13	3	1	**218**
Medical and Dental	0	6	97	120	141	124	127	110	93	57	36	11	**922**
Nursing and Midwifery Registered	0	202	357	484	480	458	503	560	488	304	70	8	**3,914**
Total	**269**	**884**	**1,294**	**1,554**	**1,565**	**1,521**	**1,488**	**1,729**	**1,582**	**1,030**	**292**	**82**	**13,290**

1.2 Analysis of Pay by Staff Group and Band

	<= 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	0	0	0	0	0	1	1	1	2	3	1	**9**
Band 2	244	417	347	336	281	279	220	326	387	300	95	36	**3,268**
Band 3	13	87	154	191	165	145	150	185	212	136	33	11	**1,482**
Band 4	2	54	95	111	128	123	143	204	139	83	18	7	**1,107**
Band 5	2	241	301	329	288	243	237	265	227	167	44	8	**2,352**
Band 6	0	72	206	276	290	256	279	271	238	142	36	7	**2,073**
Band 7	0	4	72	122	186	190	204	212	172	95	20	0	**1,277**
Band 8a	0	0	19	59	59	98	72	79	56	18	1	1	**462**
Band 8b	0	0	1	6	20	32	27	29	19	9	1	0	**144**
Band 8c	0	0	0	1	4	18	15	27	15	3	1	1	**85**
Band 8d	0	0	0	0	0	2	6	10	6	4	0	0	**28**
Band 9	0	0	0	0	2	4	2	3	3	5	0	0	**19**
Consultant	0	0	0	1	34	46	75	58	55	36	13	7	**325**
Speciality Doctors	0	0	4	30	48	37	25	20	11	6	5	0	**186**
Other Doctors in Training	0	5	71	58	39	19	5	3	4	3	1	0	**208**
Hospital Practitioners & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Other Medical and Dental Staff	0	0	0	0	4	3	6	12	10	7	6	1	**49**
Other	0	4	24	34	17	25	21	24	26	13	16	3	**215**
Total	**269**	**884**	**1,294**	**1,554**	**1,565**	**1,520**	**1,488**	**1,729**	**1,581**	**1,029**	**294**	**83**	**13,290**

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
>=20 years	£0.00	£21,007.35	£23,025.15	£0.00	£22,550.48	£0.00	£0.00	£0.00	**£21,552.36**
21 to 25	£35,202.07	£23,494.13	£25,171.62	£31,804.83	£22,730.47	£33,574.13	£31,035.40	£30,172.18	**£27,013.84**
26 to 30	£43,228.44	£24,135.06	£27,135.44	£37,434.23	£23,539.99	£38,281.19	£39,188.32	£33,672.86	**£30,808.60**
31 to 35	£46,146.71	£24,088.28	£29,117.80	£42,126.27	£24,261.94	£43,243.90	£52,283.39	£36,156.90	**£33,917.10**
36 to 40	£46,642.99	£24,480.93	£32,811.30	£44,330.01	£24,247.05	£43,738.74	£76,136.20	£38,021.01	**£37,994.02**
41 to 45	£49,881.51	£24,390.57	£38,927.17	£47,113.00	£24,588.43	£45,202.68	£87,281.29	£40,508.80	**£40,898.32**
46 to 50	£47,279.98	£24,994.11	£36,134.52	£46,666.55	£24,120.65	£46,185.09	£101,457.49	£41,775.53	**£42,037.24**
51 to 55	£51,959.74	£25,047.72	£35,852.38	£47,153.25	£24,126.49	£47,881.44	£104,804.99	£42,952.12	**£40,665.28**
56 to 60	£52,688.99	£24,513.86	£32,361.79	£50,545.39	£23,758.37	£50,821.44	£109,983.54	£44,246.49	**£39,305.32**
61 to 65	£45,193.03	£24,563.60	£32,994.04	£48,184.35	£23,859,67	£47,975.00	£109,356.23	£43,400.21	**£37,499.34**
66 to 70	£46,482.45	£23,952.61	£28,724.59	£51,522.35	£24,510.08	£52,139.77	£108,694.81	£40,439.58	**£41,083.91**
>= 71 years	£57,230.29	£24,455.64	£25,494.27	£43,257.00	£22,981.31	£0.00	£114,556.35	£36,706.76	**£36,817.18**
Total	**£47,292.14**	**£24,237.99**	**£33,251.18**	**£43,576.64**	**£23,934.68**	**£44,522.26**	**£85,626.17**	**£39,422.10**	**£37,280.85**

The previous table (average salary) shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

1.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
<= 20 years	167	11	0	0	91	**269**
21 to 25	610	64	0	0	210	**884**
26 to 30	1,012	118	21	0	143	**1,294**
31 to 35	1,308	92	28	0	126	**1,554**
36 to 40	1,370	71	23	0	101	**1,565**
41 to 45	1,343	77	17	0	84	**1,521**
46 to 50	1,346	65	16	3	58	**1,488**
51 to 55	1,598	54	7	0	70	**1,729**
56 to 60	1,452	46	6	3	75	**1,582**
61 to 65	862	60	11	1	96	**1,030**
66 to 70	217	14	7	3	51	**292**
>= 71 years	54	3	7	0	18	**82**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
<= 20 years	125	144	**269**
21 to 25	487	397	**884**
26 to 30	797	497	**1,294**
31 to 35	801	753	**1,554**
36 to 40	842	723	**1,565**
41 to 45	846	675	**1,521**
46 to 50	946	542	**1,488**
51 to 55	1,027	702	**1,729**
56 to 60	709	873	**1,582**
61 to 65	303	727	**1,030**
66 to 70	55	237	**292**
>= 71 years	7	75	**82**
Total	**6,945**	**6,345**	**13,290**

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	700	1.6%	277	3.4%	124	4.1%
20 to 24	5,208	11.8%	962	11.9%	410	13.6%
25 to 29	14,551	32.9%	1,383	17.0%	498	16.5%
30 to 34	9,358	21.2%	1,274	15.7%	470	15.6%
35 to 39	5,676	12.8%	1,075	13.3%	422	14.0%
40 to 44	3,507	7.9%	872	10.8%	312	10.3%
45 to 49	2,157	4.9%	774	9.5%	281	9.3%
50 to 54	1,609	3.6%	773	9.5%	269	8.9%
55 to 59	910	2.1%	469	5.8%	151	5.0%
60 to 64	434	1.0%	212	2.6%	67	2.2%
>= 65 years	84	0.2%	37	0.5%	14	0.5%
Undisclosed	17	0.0%	6	0.1%	0	0.0%
Total	**44,211**	**100%**	**8,114**	**100%**	**3,018**	**100%**

1.5 Leavers

	Headcount	%
<= 20 years	40	3.94%
21 to 25	84	8.27%
26 to 30	127	12.50%
31 to 35	97	9,55%
36 to 40	70	6.89%
41 to 45	58	5.70%
46 to 50	60	5.91%
51 to 55	96	9.45%
56 to 60	180	17.72%
61 to 65	129	12.70%
66 to 70	64	6.30%
>= 71 years	11	1.08%
Total	**1,016**	**100%**

1.6 Training Attendance

	Attendance / Courses Completed	%
<= 20 years	3,702	3.72%
21 to 25	9,684	9.72%
26 to 30	11,972	12.02%
31 to 35	11,997	12.04%
36 to 40	11,198	11.24%
41 to 45	10,565	10.61%
46 to 50	10,679	10.72%
51 to 55	11,471	11.52%
56 to 60	10,944	10.99%
61 to 65	5,746	5.77%
66 to 70	1,443	1.45%
>= 71 years	215	0.22%
Total	**99,616**	**100%**

1.7 Staff Involved in Disciplinary Procedures

	Headcount	%
<= 20 years	4	4.12%
21 to 25	4	4.12%
26 to 30	7	7.22%
31 to 35	10	10.31%
36 to 40	10	10.31%
41 to 45	15	15.45%
46 to 50	14	14.43%
51 to 55	13	13.40%
56 to 60	11	11.34%
61 to 65	7	7.22%
66 to 70	1	1.03%
>= 71 years	1	1.03%
Total	**97**	**100%**

1.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
<= 20 years	0	0.00%
21 to 25	2	4.44%
26 to 30	3	6.67%
31 to 35	5	11.11%
36 to 40	2	4.44%
41 to 45	3	6.67%
46 to 50	6	13.33%
51 to 55	5	11.11%
56 to 60	10	22.22%
61 to 65	6	13.33%
66 to 70	3	6.67%
>= 71 years	0	0.00%
Total	**45**	**100%**

Disability

Our Workforce

2.1 Headcount

	Headcount	%
Disabled	583	4.39%
Not Disabled	10,893	81.96%
Prefer Not to Say	53	0.40%
Not Recorded on ESR	1,761	13.25%
	13,290	**100%**

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Prof Scientific and Technic	19	363	0	48	**430**
Additional Clinical Services	118	2,792	17	309	**3,236**
Administrative and Clerical	140	2,033	12	308	**2,493**
Allied Health Professionals	53	679	0	106	**838**
Estates and Ancillary	48	941	1	249	**1,239**
Healthcare Scientists	5	161	1	51	**218**
Medical and Dental	12	705	4	201	**922**
Nursing and Midwifery Registered	188	3,219	18	489	**3,914**
Total	**583**	**10,893**	**53**	**1,761**	**13,290**

2.2 Pay by Staff Group by Band

	Disabled	Not Disabled	Prefer Not to Answer	Not Recorded on ESR	Total
Band 1	1	3	0	5	**9**
Band 2	121	2,748	11	388	**3,268**
Band 3	73	1,222	8	179	**1,482**
Band 4	48	869	5	185	**1,107**
Band 5	120	1,909	14	309	**2,352**
Band 6	113	1,701	5	254	**2,073**
Band 7	65	1,049	5	158	**1,277**
Band 8a	16	406	0	40	**462**
Band 8b	3	126	0	15	**144**
Band 8c	3	73	0	9	**85**
Band 8d	1	23	0	4	**28**
Band 9	0	18	0	1	**19**
Consultant	4	236	1	84	**325**
Speciality Doctors	0	145	0	41	**186**
Other Doctors in Training	5	183	1	19	**208**
Hospital Practitioners & Clinical Assistants	0	0	0	1	**1**
Other Medical and Dental Staff	0	29	0	20	**49**
Other	10	153	3	49	**215**
Total	**583**	**10,893**	**53**	**1,761**	**13,290**

Average Salary

	Disabled	Not Disabled	Prefer not to Answer	Not Recorded on ESR	Total
Prof Scientific & Technical	£48,398.64	£47,574.80	£0.00	£44,324.90	**£47,292.14**
Additional Clinical Services	£24,430.59	£24,130.50	£24,900.28	£24,987.99	**£24,237.99**
Admin & Clerical	£30,903.58	£33,341.40	£32,290.09	£33,803.83	**£33,251.18**
Allied Health Professionals	£40,641.19	£43,210.19	£0.00	£47,759.79	**£43,576.64**
Estates and Ancillary	£23,480.14	£24,021.81	£22,720.00	£23,737.75	**£23,934.68**
Healthcare Scientists	£37,666.60	£43,946.80	£46,686.00	£47,173.84	**£44,522.26**
Medical & Dental	£77,094.93	£82,457.44	£78,408.00	£97,584.20	**£85,626.17**
Nursing & Midwifery Registered	£38,546.31	£39,449.57	£34,890.40	£39,778.70	**£39,422.10**
Total	**£34,172.57**	**£36,909.80**	**£33,493.21**	**£40,761.23**	**£37,280.85**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

2.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Disabled	522	29	1	0	31	**583**
Not Disabled	9,175	586	112	7	1,031	**10,893**
Prefer Not to Answer	44	4	0	0	5	**53**
Not Recorded on ESR	1,598	56	30	3	74	**1,761**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
Disabled	315	268	**583**
Not Disabled	5,742	5,151	**10,893**
Prefer Not to Answer	33	20	**53**
Not Recorded on ESR	855	906	**1,761**
Total	**6,945**	**6,345**	**13,290**

2.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Disability: Yes	1,381	3.1%	613	7.6%	183	6.1%
Disability: No	42,338	95.8%	7,278	89.7%	2,725	90.3%
Disability: Undisclosed	492	1.1%	223	2.7%	110	3.6%
Total	**44,211**	**100%**	**8,114**	**100%**	**3,018**	**100%**

2.5 Leavers

	Headcount	%
Disabled	57	5.61%
Not Disabled	768	75.59%
Prefer Not to Answer	1	0.10%
Not Recorded on ESR	190	18.70%
Total	**1,016**	**100%**

2.6 Training Attendance

	Attendance / Courses Completed	%
Disabled	2,220	2.23%
Not Disabled	43,841	44.01%
Prefer Not to Answer	214	0.21%
Not Recorded on ESR	53,341	53.55%
Total	**99,616**	**100%**

2.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Yes	7	7.22%
No	76	78.35%
Not Recorded on ESR	14	14.43%
Total	**97**	**100%**

2.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Yes	3	6.67%
No	33	73.33%
Not Recorded on ESR	9	20.00%
Total	**45**	**100%**

Ethnicity

Our Workforce

3.1 Headcount

	Headcount	%
Asian or Asian British	559	4.21%
Black or Black British	167	1.26%
Mixed	107	0.81%
White	11,550	86.91%
Any Other Ethnic Group	197	1.48%
Not Recorded on ESR	710	5.34%
Total	**13,290**	**100%**

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific and Technic	6	2	9	393	5	12	**430**
Additional Clinical Services	53	23	26	3,012	28	94	**3,236**
Administrative and Clerical	27	11	17	2,353	11	74	**2,493**
Allied Health Professionals	18	22	8	760	5	25	**838**
Estates and Ancillary	34	2	5	1,109	12	77	**1,239**
Healthcare Scientists	5	3	2	195	1	12	**218**
Medical and Dental	264	69	17	321	66	185	**922**
Nursing and Midwifery Registered	152	32	23	3,407	69	231	**3,914**
	559	**167**	**107**	**11,550**	**197**	**710**	**13,290**

3.2 Pay by Staff Group and Band

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Band 1	0	0	0	8	0	1	**9**
Band 2	77	21	17	3,006	32	115	**3,268**
Band 3	14	6	13	1,383	9	57	**1,482**
Band 4	7	3	7	1,056	6	28	**1,107**
Band 5	136	33	18	1,934	50	181	**2,352**
Band 6	36	24	14	1,904	21	74	**2,073**
Band 7	20	8	13	1,191	9	36	**1,277**
Band 8a	5	2	5	435	4	11	**462**
Band 8b	0	0	0	142	0	2	**144**
Band 8c	0	0	2	82	0	1	**85**
Band 8d	0	0	0	27	0	1	**28**
Band 9	0	0	0	19	0	0	**19**
Consultant	94	13	6	162	17	33	**325**
Speciality Doctors	0	0	0	0	0	0	**0**
Other Doctors in Training	56	31	6	36	22	57	**208**
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	**1**
Other Medical and Dental Staff	85	20	5	57	21	47	**235**
Other	29	6	1	107	6	66	**215**
Total	**559**	**167**	**107**	**11,550**	**197**	**710**	**13,290**

Average Salary

	Asian or Asian British	Black or Black British	Mixed	White	Any Other Ethnic Group	Not Recorded on ESR	Total
Prof Scientific & Technical	£41,524.54	£42,932.20	£43,104.88	£47,653.22	£45,458.89	£44,565.97	**£47,292.14**
Additional Clinical Services	£23,409.13	£22,919.49	£24,288.77	£24,246.94	£24,458.19	£24,665.49	**£24,237.99**
Admin & Clerical	£32,069.09	£29,719.06	£32,803.20	£33,420.02	£29,074.10	£29,499.57	**£33,251.18**
Allied Health Professionals	£40,052.83	£36,135.32	£43,144.16	£43,870.16	£35,216.58	£47,609.41	**£43,576.64**
Estates and Ancillary	£22,985.98	£22,720.00	£22,720.00	£24,000.91	£22,843.81	£23,630.77	**£23,934.68**
Healthcare Scientists	£44,392.19	£43,257.00	£40,584.00	£44,543.96	£43,257.00	£45,588.92	**£44,522.26**
Medical & Dental	£83,056.49	£67,846.71	£76,612.56	£103,763.59	£76,556.22	£73,450.02	**£85,626.17**
Nursing & Midwifery Registered	£33,301.53	£34,437.89	£39,592.13	£40,253.69	£36,163.27	£34,183.94	**£39,422.10**
Total	**£55,649.58**	**£48,195.97**	**£42,362.51**	**£35,680.47**	**£47,153.87**	**£40,648.86**	**£37,280.85**

The above table shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

3.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Asian or Asian British	413	95	30	0	21	**559**
Black or Black British	114	40	3	1	9	**167**
Mixed	88	11	0	0	8	**107**
White	10,017	447	63	2	1,011	**11,550**
Any Other Ethnic Group	159	25	6	0	7	**197**
Not Recorded on ESR	538	57	41	7	67	**710**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
Asian or Asian British	410	149	**559**
Black or Black British	136	31	**167**
Mixed	67	40	**107**
White	5,814	5,736	**11,550**
Any Other Ethnic Group	137	60	**197**
Not Recorded on ESR	381	329	**710**
Total	**6,945**	**6,345**	**13,290**

3.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Asian or Asian British	13,842	31.3%	961	11.8%	270	9.0%
Black or Black British	13,282	30.0%	430	5.3%	93	3.1%
Mixed	1,551	3.5%	171	2.1%	70	2.3%
White	12,432	28.1%	6,197	76.4%	2,430	80.6%
Any Other Ethnic Group	2,503	5.7%	177	2.2%	57	1.9%
Undisclosed	601	1.4%	178	2.2%	96	3.2%
Total	**44,211**	**100%**	**8,114**	**100%**	**3,016**	**100%**

Note: The figure shown as 3,016 (rather than the overall total of 3,018) of the Total Number of Applicants Offered was due to protecting confidentiality and any reported number with a value less than 5 has been rounded down to zero.

3.5 Leavers

	Headcount	%
Asian or Asian British	54	5.31%
Black or Black British	22	2.17%
Mixed	7	0.69%
White	850	83.66%
Any Other Ethnic Group	17	1,67%
Not Recorded on ESR	66	6.50%
Total	**1,016**	**100%**

3.6 Training Attendance

	Attendance / Courses Completed	%
Asian or Asian British	5,117	5.14%
Black or Black British	1,883	1.89%
Mixed	841	0.84%
White	82,299	82.62%
Any Other Ethnic Group	1,789	1.80%
Not Recorded on ESR	7.687	7.72%
Total	**99,616**	**100%**

3.7 Staff Involved in Disciplinary Procedures

	Headcount	%
White	89	91.76%
Black or Black British	3	3.09%
Any Other Ethnic Group	3	3.09%
Not Recorded on ESR	2	2.06%
Total	**97**	**100%**

3.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Asian or Asian British	2	4.44%
Any Other Ethnic Group	2	4.44%
White	39	86.67%
Not Recorded on ESR	2	4.44%
Total	**45**	**100%**

Gender

Our Workforce

4.1 Headcount

	Headcount	%
Female	10,509	79.07%
Male	2,781	20.93%
Total	**13,290**	**100%**

Full-time equivalent

	FTE	%
Female	8,135.49	77.80%
Male	2,321.00	22.20%
Total	**10,456.49**	**100%**

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Prof Scientific and Technic	328	3.12%	102	3.67%	**430**	**3.24%**
Additional Clinical Services	2,736	26.03%	500	17.98%	**3,236**	**24.35%**
Administrative and Clerical	2,049	19.50%	444	15.97%	**2,493**	**18.76%**
Allied Health Professionals	653	6.21%	185	6.65%	**838**	**6.31%**
Estates and Ancillary	689	6.56%	550	19.78%	**1,239**	**9.32%**
Healthcare Scientists	118	1.12%	100	3.60%	**218**	**1.64%**
Medical and Dental	321	3.05%	601	21.61%	**922**	**6.94%**
Nursing and Midwifery Registered	3,615	34.40%	299	10.75%	**3,914**	**29.45%**
Total	**10,509**	**100%**	**2,781**	**100%**	**13,290**	**100%**

4.2 Pay by Staff Group and Band

	Female		Male		Total	
	Headcount	%	Headcount	%	Headcount	%
Band 1	6	0.06%	3	0.11%	**9**	**0.07%**
Band 2	2,578	24.53%	690	24.81%	**3,268**	**24.59%**
Band 3	1,170	11.13%	312	11.22%	**1,482**	**11.15%**
Band 4	980	9.33%	127	4.57%	**1,107**	**8.33%**
Band 5	2,052	19.53%	300	10.79%	**2,352**	**17.70%**
Band 6	1,738	16.54%	335	12.05%	**2,073**	**15.60%**
Band 7	1,076	10.24%	201	7.23%	**1,277**	**9.61%**
Band 8a	353	3.36%	109	3.92%	**462**	**3.48%**
Band 8b	108	1.03%	36	1.29%	**144**	**1.08%**
Band 8c	56	0.53%	29	1.04%	**85**	**0.64%**
Band 8d	19	0.18%	9	0.32%	**28**	**0.21%**
Band 9	7	0.07%	12	0.43%	**19**	**0.14%**
Consultants	100	0.95%	225	8.09%	**325**	**2.45%**
Specialty Doctors	69	0.66%	117	4.21%	**186**	**1.40%**
Other Doctors in Training	68	0.65%	140	5.03%	**208**	**1.57%**
Hospital Practitioners & Clinical Assistants	0	0.00%	1	0.04%	**1**	**0.01%**
Other Medical and Dental	17	0.16%	32	1.15%	**49**	**0.37%**
Other	112	1.07%	103	3.70%	**215**	**1.62%**
Total	**10,509**	**100%**	**2,781**	**100%**	**13,290**	**100%**

Average Salary

	Female	Male	Total
Prof Scientific & Technical	£46,671.05	£49,214.39	**£47,292.14**
Additional Clinical Services	£24,209.36	£24,371.78	**£24,371.78**
Admin & Clerical	$31,605.35	£40,149.61	**£33,251.18**
Allied Health Professionals	£43,558.70	£43,633.93	**£43,576.64**
Estates and Ancillary	£22,990.03	£24,822.52	**£23,934.68**
Healthcare Scientists	£44,868.00	£44,134.54	**£44,522.26**
Medical & Dental	£81,621.50	£87,659.25	**£85,626.17**
Nursing & Midwifery Registered	£39,363.76	£40,068.77	**£39,422.10**
Total	**£35,177.04**	**£44,609.33**	**£37,280.85**

The table above shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

4.3 Contract Type and Working Pattern

Contract Type						
	Female		Male		Total	
Assignment Category	Headcount	%	Headcount	%	Headcount	%
Permanent	9,065	88.26%	2,274	81.77%	**11,339**	**85.32%**
Fixed Term Temp	472	4.49%	203	7.30%	**675**	**5.08%**
Locum	46	0.44%	97	3.49%	**143**	**1.08%**
Non-Exec Director/Chair	5	0.05%	5	0.18%	**10**	**0.08%**
Bank	921	8.76%	202	7.26%	**1,123**	**8.45%**
Total	**10,509**	**100%**	**2,781**	**100%**	**13,290**	**100%**

Working Pattern						
	Female		Male		Total	
Employee Category	Headcount	%	Headcount	%	Headcount	%
Full-Time	4,944	46.05%	2,001	71.95%	**6,945**	**52.25%**
Part-Time	5,565	53.95%	780	28.05%	**6,345**	**47.75%**
Total	**10,509**	**100%**	**2,781**	**100%**	**13,290**	**100%**

4.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Female	27,389	62.0%	6,015	74.1%	2,322	76.9%
Male	16,666	37.6%	2,047	25.3%	677	22.5%
Undisclosed	156	0.4%	52	0.6%	19	0.6%
Total	**44,211**	**100%**	**8.114**	**100%**	**3,018**	**100%**

4.5 Leavers

	Headcount	%
Female	747	73.52%
Male	269	26.48%
Total	**1,016**	**100%**

4.6 Training Attendance

	Attendance / Courses Completed	%
Female	80.796	81.11%
Male	18,820	18.89%
Total	**99,616**	**100%**

4.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Female	64	65.98%
Male	33	34.02%
Total	**97**	**100%**

4.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Female	25	55.56
Male	20	44.44%
Total	**45**	**100%**

Marital Status (Marriage and Civil Partnership)

Our Workforce

5.1 Headcount

	Headcount	%
Civil Partnership	284	2,14%
Divorced	970	7.30%
Legally Separated	117	0.88%
Married	6,583	49.53%
Single	4,389	33.02%
Widowed	158	1.19%
Not Recorded on ESR	789	5.94%
	13,290	**100%**

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific and Technic	8	17	3	221	147	3	31	**428**
Additional Clinical Services	101	224	39	1,287	1,414	39	132	**3,223**
Administrative and Clerical	41	215	23	1,360	696	39	119	**2,471**
Allied Health Professionals	14	46	5	426	298	7	42	**838**
Estates and Ancillary	31	99	8	497	492	23	89	**1,225**
Healthcare Scientists	3	11	1	123	65	1	14	**214**
Medical and Dental	10	25	5	601	229	3	49	**914**
Nursing and Midwifery Registered	76	333	33	2,068	1,048	43	313	**3,879**
	284	**970**	**117**	**6,583**	**4,389**	**158**	**789**	**13,290**

5.2 Pay by Staff Group and Band

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Band 1	0	0	0	5	2	0	2	**9**
Band 2	96	220	26	1,206	1,496	59	165	**3,268**
Band 3	46	123	19	693	514	21	66	**1,482**
Band 4	17	109	10	606	311	11	43	**1,107**
Band 5	48	160	19	1,050	798	28	249	**2,352**
Band 6	33	167	17	1,104	621	16	115	**2,073**
Band 7	23	101	10	799	271	11	62	**1,277**
Band 8a	8	28	4	311	91	1	19	**462**
Band 8b	2	13	3	92	24	2	8	**144**
Band 8c	1	6	2	62	8	4	2	**85**
Band 8d	0	9	0	14	4	0	1	**28**
Band 9	0	3	0	13	2	0	1	**19**
Consultant	3	15	1	246	32	1	27	**325**
Speciality Doctors	1	3	1	145	30	0	6	**186**
Other Doctors in Training	4	2	1	81	114	1	5	**208**
Hospital Practitioners & Clinical Assistants	0	0	0	1	0	0	0	**1**
Other Medical and Dental Staff	0	2	0	37	7	0	3	**49**
Other	2	9	4	118	64	3	15	**215**
Total	**284**	**970**	**117**	**6,583**	**4,389**	**158**	**789**	**13,290**

Average Salary

	Civil Partnership	Divorced	Legally Separated	Married	Single	Widowed	Not Recorded on ESR	Total
Prof Scientific & Technical	£42,797.08	£43,322.54	£40,918.00	£50,141.69	£43,822.07	£65,055.00	£47,428.50	**£47,292.14**
Additional Clinical Services	£23,674.21	£24,413.54	£24,635.93	£24,667.96	£23,818.68	£23,711.38	£24,343.36	**£24,237.99**
Admin & Clerical	£30,615.44	£35,440.89	£39,157.98	£35,000.70	£29,431.36	£31,256.39	£32,964.16	**£33,251.18**
Allied Health Professionals	£42,976.24	£46,384.52	£44,028.49	£46,287.79	£39,913.82	£48,446.42	£42,500.23	**£43,576.64**
Estates and Ancillary	£23,823.16	£23,882.20	£22,720.00	£24,434.86	£23,474.54	£23,161.11	£23,701.05	**£23,934.68**
Healthcare Scientists	£53,225.67	£44,717.22	£32,442.75	£46,096.27	£41,230.51	£58,210.00	£44,477.36	**£44,522.26**
Medical & Dental	£77,723.85	£108,900.70	£83,352.38	£91,115.12	£62,516.66	£87,253.92	£100,106.17	**£85,626.17**
Nursing & Midwifery Registered	£37,356.38	£42,588.96	£41,575.79	£41,344.11	£36,889.44	£39,027.15	£33,917.71	**£39,422.10**
Total	**£32,313.42**	**£36,701.33**	**£36,292.84**	**£40,967.92**	**£32,434.90**	**£33,151.02**	**£36,420.66**	**£37,280.85**

The previous table (average salary) shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

5.3. Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Civil Partnership	249	14	3	0	18	**284**
Divorced	856	38	6	0	70	**970**
Legally Separated	103	7	0	0	7	**117**
Married	5,795	325	71	6	386	**6,583**
Single	3,482	260	55	1	591	**4,389**
Widowed	713	5	8	2	11	**739**
Not Recorded on ESR	141	26		1	40	**208**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
Civil Partnership	140	144	**284**
Divorced	491	479	**970**
Legally Separated	68	49	**117**
Married	3,221	3,362	**6,583**
Single	2,457	1,932	**4,389**
Widowed	57	101	**158**
Not Recorded on ESR	511	278	**789**
Total	**6,945**	**6,345**	**13,290**

5.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Civil Partnership	606	1.4%	208	2.6%	72	2.4%
Divorced	907	2.1%	422	5.2%	130	4.3%
Legally Separated	136	0.3%	57	0.7%	16	0.5%
Married	19,178	43.4%	3,282	40.5%	1,181	39.1%
Other	937	2.1%	420	5.2%	192	6.4%
Single	21,778	49.3%	3,450	42.5%	1,296	42.9%
Widowed	207	0.5%	75	0.9%	25	0.8%
Unknown	126	0.3%	97	1.2%	73	2.4%
Unspecified	336	0.8%	103	1.3%	33	1.1%
Total	**44,211**	**100%**	**8,114**	**100%**	**3,018**	**100%**

5.5 Leavers

	Headcount	%
Civil Partnership	12	1.18%
Divorced	79	7.78%
Legally Separated	9	0.89%
Married	498	49.02%
Single	352	34.65%
Widowed	25	2.46%
Not Recorded on ESR	41	4.04%
Total	**1,016**	**100%**

5.6 Staff Involved in Disciplinary Procedures

	Headcount	%
Civil Partnership	3	3.09%
Divorced	9	9.28%
Legally Separated	5	5.15%
Married	37	38.14%
Single	36	37.11%
Widowed	1	1.03%
Not Recorded on ESR	6	6.20%
Total	**97**	**100%**

5.7 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Civil Partnership	2	4.44%
Divorced	3	6.67%
Legally Separated	1	2.22%
Married	22	48.89%
Single	13	28.89%
Not Recorded on ESR	4	8.88%
Total	**45**	**100%**

Maternity and Adoption (Pregnancy and Maternity)

Our Workforce

6.1 Headcount

	Headcount	%
Staff taken Maternity Leave & Adoption Leave	610	4.59%

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	2,197	16.53%
Buddhism	74	0.56%
Christianity	5,663	42.61%
Hinduism	105	0.79%
Islam	163	1.23%
Jainism	1	0.01%
Judaism	7	0.05%
Sikhism	6	0.05%
Other	1,357	10.21%
I Do Not Wish to Disclose my Religion/Belief	2,506	19.26%
Not Recorded on ESR	1,211	9.11%
Total	**13,290**	**100%**

	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	89	3	199	0	53	5	0	0	44	0	37	**430**
Additional Clinical Services	651	6	1,367	5	524	10	0	1	432	0	240	**3,236**
Administrative and Clerical	415	9	1,177	10	383	8	0	2	245	1	243	**2,493**
Allied Health Professionals	161	2	362	4	158	5	0	1	64	1	80	**838**
Estates and Ancillary	188	3	483	4	225	3	0	0	121	0	212	**1,239**
Healthcare Scientists	48	1	68	2	37	2	0	0	21	0	39	**218**
Medical and Dental	41	33	140	67	390	124	1	0	13	2	111	**922**
Nursing and Midwifery Registered	604	17	1,867	13	736	6	0	3	417	2	249	**3,914**
Total	**2,197**	**74**	**5,663**	**105**	**2,506**	**163**	**1**	**7**	**1,357**	**6**	**1,211**	**13,290**

7.2 Pay by Staff Group and Band

	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	1	0	1	1	0	0	0	0	6	**9**
Band 2	618	8	1,387	9	548	11	0	1	380	0	306	**3,258**
Band 3	249	3	645	3	253	4	0	0	184	0	141	**1,482**
Band 4	169	3	492	1	152	3	0	1	123	0	163	**1,107**
Band 5	414	9	1,002	15	459	7	0	2	271	0	173	**2,352**
Band 6	382	9	958	5	368	6	0	0	196	1	148	**2,073**
Band 7	186	4	633	5	200	3	0	1	138	2	105	**1,277**
Band 8a	89	1	235	0	66	4	0	1	37	1	28	**462**
Band 8b	27	2	81	0	17	0	0	0	7	0	10	**144**
Band 8c	8	1	48	0	15	0	0	1	2	0	10	**85**
Band 8d	4	0	16	0	6	0	0	0	0	0	2	**28**
Band 9	3	0	10	0	4	0	0	0	1	0	1	**19**
Consultant	19	13	56	31	114	25	0	0	8	1	58	**325**
Speciality Doctors	6	11	30	15	62	48	1	0	1	1	11	**186**
Other Doctors in Training	8	8	27	10	101	46	0	0	1	0	7	**208**
Hospital Practitioner & Clinical Assistants	0	0	0	0	0	0	0	0	0	0	1	**1**
Other Medical and Dental Staff	2	1	11	3	11	2	0	0	1	0	18	**49**
Other	13	1	31	8	129	4	0	0	6	0	23	**215**
Total	**2,197**	**74**	**5,663**	**105**	**2,506**	**163**	**1**	**7**	**1,357**	**6**	**1,211**	**13,290**

Average Salary

	Prof Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Total
Atheism	£46,071.88	£24,140.66	£32,849.84	£40,978.81	£24,367.65	£41,266.88	£91,136.19	£37,924.49	**£34,331.95**
Buddhism	£45,351.33	£22,606.01	£30,292.47	£41,219.50	£22,720.00	£59,857.00	£80,794.84	£41,386.27	**£57,985.18**
Christianity	£49,968.15	£24,163.77	£33,825.02	£43,892.50	£24,130.16	£45,379.42	£84,604.36	£40,423.22	**£36,180.55**
Hinduism	£0.00	£22,847.62	£30,558.59	£39,862.83	£22,720.00	£43,635.96	£89,891.95	£33,316.67	**£70,474.27**
I do not wish to disclose my religion/belief	£45,722.64	£24,163.38	£32,272.81	£44,306.30	£23,834.06	£45,271.79	£85,145.56	£38,130.14	**£39,490.85**
Islam	£47,082.89	£23,515.53	£45,509.88	£32,384.94	£22,720.00	£40,287.00	£69,128.10	£35,673.11	**£61,859.81**
Jainism	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£76,028.00	£0.00	**£76,028.00**
Judaism	£0.00	£0.00	£51,051.22	£58,210.00	£0.00	£0.00	£0.00	£38,465.12	**£49,822.21**
Sikhism	£0.00	£0.00	£50,807.00	£0.00	£0.00	£0.00	£94,863.50	£54,215.57	**£70,263.79**
Other	£41,191.00	£24,262.36	£31,221.11	£42,383.97	£23,441.60	£42,596.95	£102,163.38	£38,532.79	**£32,719.20**
Not Recorded on ESR	£45,338.30	£25,029.98	£34,408.82	£48,215.77	£23,639.75	£47,569.17	£105,275.97	£40,830.36	**£40,024.84**
Total	**£47,292.14**	**£24,237.99**	**£33,251.18**	**£43,576.64**	**£23,934.68**	**£44,522.26**	**£85,626.17**	**£39,422.10**	**£37,280.85**

The previous table (average salary) shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

7.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Atheism	1,802	113	3	0	279	**2,197**
Buddhism	54	19	1	0	0	**74**
Christianity	4,977	235	4	0	447	**5,663**
Hinduism	81	15	2	0	7	**105**
I do not wish to disclose my religion/belief	1,990	168	113	9	226	**2,506**
Islam	111	45	5	0	2	**163**
Jainism	1	0	0	0	0	**1**
Judaism	3	2	0	0	2	**7**
Other	1,182	59	2	0	114	**1,357**
Sikhism	4	1	0	0	1	**6**
Not Recorded on ESR	1,134	18	13	1	45	**1,211**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
Atheism	1,224	973	**2,197**
Buddhism	51	23	**74**
Christianity	2,986	2,677	**5,663**
Hinduism	80	25	**105**
I do not wish to disclose my religion/belief	1,152	1,354	**2,506**
Islam	139	24	**163**
Jainism	1	0	**1**
Judaism	2	5	**7**
Other	704	653	**1,357**
Sikhism	4	2	**6**
Not Recorded on ESR	602	609	**1,211**
Total	**6,945**	**6,345**	**13,290**

7.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Atheism	3,647	8.3%	1,796	22.1%	736	24.4%
Buddhism	923	2.1%	98	1.2%	33	1.1%
Christianity	21,145	47.8%	3,450	42.5%	1,239	41.1%
Hinduism	4,934	11.2%	241	3.0%	60	2.0%
Islam	8.134	18.4%	503	6.2%	155	5.2%
Jainism	54	0.1%	0	0.0%	0	0.0%
Judaism	25	0.1%	5	0.1%	0	0.0%
Sikhism	91	0.2%	5	0.1%	0	0.0%
Other	2,189	5.0%	903	11.1%	340	11.3%
Undisclosed	3,069	6.9%	1,111	13.7%	449	14.9%
Total	**44,211**	**100%**	**8,112**	**100%**	**3,012**	**100%**

Note: The figure shown as 8.112 (rather that the overall total of 8,114) of the Applications Shortlisted and the figure shown as 3,012 (rather than the overall total of 3,018) of the Total Applicants Offered was due to protecting confidentiality and any reported number with a value less than 5 has been rounded down to zero.

7.5 Leavers

	Headcount	%
Atheism	172	16.93%
Buddhism	8	0.79%
Christianity	377	37.11%
Hinduism	9	0.89%
Islam	39	3.84%
Other	96	9.45%
Judaism	1	0.10%
I Do Not Wish to Disclose my Religion/Belief	184	18.11%
Not Recorded on ESR	130	12.79%
Total	**1,016**	**100%**

7.6 Training Attendance

	Attendance / Courses Completed	%
Atheism	17,439	17.51%
Buddhism	679	0.68%
Christianity	41,544	41.70%
Hinduism	1,058	1.06%
Islam	1,921	1.93%
Judaism	80	0.08%
Sikhism	30	0.03%
I Do Not Wish to Disclose my Religion/Belief	20,257	20.34%
Other	10,006	10.04%
Not Recorded on ESR	6,602	6.63%
Total	**99,616**	**100%**

7.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Atheism	12	12.37%
Christianity	46	47.43%
Hinduism	1	1.03%
I Do Not Wish to Disclose my Religion/Belief	16	16.49%
Islam	1	1.03%
Judaism	1	1.03%
Other	9	9.28%
Not Recorded on ESR	11	11.34%
Total	**97**	**100%**

7.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Atheism	6	13.33%
Christianity	18	40.00%
Islam	1	2.22%
I Do Not Wish to Disclose my Religion/Belief	11	24.22%
Other	4	8.89%
Not Recorded on ESR	5	11.11%
Total	**45**	**100%**

Sexual Orientation

Our Workforce

8.1 Headcount

	Headcount	%
Bisexual	129	0.97%
Gay or Lesbian	193	1.45%
Heterosexual or Straight	10,272	77.29%
Not Stated – Person Asked but Declined to Provide a Response	1,454	10.94%
Not Recorded on ESR	24	0.18%
Other Sexual Orientation Not Listed	11	0.08%
Undecided	1,206	9.07%
Total	**13,290**	**100%**

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (Person asked but declined to provide a Response)	Other sexual orientation not listed	Undecided	Not Recorded on ESR	Total
Add Prof Scientific and Technic	8	5	354	25	1	0	37	**430**
Additional Clinical Services	38	48	2,707	197	6	5	235	**3,236**
Administrative and Clerical	26	39	1,993	185	6	1	243	**2,493**
Allied Health Professionals	8	19	640	91	2	1	77	**838**
Estates and Ancillary	11	16	876	125	2	0	209	**1,239**
Healthcare Scientists	2	3	148	26	0	0	39	**218**
Medical and Dental	5	3	440	359	2	0	113	**922**
Nursing and Midwifery Registered	31	60	3,115	446	5	4	253	**3,914**
Total	**129**	**193**	**10,273**	**1,454**	**24**	**11**	**1,206**	**13,290**

8.2 Pay by Staff Group and Band

	Bisexual	Gay or Lesbian	Heterosexual or straight	Not Stated (Person Asked but Declined to Provide a Response)	Not Recorded on ESR	Other Sexual Orientation not Listed	Undecided	Total
Band 1	0	0	2	1	6	0	0	**9**
Band 2	47	47	2,618	241	303	7	5	**3,268**
Band 3	11	17	1,208	102	140	4	0	**1,482**
Band 4	11	18	841	72	163	2	0	**1,107**
Band 5	22	37	1,799	314	174	3	3	**2,352**
Band 6	16	40	1,685	180	149	1	2	**2,073**
Band 7	9	15	1,040	108	101	4	0	**1,277**
Band 8a	6	11	391	25	27	1	1	**462**
Band 8b	2	1	121	9	11	0	0	**144**
Band 8c	0	1	63	11	10	0	0	**85**
Band 8d	0	1	23	2	2	0	0	**28**
Band 9	0	1	14	3	1	0	0	**19**
Consultant	1	2	161	101	60	0	0	**325**
Speciality Doctors	3	0	105	65	12	1	0	**186**
Other Doctors in Training	1	1	101	98	7	0	0	**208**
Hospital Practitioner & Clinical Assistants	0	0	0	0	1	0	0	**1**
Other Medical and Dental Staff	0	0	23	8	18	0	0	**49**
Other	0	1	78	114	21	1	0	**215**
Total	**129**	**193**	**10,273**	**1,454**	**1,206**	**24**	**11**	**13,290**

Average Salary

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not Stated (Person Asked but declined to Provide a Response)	Other Sexual Orientation	Undecided	Not Recorded on ESR	Total
Prof Scientific & Technical	£46,689.09	£45,791.60	£47,564.64	£46,250.78	£44,398.00	£0.00	£45,338.30	**£47,292.14**
Additional Clinical Services	£24,499.00	£24,286.53	£24,103.84	£25,058.70	£23,371.43	£22,720.00	£25,025.89	**£24,237.99**
Admin & Clerical	£26,651.63	£33,572.83	£33,231.31	£33,264.96	£27,139.25	£31,099.00	£34,246.08	**£33,251.18**
Allied Health Professionals	£36,837.24	£46,944.33	£42,952.39	£44,136.45	£39,858.11	£0.00	£48,431.28	**£43,576.64**
Estates and Ancillary	£22,720.00	£23,014.44	£24,111.35	£23,791.92	£22,720.00	£0.00	£23,512.57	**£23,934.68**
Healthcare Scientists	£43,257.00	£45,796.33	£43,298.43	£47,004.83	£0.00	£0.00	£48,155.77	**£44,522.26**
Medical & Dental	£80,480.00	£90,062.00	£81,636.41	£84,623.33	£52,542.00	£0.00	£105,242.22	**£85,626.17**
Nursing & Midwifery Registered	£37,496.88	£40,051.58	£39,793.63	£35,785.37	£41,645.33	£44,632.70	£40,503.90	**£39,422.10**
Total	**£34,216.44**	**£35,561.58**	**£36,209.33**	**£44,043.40**	**£32,410.51**	**£34,076.85**	**£40,215.97**	**£37,280.85**

The previous table (average salary) shows analysis of pay using mean annual salary as the basis and the figures shown are those for March 2024.

8.3 Contract Type and Working Pattern

Contract Type						
	Permanent	Fixed Term Temp	Locum	Non-Exec Director/Chair	Bank	Total
Bisexual	98	11	0	0	20	**129**
Gay or Lesbian	169	9	0	0	15	**193**
Heterosexual or Straight	8,835	509	24	0	905	**10,273**
Not Stated (Person Asked but Declined to Provide a Response)	1,076	125	106	9	138	**1,454**
Not Recorded on ESR	1,134	19	12	1	40	**1,206**
Other	19	2	1	0	2	**24**
Undecided	8	0	0	0	3	**11**
Total	**11,339**	**675**	**143**	**10**	**1,123**	**13,290**

Working Pattern			
	Full Time	Part Time	Total
Bisexual	72	57	**129**
Gay or Lesbian	128	65	**193**
Heterosexual or Straight	5,504	4,769	**10,273**
Not Stated (Person Asked but Declined to Provide a Respond)	622	832	**1,454**
Not Recorded on ESR	606	600	**1,206**
Other Sexual Orientation no Listed	7	17	**24**
Undecided	6	5	**11**
Total	**6,945**	**6,345**	**13,290**

8.4 Recruitment

	Total Number of Applications Received	%	Total Number of Applicants Shortlisted	%	Total Number of Applicants Offered	%
Bisexual	666	1.5%	177	2.2%	63	2.1%
Gay or Lesbian	520	1.2%	184	2.3%	71	2.4%
Heterosexual or Straight	41,365	93.6%	7,343	90.5%	2,716	90.1%
Other	85	0.2%	12	0.2%	0	0.0%
Undecided	88	0.2%	27	0.3%	5	0.2%
Undisclosed	1,487	3.4%	371	4.6%	159	5.3%
Total	**44,211**	**100%**	**8,114**	**100%**	**3,014**	**100%**

Note: The figure shown on the table above as 3,014 (rather than the overall total of 3,018) of the Total Number of Applicants Offered was due to protecting

confidentiality and any reported number with a value less than 5 has been rounded down to zero.

8.5 Leavers

	Headcount	%
Bisexual	16	1.57%
Gay or Lesbian	21	2.07%
Heterosexual or Straight	733	72.15%
Not Stated – (Person Asked but Declined to Provide a Response)	106	10.43%
Not Recorded on ESR	129	12.70%
Undecided	3	0.30%
Other Sexual Orientation Not Listed	8	0.79%
Total	**1,016**	**100%**

8.6 Training Attendance

	Attendance / Courses Completed	%
Bisexual	1,303	1.31%
Gay or Lesbian	1,761	1.77%
Heterosexual or Straight	77,344	77.64%
Not Stated – (Person Asked but Declined to Provide a Response%	12,418	12.47%
Not Recorded on ESR	6,488	6.51%
Other Sexual Orientation Not Listed	177	0.18%
Undecided	125	0.13%
Total	**99,616**	**100%**

8.7 Staff Involved in Disciplinary Procedures

	Headcount	%
Gay or Lesbian	2	2.06%
Heterosexual or Straight	74	76.29%
Not Stated Person Asked but Declined to provide a Response	9	9.28%
Other Sexual Orientation not Listed	1	1.03%
Not Recorded on ESR	11	11.34%
Total	**97**	**100%**

8.8 Staff Involved in Respect and Resolution Procedures

	Headcount	%
Bisexual	1	2.22%
Heterosexual or Straight	28	62.22%
Not Stated – Person Asked but Declined to provide a Response	10	22.22%
Not Recorded on ESR	6	13.33%
Total	**45**	**100%**

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	135	96	40	25	43	82	3	**424**
Additional Clinical Services	1,017	608	248	235	236	281	11	**2,636**
Admin & Clerical	825	713	270	224	197	233	14	**2,476**
Allied Health Professional	318	182	78	53	66	111	4	**812**
Estates and Ancillary	476	215	75	60	77	123	43	**1,069**
Healthcare Scientists	72	44	20	14	30	35	0	**215**
Medical & Dental	463	97	22	10	6	24	109	**731**
Nursing & Midwifery Registered	1,467	775	331	255	283	455	106	**3,672**
Total	**4,773**	**2,730**	**1,084**	**876**	**938**	**1,344**	**290**	**12,035**
%	**39.7%**	**22.7%**	**9.0%**	**7.3%**	**7.8%**	**11.2%**	**2.4%**	**100%**

9.2 Leavers - Welsh Language Skills 2022/23

	Primary Headcount	%
Not Recorded / NA	53	5.3%
0 – No Skills / Dim Sgiliau	403	40.3%
1 – Entry / Mynediad	240	24.0%
2 – Foundation / Sylfaen	82	8.2%
3 – Intermediate / Canolradd	66	6.6%
4 – Higher / Uwch	69	6.9%
5 – Proficiency / Hyfedredd	86	8.6%
Total	**999**	**100%**

9.3 Hires - Welsh Language Skills 2022/23

	Primary Headcount	%
Not Recorded / NA	148	10.5%
0 – No Skills / Dim Sgiliau	652	46.5%
1 – Entry / Mynediad	246	17.5%
2 – Foundation / Sylfaen	98	7.0%
3 – Intermediate / Canolradd	65	4.6%
4 – Higher / Uwch	92	6.6%
5 – Proficiency / Hyfedredd	101	7.2%
Total	**1,403**	**100%**

Pay Gap Report for Disability, Ethnicity & Gender

Reporting Period 01 April 2023 - 31 March 2024

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 pay gap data but should be read alongside our Strategic Equality Plan Annual Report 2023-24 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 as this 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 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.

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 2024. 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:

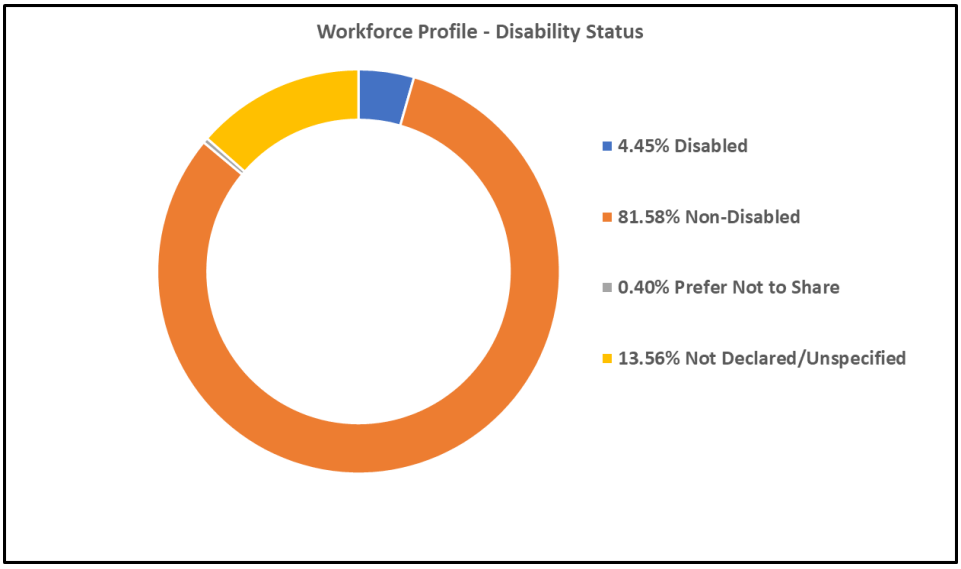
1. Average gender pay gap as a mean average
2. Average gender pay gap as a median average
3. Proportion of males/females when divided into four groups, ordered from lowest to highest pay
4. Average bonus gender pay gap as a mean average
5. Average bonus gender pay gap as a median average
6. Proportion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

Disability Pay Gap

This is the third 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 in order 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 22% of people in Wales have some form of disability that affects their daily lives although it should be noted that this includes people of all ages. Analysis of our internal equality data indicates our workforce profile as:



Only 4.45% 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 0.40%, and 13.56% 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 2024. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

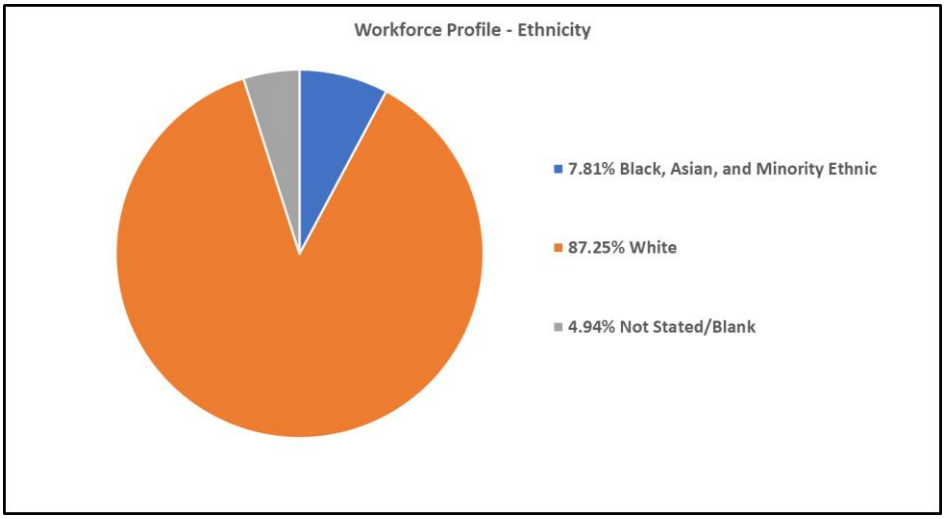
Disability	Ave Hourly Rate
Non-Disabled	£19.69
Disabled	£18.09
Difference	£1.60
Pay Gap %	8.13%

The figures above show that the mean hourly rate for colleagues identifying as having a disability is £18.09 compared to £19.69 for non-disabled colleagues; our colleagues identifying as having a disability received on average £1.60/hour less than non-disabled colleagues, which is a pay gap mean average of 8.13%.

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 support organisations to tackle inequality in the workplace.

According to the Office for National Statistics, around 2.79% of the Hywel Dda population identify as being from a Black, Asian and minority ethnic background. Analysis of our internal equality data indicates that 7.81% of our workforce identify as being from a Black, Asian and minority ethnic background.



This is significantly higher than the percentage of the Hywel Dda population. 4.94% 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. The average hourly rate of pay is calculated from a specific pay period, in this case March 2024. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

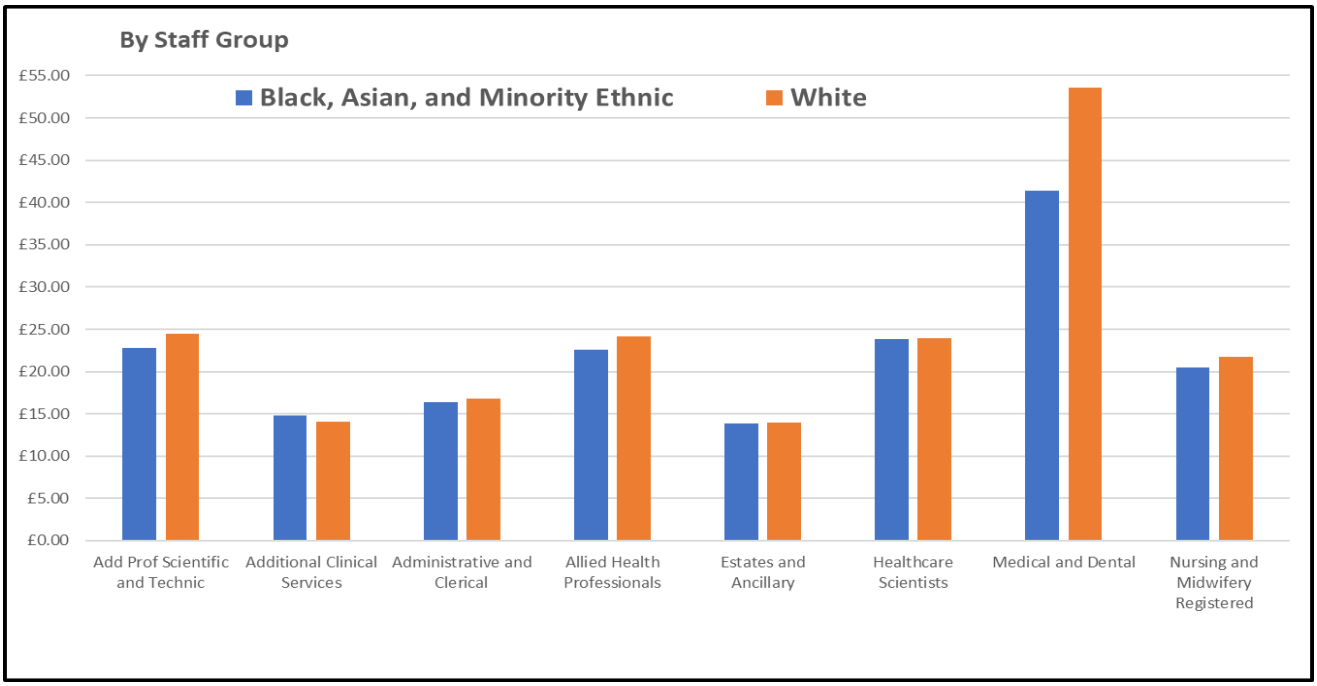
Ethnicity	Ave Hourly Rate
White	£19.10
Black, Asian, and Minority Ethnic	£27.61
Difference	-£8.51
Pay Gap %	-44.55%

The figures above shows that the mean hourly rate for our ethnically diverse colleagues is £27.61 compared to £19.10 for white colleagues; our ethnically diverse colleagues received on average £8.51/hour more than white colleagues, a negative pay gap as a mean average of -44.55%. However, it is important to note that while the pay gap is useful in measuring pay equality, it is calculated using average hourly rates and it does not measure the pay difference between people at the same pay grade, doing the same job, with the same working pattern. As you will see demonstrated by the data below, while there will be ethnically diverse colleagues who have a higher hourly rate, which increases the average overall, for most staff groups, white colleagues earn more than our ethnically diverse colleagues. When the average hourly rate is presented by AfC pay band, the highest differences in average hourly rate, with our ethnically diverse colleagues earning more than our white colleagues, is £0.79, a negative pay gap of -5.79% for Band 2 and £0.82, (-4.51%) for Band 5

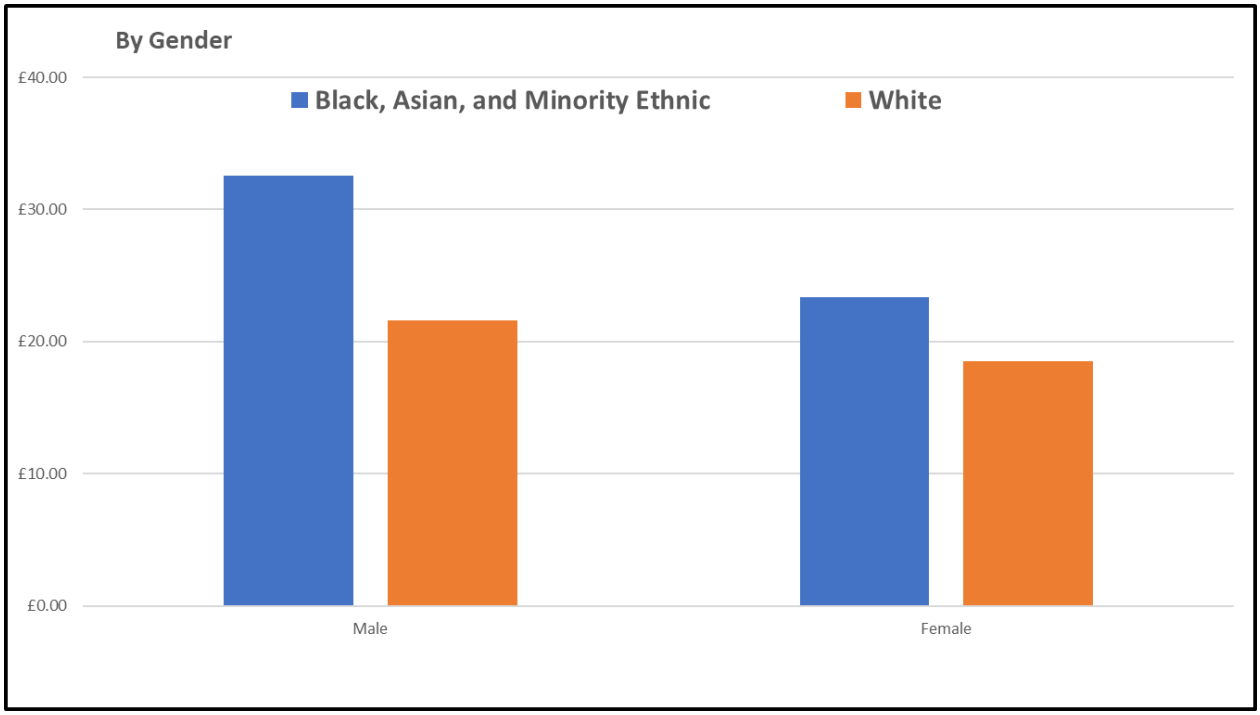
By Staff Group

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. This means that ethnically diverse colleagues within this staff group 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 £12.21 per hour (22.77%).



By Gender



The figures show that the mean hourly rate for our ethnically diverse male colleagues is £32.59 compared to £21.59 for white male colleagues; our ethnically diverse colleagues received on average £11.00/hour more than white colleagues, a negative pay gap as a mean average of -50.95%.

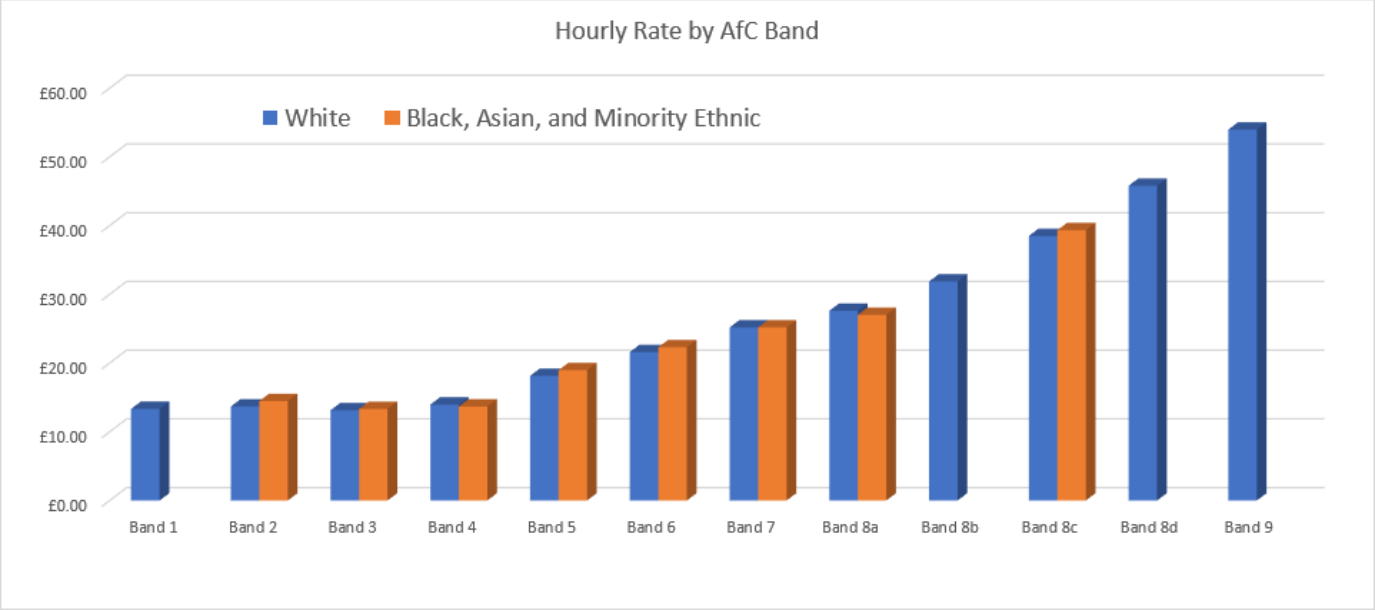
The mean hourly rate for our ethnically diverse female colleagues is £23.34 compared to £18.54 for white female colleagues; our ethnically diverse colleagues received on average £4.80/hour more than white colleagues, a negative pay gap as a mean average of -25.89%.

By Pay Band

This year, for the first time, we have also provided pay gap data by Agenda for Change (AfC) pay bands which shows that:

The AfC pay bands where ethnically diverse colleagues have a lower average hourly rate than their white colleagues are Band 4 (2.01%) and Band 8a (2.17%). For all other AfC pay bands, ethnically diverse colleagues have a higher average hourly rate, with the highest difference being for Band 2 (£0.79), Band 5 (£0.82) and Band 6 (£0.70). This is an average hourly pay gap of 5.79% for Band 2, 4.51% for Band 5 and 3.22% for Band 6.

It should also be noted that there are no ethnically diverse colleagues currently in Band 1, Band 8b, Band 8d or Band 9 roles.



Pay Band	White	Black, Asian, and Minority Ethnic	Difference	Gap
Band 1	£13.33			
Band 2	£13.68	£14.47	-£0.79	-5.79%
Band 3	£13.13	£13.33	-£0.19	-1.48%
Band 4	£13.95	£13.67	£0.28	2.01%
Band 5	£18.14	£18.96	-£0.82	-4.51%
Band 6	£21.60	£22.30	-£0.70	-3.22%
Band 7	£25.18	£25.18	£0.00	-0.01%
Band 8a	£27.61	£27.01	£0.60	2.17%
Band 8b	£31.87			
Band 8c	£38.49	£39.33	-£0.84	-2.19%
Band 8d	£45.80			
Band 9	£53.97			

Gender Pay Gap

Our Workforce

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

The calculations used within this report are based on a total of 11,968 employees as at 31 March 2024. Analysis of our internal equality data indicates our gender split is:

79%
Female Employees
(9,458)

21%
Male Employees
(2,510)

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. Due to the Covid pandemic in 2020, we were unable to report on our gender pay gap at that time, but this information has now been included. In 2022 and 2023 we saw an increase in the pay gap, but this year's figure has reduced from 22.24% in 2023 figure to 21.11%.

	Average Hourly Rate			
Year	**Male**	**Female**	**Difference**	**% Pay Gap**
2018	**£19.86**	**£15.12**	**£4.74**	**22.88%**
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%**
2024	**£23.89**	**£18.85**	**£5.04**	**21.11%**

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.

Gender	Ave Hourly Rate
Male	£23.89
Female	£18.85
Difference	£5.04
Pay Gap %	21.11%

The average hourly rate of pay is calculated from a specific pay period, in this case March 2024. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

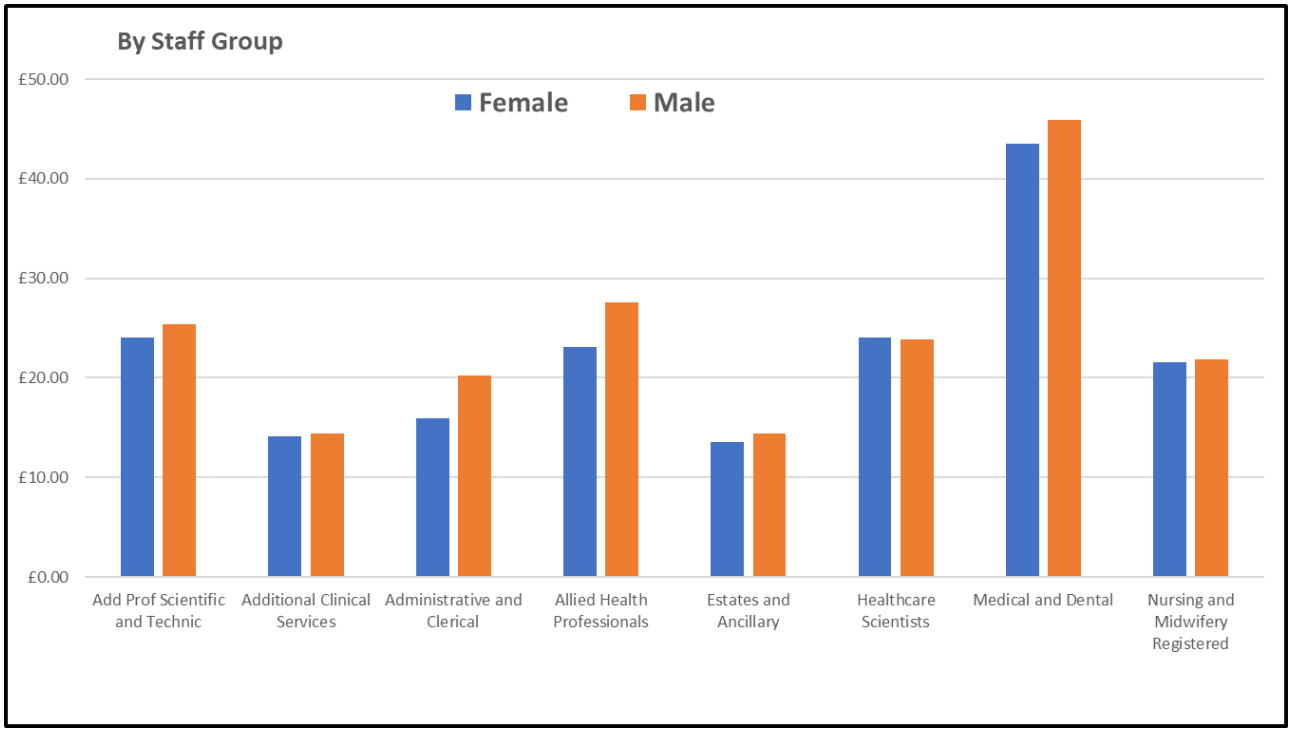
The figures above shows that the mean hourly rate for a male is £23.89 compared to £18.85 for female staff members; males received on average £5.04/hour more than females, a pay gap as a mean average of 22.11% (the 2023 figure was 22.24%).

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.

Gender	Median Hrly Rate
Male	£18.37
Female	£17.37
Difference	£1.00
Pay Gap %	5.46%

As a median average, males received £1.00/hour more than females, a pay gap at a median of 5.46% (the 2023 figure was 7.20%).

By Staff Group



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

- Additional Professional Scientific and Technical
- Admin 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 20.99% (£4.24 per hour), followed by Allied Healthcare Professionals with a pay gap of 16.26% (£4.48 per hour).

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

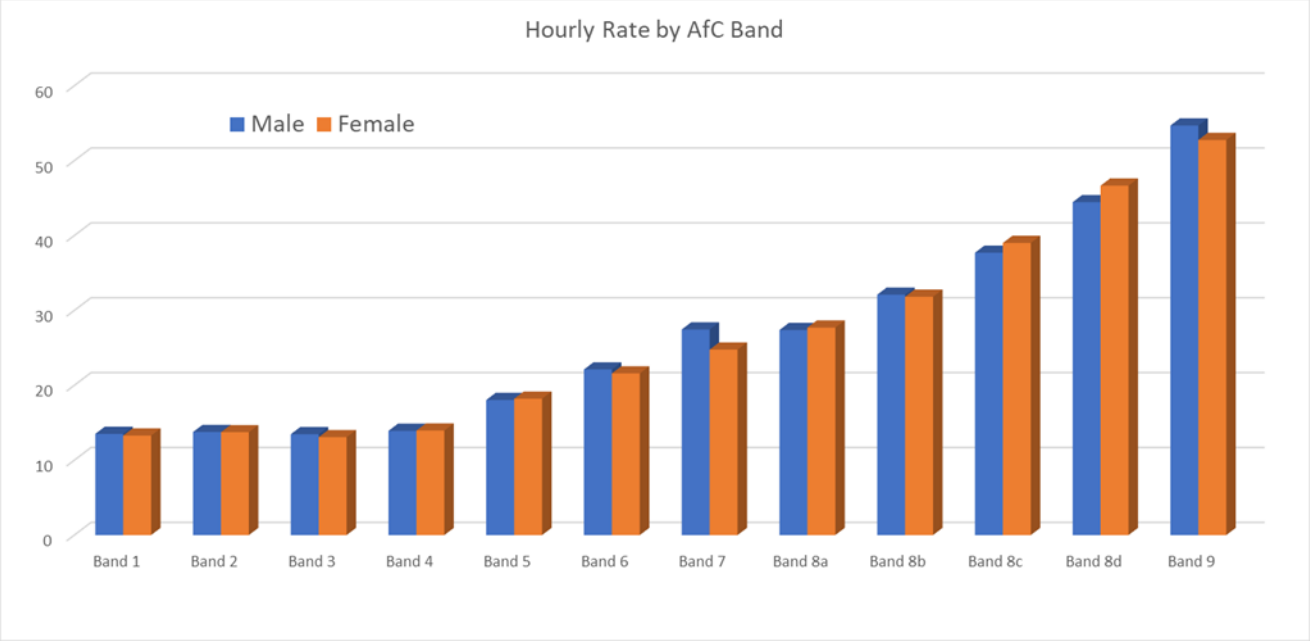
The male average hourly rate for Medical and Dental was £2.30 higher than females (the 2023 figure was £2.53). This is an average hourly pay gap of 5.02%, which is lower than the previous year (the figure was 5.62%).

By Pay Band

This year, for the first time, we have also provided pay gap data by Agenda for Change (AfC) pay bands which shows that:

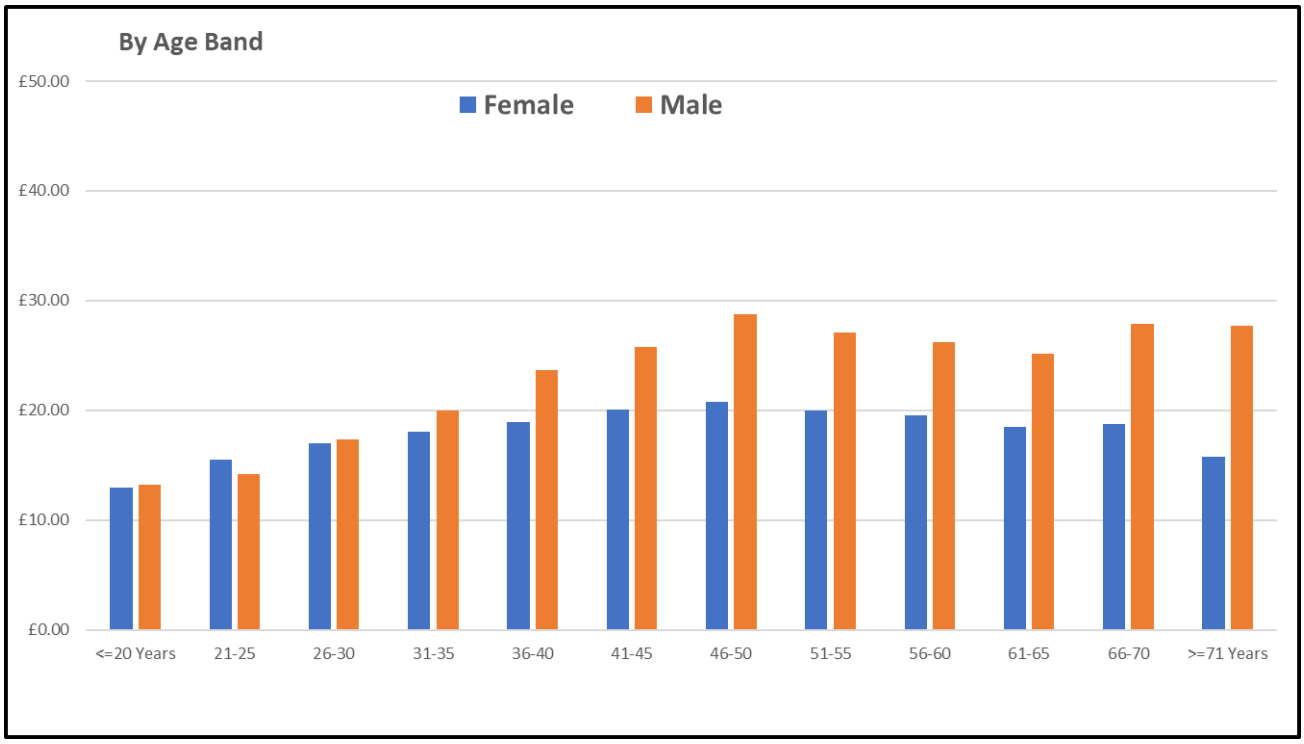
Males have a higher average hourly rate for AfC pay bands 1-3, 6-7, Band 8b and Band 9 and the highest difference is for Band 7 where the male average hourly rate is £2.69 more than females. This is an average hourly pay gap of 9.79%.

Females have a higher average hourly rate for AfC pay bands 4-5, Band 8a, Band 8c and Band 8d and the highest difference is for Band 8c (£1.31) and Band 8d (£2.21). This is an average hourly pay gap of 3.47% for Band 8c and 4.97% for Band 8d.



Pay Band	Male	Female	Difference	Gap
Band 1	£13.52	£13.29	£0.23	1.70%
Band 2	£13.76	£13.73	£0.03	0.21%
Band 3	£13.47	£13.07	£0.40	2.96%
Band 4	£13.92	£13.95	-£0.03	-0.24%
Band 5	£18.04	£18.21	-£0.17	-0.92%
Band 6	£22.11	£21.59	£0.52	2.36%
Band 7	£27.45	£24.76	£2.69	9.79%
Band 8a	£27.38	£27.71	-£0.33	-1.20%
Band 8b	£32.10	£31.83	£0.27	0.85%
Band 8c	£37.70	£39.01	-£1.31	-3.47%
Band 8d	£44.45	£46.66	-£2.21	-4.97%
Band 9	£54.68	£52.76	£1.92	3.52%

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 43.17% (£11.98 per hour) for those aged 71 years and over, followed by a pay gap of 32.52% (£9.06 per hour) for those aged 66 - 70 years old.

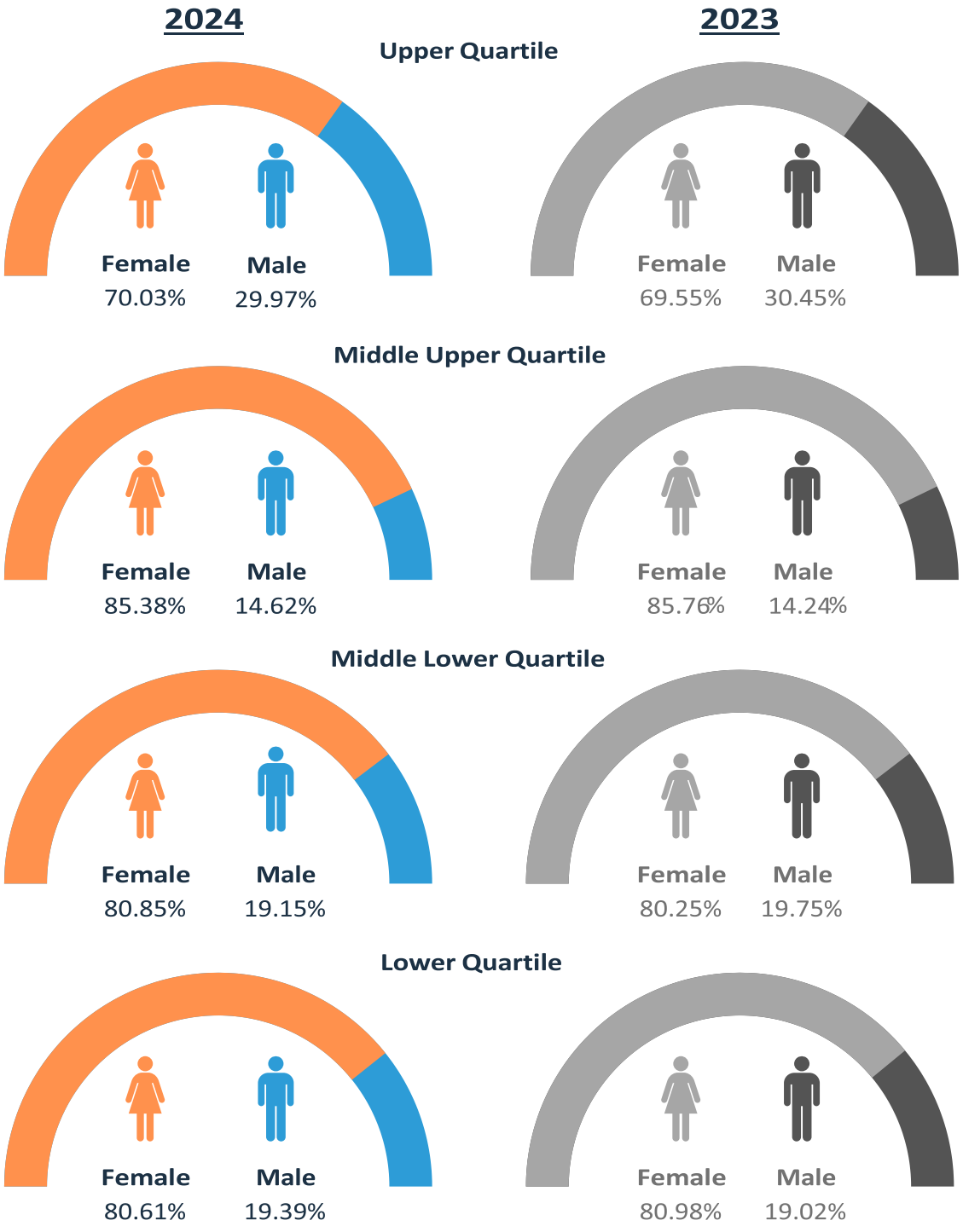
Pay Quartiles

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)	Hourly Rate Range (to)
Upper	£22.71	and over
Middle Upper	£17.87	£22.71
Middle Lower	£13.50	£17.87
Lower	up to	£13.50

Pay Quartiles Split

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



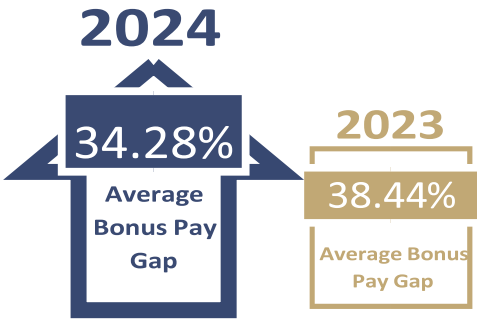
Females were over-represented in the first three quartiles (81%, 81% and 85%), and underrepresented in the upper quartile (70%), compared to the proportion of women in the workforce (79%).

Bonus Payments

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

£5,343.17
Average Bonus Pay for **Female** employees

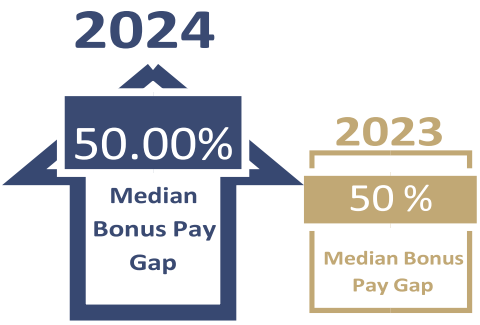
£8,130.01
Average Bonus Pay for **Male** employees



Male bonus pay as an average was £2,786.84 higher than females (the 2023 figure was £3,176.71). This equates to a 34.28% average bonus pay gap, which is lower than the previous year.

£3,333.96
Median Bonus Pay for **Female** employees

£6,668.04
Median Bonus Pay for **Male** employees

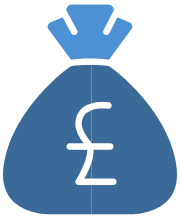


Male median bonus pay was £3,334.08 higher than females (the 2023 figure was also £3,334.08). This equates to a 50.00% median bonus pay gap, which is the same as the previous year.

Staff Receiving a Bonus

0.52%
Female employees
Received bonus payment
compared to 0.53% in 2023

3.91%
Male employees
Received bonus payment
compared to 4.02% in 2023



1.25%
Overall Workforce
Received bonus payment
compared to 1.29% in 2023

Actions to support an Inclusive Workplace

We continue to make efforts to address any pay gaps within our workforce. Although pay gaps are still present in the Health Board, the gender pay gap has decreased since last year, and the pay gap is smaller in percentage terms than in any year except 2021 and 2022.

Our Strategic Equality Plan and Objectives 2024 - 2028 for the Health Board states that we *"will work together to achieve our objectives and create a fairer, more equitable and inclusive environment for all. Within the theme of being an employer of choice and the associated objective, we are developing our understanding of the issues impacting on pay gaps, in particular gender, disability and ethnicity and continue to analyse and report on pay gap data and will use this to take action to address identified issues."*

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

Data analysis:

- In addition to the analysis of bonus payments received by staff, we will seek to include overtime and unsocial hours payments (for evening and weekend working) in future analysis.

Recruitment:

- Encourage those who need reasonable adjustments to come forward during recruitment processes e.g., apprenticeship recruitment drives in order to demonstrate best practice and record and evidence the reasonable adjustments made for those in apprenticeship roles.
- Identify how we can encourage people to apply for roles and development opportunities, particularly where we know there are greater pay gaps i.e. ethnicity, disability and gender.
- Seek to implement recruitment practices which include ensuring mixed gender panels for selection and remuneration purposes.
- Continue to monitor policies and processes to ensure there is no bias in the starting salaries of new employees.

Employee experience:

- Progress our evidence towards achieving 'Disability Confident Leader - Level 3' whereby the Health Board will actively promote and show disabled people that we proactive in our work to become a more inclusive workplace.
- 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 protected characteristic, even if it is unconscious.
- Continue the success of programmes to raise awareness of individual needs including

learning disabilities, disability, dyslexia, ASD, ADD/ADHD. For example Autism Wales allowed the Health Board to deliver its 'Introduction to Autism' online training session via the Health Board's electronic staff record system which is now mandatory for all staff.

- Roll out a programme of 'Lunch and Learn' sessions on a broad variety of topics e.g. sensory loss awareness, trans awareness, carer awareness etc. that are open to all Health Board staff.
- Support a climate of disclosure, whereby employees feel comfortable to disclose their disability and request any additional organisational support and reasonable adjustments that they may need.
- Raise awareness of the Buddy Scheme that is available for all new staff, where they have the support of a workplace 'buddy' to help them settle into their new environment.
- Increase promotion and recognition of the Health Board's staff networks, including our networks for Black, Asian and Minority Ethnic staff, those with a disability, long term condition or are neurodivergent and our Menopause and 50+ cafes.
- Continue to explore and understand the reasons why our ethnically diverse employees consider leaving and leave the organisation by using the exit interview process.
- Explore opportunities for more flexible/alternative shift working across the organisation and how this could be introduced into a wider range of roles and the impact this may have on pay gaps.
- Adopt the recommendations outlined in the Welsh Government's Anti-racist Wales Action Plan and the annual Workforce Race Equality Standard reports, and align these with our cultural development plan.

Career progression:

- Continue to work with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities e.g. apprenticeship, work experience and volunteering programmes.
- Work in conjunction with the Black, Asian and Minority Ethnic Staff Network to enhance our understanding of the experiences of minority ethnic staff and the actions which could be taken to support them to enhance and develop their careers.
- Continue our work to review career progression for ethnic minority nurses in Hywel Dda aligned to the Welsh Government's Anti-racist Wales Action Plan.
- Explore how we can better support female employees and encourage the next generation of female leaders.