

JGBwrdd IechydYMRUAddysgu PowysHealth Board

Powys Teaching Health Board Equality, Diversity & Inclusion Annual Report 2022-2023

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Foreword

It's thirteen years now since the Equality Act 2010 changed the legislative landscape around prejudice and discrimination in the UK, but it often feels like these issues are more relevant than ever before. Take even a cursory glance at our national news channels and websites and you are certain to see a range of current issues and debates which raise questions about equality and discrimination, and about how we as a society and as employers, reflect diversity and ensure a fair and inclusive experience for all.

This is reflected in the profile these issues have been given in policy circles, particularly here in Wales with programmes like the LGBTQ+ Action Plan and Anti-Racist Wales Action Plan. These are commitments to actively work to stamp out discrimination and harassment and to ensure that equality is a fundamental principle of the work we undertake. In Powys Teaching Health Board we wholeheartedly support this approach. We have our own distinct challenges, but these are never excuses for inaction or not to prioritise this important work. Fairness and Equality is one of our core organisational values and we will always be proud of this. The work outlined in this document is part of our long history of commitment to these ambitious aims.

Hayley Thomas, Interim CEO

Once again Powys Teaching Health Board is proud to present its Equality Report, and highlight the work we have done to meet our obligations under the Public Sector Equality Duty.

Equality, Diversity and Inclusion are priorities for all of our staff, not just those who directly work in these specialist areas. The work outlined in this report represents only a snapshot of our more visible work across the organisation. Not described here, but no less important than these specific examples, is the daily work carried out by members of the Equality team and teams across the health board to embed Equality and Inclusion across our range of services; whether that is advising on specific cases arising from issues in the workplace or in contributing to consultations, project plans and workstreams. Our Equality Impact Assessment process ensures that important questions about how policies and services impact on our patients are being asked, and being answered; and the training and awareness sessions we offer our staff ensures that they are continually learning and developing their expertise.

We will continue to build on this work in the future in order to ensure that we live our values.

Debra Wood-Lawson, Executive Director for Workforce and Organisational Development and Board-level lead for Equality, Diversity and Inclusion

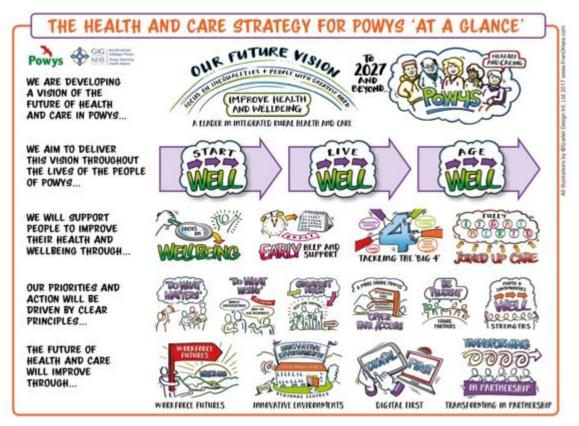
An Overview of 2022-23

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an organisational culture and environment that is accessible and inclusive for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, Third sector partners and our communities.

Fairness & Equality represents one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work and represent the "guiding principles" behind our actions.

As a UK public sector organisation we are also subject to the requirements set out in Public Sector Equality Duty and outlined in the Equality Act (2010) which, among other things, sets out our General Duty to reduce inequality of opportunity and foster good relations between groups of people.

Our <u>Strategic Equality Plan</u> (SEP) for 2020-2024 and objectives has been designed to sit alongside our 10-year Health and Care Strategy and our Integrated Medium Term Plan (IMTP).



Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2022-23 include:

- Sponsorship of the inaugural Powys Pride event in Llandrindod Wells; the health board officially attended the event with representation from the Equality, Mental Health and Sexual Health teams to promote our services and engage with the local LGBTQ+ community. PTHB also participated in Hay Pride in June 2022.
- Publication of the 'Gender Services in Powys' leaflet, co-created with local Transgender service users and the Welsh Gender Service, providing advice and guidance on accessing healthcare services for those questioning their gender identity in Powys. This was launched at Powys Pride and distributed to primary and secondary care locations across the county.
- A review and refresh of the PTHB Strategic Plan for Health Inequalities, encompassing a review of the impact of COVID-19 and the latest routine intelligence from Public Health Wales.
- Delivery of EasyRead training to a range of individuals and teams across the organisation; building the capacity to create documents in this format in-house. Early publications in the format have included the Equality Annual Report, information leaflets for collecting Patient Stories and patient information documents in the Learning Disability department.
- Establishment of an online repository of equality reference information and resources on the newly redeveloped staff intranet.
- Establishment of new online-based staff networks for LGBTQ+ and Black, Asian and Minoritised staff networks; these provide opportunities for staff to network professionally and offer mutual support.
- Continued rollout and monitoring of the Equality Impact Assessment process, with training offered to planning and North Powys Project teams.
- Establishment of Equality Training for Managers as a mandatory part of the PTHB Leadership Development offer.
- Ongoing promotion internally of a series of staff talks and events such as to commemorate World AIDs Day, Equality Week, Black History Month and others.

This Annual Report is an overview of some of the health board's work to promote equality, diversity and inclusion throughout 2022-2023. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

About the Powys Teaching Health Board Area

Powys Teaching Health Board occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales' local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,539 staff (as of 31 March 2023), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council , Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the <u>Key Documents</u> section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this report focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population is quite different to the Wales average for some figures:

- Age 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass, means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities, and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to to access the services they need. This has been acknowledged by reports from <u>Public Health</u> <u>Wales</u> and <u>the Nuffield Trust</u>. Our <u>SEP</u> includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

SEP Objectives 2020-2024

In the development of its SEP, PTHB agreed a set of Strategic Equality Objectives for 2020-2024 which include 3 broad long-term aims each with an overarching equality objective. These are:

Long-term Aim 1: Engagement

To ensure strong and progressive equality and human rights protections for everyone in Powys.

Equality Objective:

We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.

Long-term Aim 2: Service Delivery

The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.

Equality Objective:

We will work with our population, staff and partners to shape the design and delivery of our services.

Long-term Aim 3: Workforce

PTHB is a leading, exemplar, inclusive and diverse organisation and employer.

Equality Objective:

We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

The activity taking place during in 2022-23 and described in this plan has been mapped against each of these Equality objectives. As of 2023 work is already underway on the initial stages of preparing the next Strategic Equality Plan, covering the period 2024-28.

Activity during 2022-2023

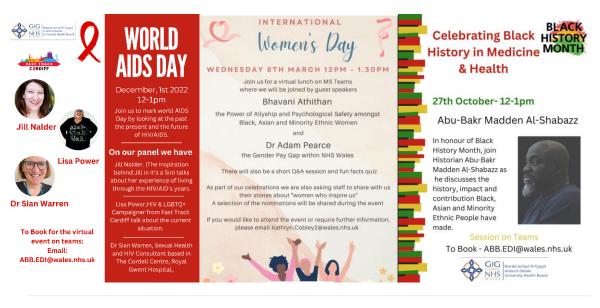
The following activity has taken place during 2022-2023, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above):

Communication of Key Messages and Information (Objective 1)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

We have promoted a series of Equality-relevant events and messages for our staff such including, but not limited to:

- Celebrating Equality Week 2022
- Celebrating Pride 2022
- A talk for Black History Month (October 2022)
- A panel discussion for World Aids Day, including an exploration of the condition's relevance to LGBTQ+ culture (December 2022)
- An event for International Women's Day (including a presentation on the Gender Pay Gap) (March 2023)



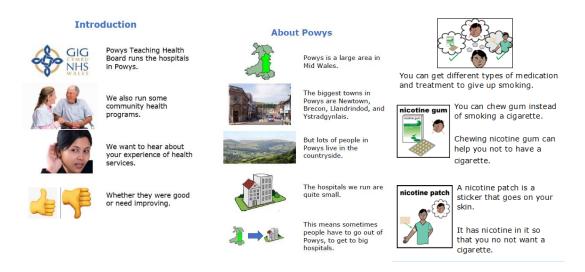


These events are typically in collaboration with other organisations across NHS Wales, providing opportunity for staff to share experiences and

network with their colleagues in other health boards. This is particularly important for a smaller organisation like PTHB.

Accessible Information: EasyRead (Objectives 1, 2 & 3)

Following the EasyRead training that was offered to staff during 2021-22, the health board now routinely produces a range of documents in this format. Documents published by the health board in EasyRead include a Leaflet collecting Patient Stories, .



A selection from EasyRead documents produced by PTHB in 2022-23.

Health Inequalities Framework (Objectives 1 & 2)

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities are caused by a complex interplay of individual factors (including age, sex and ethnicity); lifestyle factors (including smoking, alcohol consumption, diet and physical activity); healthcare; and the "wider determinants" of health (for example: income, housing and the environment).

Although the picture is complex, during the decade before the COVID-19 pandemic, improvements in life expectancy had stalled and health inequalities had increased in many parts of the UK, including in Wales. Expert commentators have attributed these trends to austerity. With specific reference to COVID-19, there is consensus amongst subject experts that there has already been a further adverse impact on health inequalities in the UK and that, unmitigated, health inequalities will continue to worsen due to the impact of COVID-19 over coming years. Further, there are clearly other forces which, unless addressed, are also highly likely to cause a deterioration in the pattern and extent of health inequalities, including the current cost of living and energy crises.

Based on recent evidence from Public Health Wales and as part of the overall trend which pre-dates COVID-19, health inequalities have not generally been improving over recent years in Powys. Key messages include that, between 2011/13 and 2018/20, for both the PTHB male and female populations, the gaps in life expectancy between the least and most deprived fifths of the Powys population increased (deteriorated).

The reduction of health inequalities has been a strategic priority for PTHB in successive IMTPs and during 2022/23, work commenced to further develop the health board's approach to local health inequalities. One framework under review recognises the role of the health board in addressing health inequalities across three distinct domains of influence:

- As a partner: influencing multi-agency action to address the wider determinants of health
- As an anchor institution: that is, as a large (public sector) organisation which, for example, is recognised by communities and is also a significant local employer
- As a commissioner and provider of NHS health care services

The Powys population surveillance which was summarised above has formed part of the "Discovery" phase of the PTHB Accelerated Sustainable Model programme, during 2022/23 and 2023/24. The PTHB Annual Delivery Plan for 2023/24 also encompasses examples of activities across the three domains of influence.

Equality Impact Assessment (Objective 2)

We have continued to embed this process and promote high quality Equality Impact Assessment (EIA) practice across the organisation. Highlights of our work in this area include: A revised process in place to assess all Workforce Policies

• An EIA of the application by Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern, Monmouthshire (affecting some Powys residents).

Training sessions on EIA have been made available to staff across the health board as well as to local Primary Care staff and to local third sector organisations via Powys Association of Volunteer Organisations; groups to whom the sessions have been delivered have included the Planning and North Powys project teams with a total of 12 staff undergoing the training in 2022-23.

PTHB Equality Intranet Site (Objectives 2 & 3)

As part of the planned rollout of the new PTHB intranet, we have created a comprehensive intranet Equality site which provides a range of equalityrelated information and resources, accessible by all staff. This is a significant upgrade on previous versions of the Equality pages and for our staff and supports our work across all aspects of Equality, Diversity and Inclusion. The site experiences heavy traffic with over 800 unique visitors making an average of 1,000 visits per month.



The PTHB Equality team is able to administer the site directlyand without support from other parts of the organisation. This helps ensure the information is up-to-date and fit for purpose.

Patient Stories (Objectives 1 & 2)

Building on the work established in the previous financial year, Patient Stories has become a regular item on the agenda of Board Meetings. Many of these stories have provided an opportunity for members of the board to hear the lived experience of individuals in protected groups, particularly those with Disabilities and their carers: patient stories shared with the board have included those of a patient with diabetes, two patients with sensory loss, and one of a child with disabilities.



Staff Networks (Objective 1 & 3)

In line with the commitments in our Strategic Equality Plan, the Health Board has continued to support the establishment and development of virtual networks to support staff. Each of the networks is targeted at a different group, however, follows a similar model, providing a number of functions:

- An opportunity for staff from across the organisation to meet, network professionally and to socialise, irrespective of seniority or department.
- An opportunity for staff to share experiences and support one another.
- An opportunity for staff to contribute by consultation and/or cocreation for events, resources, policies, or other projects.

Where staff networks have relevance to a Protected Characteristic under the Equality Act 2010, they can be consulted as part of the Equality Impact Assessment process. The following staff networks were active in 2022-23:

Menopause Café

This group, in collaboration with Powys Council, has continued to meet to provide support to staff across both organisations experiencing Menopause; it has met a total of fifteen times throughout the year with sessions typically having around 10 attendees. It is planned to expand this work in 2023-24, with an aim to becoming a certified Menopause Friendly Employer.

PtHB Virtual Menopause Cafés

• Are you or a family member/work colleague, struggling with the menopause?

• Would you like to join a friendly, informal group to chat and support each other regarding all things perimenopause and menopause related?

• Share hints and tips on how to cope with symptoms and guide each other.

- Café's are hosted monthly via Microsoft Teams.
- Facebook page:- Powys Menopause Virtual Café.

Neurodiversity Network

This network, organised by PTHB and PCC staff with a range of Neurodiverse perspectives, has a total of 17 members and met twice during the year, providing an opportunity for staff to network and share their experiences.

Welsh Learners

The transfer of this group from Teams to Yammer as its electronic platform coincided with a massive increase in interest, including from staff outside staff PTHB able to access the group's content because of the cross-organisational nature of the platform. In consultation with the group's members, the group was expanded to welcome members from across NHS Wales; activity has grown as a result and the group continues to go from strength to strength, with almost 200 members. Whilst this group does not hold meetings as such, it provides an opportunity for learners to ask



Email <u>Sharon.Davies7@wales.nhs.uk</u> if you would like more information.

www.menopausematters.co.uk www.balance-menopause.com Useful links:-

questions and share resources.



LGBTQ+ Network

The adoption of Yammer as an internal platform has facilitated the establishment of informal networks within the health board. The Powys staff LGBTQ+ Network organised spontaneously; it currently has around ten members and provides a space for staff to promote and share events as well as discussing issues and it also has a presence on Facebook.

Black, Asian and Minority Ethnic Network

This was another group made more feasible by Yammer and formed by staff who had previously worked in other Welsh health boards with previous experience of staff networks in those organisations. It currently has around eight members. The existence of this group contributes to PTHB's response to the Anti-Racist Action Plan (see below).

Pride Cymru (Objectives 1, 2 & 3)

PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2022, including the NHS Wales Pride Quiz. Open invitations were sent to all PTHB staff to participate in the events.

Powys Pride 2022 (Objectives 1, 2 & 3)

Summer 2022 saw the inaugural Powys Pride event taking place in Llandrindod Wells, following previous postponements due to Covid-19. PTHB sponsored the event with a financial contribution and held a stall at

the event with representation from several teams across the organisation including the Mental Health, Sexual Health and Equality teams, as well as the Powys Living Well service, promoting the services of the health board and celebrating the local LGBTQ+ community in Powys.

NHS Gender Services in Powys Leaflet (Objectives 1 & 2)

As part of our contribution to Powys Pride (see above), we undertook a consultation and workshop exercise with members of the trans and nonbinary community in Powys in which we asked the open question of what they would like to see the health board do to make things easier for them. A consistent theme to the discussion was the availability of information for those seeking to transition, with many individuals frustrated not just by the lack of information available to the public about accessing gender services, but also the fact that many GPs were unable to answer questions on the subject, despite being identified as the appropriate initial contact in NHS guidance.



The result of this co-creation exercise was the information leaflet entitled 'NHS Gender Services in Powys', produced in collaboration between PTHB, the Trans community in Powys, and the Wales Gender Service at Cardiff & Value University Health Board. This leaflet provides a wide range of information on the process of transitioning through the NHS, as well as signposting patients to a range of Third-sector organisations. It was distributed at Powys Pride andcopies have been made available at all PTHB sites as well as primary care providers throughout the county.

Anti Racist Wales Action Plan: 2022-23 Update

The Welsh Government's <u>Anti-Racist Wales Action Plan</u> was launched in June 2022. It includes a number of actions which public bodies, including PTHB needs to undertake in support of the government's ambition for an Anti-Racist Wales.

As this current Equality Annual Report reflects only those actions carried to during 2022-23 the work done in this area is only just beginning. During 2022-23 the Health Board carried out the following actions:

Priority Action 1: Leadership

- Facilitated the establishment of a Black, Asian and Minority Ethnic Staff Network (see above). This is a key part of ensuring there is a forum by which the health board management is able to engage with its Black, Asian and Minority staff stakeholders, as well as providing the staff themselves with the opportunity to support one another and share experiences.
- Promoted events as part of an ongoing program to provide staff with the opportunity to hear about the lived experience of individuals from Black, Asian and Minority Ethnic backgrounds.
- Commenced reporting on Pay and Ethnicity (See Appendix B). This will now be a feature of PTHB Equality Reports in the future.

Priority Action 2: Workforce

• We have updated the PTHB Equality for Managers Training program to incorporate the principles of Anti-Racism.



47 PTHB Equality and Diversity for Managers

Moving Forward: Priorities for 2023-24

The health board's main priority in the fields of Equality, Diversity and Inclusion during 2023-24 is to begin consultating on and developing the next Strategic Equality Plan, which will cover the period 2024-28. The 2023-24 Annual Report will be the last under the existing Strategic Equality Plan and will include a review of the plan.

As part of the process of developing a new plan for the next four-year period, the health board has already been busy planning a joint consultation exercise with regional partners across Mid and West Wales, including Hywel Dda Health Board, Carmarthenshire, Pembrokeshire, and Ceredigion Councils, Mid and West Wales Fire and Rescue, Dyfed-Powys Police and the Bannau Brycheiniog National Park, among others. This joint approach will reduce duplication of activity across participating organisations and maximise the number of responses received for all organisations participating. The consultation at this stage is a high-level information gathering exercise that asks members of the public what they think the health board should prioritise in terms of Equality.

As a part of the process, the health board will be attending events across the county during summer 2023 to promote the survey with specific communities and groups. It has been made available in a range of languages, as well as being promoted online.

Our other priorities in the coming financial year include:

- Surveying our staff for their views on equality, both as part of the SEP consultation but also regarding their views on career progression for ethnic minority staff (as part of our Anti-Racist Action Plan).
- Develop and deliver Gender awareness training following requests from departments and primary care.
- Ensuring that all actions in the Anti-Racist Action Plan are followed through within the identified timelines.

These priorities are naturally subject to change. PTHB remains committed to Equality, Diversity and Inclusion will continue to take advantage of new opportunities to ensure we are meeting the Public Sector Equality Duty as and when they arise.

Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (<u>powys.equalityandwelsh@wales.nhs.uk</u>). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2021-2022 can be found in the <u>Annual Reports</u> section on the health board's website.

For further information on the health board's OD Framework, please <u>contact</u> <u>the health board</u> and ask to speak to a member of the WOD team who will be able to assist you further.

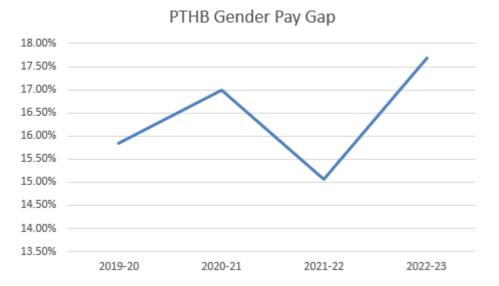
Appendix A: Gender Pay Gap Reporting

Note: All the information in this section reflects the situation as of 31st March 2023.

As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

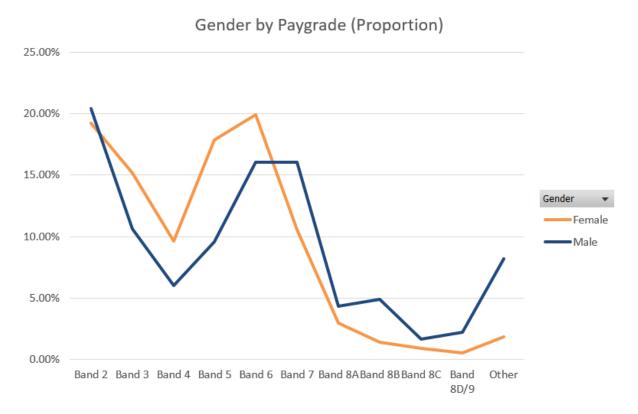
As of 31st March 2023, the Gender Pay Gap in Powys Teaching Health Board was as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.0137	18.1917
Female	17.2972	15.4695
Difference	3.7165	2.7221
Pay Gap %	17.6862	14.9636



PTHB first reported on the Gender Pay Gap in 2019-20. Since then the figures each year have been relatively similar. Of our 2,539 staff, 2,172 are women (86%) and 367 are men (14%). This is very similar to other NHS Wales organisations, however, our gender pay gap of 17.7% is a little above the UK average (14.9% in 2022),but compares favourably to other NHS Wales organisations.

(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)



Graph shows the proportion of men and women at each AFC Pay Band, as a % of the total of men or women. For example, compared to women, a greater proportion of men are in Bands 2 and 7-9.

Because salaries, terms and conditions are dictated to a large part by Agenda for Change and other pay-band frameworks, there is no reason to think that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB. The gender pay gap arises instead due to the disproportionate number of employees who are women: whilst the highest paying pay brackets are gender-balanced (or close to it), women are represented far more than men at other pay bands.

Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant, domestic assistant.

Despite this, as noted the gender pay gap of 17.7% is lower than other (generally larger) Welsh health boards. This contrast is likely a reflection of the lower proportion of the PTHB workforce from medical professions (typically significantly higher paid than the health board average, and significantly more likely to be male).

Appendix B: Ethnicity Pay Reporting

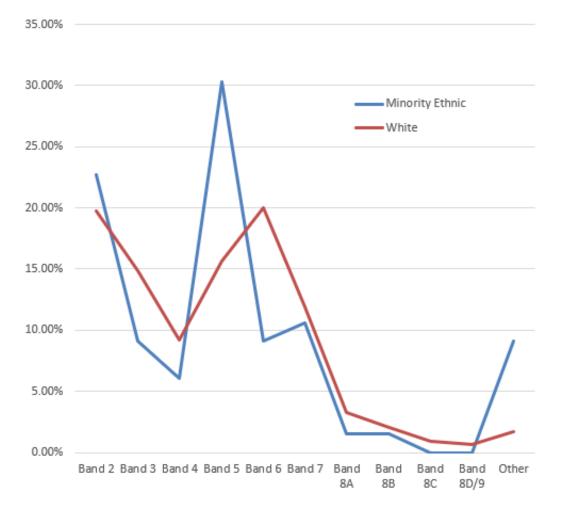
Note: All the information in this section reflects the situation as of 31st March 2022.

There is no statutory requirement to report on ethnicity and pay. However, PTHB has agreed to begin reporting this voluntarily as per the locally agreed Anti-Racist Action Plan (see above).

Due to data collection limitations, it is not possible to provide a specific pay gap figure (as is provided for Gender above). This report therefore highlights comparative figures by AFC pay grade.

Out of a total of 2,539 staff, 2,172 described their Ethnic Group as White and 66 as a non-White group; a further 334 are unknown (either because they have not filled in the form, or because they chose not to provide this information).

With the unknowns removed, this shows that **2.99%** of the staff body are from minority ethnic groups, with the remainder being white.



These groups break down by pay grade as follows:

Graph shows the proportion of White versus Minority Ethnic staff at each AFC Pay Band, as a % of the total of White or Minority Ethnic staff.

As shown in the above graph, minority ethnic staff are more likely than their white peers to be in Band 2 and *much* more likely to be in Band 5. This is likely explained by the recruitment of registered nurses from overseas and/or their transfer from neighbouring health boards.

Although minority ethnic staff are less likely than their white peers to be in Bands 7-8B, the differences are small compared to the differences at Bands 2 and 5. There are no staff from ethnic minority backgrounds in Bands 8C, 8D or 9, however, this represents a very small total number of staff. This suggests that any interventions to improve career progression for minority ethnic staff should focus at the 5-6 transition and 2-3/4.

The significantly higher proportion of minority ethnic staff whose paygrade is listed as 'other' represents the greater proportion of doctors who are of minority ethnic backgrounds.

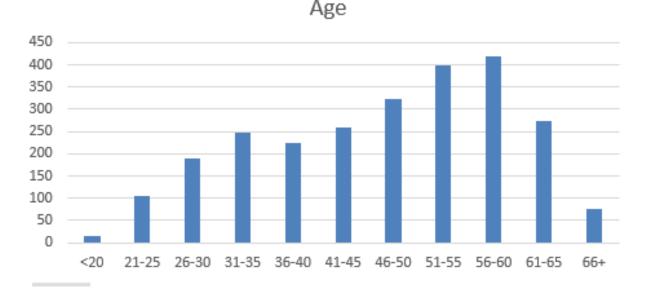
A more detailed survey of our staff body is planned for 2023-24, including a specific focus on career progression for Minority Ethnic staff.

Appendix C: Workforce Data

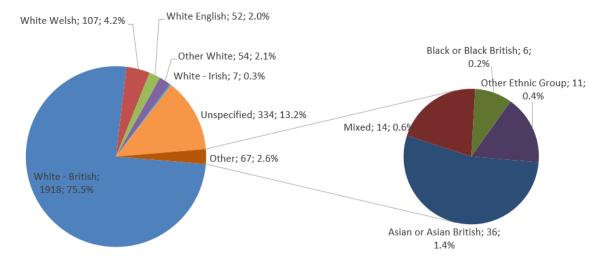
Note: All the information in this section reflects the situation as of 31st March 2023.

Powys Teaching Health Board employs 2,539 substantive members of staff (an increase of 45 since March 2022). In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

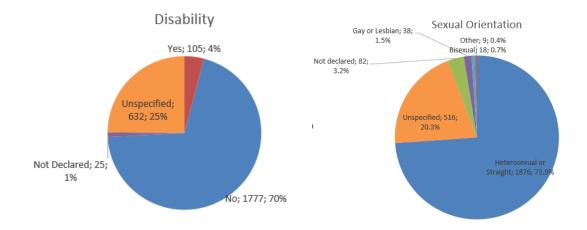
Some small groups may be merged or hidden in the following graphs to preserve anonymity.



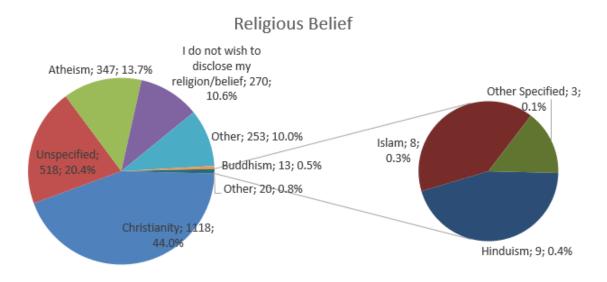
Ethnic Origin



25



In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* means that the individual was asked but declined to provide a response.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion, but too few individuals chose the same religion and in order to preserve anonymity these groups have been merged.

Note on Data: Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh/English/Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information.